

ZAZI

KNOW YOUR STRENGTH

A PARTICIPATORY PROGRAMME
ON SEXUAL AND REPRODUCTIVE
HEALTH FOR WOMEN AND GIRLS

A TOOLKIT FOR FACILITATORS



USAID
FROM THE AMERICAN PEOPLE

JHU HIV
COMMUNICATION PROGRAMME
SOUTH AFRICA





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In the development of this toolkit, we have drawn from a wide range of books, websites, and journals as well as other materials and manuals which are referenced at the end of each section.



ORIGINAL WORKSHOP TEAM FROM UMLAZI AND UMNINI, FEBRUARY 2013



TOOLKIT TESTING TEAM FROM THE EASTERN CAPE, JUNE 2013

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ABBREVIATIONS AND ACRONYMS



AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral
CADRE	Centre for AIDS Development, Research and Evaluation
ECP	Emergency contraceptive pill
FBO	Faith-based organisation
HCT	HIV counselling and testing
FAMSA	Family and Marriage Association South Africa
HIV	Human immunodeficiency virus
HRT	Hormone replacement therapy
IUD	Intra-uterine device
IUS	Intra-uterine system
JHHESA	Johns Hopkins Health and Education in South Africa
LGBTI	Lesbian, gay, bisexual, transgender, inter-sex
PEP	Post exposure prophylaxis
PLWHA	People living with HIV and AIDS
PMS	Premenstrual syndrome
PMTCT	Prevention of mother to child transmission
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
USAID	United States Agency for International Development
WHO	World Health Organisation
WHRI	WITS Reproductive Health and HIV Institute

INTRODUCTION

A BACKGROUND TO THE CAMPAIGN AND TO THE DEVELOPMENT OF THIS TOOLKIT

ZAZI - A National Campaign for Women and Girls

Zazi, the National Women and Girls Campaign, is a campaign developed by women for women in South Africa.

The campaign celebrates the strength of South African women. It promotes self confidence amongst women so that they can draw upon their own strength to make positive choices for their future. It encourages young women to resist peer pressure and define their own values so that they can prevent unwanted pregnancies, HIV, have a safe pregnancy and healthy baby when they choose to fall pregnant. The campaign calls upon young women to know their rights and responsibilities and what they are capable of, stand up for themselves and to have the strength to define what they think is right.

We encourage mothers, fathers, women leaders within our society, communities, places of worship, workplaces, the media, entertainment and sport to have conversations with young women so that we can guide and support young women so that together we can shape the next generation of women leaders within society.

What does ZAZI mean?

Zazi is a Nguni word meaning "know yourself". It reminds women of their inner strength so that they can look inside themselves, know their strength, their self value and what it means to be really true to themselves - so that they can overcome adversity.

The Key

Is designed in the shape of a symbol for women. The key encourages women to unlock their strength, power, self-confidence, knowledge, to know themselves and what they stand for and to support each other.

The colour green

Symbolises a new season, new beginnings, re-birth and regeneration. Green is the international colour: for protection of women and children.

The ZAZI Song

ZAZI, a song written by the amazingly talented singer Zonke, Joe Public and poet Nova and supported by the University of Pretoria's Youth Choir, calls on women to know themselves, to love themselves, to know their strength and make choices that are in the best interest of their health and wellbeing.

DEVELOPMENT OF THIS TOOLKIT

Recent research and statistics suggest the need for a renewed focus on sexual and reproductive health for women and girls. High figures of teenage pregnancy and the relatively low uptake of contraceptive services around South Africa suggest that women and girls are not taking the necessary steps to prevent unplanned pregnancy, which also may put them at risk of contracting HIV and other sexually transmitted infections.

This toolkit has been developed for use by peer educators, community outreach workers, faith-based organisations and traditional health practitioners to help them to facilitate participatory discussions on sexual and reproductive health with women aged between 20 and 49 years of age. There are also suggestions for adapting these workshops with teenage girls aged 16-19. In the toolkit, we refer to 'women' as including young women who are moving from their teenage years into maturity. We refer to 'girls' as younger girl children or teenagers.

The content for this toolkit is based on prior research conducted by JHHESA and CADRE, and a review of reports, manuals and strategy documents from USAID and JHUCCP, the South African Department

of Health, the Department of Basic Education, and other sources; as well as a participatory workshop conducted with a group of women in KZN early in 2013.

CONTENTS OF THE TOOLKIT

The toolkit is divided into 10 content sections, as follows:

- Section 1:** Being a woman in South Africa today
- Section 2:** Women and relationships
- Section 3:** Women and their bodies
- Section 4:** Women's sexual health
- Section 5:** Women and planning or preventing pregnancy
- Section 6:** Women and safe pregnancy
- Section 7:** Women and the prevention of HIV
- Section 8:** Women and gender-based violence
- Section 9:** Women and healthy lifestyles
- Section 10:** Women getting involved

Each section is made up of the following:



A purpose statement, which outlines the content of the section;



A background to the problem, which outlines why women need to know this information;



An information section, which provides essential information on the topic;



An activity section, which suggests participatory activities for the facilitator to go through with groups of women, so they can understand how to apply this information in their own lives;



A reference section, which suggests places to go for more information.

INFORMATION ON HOW TO USE THE TOOLKIT

If you are going to be sharing this information on sexual and reproductive health with groups of women, you will need to be familiar with the content of all of the ten sections of the toolkit, as well as doing some further reading on any areas of knowledge where you feel you need to know more. Additional information is included in the Fact Sheets at the end of each section. As the facilitator, it is important for you to have as much information as you can before you start to run workshops with groups of women or girls.

You should also do some investigation in your local area, to make sure that the information that you are sharing is locally appropriate. This might mean visiting the clinic or other organisations who deal with sexual and reproductive health issues, so that you know what they offer and what the women in your area can expect if they use these services. You should also be familiar with local customs and traditions to ensure that issues are addressed.

We suggest that you read through the full section of each of the ten sections for information, and then familiarise yourself with the suggested activities, so that you can facilitate them successfully with the group you are working with.

Activities

The activities are designed to explore just one topic of each section, and can stand alone or be grouped together to explore the entire section. Each activity has a suggested time frame, so that you can plan how many activities you can fit into the sessions that you are facilitating with groups of women. If you are going to facilitate multiple activities, then we suggest that you do this in the same sequence that appears in the toolkit.

Self-reflection exercises

Many of the activities conclude with an individual

reflection exercise that asks the women to think about their own lives and applying the new knowledge or skills to their own circumstances. These exercises can be done on paper or in the Zazi diary or notebook. If you do not have these resources or if you are working with participants who do not read and write, then this can be a simple reflection exercise where the women think about the questions posed. This is a private and personal exercise. It is important for you as the facilitator to highlight that the participants do not have to share their thoughts from this exercise unless they want to.

Facilitating further discussions

Some of the background information provided in the toolkit is not covered directly by the workshop activities. You may want to facilitate further discussion on these or other topics, depending on the needs of your group. If you do so, remember to prepare yourself with information before you start, and allow for input and questions from the participants during these discussions, so that you can tailor the discussion to suit their needs.

THE ROLE OF THE FACILITATOR

It is important to differentiate between the role of a teacher and a facilitator. A teacher usually passes on knowledge to people who don't already have that knowledge. A facilitator acts as a catalyst to spark discussion and to help people to uncover and understand what they already know, and then to identify what other knowledge they need to be able to understand a problem or make changes in their own lives.

Many women already have experience and knowledge on sexual and reproductive health topics. It is important for them to realise that their own knowledge and experience is valuable. Your role is to help them to uncover this, and to assess

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whether this knowledge is correct, and whether they have the skills to put knowledge into practice. Where knowledge is lacking, then this toolkit will assist you to share accurate knowledge on a range of topics.

You will also facilitate activities that help women to develop the skills they need to put this knowledge into practice, so that they are able to make healthy decisions about their sexual and reproductive health that are right for them. It is important to encourage the women in the group to apply what they have heard or learnt to their own lives and circumstances. This allows them to see the relevance, applicability and workability of the ideas in their own lives. They can then take the skill or knowledge and apply it in other contexts.

PLANNING FOR YOUR SESSIONS

The toolkit is designed in such a way that you can design sessions around the needs of the group, and can facilitate an hour long workshop, a half-day or a full-day workshop, or a longer workshop, depending on the time you have available. An outline of the topics and the workshop activities is provided at the end of this introduction.

Good planning and preparation is important to ensure that your workshop reaches its objectives and that it runs smoothly. You need to do the following before each session that you facilitate:

1: Understand the group you are working with

Find out who you will be meeting, how many people will be in the group, what ages they are, where they come from, and what their needs are.

2: Prepare the environment

Find out where you will be meeting, and what resources are available. Do you have a comfortable environment to work in? Find out if there are chairs

and tables available, if there is electricity, water and toilets for you to use. If these resources are not available, then you need to consider how this might affect your session and plan accordingly.

3: Prepare the materials

Read through the toolkit and find out what materials you need for the session. Many of the activities do not require any materials, but some suggest using flipcharts, hand-outs, posters, or paper and pens.

4: Prepare yourself

Make sure you have read and understood the contents of the toolkit. Do any extra reading that you think you need. Find out about local services and resources so that you can give context-specific information and make appropriate referrals in the workshop.

5: Prepare the session

The toolkit provides detailed instructions about how to facilitate the activities. You might want to use this as a guide for the session, or you might want to make your own notes about how to facilitate these step-by-step. Timeframes for each activity have been suggested, but these might take more or less time, depending on the size of the group and their need to talk in more or less depth. You will need to be guided by the needs of the group.

There are some activities which require that the participants answer questions in small groups. It is a good idea to write these questions up in large, clear writing on a flipchart or board before the session, so that the groups can refer to these during the activities.

GETTING STARTED

We have not included games and warm-up activities in this toolkit, as most facilitators have a number of these at their fingertips. We suggest that

you start each new session with a short physical activity, a game or a song. These warm-up activities will help the participants to bond as a group, they help to break the ice and make participants feel more comfortable, and can also focus them for the workshop ahead.

At the end of this toolkit is a list of resources including some suggested websites where you can get ideas for new ice breakers and games to play.

FACILITATING THE ACTIVITIES

When facilitating sessions with the group, you should:

- Clarify the expectations and outcomes for the session before you start;
- Create a non-threatening and friendly environment;
- Encourage democracy and participation by the whole group;
- Follow one step at a time;
- Give clear and concise instructions for activities;
- Give just one instruction at a time, so that you do not confuse the participants;
- Observe the dynamics of the group and interpret what is happening;
- Encourage open interaction;
- Speak clearly;
- Listen well;
- Balance speaking and listening;
- Be conscious of your body language and your habits as a facilitator;
- Offer feedback and share your observations and thoughts with the group;
- Acknowledge and respect all contributions offered by members of the group;
- Record information that is offered;
- Manage your time carefully and take breaks when needed;
- Encourage the group to think about how to apply new information to their own lives;

- Remove your own personal bias and be non-judgemental;
- Learn from your own experiences as a facilitator;
- Have fun!

FACILITATING DISCUSSIONS ON SENSITIVE TOPICS

Sexual and reproductive health is about more than just knowing about the physical aspects of sex, but covers the broader concept of sexuality; which includes the following issues:

- Sexual and reproductive anatomy;
- Biological sex: being male, female, or intersex;
- Gender: being a girl, boy, woman, man, or transgender;
- Gender identities and feelings about people's own gender;
- Sexual orientation: being straight, lesbian, gay, or bisexual;
- Sex drive and desire;
- Sexual identity: the way people define their sex, gender, and sexual orientation;
- Sexual behaviour: the sexual practices that people take part in.

Working with sexual and reproductive health issues can stir up complex emotions for a group. Issues around having sex, having children, and the expected role of women are influenced by our culture and our upbringing, and people often hold strong feelings about these subjects. Working with older women can be challenging, as they may have a more traditional view of the topics under discussion.

Here are some things that you should remember when facilitating these workshops:

- Make sure you understand the people you are working with, their culture and their values, practices and beliefs ;
- Show respect for the people you are working with by listening to their concerns and avoiding attitudes or language that may be perceived as rude or patronising;
- Be non-judgemental and try to understand how your own attitudes and values influence how you facilitate this work with others;
- Be aware that some of the participants that you work with may have a different sexual orientation from your own, and be inclusive of heterosexual and homosexual identities, including lesbian, gay, bisexual, transsexual and intersex people;
- Be realistic and try to understand the lived experiences of the people that you are working with, rather than focusing on how things 'should' be;
- Be affirming by encouraging people to ask questions on any topic, so that they can continue to build their own knowledge;
- Have a positive view on sexuality, by realising that sexuality is a part of being human;
- Be patient and ask questions, listen, and encourage dialogue;
- Provide solid evidence, by using science and research to back up what you say, rather than myths and hearsay.

ADAPTING THE WORKSHOPS FOR PEOPLE WITH DISABILITIES

The workshops are designed to be as inclusive as possible, so that all of the participants in the groups that you work with can participate fully. If there are disabled people in your group, then you will

need to think of adapting the workshops to ensure that they are also able to participate fully. Be open and honest with the group about the need for adaptations, and ask the disabled participants what suits them best before you make changes.

For blind participants, make sure that if you use any visual material such as posters, pamphlets, role-cards or flipcharts, you read out all the words and explain the details of any diagrams. If you are using visual images or role-plays, explain what is shown in these. You could also assign another participant as the blind participant's 'eyes' to guide them through the workshop and help them to move around or to explain any visual activity.

For hearing impaired participants, ensure that all of the discussion is recorded visually, in pictures or words on the flipcharts. If possible, have a sign language interpreter in the session. Be conscious of where you stand so that you are always visible, and not with your back to the light, so that deaf participants who lip-read can see your face.

For physically disabled participants, make sure that the space is clear for freedom of movement, and that any games and activities that involve moving around are adapted so that they can participate.

If you are working with mentally disabled participants, or others with severe disabilities, we suggest that you consult with their care-givers to discuss how best to adapt the workshops to suit them.

ADAPTING THE WORKSHOPS FOR YOUNG PEOPLE

These workshops are designed for primary use with women who are aged 20 to 49 years old. However, they can also be adapted for use with teenagers and younger girls. If you are going to be working

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with young people, then you may need to change, remove or replace certain content and activities from this toolkit, depending on the needs of the group that you are working with.

You may decide to focus less on the issues of motherhood and marriage, and more on teenage sexuality. This includes focusing on the knowledge that girls have about their bodies, and how having sex impacts on their physical, emotional and social wellbeing, and often has both physical and emotional consequences. Girls should be encouraged to think about the consequences of starting to have sex at an early age, and to consider delaying sex until they are emotionally and physically ready. You should focus on the sections that explore contraception, mental health and alcohol and drug abuse, as these are areas of concern for many young people.

Here are some tips for working with young people:

Listen and reflect before you respond, so that you are sure about what it is the young person is asking or talking about.

Avoid being judgemental. Young people can pick up your tone easily, and any judgements from you will prevent them from participating freely and honestly.

Avoid over-identifying. Do not try to match a young person's experience with your own experience in order to gain credibility. Try not to use your own teen stories, but let them talk freely about theirs.

Learn to differentiate between real danger and drama, when young people over-exaggerate an issue. Try to get them to stick to the facts, and stick to facts yourself, so that you are not creating unnecessary panic or fear for the young people.

Remember that young people are characterised by 'black and white' thinking. They do not always see a grey area. You could ask questions such as "Do you think it will always be this way?" and "Can you think of a time when it might be different?" to encourage them to think outside of these streams of black/white and right/wrong.

When looking at difficult situations, give hope by asking young people to pose alternatives that they would like to see. You can ask questions like: "What would you like to have happen?" or "What would you like to see that is different?" which reminds them that change is reachable and possible.

Refer to the family: most young people are in families and need to feel that what they are learning about sexual and reproductive health is not contrary to what their parents know, and does not go against their culture. Talk about how what you discuss in your workshops can be spoken about at home.

Keep things short. When working with young people, do not overload them with too much new information at once, but rather take things slowly and allow the learning and reflection to happen at their own pace.

Make sure you have the facts! Do not supply incorrect or half answers to young people's questions. This will cause confusion and may make them feel that there is no real benefit to them attending your workshops. If you get questions that you cannot answer immediately, do some research, and come back to them in a later session with full, detailed and accurate answers to their questions.

When in doubt, if you encounter problems or experiences that you do not have the skills to handle, then refer the young person to a teacher, counsellor, or other professional for help.

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Alexander, P. (2009) *11 Tips for Counseling Teenagers and Teen Counseling*. Hope International University.

Save The Children, Sweden (2011) *Making it Mainstream. A toolkit for internalising, integrating and mainstreaming issues of children's sexuality and gender in programmes dealing with sexual and reproductive health and rights, and HIV and AIDS*.

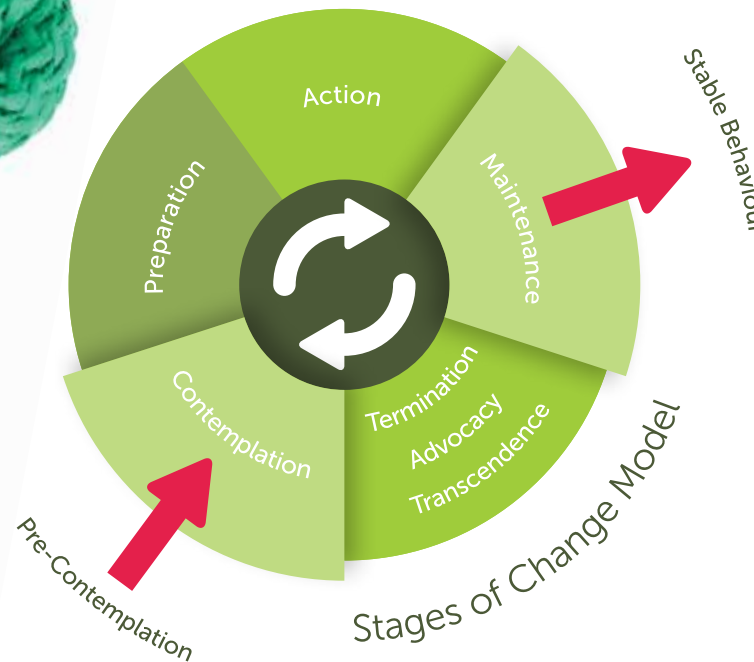
United Nations Population Fund (2004) *Guide to working from within: 24 tips for culturally sensitive programming*. New York. Available at: <http://www.unfpa.org>

ENCOURAGING CRITICAL AND BEHAVIOUR CHANGE

There are many different theories about how and why people make changes to their lives and in their communities. The Zazi toolkit is based on three key beliefs about change, which include:

1. Change can only be brought about through developing critical thinking (critical consciousness);
2. It is easier for individuals to make changes in their own lives if those around them and the community they live in support that change;
3. People go through a number of different stages before they are able to change their behaviour.

Each of these three beliefs is based on a well-known and tested theory, and you can read more about these if you are interested.



Change can only be brought about through developing critical thinking

The Brazilian educator, Paulo Freire, promotes the idea that adults learn best through a process of problem-posing. Problem-posing education involves the facilitator not giving information, but rather working with the information and experiences that the group already has. This local knowledge is used as a starting point to ask questions that help the participants to develop a critical understanding of their personal experiences and the unequal conditions that they see in their communities. The process of questioning helps them to understand the problems that they face, and to start to find ways to address these.

Critical thinking allows people to explore how individual and social issues are related, so that they can understand a problem in its context, and identify ways to take collective action to bring about change.

To read more, see Freire, P. (1973) *Education for critical consciousness*. New York: Continuum.

It is easier for individuals to make changes in their own lives if those around them and the community they live in support that change

The Social Ecology Model of Communication and Health Behaviour helps us to understand the relationship between the individual, their social networks, the community, and wider society. This model can help us to understand how a person is influenced by where they live and those around them, and how this impacts on their ability to make changes to their own behaviour.

The individual: Every person's decisions about health behaviour are affected by their own knowledge, beliefs, values, personal experience, self-image and their own belief in themselves to make a change.

Social networks: Social networks are the social forces such as family, partners and friends that surround and influence an individual. These networks can influence how people make decisions about their own behaviour.

The community: The physical and the social community that an individual lives in can also influence their decisions. Access to services and resources, how people participate in community structures and power dynamics can either support or prevent an individual from making changes.

Society: National policies and programmes, governmental leadership, infrastructure and the predominant religious and cultural values of society have a strong influence on how people make decisions about their behaviour.

All of these four factors combine to influence decision-making, and any campaign needs to address all four factors if we hope to have success in influencing people to make changes in their own behaviours. When you are working with participants in the Zazi programme, you need to keep reminding yourself and the group that these factors always have an influence, and that each level of the individual, the social networks, the community and society needs to be examined when we look at where problems are, how they come about, and how change can happen.

To read more, see Kincaid, D.L., Figueroa, M. E., Storey, J.D. & Underwood, C.R. (2007) *A social*

ecology model of communication, behaviour change, and behaviour maintenance. Working paper. Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

People go through a number of different stages before they are able to change their behaviour

According to the Stages of Behaviour Change model, there are six steps that make up the complex process that a person goes through to change their habits and behaviours.

- 1. Pre-contemplative/unaware stage:** At this first stage, people are not interested in change, they cannot see the need for change and they have no intention to change. They may be resistant, defend their current behaviour and avoid information and discussion about the need for change.
- 2. Contemplative stage:** At this second stage, people start to think about the issue and the possibility that there is a need to make some changes in their lives. They have recognised that there is a problem and that they can do something to make their lives better. In this stage, people are usually thinking about the positive and negative benefits of change, and are open to information.
- 3. Preparing stage:** At this third stage, people have usually realised how serious the need for change is, and have made a decision or a commitment to change. They go through 'pre-change' steps including gathering information and making plans, as well as reaffirming the need and desire to change.
- 4. Action/trying stage:** At this fourth change, people have made real and obvious changes to

their lives and are starting to live their 'new' life. There is usually an openness to receive help and support at this stage, to boost their willpower and confidence so that they do not relapse into old behaviours.

- 5. Maintenance stage:** By this fifth stage, people are working to consolidate changes in their behaviour, and a number of coping strategies have been put into place and are working. People at this stage need to be reminded of their progress and the benefits of the change, which may now be visible.
- 6. Termination/advocacy/transcendence:** This final stage includes the continuation of the change, and the belief that going back to the old behaviour would be uncomfortable and undesirable. This stage can include an element of advocacy, where people feel that they want to encourage the same sort of change for other people that they know. People in this stage can help others in earlier stages.

When you are facilitating workshops, you need to be aware that some of the participants may be at different stages related to their own behaviours and change in their own lives. People who are resistant to change will be in stage one, but developing their critical thinking skills may help them to move to stage two in this process. Your ongoing support and the support of other participants who are in later stages of change may help people to move through these different phases.

To read more, see Health Promotion Unit (2007) *Stages of behaviour change: Community Good Practice Toolkit.* Division of Chief Health Officer, Queensland Health.

AN OUTLINE OF TOOLKIT TOPICS AND THE WORKSHOP ACTIVITIES

SECTION	TOPIC AREA	ACTIVITIES
SECTION 1	Being a woman in South Africa today	Activity 1: Group-discussion: What does it mean to be a woman? Activity 2: Small group-discussions: What does it mean to be a Zazi woman?
SECTION 2	Women and relationships	Activity 1: Small group discussions: Women and relationships. Activity 2: Frozen statues: Facing problems in relationships.
SECTION 3	Women and their bodies	Activity 1: Drawing exercise and discussion: Women's bodies and men's bodies. Activity 2: Group discussion: Changing bodies.
SECTION 4	Women's sexual health	Activity 1: Brainstorm: Women and sex. Activity 2: Discussion: Silence, sex and pleasure. Activity 3: Investigative exercise: Decision-making about sex. Activity 4: Giving advice: Dear Dolly ...
SECTION 5	Women and planning or preventing pregnancy	Activity 1: Role-play: Pregnancy and prevention. Activity 2: Condom demonstration: Male condoms and female condoms. Activity 3: Small group discussions and role-plays: Talking to partners about contraceptives. Activity 4: Finishing the story: Emergency contraception.
SECTION 6	Women and safe pregnancy	Activity 1: Small group discussions: Having a healthy pregnancy. Activity 2: Making messages: Information about having a healthy pregnancy.
SECTION 7	Women and the prevention of HIV	Activity 1: Small group discussions: Understanding HIV. Activity 2: Picture discussion exercise: Understanding risks and relationships. Activity 3: Opinions game: Negotiating safer sex in relationships.
SECTION 8	Women and gender-based violence	Activity 1: Small group discussions: Identifying sites of violence. Activity 2: Agree and disagree game: Intimate partner violence. Activity 3: Giving advice: Rape and help.
SECTION 9	Women and healthy lifestyles	Activity 1: Hot seating activity: A visit to the nurse. Activity 2: Group discussions: Women and cancer. Activity 3: Problem solving exercise: Identifying and beating stress.
SECTION 10	Women getting involved	Activity 1: Community mapping: Places to go for help. Activity 2: Discussion: Women getting involved.



Section **1**

BEING A WOMAN IN
SOUTH AFRICA TODAY



BEING A WOMAN IN SOUTH AFRICA TODAY



PURPOSE

The purpose of this section is for women and girls to explore the idea of self-knowledge, and to be able to understand how better self-knowledge can help them to overcome the challenges that they face as women in South Africa.



BACKGROUND

A common concept amongst many cultures is that of self-knowledge, known in Nguni languages as 'ukuzazi'. This toolkit for women and girls is part of a national campaign entitled "Zazi...know your strength" (i.e. to know yourself), which encourages women to explore what this concept means to them.

Knowing yourself also means knowing the challenges that you are up against, and knowing your strength can help you to develop strategies to be able to face those challenges head on. Women in South Africa face a number of challenges, simply because they are women. Some of these challenges arise because of the high incidence of domestic violence, rape and other abuse of women. Some of the challenges are based on the roles that society expects women to play, based on gender stereotyping. Some of the challenges relate to a lack of economic opportunities. These challenges may be different for women of different ages, from different backgrounds, and living in different areas.



ESSENTIAL INFORMATION

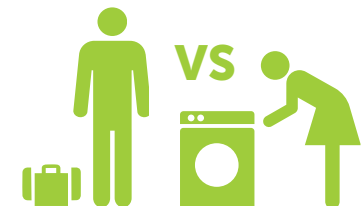
Gender and power relations

We know that women and men are different because

BEING A WOMAN IN SOUTH AFRICA TODAY

of their sex or biology, and their physical attributes. However, where people see differences that are not based on biology, but are based on socialised assumptions, this is known as gender. Because of our biological differences, people assume that men and women have different mental abilities and are differently capable of playing different roles in society.

STEREOTYPE_MEN vs WOMEN



This leads to **stereotyping**, where we say that men or women are 'better' at certain tasks, from decision-making to child-care. In the past, this has meant that men have taken on roles of more power in society, and women have been expected to take a more passive role. This creates an imbalance in power between women and men, which tends to disadvantage women, preventing equality and resulting in a number of social problems.

This inequality has meant that women have less power to make decisions in all aspects of their lives, including decisions regarding their sexual health. Gender inequality means that women are less able to negotiate with their partners about using protection such as condoms, they are less able to challenge their male partners about having other girlfriends, and they do not have influence over family planning decisions. This lack of power can result in physical, emotional and social problems for women.

No society can develop successfully without providing equal opportunities, resources, and life prospects for both men and women, so that they can shape their own lives and contribute to the wellbeing of their families and their communities. To reach a society where women are equally free to make decisions and to take charge of their own lives involves changing both men's and women's attitudes, behaviours, roles and responsibilities at home, in the workplace, and in communities.

Self-knowledge

Self-knowledge is a concept that comes from psychology, the study of the mind. It involves people understanding their thoughts, desires and motivations better, and also understanding why they respond to events or people in the way that they do. Two methods of increasing our self-knowledge are to observe our own behaviour, and to try to see ourselves through the eyes of other people.

Self-knowledge helps people to develop a purpose for their own lives. A greater self knowledge can lead people to developing the skills that they need to be able to live a happier and more fulfilling life and to participate meaningfully in society. These are known as life skills, and allow us to develop our potential as individuals, to co-operate with others, to contribute positively to society, and to pass through life more successfully.

Knowing who they are can help women to make decisions better, to stand up for themselves and to have confidence in their beliefs, talents and strengths.

Self-esteem

Self-esteem is another psychological concept, which

describes a person's overall sense of self-worth or personal value. 'Self' relates to the values, beliefs and attitudes that we hold about ourselves and our capabilities, and 'esteem' relates to the worth that we place on that. The concept relates to how we see ourselves, how we accept ourselves, and if we are happy or unhappy with who we are and what we can do.

From childhood, our self-esteem develops as we begin to make judgments about our self worth and abilities in five areas: physical appearance, social acceptance, academic ability, athletic and artistic skills, and our behaviour.

Throughout our lives, our self-esteem is constantly changing, based on the situations that we find ourselves in and how other people treat us. These situations relate to how we see ourselves succeed or fail at different tasks, and how we are accepted or rejected by others. All of these affect how we think about ourselves.

People can be taught to have a higher self-esteem, and to think more positively about themselves and their abilities. Self-esteem affects behaviour. The more we value ourselves, the more likely we are to make decisions that protect us. People with low self-esteem often make decisions that are unhealthy or dangerous, because they do not put much worth on their own lives.

Thinking more positively about ourselves and accepting the way we are, or making the changes that we want to see in our lives can help to boost our self-esteem and confidence, which allows us to do more with our lives and to make healthier decisions.

ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore what it means to be a woman in South Africa today. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1 Activity 1: Group-discussion: What does it mean to be a woman?

Explain to the group that the aim of this activity is to explore some of the challenges that women face.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Write the word 'woman' on the board and ask the participants to brainstorm all the words that come to mind when this word is mentioned. Write all of the contributions on the board.

Step 2: Once the brainstorm is finished, ask the participants to identify which of these words represent challenges that they have or difficulties that they face as women, and why they think that these challenges come about.

Step 3: Ask the participants how women cope with these challenges.

Step 4: Summarise the discussion.

Step 5: Ask the participants to reflect individually

about themselves, and to focus on some challenges that they are facing, as well as some of their strengths. Give each person a piece of paper and a pen and ask them to write down how they can cope better with some of the challenges that they face as women. If they would like to, they can share their thoughts with others in the group.

Step 6: Summarise the session with the following points:

- Traditional understandings of the role that men and women are supposed to play in society can have a limiting effect on women.
- Women are faced with a number of challenges, including SRH challenges, many of which are a result of a gender imbalance between men and women.
- Identifying the causes of the problems can help you to start finding solutions to them.
- Identifying our own strengths as women can help us to develop confidence to face these challenges.
- The Zazi programme and the activities that we will do together are designed to increase our knowledge and to identify and practice skills that will help us to face these challenges and to make the changes we want to see in our communities.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Small group-discussions: What does it mean to be a Zazi woman?

Explain to the group that the aim of this activity is to explore the concept of 'Zazi', to identify Zazi

women and to consider how to develop the self-knowledge needed to be Zazi.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Explain that there is a national campaign running that focuses on women and girls, and is named 'Zazi'.

Step 2: Ask participants to say what this word means to them. Write all contributions on the board.

Step 3: Divide the group into smaller groups of 4-6 women, and ask them to think of women that they know from their own communities who 'know themselves' (Zazi women) and say why they think so.

Step 4: Ask the participants to talk in their groups about the factors that cause some women not to be Zazi women, and what the consequences of this are.

Step 5: Ask the groups to come back to the large group and to talk about how women can develop this self-knowledge, or Zazi, themselves.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to draw lines to divide the page into 4 areas. These areas should be labelled "physical", "emotional", "intellectual" and "social". These relate to their body, their feelings, their mind, and their relationships. Ask the participants to think about their personal strengths and to write down what they know about themselves under each category. Ask them to think about what they can do to find out more about

themselves in these areas of their lives, and how they can develop these different areas of their lives to make them more "Zazi".

Step 7: Summarise the discussion with the following points:

- It is important to know who you are, in order to be able to plan where you are going.
- When you define yourself, you should not let gender roles limit who or what you want to be or do in your life.
- It is important to know yourself to be able to form strong relationships with other people.
- Knowing and accepting yourself helps to encourage feelings of security and confidence, which are important in our relationships with other people.
- People who are secure and confident within themselves are more able to define the terms of their relationships, and to make the best choices regarding their sexual health.
- Knowing yourself and your needs can help you to stand up for yourself and to make healthy decisions.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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Section 2

WOMEN AND RELATIONSHIPS



WOMEN AND RELATIONSHIPS



PURPOSE

The purpose of this section is for women and girls to explore the kinds of relationships that they have, their roles in these relationships, and their expectations of the relationships, as well as dealing with crises in relationships.



BACKGROUND

Women have a number of different relationships, including relationships with partners, their own parents, parents-in-law, their children, other family members, neighbours, friends and work colleagues, etc. Most women are expected to play different roles in these different relationships, which places stress on them.

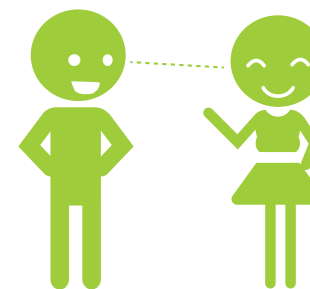
Recent research shows that men have multiple sexual partners more than women do, which places stress on intimate relationships and can compromise a woman's health. Trying to understand the stressors on a relationship can help women to repair relationships and safeguard their own health and happiness.

Research also shows that women are more satisfied in their relationships when their partners are able to understand their negative emotions and when they can understand their partner's negative emotions; but men are more satisfied when they can see that their partners are happy and when their partners can see that they are happy. This shows that there may be differences in what men and women want from relationships, and that communication in relationships is an important part of making them work.



WOMEN ARE MORE SATISFIED

when men understand their negative emotions



MEN ARE MORE SATISFIED

when they can see their partners are happy



ESSENTIAL INFORMATION

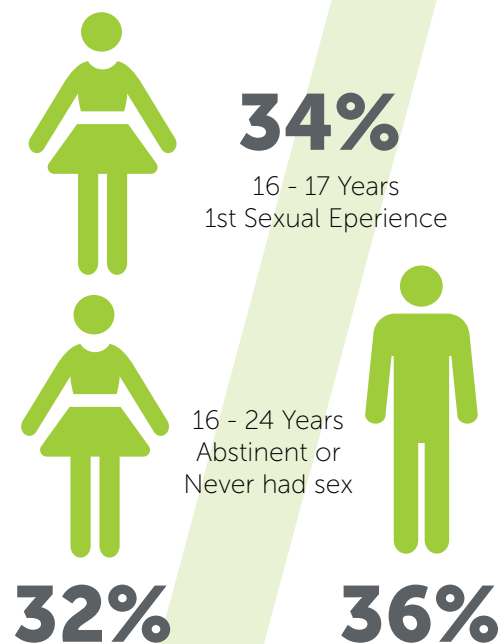
Women and sexual relationships

While in the past, it was rare for women to have sexual relationships outside of marriage, this has changed over the last 50 years. It is common to find women who have sexual relationships with men or other women before marriage, outside of marriage, or for money or other favours.

Sex before marriage

Although many religious and traditional teachings call for abstinence from sex before marriage, the reality of the situation in South Africa is that most people do not wait until they are married before having sex.

2012 SURVEY



A survey conducted in 2012 shows that just 32 % of young women and 36% of young men in the age group of 16-24 year olds were abstinent, or had not ever had sex. 34% of females had their first sexual experience at the age of 16-17 years.

There are many reasons why people choose to / or do not get married. For example, some traditional cultural practices such as the paying of lobola or bride price make it so expensive for a young couple to get married, that young couples prefer to live together or to have relationships without getting married. Others remain unmarried out of choice.

Sex outside marriage

Women may also be married but have sexual relationships with other multiple sexual partnerships or their long-term partnership. There are many reasons for this, including feelings of being ignored or unsatisfied in their marriage, and 'revenge' on a partner who has had sex outside of the partnership. While 90 % of women surveyed in South Africa in 2012 report having only one sexual partner over the period of one year, almost 7% report having 2 partners, and 3% report having three or more partners.

Sex with other women

Relationships between people of the same sex have been practiced in all countries around the world for centuries, including in Southern Africa. Although these relationships were not always spoken about openly in African cultures, they did exist, and people were not punished for having same sex relationships until the colonisation of African countries by Europeans. Today many people who have same sex relationships are seen as immoral or 'wrong' despite the fact that the South African constitution approves of same-sex relationships.

Women having sex with other woman may be lesbians, bisexual or heterosexual. Lesbians are women who are sexually attracted to other women exclusively. Women who are attracted to both women and men often see themselves as

bisexual. Some women who regard themselves as heterosexual, and not lesbian or bisexual, choose to have sex with women for reasons of interest, comfort, or convenience. For many women, these definitions of their own sexuality are fluid and may change over time.

Sex for money or other favours

Commercial sex work (prostitution) is common in South Africa, although it is illegal. Outside of this commercial sex work, it is also common to find women who have sex in order to get money, food, cell phones, lifts or other items and favours. This is known as transactional sex. It is not the same as commercial sex work, and is more informal and ambiguous. It is also more widely accepted.

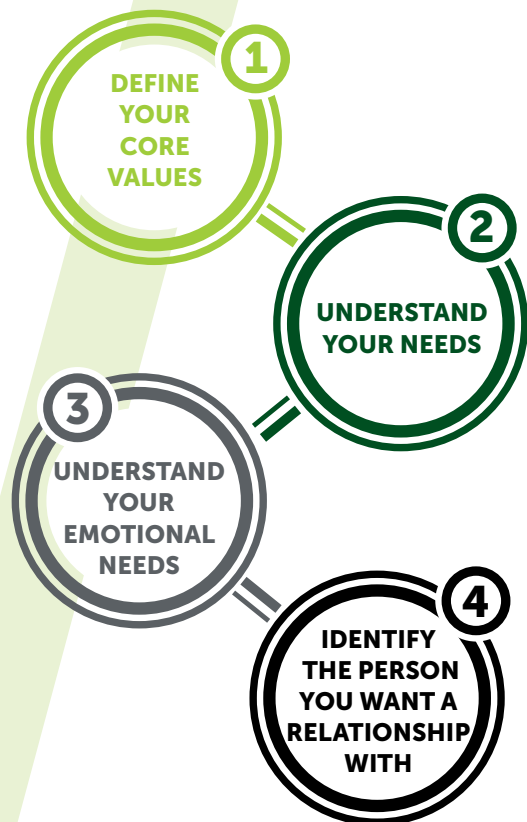
Although some of the women who have sex for goods and favours may be doing so out of necessity, research has shown that many young women and girls have sex with older men for things that they do not need, but things that they desire; such as fancy clothes, cellphones and money for entertainment. These exchanges happen in taverns, universities, schools and communities. When women and girls enter into these kinds of transactional relationships, they are often in a position of less power than the giver of the money or gifts, and are unable to negotiate the terms of the relationship or having safer sex with condoms.

Whatever the reason for having sex, some women might be in relationships with the person that they have sex with, and others might not. Regardless of whether the relationship is for just one night or is more long term, women need to be aware of what role they are playing in these relationships. They are then better able to understand any risk that they might face, and be able to make safer sex decisions.

Because of the unequal gender roles assigned to men and women in society, women often play a more submissive role in relationships with men. They are also sometimes burdened by the responsibilities that they have in other relationships, where they are mothers, sisters, care-givers, and many other things all at once.

Defining satisfying relationships

For any of these relationships to be satisfying, it is important for women to know themselves first. Psychologists suggest that the starting point for this includes four steps:



1. Define your core values: Your values are those things that really matter to you; the ideas and beliefs that you care about and hold as special. Your values guide how you live your life and help to identify what is most important to you. If you know what is important to you, you can make better choices about the people that you have relationships with.

2. Understand your needs: We all have needs that we need to satisfy in our lives, and often we think that other people can help us with these. These include intellectual, physical, spiritual, social and material needs. It is important to know what you want from a relationship and to be realistic and understand what can be offered by another person in a relationship, and which of these needs can be fulfilled yourself.

3. Understand your emotional needs: Your emotional needs are those things that you want to be fulfilled in a relationship, including the need for intimacy, for sexual gratification and satisfaction, a need to be respected, understood and accepted. Knowing what your needs are can help you to ask for them to be met by the other person.

4. Identify the kind of person you want to have a relationship with: Finding the right kind of person who can meet your needs and share your core values starts with looking for clues in the good relationships that you already have with friends and family members. As you see patterns of personality traits in these good relationships, you will know what to look for in new relationships.

Asking for what you want from a relationship

- Asking for what you want from a relationship is the best way to make the other person understand your needs. However, there is a risk involved in asking, as you may face refusal which could cause conflict or lead to feelings of rejection. Before you ask, think about the consequences of doing so. Asking for what you want starts with affirming the relationship, and here are some steps to do this:
- Tell the other person when you are pleased with them, and what makes you happy, which allows the relationship to be built on positive experiences instead of negative ones.
- Ask the other person to inform you when you are doing something that is pleasing to them. Make sure the communication process is open both ways, so you can both tell each other when things are going well, and ask for change when they are not.
- Discuss any changes that are happening in the relationship, and how these are affecting you both. You should regularly review whether the relationship is moving in a direction that both of you are happy with.
- If conflict arises, take some time out, like a short walk, or just a few breaths before you address the problem. This gives you both some time to calm down and think more rationally.
- When you want to ask for something, think about the words that you use. Instead of blaming the other person by saying "you do this or "you don't do that", which may make them defensive, rather focus the discussion on your own feelings, behaviours or needs, by saying "I feel this" or "I need that".

Relationships in crisis

There are problems that we face in all of our relationships, some of which can be faced together, and some of which may threaten to tear the relationship apart. It is important to remember the following:

- **Don't let the problem overwhelm you:** See it in the context of the whole relationship and try to keep it in this perspective.
- **Put your focus where it's needed:** Instead of focusing on the problem and the potential damage it can cause, try to focus on the reasons that you want to solve it, and then start to look for solutions.
- **Take personal responsibility:** Avoid feeling like "the victim" and think about your participation in the crisis or the way you are thinking about it. You can't control other people's behaviour, but you can control how you react to them.
- **Work on improving yourself:** Ask yourself if there are changes that you need to make in your own life, outside of this relationship, and if you can take action to make these changes. These will help you to feel more in control of your own life.
- **Ask for help:** If there are many unresolved conflicts in your relationship or any type of abuse then you should ask for help. Counsellors, religious leaders and organisations such as FAMSA can help with these problems. Some contact details are given at the back of the toolkit.



ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore the relationships that women have. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1

Activity 1: Small group discussions: Women and relationships

Explain to the group that the aim of this activity is to explore the different relationships we are in as women, and the roles we play in these relationships; as well as understanding what we want from these relationships and how to get it.

Requirements: A flipchart and pens, or a board to write on, as well as individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Ask the participants to call out the types of relationships that they are in, and write these up on the board. These might include mother, sister, daughter, daughter-in-law, mother-in-law, girlfriend, wife, partner, and friend.

Step 2: Divide the participants into groups, so that there is one group for each relationship listed on the board. Allocate one relationship to each group to talk about. Give the groups ten minutes for their discussion.

Step 3: Ask the groups to answer the following questions about their allocated relationship:

- In this relationship – what role do women play?
- What are they expected to do in this relationship?
- What do women want out of this relationship?
- How do they ask for what they want?

Step 4: Ask the groups to report back on what they discussed.

Step 5: Ask the participants how they felt about the exercise. Ask them if they can see themselves in the relationships that they discussed, and what the exercise made them think about relationships.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down one relationship that is important to them. Ask them to write down what they want out of this relationship, and how to ask for it. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Women are expected to play many different roles in their lives.
- This can sometimes put pressure on women that is difficult to cope with.
- Women have the right to express themselves in their relationships, and to speak out about their needs.
- When women cannot speak up about their needs and expectations in relationships, they can be left unfulfilled.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Frozen statues: Facing problems in relationships

Explain to the group that the aim of this activity is to explore the problems that women have in relationships and to identify coping strategies for these.

Requirements: A flipchart and pens, or a board to write on, as well as individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Ask the participants to choose a partner, so that everybody is in pairs. If there is an uneven number in the group, then one can be a group of three people.

Step 2: Ask each pair to discuss different problems that women face in their relationships. Ask them to use their bodies to create a statue (which does not talk or move) that represents of this problem. Give the groups five minutes for their discussion and planning. Encourage them to get up and practice forming this statue with their bodies.

Step 3: **One by one, ask the pairs to show their statue to the rest of the group. When each statue is shown, ask the rest of the group the following questions:**

- What is this problem being shown in this statue?
- Does this happen often in our community?
- Why does this happen?
- What can we do when we face this kind of problem?

Step 4: After all of the statues have been shown, summarise the discussion by outlining the different kinds of challenges that women face in their relationships, and the different strategies for overcoming these crises.

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down a problem that they can foresee in one of their own relationships. Ask them to write down any ways that they can think of to avoid this problem. If the problem cannot be avoided, ask them to note down any strategies that have been discussed in this session which they think they could use to help them cope. If they would like to, they can share their thoughts with others in the group.

Step 6: Summarise the discussion with the following points:

- Some problems can be avoided if we can see them coming, but some cannot.
- Thinking ahead about how to deal with problems can help us to cope with them when we need to face them.
- Having a personal plan and a supportive network of other people can help us to get through these problems more easily.

Ask if there are any further questions or comments, and thank the participants for their contributions.

Share the names of organisations, social workers, or other resources in the area where women can go for help or support if they are facing problems in their relationships.



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Section 3

WOMEN AND
THEIR BODIES



WOMEN AND THEIR BODIES

PURPOSE

The purpose of this section is for women and girls to better understand female and male anatomy and the reproductive health systems, as well as understanding the physical changes in life-cycles, including puberty and menopause.

BACKGROUND

Because many women do not know how the reproductive health system works, they may not know the facts about puberty, pregnancy and menopause, as well as any other physical changes that they need to be aware of to ensure that they stay healthy.

Many women and girls have misinformation and believe in certain myths about their bodies. Good information can prevent myths from spreading and help women to maintain good sexual and reproductive health.

ESSENTIAL INFORMATION

Female anatomy and the reproductive health system

Please see the detailed pull-out poster at the back of the section for a diagram of the female reproductive health system.

A woman's internal reproductive health system usually consists of ovaries, fallopian tubes, and a uterus. The two ovaries are oval-shaped and sit on either side of the uterus (womb) in the lowest part of the abdomen. They contain thousands of eggs,

or ova. The two fallopian tubes stretch from an ovary to the **uterus (womb)**.

From **puberty**, the pituitary gland releases hormones that stimulate the ovaries to produce the sex hormones, oestrogen and progesterone. These hormones determine how the reproductive system functions. Once a month, an egg leaves one of the ovaries (**ovulation**), and travels down one of the fallopian tubes toward the uterus.

In the days before ovulation, the hormones stimulate the uterus to build up its lining with extra blood and tissue, making the walls of the uterus thick and cushioned. This happens to prepare the uterus for pregnancy. If the egg is fertilised by a sperm cell, it travels to the uterus and attaches to the wall of the uterus, where the foetus will stay until pregnancy. If the egg is not fertilised, then the woman will have a menstrual period, which involves blood and tissue being released through the muscular ring at the base of the uterus (the **cervix**) and exiting through the **vagina**.

The vagina is a tube, about 10 cm long, that extends from the cervix of the uterus to the outside of the body, and is located between the **rectum** and the **urinary bladder** and **urethra**. The vagina serves as a passageway for menstrual flow, receives the erect penis during vaginal intercourse, and is the birth canal during childbirth.

Women also have external organs (known as genitals) as part of the reproductive health system. These include the **vulva** which includes the 'lips', the **clitoris**, and the opening to the vagina. The outer lips (labia majora) can be seen at the front of the woman's body, and serve as a protection for the vagina. The inner lips (labia minora) are two flaps of

skin on either side of the vagina, situated between the outer lips, which protect the urinary tract.

At the front of the inner lips is the outside part of the clitoris, which is covered by the clitoral hood. The labia and clitoris function during sex to lubricate the vagina, which aids penetration, and because they are sensitive to touch, they can increase sexual pleasure for a woman.

In many women, the opening of the vagina is partly or completely blocked by a thin tissue called the hymen, although some women are born without a hymen. The hymen usually breaks when a woman has sexual intercourse for the first time, causing some bleeding. It can also break from activity e.g sports, horse-riding, etc. or injury. Virginity Testing happens in some cultural contexts and usually looks for the presence of this hymen, however if it is broken or not there, it is not a clear indication of whether or not a girl has had sex and is a virgin.

Male anatomy and the reproductive health system

Please see the detailed pull-out poster at the back of the section for a diagram of the male reproductive health system.

A man's internal reproductive health system usually consists of glands called testicles, which make sperm and the hormone called testosterone. Other glands that men have which make up the genitals include the prostate, seminal vesicles and Cowper's glands. Together, these glands make the white, sticky fluid called semen that carries sperm.

Tubes known as the 'vasa deferentia' or 'sperm

ducts', carry sperm out of the testicles and to the urethra of the penis and out of the body. This is known as ejaculation. The urethra also carries urine away from the bladder.

The external genitals of a man include the penis and the scrotum, which is a bag that hangs beneath the penis and contains the two testicles. A man's penis is usually soft, but when aroused (sexually excited), the inside of the penis fills with blood, which causes an erection.

During an erection, a valve stops urine from entering the urethra so that only semen flows along it. This is why it is very difficult for a man to urinate when he has an erection. If a man has an erection, he does not need to have sex to release the semen. Semen that is not ejaculated is simply reabsorbed into the body.

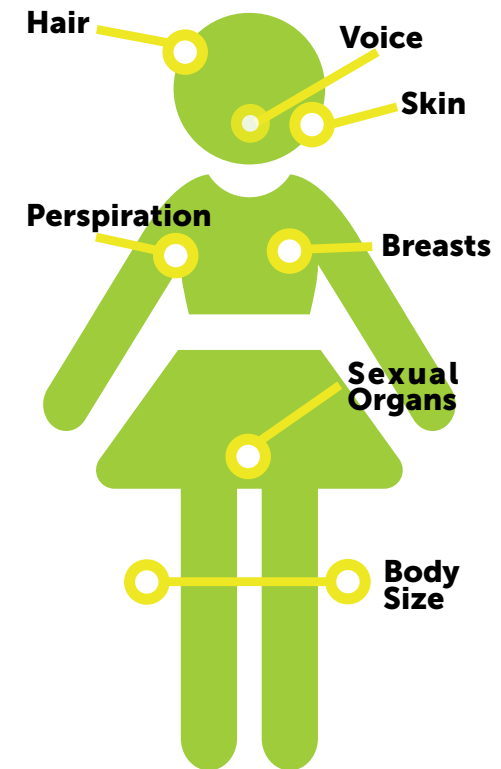
Many men have trouble with getting erections at some stage in their lives. This might be just once or twice, often caused by stress, exhaustion, depression or by drinking. If the problem continues, then it is known as erectile dysfunction. This can be caused by high blood pressure, diabetes, obesity, heart disease or heavy drinking or smoking. It should be discussed with a health care provider, and in most cases can be treated by medications as well as lifestyle changes.

Life changes – puberty

Puberty is the time when a child's body begins to change into a mature adult body. Boys and girls both experience puberty. For girls, puberty usually begins between the ages of 9 and 13, while boys experience their changes between the ages of 10 and 14.

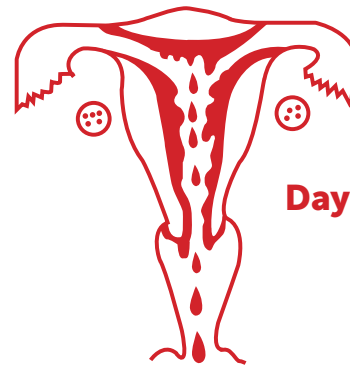
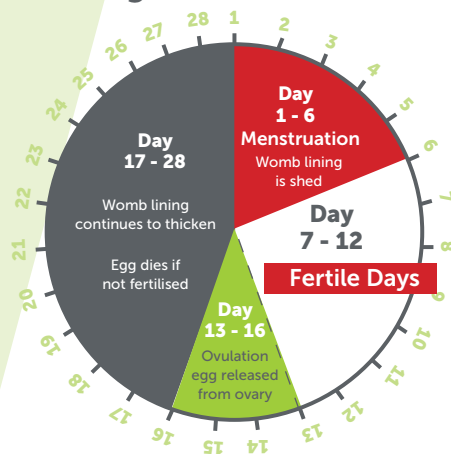
Puberty is a natural progression of life caused by the production of reproductive hormones (sometimes called sex hormones). For girls, the hormone that starts puberty is oestrogen and to some extent progesterone; and for boys it is testosterone.

Puberty brings about a number of physical and emotional changes for both girls and boys. These include:

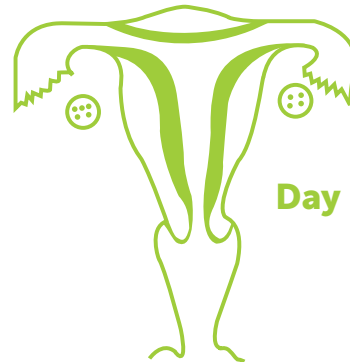


- **Skin:** Skin becomes oily, sometimes with pimples or acne for both boys and girls.
- **Hair:** Hair increases on legs, underarms and pubic areas for boys and girls, and for boys it may grow on the chest and face.
- **Breasts:** Breasts grow and may hurt a little for girls. Some boys breasts also swell.
- **Body size:** Children grow bigger and taller during puberty. For girls, their hips widen and breasts enlarge, and boys grow taller, and their shoulders and chest widen.
- **Perspiration (sweat):** Perspiration increases and body odour may appear for both boys and girls.
- **Voice:** For boys, the voice deepens slightly and may crack.
- **Female sexual organs:** Ovaries mature, menstruation begins, and there is more wetness in the vaginal area.
- **Male sexual organs:** Sperm matures, wet dreams and erections begin, and testicles and the penis grow larger.
- **Sexual awaking:** Both boys and girls at this time may start to notice that they have urges and may touch themselves to feel pleasurable sensations. They also may start becoming attracted to and noticing the opposite sex.

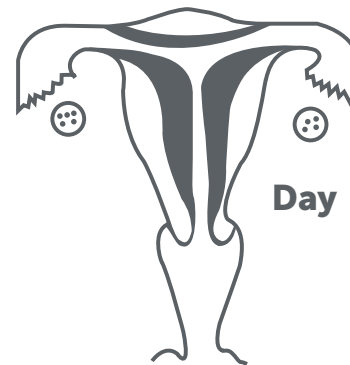
Life changes - menstruation



Day 1 - 6



Day 13 - 16



Day 17 - 28

Menstruation (having a period) is a major stage of puberty in girls. The start of periods is known as **menarche**, which happens after all the parts of a girl's reproductive system have matured and are working together.

The reproductive system is designed so that once a month, 14 days before the start of a period, an egg leaves one of the ovaries, and travels down one of the fallopian tubes toward the uterus. **The egg is fertile for up to 24 hours after ovulation.** If the egg is not fertilised, the uterus sheds its tissue lining and the blood, tissue, and the unfertilised egg leaves the uterus, passing through the vagina. This blood loss is known as a **menstrual period**.

The amount of time between a woman's periods is called her menstrual cycle. The cycle is counted from the start of one period to the start of the next. The **menstrual cycle** may last from 24 to 28 days, but some women may have a longer cycle. Many women have irregular periods, which are not a sign of anything abnormal, but are just their own body's differences.

Some women have periods that last just 2 or 3 days, and for others it may last up to 7 days. The **menstrual flow**, how much blood comes out of the vagina, can also vary. Some women may experience cramps or backache during their periods, which are caused by hormones which cause the muscles of the uterus to contract.

Some women may experience **premenstrual syndrome** (PMS) before a period, which is related to changes in the body's hormones. As hormone levels rise and fall during a woman's menstrual cycle, they can affect the emotions and the body. Some women feel more intense emotions than

they usually do, and others notice physical changes like feel bloated, having swollen and sore breasts, or getting pimples or headaches.

If PMS symptoms are extreme, or if there are any unusual changes to a period, such as periods lasting for longer than a week, heavy bleeding, gaps of 3 months between periods, bleeding in between periods or an unusual amount of pain before or during the period, then women should consult a health care provider for advice.

The menstrual cycle happens almost every month for several decades (except when a woman is pregnant), until a woman reaches menopause and no longer releases eggs from her ovaries.

When menstruating, it is recommended that women and girls use sanitary pads or tampons to absorb the flow of menstrual blood. These are expensive products, and many girls end up using newspapers or re-using cloths, which are not always clean and may cause infections. Allowing the blood to flow freely or not disposing of soiled cloths or other materials is also risky, as menstrual blood from those who are HIV positive carries a high concentration of HIV.

It is estimated that many schoolgirls in South Africa miss up to two weeks of school every term, because they do not have access to sanitary pads when they are menstruating. A number of projects are currently in place to provide schoolgirls with sanitary pads and better sanitation at schools, to prevent absence from schools. * Call to action: Find out about projects like "Always keep a girl child in school" project.

Life changes – menopause

Menopause is the term for the time in a woman's life when her periods (menstruation) eventually stop and the body goes through hormonal changes that no longer allow her to get pregnant.

Menopause begins at a different time for every woman, often from the mid-thirties through to the late fifties. Menopause is most common among women in their mid- to late forties, and can last for between 2 and 12 years.

Before menopause, a stage called perimenopause is the phase leading up to the final menstrual period, where there may be some signs that oestrogen is beginning to decline. These signs include:

- A change to the menstrual cycle, which gets longer, shorter, or changes in some other way;
- Occasional hot flashes,
- Mood changes, including feeling irritable, sad, anxious, discontented, or angry;
- Changes in your sleep pattern;
- Heart palpitations and feeling fatigued, short of breath or faint;
- Vaginal symptoms such as vaginal dryness, painful intercourse, or urinary incontinence;
- A lower sex drive and lack of interest in sex.

This perimenopause phase lasts until a diagnosis of menopause, which is when a woman has had twelve consecutive months without a period (where this is not related to use of a hormonal contraceptive method like the injection).

Menopause might bring on the following symptoms for women:

- Menstrual periods that stop;

- Heart palpitations (irregular heartbeat) with the heart pounding or racing;
- Hot flashes;
- Night sweats;
- Skin flushing;
- Sleeping problems (insomnia);
- Decreased interest in sex, and a decreased response to sexual stimulation;
- Forgetfulness;
- Headaches;
- Mood swings including irritability, depression, and anxiety;
- Urine leakage (incontinence);;
- Vaginal dryness and painful sexual intercourse;
- Vaginal infections;
- Joint aches and pains.

Confirmation of menopause can be done through blood and urine tests which look for changes in hormone levels, as well as a physical examination. Screening for menopause is not common at government clinics, but may be requested if a woman has specific gynaecological symptoms that are of concern to her.

Treatment of the menopause symptoms is possible, through hormone replacement therapy (HRT), which involves treatment with oestrogen and, sometimes progesterone. This treatment is available at government hospitals and clinics as well as through private health care facilities.

Some prescribed antidepressants and other drugs may also help to relieve the symptoms of menopause. Regular exercise, relaxation and changing your diet may also help to reduce symptoms. Diet changes include avoiding caffeine, alcohol, and spicy foods. You should also try to eat soy foods which contain oestrogen, and

getting plenty of calcium from supplements or foods like milk, cheese or yoghurt, as well as sardines, dark leafy green vegetables like spinach, and fortified (calcium-enriched) cereals and breads. Vitamin D is important, and can be increased from exposure to sunlight, and is also found in fatty fish like sardines and tuna, or in cod-liver oil.

Some women have vaginal bleeding after menopause. If this occurs, women should go to their health care provider as it may be an early sign of other health problems, including cancer. Other health problems that may occur for women after menopause include bone density loss and osteoporosis. Tests and treatment for these problems are not offered through government clinics and hospitals, but are available through private health care facilities. Other problems related to menopause include changes in cholesterol levels and greater risk of heart disease, which can be treated at government clinics and hospitals.

“There is nothing more rare, nor more beautiful, than a woman being unapologetically herself; comfortable in her perfect imperfection. To me, that is the true essence of beauty.”

– Steve Maraboli

ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that help women to have a better understanding of how their bodies work. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1 Activity 1: Drawing exercise and discussion: Women's bodies and men's bodies

Explain to the group that the aim of this activity is to increase an understanding of the anatomy and reproductive health systems of women and men.

Requirements: Reproductive health posters from the back of the toolkit, and a flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 45 minutes

Step 1: Divide the participants into 2 groups, where one group will focus on men, and one on women. If you have a large group of more than 20 participants, then divide into four groups for this exercise.

Step 2: Give the groups some large pieces of paper and pens. Ask the participants to draw a naked human body (either male or female, as you have allocated them). They should label the particularly 'female' or 'male' parts of the body. Ask them to note on the diagram what they think it is important to

know about these parts for them to be able to maintain good sexual and reproductive health. Give the groups fifteen minutes for their discussion and drawings.

Step 3: Ask the small groups to report back to the larger group about their pictures. Ask if there is anything missing from the male drawing or the female drawing. You can compare these drawings with the posters from the back of the toolkit, which should be placed where everybody can see them. Using these posters, make sure that everybody is aware of all of the different organs and their functions.

Step 4: Ask the group to talk about some of the myths that people believe about their bodies. These may include beliefs about the hymen and virginity, or about how a build-up of sperm can make men go mad. Ask the group why they think these myths come about. Ask them to talk about how believing these myths can be damaging for people's self-esteem and for their health.

Step 5: Encourage the participants to talk about health problems that can come from lack of care for these organs. If there are questions, make sure that you answer these correctly, or if you cannot answer them, make a note of the problem and do some further research so that you can report back with the facts at the next session.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down some steps that they can take to safeguard their own sexual and reproductive health. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Women and men have different sexual organs which play many functions, including pregnancy, preparation for childbirth, and increasing sexual pleasure.
- For good health, these sexual organs should be kept clean and any unusual symptoms should be reported to your health care provider.
- It is important to know your own body through looking and touching, so that we can tell if something is unusual.
- Symptoms that are ignored can result in both men and women developing serious health problems such as sexually transmitted infections (STIs) or cancer.
- Not knowing the facts or believing in myths about our bodies can cause health problems.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Group discussion: Changing bodies

Explain to the group that the aim of this activity is to increase an understanding of the lifecycle changes that women go through, including menstruation and menopause.

Requirements: Reproductive health posters from the back of the toolkit, and a flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 45 minutes

Step 1: Divide the participants into two groups, where one group will focus on menstruation, and one on menopause. If you have a large group of more than 20 participants, then divide into four groups for this exercise.

Step 2: Ask the participants to think about their allocated life-cycle (menstruation or menopause). Give the groups fifteen minutes for their discussion and ask them to answer the following questions:

- When does this change happen for women or girls?
- What physical changes happen?
- What emotional changes happen?
- What causes these changes?
- What can a girl or woman do to be able to cope with these changes?

Step 3: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.

Step 4: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down some steps that they can take to help them to prepare for or cope with these changes. If they would like to, they can share their thoughts with others in the group.

Step 5: Summarise the discussion with the following points:

- Girls' and women's bodies go through a number of changes, which happen at different times for different women.
- Knowing what to expect from these changing lifecycles can help you to prepare for the changes, and to notice

what is natural and what might be abnormal and should be reported to your health care provider.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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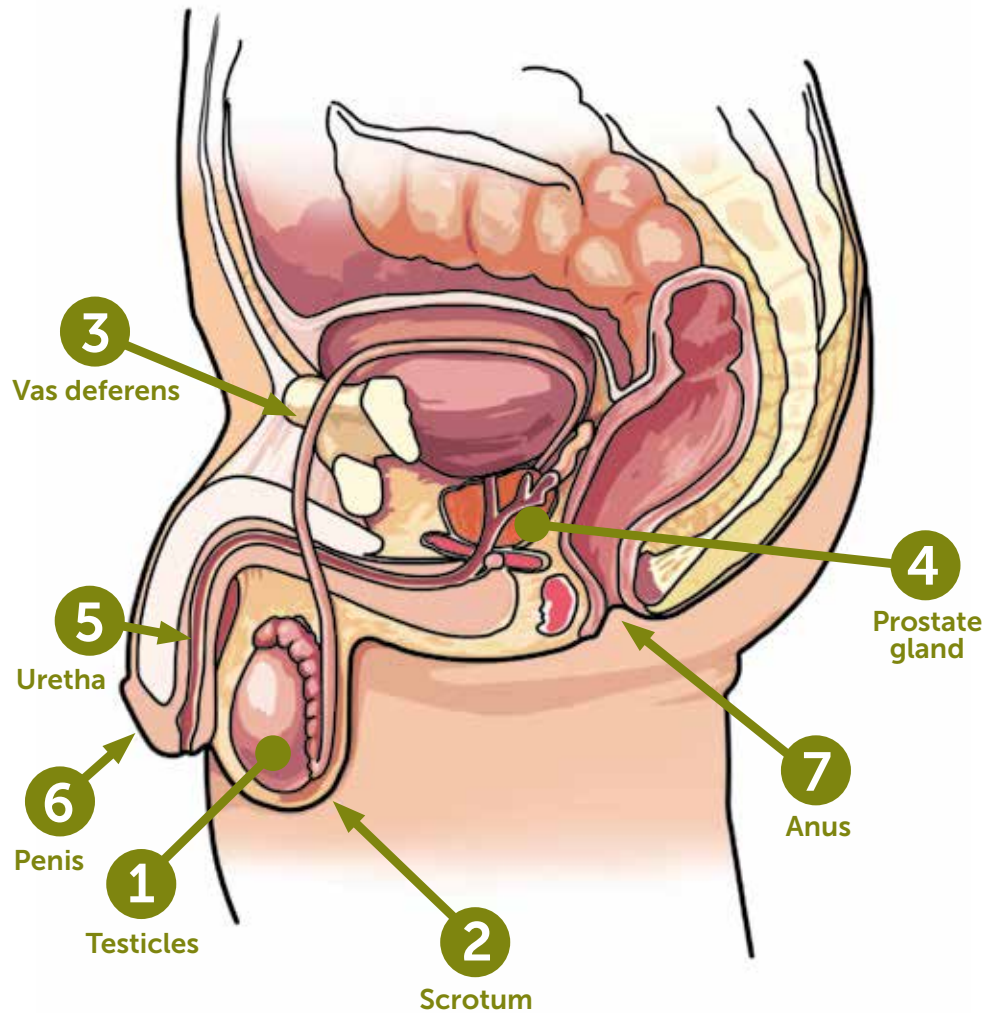
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“TO KEEP THE **BODY**
IN GOOD HEALTH IS A
DUTY... OTHERWISE
WE **SHALL NOT** BE
ABLE TO KEEP OUR
MIND STRONG AND
CLEAR.”

- AUTHOR UNKNOWN

Male Reproductive System

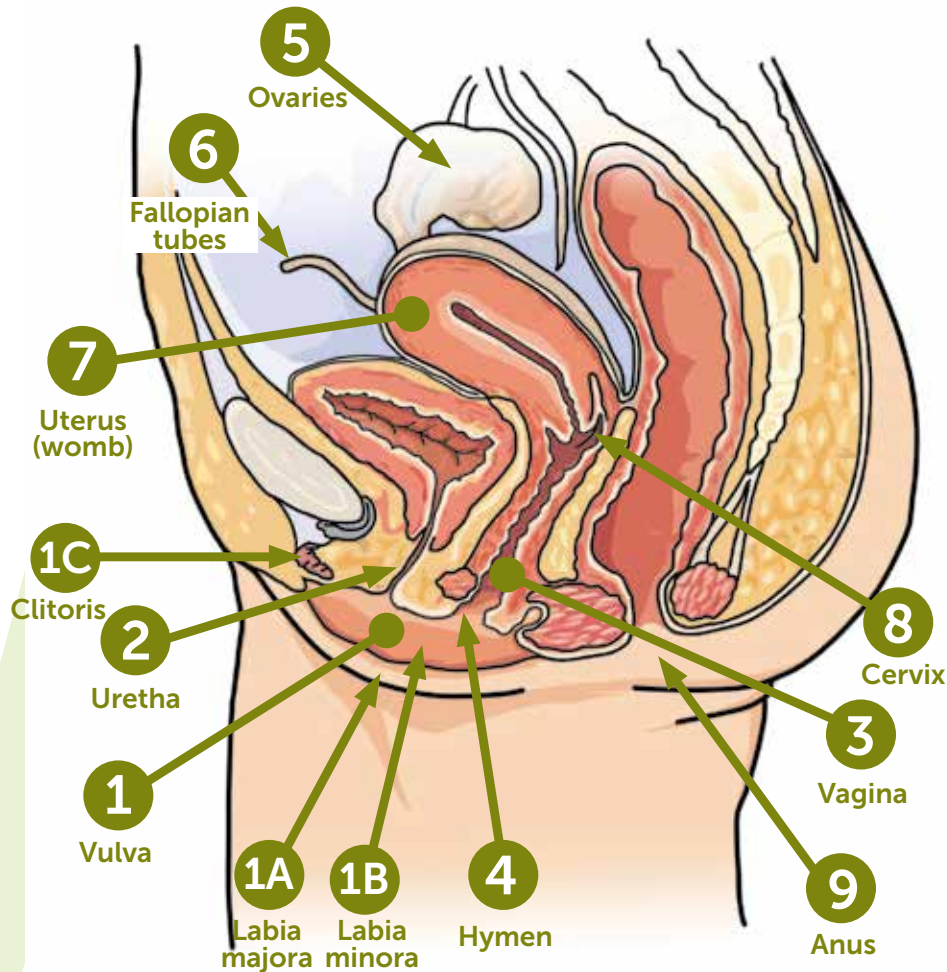
Internal organs - Lateral view



- 1 Two **testicles** that make and store millions of tiny sperm. The testicles are oval-shaped and hang in a pouch of skin outside the body called the scrotum. The testicles also make hormones such as testosterone. Testosterone is the hormone that causes boys to develop deeper voices, bigger muscles and bodies and facial hair when they go through puberty. Testosterone also stimulates the production of sperm throughout a man's life.
- 2 The **scrotum** helps to control the temperature of the testicles, which need to be kept cooler than the body temperature to produce sperm. The scrotum changes size to maintain the right temperature.
- 3 The **vas deferens** is a tube that transports semen from the scrotum to the penis. The epididymis connects each testicle to the vas deferens.
- 4 The **prostate gland** makes fluid (liquid) that makes semen when mixed with sperm.
- 5 The **urethra** is the tube that carries the semen to the outside of the body through the penis. The urethra is also part of the urinary system because it is also the tube through which urine passes as it leaves the bladder and exits the body.
- 6 The **penis** is made up of two parts: the shaft and the glans. The shaft is the main part of the penis and the glans is the tip (sometimes called the head). At the end of the glans is a small slit or opening, which is where semen and urine leave the body. The penis has special blood vessels which can fill with blood and make the penis hard and straight. This is called an erection. The foreskin of the penis is a fold of skin that covers the tip of the penis and may be removed by circumcision. Men get circumcised for many reasons including cultural (Xhosa), religious (Muslim, Jewish and many others) and health reasons.
- 7 The **anus** is the lower opening of the digestive tract. It is associated with the anal sphincter and lies in the cleft between the buttocks.

Female Reproductive System

Internal organs - Lateral view



- 1** The part of the female reproductive system that can be seen on the outside is the **vulva**. The vulva covers the opening to the vagina and is made up of the **1A - labia majora (outer lips)** and **1B - labia minora (inner lips)** and the **1C - clitoris** which is a small sensitive mound of skin. Between the labia are two openings – one to the vagina and one to the urethra.

- 2** The **urethra** is the tube that carries urine from the bladder to the outside of the body.

- 3** The **vagina** is a muscular, hollow tube that extends from the vaginal opening to the uterus. The vagina's muscular walls are lined with mucous membranes, which keep it protected and moist. The vagina has several functions: for sex, giving birth to a baby and for menstrual blood to leave the body.

- 4** The **hymen** is a thin sheet of tissue with one or more holes in it, that partially covers the opening of the vagina. Hymens differ from woman to woman. The hymen may tear and bleed a little the first time a woman has sex, which can cause some pain. But in some women, even if they are virgins, there is no bleeding.

- 5** **Ovaries** are the place where human eggs are made and stored.

- 6** The **fallopian tubes** are tubes that connect the ovaries to the uterus.

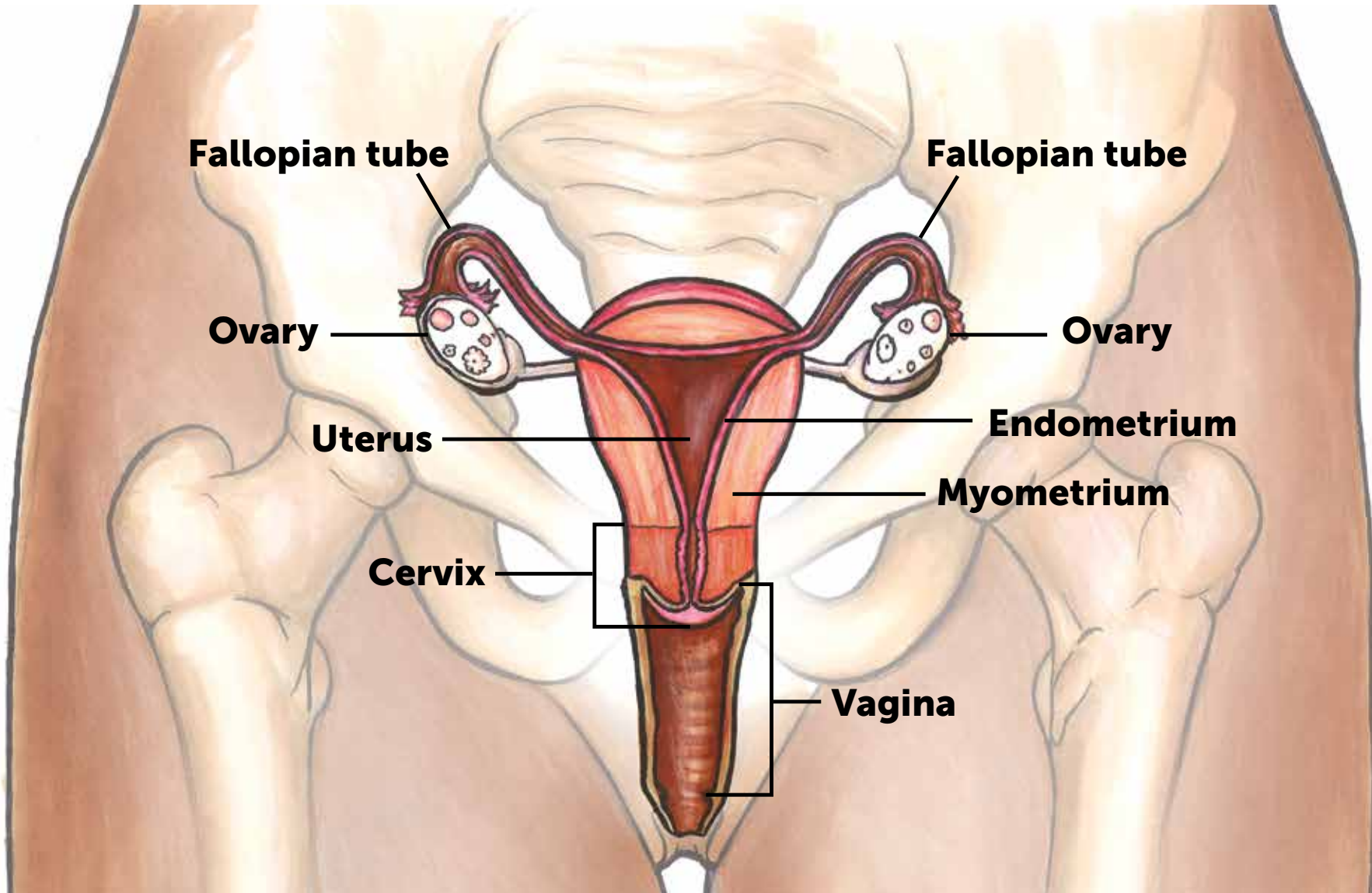
- 7** The **uterus (womb)** is the place where the fertilised egg grows into a baby.

- 8** The **cervix** the narrow necklike passage forming the lower end of the uterus.

- 9** The **anus** is the lower opening of the digestive tract. It is associated with the anal sphincter and lies in the cleft between the buttocks.

Female Reproductive System

Internal organs - Anterior view





Section 4

WOMEN'S SEXUAL HEALTH



WOMEN'S SEXUAL HEALTH



PURPOSE

The purpose of this section is for women and girls to be able to explore ideas around sex and sexuality, sex and pleasure, sex and silence, and to understand how to identify, prevent and treat sexually transmitted infections.



BACKGROUND

1st Sexual Experience

7%

Before age 15

21%

20 - 24 years

32% 34%

18 - 19 years

16 - 17 years

Although sex is not a topic that is often openly spoken about, recent research has shown that 7% of girls have their first sexual experience before they are 15 years old. 34% have their sexual debut at 16-17 years, 32% have sex for the first time when aged 18-19, and 21% of women are aged between 20 and 24 when they have their first sexual experience. This suggests that there is a strong need for sex to be talked about more openly, especially with girls and young women, so that they understand how to protect themselves from some of the risks involved in having sex.



ESSENTIAL INFORMATION

There are a number of different topics that fall under the heading of 'sex', and this section deals with just some of these.

Sex and sexuality

Sexuality is a central aspect of being human. It encompasses issues around sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.

People's values about sexuality are shaped by their religion, education, upbringing, family and community or culture. Some of the terms below will help to clarify some of the terms involved in talking about sexuality.

Sexual health is the state of physical, emotional, mental and social well-being in relation to sexuality. Reproductive health relates to all issues regarding the reproductive organs and functions of a person. Sex is used to refer to a person's biological, social and mental sex, either male or female, or inter-sex (someone whose sex is unclear, based on their sex organs or chromosomal structure).

Sexual practice is the term used to describe the physical activity including behaviours and practices around the act of sex.

Sexual identity or sexual orientation refers to how people identify themselves as heterosexual, bisexual, homosexual (lesbian or gay) or asexual. These terms refer to what sex or sexes each

person finds themselves sexually attracted to, as explained below.

- *Heterosexual* refers to people who are attracted to those from the opposite sex.
- *Bisexual* refers to people who are attracted to people from both sexes.
- *Homosexual* refers to people who are attracted to those of the same sex as themselves.
- *Asexual* refers to people who do not have sexual activity or sexual feelings, but who still feel love for other people and who enjoy non-sexual intimacy.
- *Lesbian* refers to women who are attracted to women.
- *Gay* typically refers to men who are attracted to men, but can also be used for women who are attracted to other women.
- *Same-sex* relationships refer to relationships between two men or two women.
- *Same-sex* activities refers to the sexual activities between two men or two women.

Sexual identity is about how people define themselves and their sexual emotions and attractions. Not everybody will understand these identities, but everybody must be respectful and be non-judgmental when discussing sexual identities.

A commonly confusing issue is that of transsexuality, sometimes known as transgender. This is a gender issue, where a person may feel that he or she is born in the wrong body. For example, a person who identifies as transgender or transsexual may have typical female anatomy but feels like a male. Some transsexuals seek to become the other gender by taking hormones or having sex reassignment surgeries.

Being transsexual or transgender has nothing to do with sexual identity, and people can be

homosexual, bisexual or heterosexual. Some transsexuals may like to dress up in another sex's clothes (for example women who like to dress up as men and men who like to dress up as women).

Another confusing issue is that of **intersex**. Intersex is not about attractions, but is about biology. It is when a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. An intersex person might have some male and some female reproductive organs at the same time. These might be different internally and externally. Sometimes this is obvious at birth, but often it is only apparent during puberty or later in life.

Sex and pleasure

Sex is a normal and natural part of life. There are many reasons that people choose to have sex. These reasons may change all the time, depending on their life circumstances. Often people think that sex is only for reproduction, but that is not the only reason that people have sex. Other reasons include sex for pleasure, sex for financial gain, sex for comfort, for acceptance, and a number of other reasons.

As we are rational, thinking human beings, we are not driven only by hormones and instinct, but by thought and reason. Decisions about sex are usually based on reasons that fall into three categories:

- Physical reasons (puberty, physical disability, pleasure, present physical state etc)
- Psycho-social reasons (self esteem, stress, pressure etc)
- Social reasons (how we are brought up, what people say, what is socially accepted etc)

Asking ourselves if we are happy with the reason that we are having sex can make us more confident

and comfortable with our decisions about sex. For people to enjoy sex there is a need to focus more on the positive aspects of sex such as pleasure, self-esteem, happiness, and fulfilment; rather than focusing on the negative aspects of sex, such as sexually transmitted infections and unplanned pregnancy.

Sex and romance are also not the same thing. Sex is a physical activity. Romance is the feeling of excitement and mystery that people associate with love. It is possible to have sex without romance, and to have romance without sex.

Whatever the reason for choosing to have sex, pleasure can be increased by knowing and doing the following:

- The arousal time for men and women is different, and different people need different amounts of time to be emotionally, mentally and physically ready for sex. It's important to talk about what works for you and your partner;
- People like different things during sex. Talking with your partner about what you want can be a turn on, and can ensure that sex is more pleasurable for both of you;
- Foreplay (kissing, touching and oral sex) can make sex more satisfying;
- Trying different sexual positions can make sex more exciting;
- Taking time and not rushing the sex act can give greater sexual pleasure;
- Breathing together can increase intimacy and excitement during sex;
- Meeting emotional and physical needs is important during the sex act, and you should focus on being responsive and discovering what makes your partner feel good emotionally.

Sex and silence

Silence around sex can cause confusion, misinformation, hurt and long term physical and psychological damage. It is important for people to have a good knowledge about what sex is, and how to make good decisions about sex, so that they can remain healthy. Some of the consequences of not talking openly about sex, particularly with young people, are:

- Silence increases stigma and suspicion;
- Young people who do not know about sex can end up experimenting on their own and getting emotionally or physically hurt;
- Lack of knowledge can lead to unplanned pregnancy;
- Lack of knowledge can lead to getting HIV and other STIs;
- Lack of knowledge and understanding may lead to gender violence;
- Lack of knowledge and understanding may lead to an increase in violence against gays and lesbians;
- The culture of silence makes it more difficult for people who are sexually abused to speak up about what has happened to them, which can lead to an increase in abuse.

Sexual reproductive health and rights

All women have certain rights with regard to their sexual health, free of coercion and violence. These include:

- The right to a high standard of sexual health;
- Access to sexual and reproductive health care services;
- The right to seek, receive and share information related to sexuality;
- The right to sexuality education;
- Respect for their own bodily integrity;
- The right to choose their partner;
- The right to decide to be sexually active or not;

- The right to consensual sexual relations;
- The right to consensual marriage;
- The right to decide whether or not, and when, to have children;
- The right to pursue a satisfying, safe and pleasurable sexual life.

Sexually transmitted infections (STIs)

STI's are infections that are spread from person to person through intimate sexual contact. They can be dangerous and easily spread, and it is hard to tell just by looking if somebody has an STI.

There are three different types of STI: those caused by a virus, those caused by bacteria, and those caused by a fungus.

Viral STIs are systemic and invade the whole body and its cells. They are treatable but not curable include Hepatitis B, HIV, Genital Herpes (HSV-2) and Genital Warts (HPV).

Bacterial STIs are localised to one part of the body and are curable by antibiotics, and include diseases such as Chlamydia, Gonorrhoea and Syphilis.

Fungal infections commonly grow on or in the top layer of skin, are not always sexually transmitted, and are curable. Other infections of the genital areas, which can be cured with antibiotics or topical creams, include Pubic Lice, Trichomoniasis and Thrush (Candida), and other inflammations of the vagina caused by organisms such as bacteria or yeast, and irritations from chemicals in creams, sprays, or clothing.

More information on these STIs can be found in Fact Sheet A at the end of Section 4.

Symptoms of STIs

Many STIs have no symptoms. A test from your health care provider may be the only way to tell for sure if you're infected. If you are infected, symptoms may appear right away. Or, they may not show up for weeks or months or even years. They may come and go, but even if the signs and symptoms go away, you can still infect other people if you have sex with them.

For women, symptoms which could mean that they have an STI include:



- Sores, bumps or blisters near the genitals, anus or mouth;
- Burning or pain when urinating;
- Itching, bad smell or unusual discharge from the vagina or anus;
- Pain in the lower abdomen;
- Vaginal bleeding between menstrual periods.

For men, symptoms which could mean that they have an STI include:



- Sores, bumps or blisters near the genitals, anus or mouth;
- Burning or pain when urinating;
- Drip or discharge from the penis;
- Itching, pain or discharge from the anus.

Testing and treatment for STIs

If anybody experiences these symptoms, they should go to their health care provider for a check-up. Testing for STIs includes taking a urine sample, taking a swab of the vagina or penis for secretions, examining sores or bumps on the genitals, or doing a blood test. Managing an STI includes the following steps:

- Counselling for the individual, so they understand the STI and its spread and treatment;
- Condom use for any future sexual encounters, to prevent the spread of the STI;
- Compliance with treatment that is given to you at the clinic;
- Contacting previous sexual partners to advise them to get tested.

If an STI is left untreated, it can result in serious long-term health problems such as:

- Infertility (being unable to have babies);
- Cancer;
- Long-term pain;
- The disease passing from a pregnant mother to her baby;
- Death.

ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore women's sexual health. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1 Activity 1: Brainstorm: Women and sex

Explain to the group that the aim of this activity is to increase an understanding of what sex means to women, and to encourage women to talk openly about sex within the group.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Write the word SEX in the middle of the flipchart/whiteboard and make a circle around it.

Step 2: Ask the participants to call out whatever comes to their mind when they see the word SEX. Explain that there are no right or wrong or good or bad contributions, all contributions are welcome. Write all contributions on the board.

Step 3: Ask questions to encourage the participants to think further, so that the topics of sexuality, sexual intercourse, STIs, relationships, pleasure and pregnancy have all been raised. On the topic of having sex, try to ensure that all forms of sexual activity are covered. For example, if intercourse is mentioned, but no other sexual activities, then ask "What can we do before intercourse?", "And before that?" Ensure that you cover everything from fantasies, to kissing, to petting, to different forms of penetrative sex and solo-sex.

Step 4: Divide the participants into groups, with five women per group. Allocate each group some words from those that came out of the brainstorm. Make sure that the following words are allocated: sexuality, sexual intercourse, STIs, and pleasure; as well as others. Give the groups ten minutes for their discussion. Ask the groups to answer the following questions:

- What does this word mean to us?
- What do we know about this topic?
- Where do people get information about this?
- What happens if there is silence around this issue?

Step 5: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen, and ask them to write down what sex-related topics they think they would like to know more about, and where they can get this information from. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Many topics that have to do with sex are not openly spoken about because of religious, cultural or social beliefs and taboos.
- If these topics are not discussed more openly, then we find young girls with misinformation, which can lead them to making bad decisions and suffering from poor health.
- If women and girls have adequate information, they can protect themselves from unplanned pregnancy, HIV and other STIs.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Discussion: Silence, sex and pleasure

Explain to the group that the aim of this activity is to encourage women to talk about the taboo around talking about sex, and to think about why it is important for them to think about sex for pleasure.

Requirements: A flipchart and pens, or a board to write on, small pieces of blank paper, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

- Step 1:** Write the words SEX and PLEASURE in the middle of the flipchart/whiteboard.
- Step 2:** Give each person a small piece of blank paper. Ask each person to complete this sentence: "The thing that scares me most about talking about sex and pleasure is that..." They should not put their names on this paper.
- Step 3:** When everyone has done this, collect all the pieces of paper and redistribute them among participants, making sure that each person has somebody else's paper.
- Step 4:** Ask each participant in turn to read out what is written on the piece of paper they are holding.
- Step 5:** When all of the concerns have been read out, ask the participants to comment on why they think that women have these fears.
- Step 6:** Ask participants if they can put any of these fears to rest, and how. Talk about the spaces that they have in their lives to talk openly about sex and pleasure.
- Step 7:** Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down why in their own lives it might be important to talk about sex and pleasure. If they think that this is appropriate, they should write down how they would introduce this talk into their relationships.

Step 8: Summarise the discussion with the following points:

- Some of us have genuine fears when talking about sex and pleasure, because of the response from our partner or our community.
- Religion, culture and tradition can often prevent us from talking about sex and pleasure, which means that we miss out on important information about sex.
- Talking about sex and pleasure with a partner may improve your sex life and reduce the chances of either partner going outside of the relationship for sexual satisfaction.

“FOR WOMEN, THE BEST APHRODISIACS ARE WORDS. THE G-SPOT IS IN THE EARS. HE WHO LOOKS FOR IT BELOW THERE IS WASTING HIS TIME.”

- ISABEL ALLENDE

Ask if there are any further questions or comments, and thank the participants for their contributions.

3 **Activity 3: Investigative exercise:** Decision-making about sex

Explain to the group that the aim of this activity is to increase an understanding of why people have sex, and to remember that pleasure is a valid reason for choosing to have sex.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Draw a circle on the flipchart or board, and divide it into three equal parts. Write one word on each part: Physical (body), Psychological (mind), and Social (community).

Step 2: Explain that these issues are linked together and interact on one another. Society will influence how we feel on a psychological level, how we feel on a psychological level will influence our physical health (psychosomatic symptoms) and our physical health will influence our mental health.

Step 3: Divide the participants into three groups. Allocate one of the topics below to each of the groups to discuss. Give the groups ten minutes for their discussion, and ask them to talk about how this aspect of ourselves as human beings influences why people have sex:

- Physical self (puberty, physical disability, present physical state, etc.);
- Psychological self (emotions, self-esteem, stress, etc.);
- Social self (how we are brought up, what people say, what is socially accepted, etc.).

Step 4: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down the reason that they first had sex themselves (or, if they have not had sex before, what reason might make them decide to have sex for the first time).

Step 6: Summarise the discussion with the following points:

- We all have the right to choose to have sex or to choose not to have sex.
- We all have different reasons for choosing why we have sex, or not to have sex.
- Understanding these reasons can help us to be more comfortable with our sexual decision-making.
- If young people are more aware of the influences on their sexual decision-making, then they can make healthier decisions.

Ask if there are any further questions or comments, and thank the participants for their contributions.

4 **Activity 4: Giving advice:** Dear Dolly...

Explain to the group that the aim of this activity is to increase an understanding of the symptoms of STIs, and to clarify what people should do if they have symptoms.

Requirements: A flipchart and pens, or a board to write on, the 'Dear Dolly' letters printed on separate pieces of paper, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 45 minutes

Step 1: Divide the participants into 4 small groups, and give each group a letter to Sis Dolly (see below). Explain that they are going to be 'Dolly' and must compose a letter of advice back to the letter writer. Give the groups 15 minutes to discuss and write their response.

Letter 1:

Dear Dolly.

I am a 20 year old female, and have recently started having sex with my boyfriend. For me it is my first time, and he also says that it is his first time to have sex. But now I am noticing that there is a bad smell and it is painful when I urinate, and I am worried that something is wrong. Has he made me sick? Please Help! Lerato.

Letter 2:

Dear Dolly,

I am a 30 year old woman and happily married to my husband of six years. Recently I have noticed that he has some bumps on his penis that look like warts. Are these dangerous and can these pass to me? What can we do about them? Somebody has suggested that we use some herbs and wrap these around the penis. Will that help? Thankyou, Cecilia.

Letter 3:

Dear Dolly,

I am a 15 year old girl and have never had sex. But sometimes just before I have a period my private parts get itchy and there is something in my underwear that looks like maas. I don't know what this is. I have heard about sexually transmitted infections from my friends, and I think I have got one. Is this possible? If it is not a sex infection then what could it be? I am so worried and I don't want to speak to my mother about this in case she thinks I have been misbehaving. Please help me, from Ntokozo.

Letter 4:

Dear Dolly,

I am a lesbian and have never had sex with a man. But I have noticed that the hair around my vagina area is itching, is it possible that there is something wrong here? Could I have got some infection even

though I have not had sex with a man? Thank you, Luyanda.

Step 2: When the groups have finished, ask them to come back together. Ask the first group to stand up and read their response to the letter writer. Ask the other participants to comment on the letters. The following questions can guide the discussion:

- What problem does the letter writer have?
- What misinformation do they have about this problem?
- What information do they need to be able to deal with this problem?

Step 3: Clarify any myths or misconceptions about STIs, and ask the participants if they have any further questions.

Step 4: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what they can do to protect themselves from STIs. If they would like to, they can share their thoughts with others in the group.

Step 5: Summarise the discussion with the following points:

- It is much easier to prevent an STI than to cure one.
- Certain behaviours increase the risk of STIs.

- If you have sex, the only protection from STIs is to use a latex condom. However, condoms do not always protect you from some STI's such as HSV-2, HPV, and Pubic Lice.
- People must be taught how to recognise STIs, and to seek health care immediately.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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Fact Sheet

A

COMMON SEXUALLY TRANSMITTED INFECTIONS

This information is adapted from www.beforeyouplay.org and www.cdc.gov/std

Bacterial Vaginosis (BV)

BV is the most common vaginal infection in women of reproductive age and it occurs when there is an overgrowth of certain 'bad' bacteria in the vagina. BV is considered a sexually associated infection, not specifically an STI. This is because it can be spread through sexual contact, but women can also get this infection unrelated to sexual activity. It is simply an imbalance in the bacteria in the vagina.

Symptoms

BV occurs when the balance between 'good' and 'harmful' bacteria is thrown off. Often there are no symptoms at all, but sometimes BV is accompanied by unusual discharge, strong odour, painful urination, itching, or burning.

Treatment

BV can be treated with antibiotic pills, vaginal creams or suppositories. Sometimes BV will clear up on its own, but getting treatment is important to avoid complications.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have any infections. Using condoms can help reduce the risk of getting or spreading the infection. Also avoid douching, as this can remove good bacteria and make BV worse.

Chlamydia

Chlamydia is one of the most common STIs and is a leading cause of preventable infertility. If left untreated, chlamydia may also lead to pelvic inflammatory disease and the risk of ectopic pregnancy for women. Chlamydia is both treatable and preventable. Chlamydia can be spread by oral, anal or vaginal sex and can cause infection in the anus, mouth or throat in addition to the penis or vagina.

Symptoms

Most people with chlamydia don't have any symptoms, but those who do might have unusual genital discharge or pain and burning when urinating. Women may also have lower back or abdominal pain, nausea, pain during sex, or bleeding after sex or between periods.

Treatment

Chlamydia is treated with antibiotics. Some antibiotics can cure it in just one dose, while others may need to be used for seven days. If you have been treated, your partner(s) should get tested and treated, too. You should wait seven days or until you and your partner(s) finish the antibiotics (whichever is longer) before having sex again. This is to make sure you don't spread the infection.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have chlamydia. Using condoms can help reduce the risk of getting or spreading the infection.

Gonorrhoea

Gonorrhoea is a common STI and can lead to infertility in men and women. It is both treatable and preventable, though scientists have discovered a new strain of gonorrhoea that is resistant to all of the current antibiotics. In addition to the urethra and vagina, gonorrhoea can also cause infections in the mouth, throat, eyes and anus.

Symptoms

Many people with gonorrhoea don't have any symptoms. Those who do might notice unusual discharge from the penis or vagina or pain or difficulty urinating. Men may have swelling in their testicles and women may bleed in between periods. If left untreated, gonorrhoea can cause infertility without ever showing symptoms. It can also spread to the blood and joints.

Treatment

Gonorrhoea is treated with antibiotics, usually given in a single dose. If you are being treated, your partner should be tested too. You should also wait until you and your partner(s) finish your treatment and until your symptoms disappear (if you have them) before you start having sex again. This is to make sure you don't spread the infection.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have gonorrhoea. Using condoms can help reduce the risk of getting or spreading the infection.

Herpes

Herpes is a common STI and a lot of people who have it don't even know. There is no cure for herpes, but there is treatment that can lessen

symptoms and decrease the likelihood of passing it on to someone else.

Symptoms

Most of the time herpes doesn't cause any symptoms. When there are signs, they can include blisters around the genitals or anus. The first outbreak of sores is usually the worst. A person with herpes may have additional outbreaks of sores some weeks or months after the first outbreak. These additional outbreaks are less severe, heal faster and occur less often over time.

Treatment

There is no cure for herpes, but there are antiviral medications that can shorten and prevent outbreaks of sores as long as the person continues the medication. Taking this medicine every day can reduce the risk of passing the virus to a partner.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have herpes. Condoms can help reduce the risk of passing herpes from one person to another, but they are not 100% effective, as sometimes the sores are outside of the area protected by condoms. If you or your partner has an outbreak of sores, you should abstain from sex until they are fully healed. It is much easier to pass or catch the virus when sores are present.

Human Papillomavirus (HPV) and Genital Warts

HPV is the most common STI and at least 50% of sexually active people will get it at some time in their lives. The body usually clears HPV on its own without causing any problems, but HPV can lead to certain kinds of cancer.

Symptoms

There are more than 100 different types of HPV. Most of the time there are no symptoms and the virus clears on its own, but several types can cause genital warts or lead to vaginal, anal, throat and cervical cancer. The types of HPV that cause warts do not cause cancer, but they can indicate a higher risk for having the types of HPV that are linked to cancer. The types of HPV that can cause cancer do not show any signs.

Treatment

The body will usually clear HPV infections on its own within a couple of months. Warts can be treated in several different ways, but may require multiple treatments.

1. Patient can apply creams, gels, and solutions (prescribed by health care provider);
2. A health care provider can freeze the warts off with liquid nitrogen;
3. A health care provider can burn the warts off with acid;
4. A health care provider can apply a tincture or ointment that will remove the warts;
5. A health care provider can cut off the warts using a scalpel, scissors, curette or electro-surgery.

Cancer-causing HPV can be monitored in females through regular Pap tests, but there is no specific treatment to eliminate HPV from the body. If the HPV causes abnormal cells to form, a health care provider will likely remove the cells and biopsy them to check for cancer.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have genital warts. Using condoms can help reduce the risk of catching or

spreading the infection. But because HPV is spread through skin-to-skin contact, condoms do not fully protect against the spread of the virus. There is a vaccine that can prevent most types of HPV that cause genital warts and lead to cancer in males and females. For women, regular Pap tests can detect HPV and abnormal cells before cancer forms.

Trichomoniasis

Trichomoniasis is a very common curable STI.

Symptoms

Signs in women include excessive, frothy, yellowish or greenish vaginal discharge. There may also be swelling of the vulva and labia along with pain when urinating. Symptoms in men may include pain when urinating and lesions on the penis, but most men with trichomoniasis will have no symptoms.

Treatment

Trichomoniasis can be treated and cured with antibiotics. It is extremely important to treat partners of anyone with trichomoniasis because re-infection is very common.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have trichomoniasis. Condoms can help reduce the risk of contracting or spreading the infection.

Syphilis

Syphilis is spread by contact with open sores, usually during sex. Syphilis can be spread through oral, vaginal and anal sex with sores being present on the lips, mouth and anus in addition to the genitals. If left untreated it can cause serious health problems, including brain and nervous system damage, blood

infection and even death. If early action is taken, syphilis can be cured with antibiotics.

Symptoms

Early signs may include a small, painless, firm sore in or around the vagina, penis, mouth or anus. This can be followed by rash on the body that is particularly noticeable on the palms of the hands or soles of the feet. Other less common symptoms may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue.

Treatment

Early-diagnosed syphilis can be treated and cured easily with an injection of penicillin (preferred) or 14 days of antibiotics (for patients allergic to penicillin). For people who have syphilis that was undiagnosed for more than one year, it can be treated and cured with a longer course of stronger antibiotics (an injection once a week for three weeks).

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have syphilis. Condoms can help reduce the risk of getting or spreading the infection.

Pubic 'Crab' Lice

Pubic or 'crab' lice are parasitic insects that survive by feeding on human blood. Pubic lice are different parasites than head or body lice and are usually found in the pubic hair, but can also be found in other body hair like eyebrows, beard, chest or armpit hair. Pubic lice are most commonly spread through sexual contact, and they can also be spread through sharing clothing or bedding with someone who has pubic lice. They are not spread by cats, dogs or other animals.

Symptoms

Pubic lice can cause itching, blue spots and sores in the infected area. It may also be possible to see grey-white lice or hair nits (the egg form of pubic lice).

Treatment

Prescription or over-the-counter shampoos or solutions can be used to treat pubic lice. In addition to treating the lice, clothing and bedding should be washed in hot water and dried in a dryer.

Protecting yourself

The most effective protection is to abstain from sexual activity or be monogamous with one long-term partner who does not have pubic lice. Condoms do not protect against infection.

Thrush (Candida)

Vaginal thrush is a common infection caused by an overgrowth of *Candida albicans* yeast which lives naturally in the bowel and in small numbers in the vagina. Thrush can also occur in other parts of the body, such as the mouth. It is mostly harmless, but symptoms can develop if yeast numbers increase, which can be due to antibiotic use, oral contraceptive use, diabetes, pregnancy, menstrual cycle changes or general illnesses. **Thrush is not sexually transmitted.**

Symptoms

Symptoms can include vaginal itching or burning, a white discharge with a 'cottage cheese' appearance and yeasty smell, redness or swelling of the vagina or vulva, and stinging or burning during sex or while urinating. To make a diagnosis of vaginal thrush, your health care professional may need to examine your genitals and take a swab from the affected area.

Treatment

Treatment aims to reduce the number of yeasts so they no longer cause symptoms. Options include: Antifungal creams or tablets that are put inside the vagina with a special applicator, or oral tablets called fluconazole in extreme cases. Treatment is not always necessary, as the body often regains its balance on its own.

Preventing thrush

To help prevent vaginal thrush: Wipe your bottom from front to back after going to the toilet. This will prevent the spread of *Candida albicans* from the anus to the vagina. Avoid using perfumed soap to wash the genital area, and avoid using antiseptics, douches or perfumed sprays in the genital area. Avoid wearing tight-fitting pants and synthetic underwear. Consider changing your clothes-washing powder and don't use fabric softeners.

You can still have sex when you have vaginal thrush. However, it can be uncomfortable and you may experience a burning sensation during or after sex. Thrush is not a sexually transmissible infection (STI), but male partners can sometimes get redness and irritation after sex.

“As you become more **clear about who you really are**, you'll be better able to decide what is **best for you** - the first time around”

- Oprah Winfrey



Section 5

WOMEN AND PLANNING
OR PREVENTING
PREGNANCY



WOMEN AND PLANNING OR PREVENTING PREGNANCY



PURPOSE

The purpose of this section is for women to explore what pregnancy means to them, and to look at ways of preventing unwanted pregnancy, including the different contraceptive methods available to them, as well as emergency contraception. It also looks at talking to partners about contraception. We also explore the meaning of Dual Protection (i.e. protection against an unplanned pregnancy and STIs, including HIV).



BACKGROUND

36%
UNPLANNED



17%
UNWANTED



Studies show that 53% of pregnancies in South Africa are reported as either unplanned (36%) or unwanted (17%). This means that almost half of the women who get pregnant are not using contraception, or may have used contraception incorrectly. Many of these unplanned pregnancies are in women who may not know their HIV status or that of their partner or may be HIV positive; which raises concerns about unprotected sex and pregnancy planning in the context of HIV. These figures show that there is a need for greater knowledge, access and correct use of contraception so that women can carefully plan their pregnancies.



ESSENTIAL INFORMATION

Planning for pregnancy

Planning for pregnancy is the process of making decisions about how many children to have and when to have these children, and is about making a considered choice. This includes considering both the prevention of pregnancy (contraception) and the planning for pregnancy (conception). This allows women to make decisions about when to have children, who to have them with, and how to provide adequately for children when they are born. Unplanned pregnancies can have negative effects on the health of a woman as well as having an impact on the whole family. A teenage girls' health can suffer if she falls pregnant when she is too young. Pregnant teenagers have a higher risk of: premature labour and delivery, anaemia, preeclampsia and having a baby with a low birth weight.

Too many pregnancies or pregnancies that are closely spaced can cause major health problems for women, including a shortage of essential nutrients such as iron and folate, stress, and complications with the uterus. There are also risks for the baby, including low birth weight, premature birth, and developmental problems.

Unplanned pregnancies may result in parents not being able to afford the cost of having a child, as well as the existing children in the family suffering from hunger, neglect or abandonment.

Planning for pregnancy or contraception can be done by couples together, where women and men talk openly with their partners about their wish to have children, or their wish to delay or prevent having children. It can also be done individually, where a person makes a choice about contraception alone. It is important to think and talk about contraception before having sex, to avoid unplanned pregnancy and to avoid HIV and other sexually transmitted infections.

HIV positive women need to make special plans for preventing or planning a pregnancy. Information and contraception services are available from trained health care providers at all clinics in South Africa.

Contraception

Contraception is the use of different devices, medicines, sexual practices, or surgical procedures to prevent pregnancy. There are many different contraceptive methods that are freely available at clinics around the country. Some methods are more effective than others.

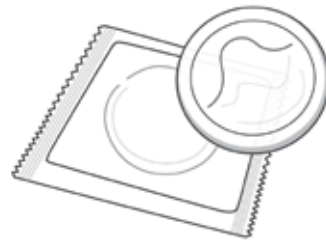
Any person can use contraception, including those who are HIV positive. People who are on antiretroviral therapy (ART) or any other medication should consult a health care practitioner to discuss the best method for them, as some medicines and contraceptive methods do not work well together.

Barrier methods

Barrier methods of contraception block a male's sperm from entering the female's uterus (womb)

to fertilise an egg. Barrier methods include the male condom, the female condom, spermicidal foam, sponges, diaphragm, and cervical cap or cervical shield. Only the male and female condoms are freely available in South Africa. Unlike other methods of birth control, barrier methods are used only when a person has sex, and must be used correctly and consistently every time.

Male condom



The male condom is a covering made to fit over a man's erect penis. Most condoms are made of latex rubber. Some condoms are coated with a dry lubricant or with spermicide.

When used correctly, the condom keeps semen inside itself, and keeps sperm and viruses and bacteria out of the vagina. The condom also stops any viruses and bacteria in the vagina from entering the penis, so it protects the woman from pregnancy and both partners from getting HIV and other sexually transmitted infections.

Some people who use condoms experience an allergic reaction to latex or lubricant, which causes itching, burning, or swelling. Some men feel that condoms decrease sexual pleasure, but there are ways to introduce the condom into the sex act that may heighten this pleasure. Any problems with

condoms should be discussed with a health-care provider.

Condoms must be used every time a couple has sex. As soon as they stop using condoms, it is possible for the woman to get pregnant.

Female condom



The female condom is a soft polyurethane tube with one closed end, and one open end. Both ends have a flexible ring or rim. The ring at the closed end is inserted deep into the vagina over the cervix, to hold the tube in place. The ring at the open end remains outside the opening of the vagina.

The closed end of the female condom acts as a barrier to prevent semen, sperm and viruses and bacteria from entering the vagina, and also stops any viruses and bacteria in the vagina from entering the penis, so it protects the woman from pregnancy and both partners from getting HIV and other sexually transmitted infections.

The female condom can be inserted up to eight hours before sex, but must be removed immediately after sex, before the woman stands up, so that no semen gets into the vagina. The outside ring is twisted to close off the condom and hold the semen inside before the condom is removed. A female condom contains lubricant on the inside and you cannot use it with spermicide or with another condom.

Female condoms must be used every time a couple has sex. As soon as they stop using female condoms, it is possible for the woman to get pregnant. It is important that women prevent both unplanned pregnancies as well as STI's and HIV. Dual protection means using barrier methods (male or female condoms) combined with non- barrier methods (as described below) to protect against unplanned pregnancies and STIs and HIV.

Spermicides

Spermicides are contraceptives that are placed in the vagina shortly before sex. Spermicides kill sperm or make sperm unable to move toward the egg. They include foaming tablets or suppositories, melting suppositories, foam, melting film, jelly, and cream. The woman inserts the spermicide into the vagina before each time she has sex.

Spermicides offer no protection against HIV or any other sexually transmitted infections. Only condoms can prevent the spread of these infections. Spermicides are not a very reliable method of contraception, and are not available through the government clinics or hospitals.

Diaphragm

The diaphragm is a dome-shaped bowl made of thin, flexible rubber that covers the cervix and part of the wall of the vagina. It is inserted up to six hours before sex and is held in place by a flexible rim and keeps sperm from entering the uterus (womb) by blocking the cervix. The diaphragm should be used with a spermicide, which helps to kill sperm if they get past the diaphragm. After the man's last ejaculation, the diaphragm must be left in for at least six hours, but no longer than 24 hours. A diaphragm offers no protection against HIV or any other sexually transmitted infections. Only condoms can prevent the spread of these infections. Diaphragms are not available through the government clinics or hospitals.

“ THE MOST
COURAGEOUS
ACT IS STILL
TO THINK
FOR YOURSELF.
ALoud. ”

– COCO CHANEL

Hormonal methods

Hormonal contraceptives are made from artificial oestrogen and progestin hormones which work to inhibit the body's natural hormones and prevent pregnancy. Hormonal contraceptives usually stop the body from ovulating (releasing an egg). Hormonal contraceptives also change the mucous membrane (lining) of the cervix, making it difficult for the sperm to enter the uterus and fertilise an egg. Hormonal contraceptives can also prevent pregnancy by making the lining of the womb inhospitable for the implantation of a fertilised egg.

Injectables / Injection

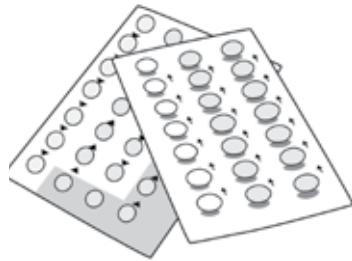


The injection contains a long-acting form of progesterone, which is a female hormone that prevents the release of an egg from the ovary. The injection also thickens the mucous membrane (lining) of the cervix, making it difficult for sperm to pass through. The injection protects against pregnancy, but does not protect against HIV or any other sexually transmitted infections.

The injection must be given either every two months (NET-EN), or every three months (DMPA), depending on the type used. It is safe for women of all ages who are not currently pregnant. The injection must be given regularly, and women who are late for or miss an appointment may not be protected against pregnancy.

The injection does not affect the enjoyment of sex for women or men. Some women who use the injection experience side effects such as changes to their menstrual period, headaches, dizziness, breast tenderness, or weight gain. These are not dangerous, and should pass after a few months. Any concerns should be discussed with a health care provider. Some women experience a delay in falling pregnant for a month or longer after stopping using the injection.

Oral contraceptive pill



The combined oral contraceptive pill contains hormones which work to prevent the release of an egg from the ovary. They also work by thickening the mucus around the cervix and affecting the lining of the uterus. The pill protects against pregnancy, but does not protect against HIV or any other sexually transmitted infections.

The pill comes in a 28 or 21 day pack. There are two types of oral contraceptive pill, the combined oral contraceptive pill which contains the hormones oestrogen and progesterone, and the progesterone-only pill. Different types of the pill are available at your local clinic.

Being on the pill does not affect the enjoyment of

sex for women or men. Some women who use the pill experience side effects such as irregular menstrual periods, nausea, weight change, headaches, dizziness, breast tenderness, and mood changes. These should pass with time, and any concerns should be discussed with a health care provider.

Forgetting to take the pill, taking certain other medicines, and vomiting or having diarrhoea after taking the pill may make it less effective in preventing pregnancy. If this happens, women will need to use condoms until after their next period, to make sure that they do not get pregnant.

Implants



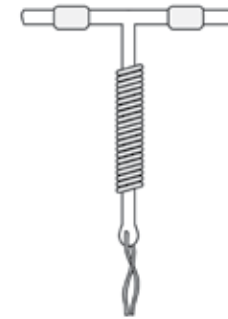
Hormonal implants are small plastic capsules of hormones that are inserted under the skin by a health care provider. The hormones work by thickening the lining of the cervix, making it difficult for an egg to pass through, and by preventing the release of the egg from the ovary, and preventing pregnancy. Implants do not offer any protection from HIV or other sexually transmitted infections. Implants are safe for women of all ages, and do not affect the enjoyment of sex for women or men. They are long-lasting and reliable, and should be

removed by a health care provider and replaced after five years, depending on the implant.

Some women who use implants experience side effects such as weight gain, headaches, dizziness, nervousness, nausea, and changes to menstrual periods. The implants are new in South Africa, and may not be available at all clinics.

Other methods

Intra-uterine device (IUD or cu-ICD)



The IUD, also known as 'the loop' is a small plastic and copper device that is placed inside the uterus (womb). The IUD prevents the sperm and egg from meeting, and prevents pregnancy but cannot protect against HIV or any other sexually transmitted infections.

The IUD can be inserted at any time, but it is preferable to do it when a woman is menstruating or within the first 12 days after the start of a period. It must be inserted at the clinic. IUDs are safe for women of all ages, as long as they are not currently pregnant.

Using the IUD does not affect the enjoyment of sex for women or men. A man will not be able to feel

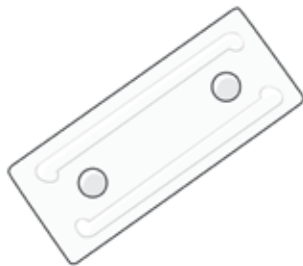
the IUD when having sex with a woman who has one inserted. If he can feel it, then this means that the IUD has become dislodged, and the woman must go to the clinic or doctor to have this checked. Some women who use an IUD experience side effects such as cramping, pain during and after insertion, an increase in vaginal discharge, and heavier periods. These symptoms should decrease after a few months, but any problems should be discussed with a health care provider.

The IUD is a very reliable long-term method of contraception, and can last for up to five years, before being removed by a health care practitioner. A woman using an IUD should have a check-up at the clinic every year. The IUD can fall out, which means it is no longer effective in preventing pregnancy, but this is unlikely, and a woman can check whether it is still there by feeling for the strings in the vagina. As soon as an IUD is removed, a woman can fall pregnant.

Emergency contraception

If a woman has unprotected sex, or uses another method of contraception that fails, such as a burst condom, then she can access emergency contraception from the clinic or a pharmacy. It is important that all women and girls know about this, as it can still prevent pregnancy after having sex.

Emergency Contraceptive Pill (ECP)



Emergency contraception (also known as the morning after pill) is used to prevent unintended pregnancy following unprotected sex. The emergency contraceptive pill (ECP) works to prevent an egg from being released so that it cannot be fertilised by sperm that has entered the vagina. The ECP can prevent pregnancy, but does not protect against HIV or other sexually transmitted infections. The ECP must be taken as soon as possible. The earlier it is taken, the more likely it is to be effective. It must be taken within 120 hours (five days) of having sex, to be effective in preventing pregnancy. It can only be used to prevent pregnancy after one act of unprotected sex. It is useful in the case of failure of another contraceptive method, such as a broken condom or forgetting to take the contraceptive pill; but should not be used as a regular contraceptive. Some women who use the ECP experience side effects such as nausea, vomiting, headache, dizziness, cramping, breast tenderness, or irregular vaginal bleeding.

The ECP is available from clinics or at most pharmacies.

Emergency IUD

Another option to prevent pregnancy after having unprotected sex is to have a copper IUD inserted into the uterus up to five days after having unprotected sex. Having an IUD inserted may stop an egg from being fertilised or implanting in the womb. This must be inserted by a health care professional, and can be done at most clinics or a private doctor. If a woman has an IUD fitted as emergency contraception, it can be left in as her regular contraceptive method.

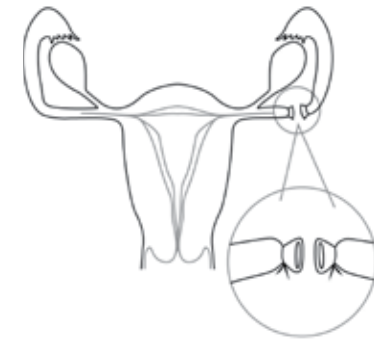
Voluntary sterilisation

Sterilisation is a permanent contraceptive method

for both women and men. Any person who is 18 years or older, who is capable of consenting, may be sterilised at his or her request. Counselling should be given and informed consent obtained before the procedure. It is a short and simple operation that does not affect a person's sex life, other than giving peace of mind about unwanted pregnancy. The operation is free of charge at some clinics and most government hospitals. A clinic that does not do sterilisations can give a referral to another clinic that does offer this service.

Sterilisation is a very effective, safe, and permanent method for couples who know that they do not want to have more children. Sterilisation does not protect against HIV or other sexually transmitted infections, and only condoms can prevent the spread of these infections.

Sterilisation for women



The sterilisation procedure for women is called a tubal ligation. The fallopian tubes that carry the eggs from the ovaries to the uterus (womb) are tied or blocked. The eggs are not released and they stay in the fallopian tubes until they die and are absorbed by the body. Because an egg cannot be fertilised by the sperm, pregnancy is prevented. Female sterilisation is very effective at preventing

pregnancy and is intended to be permanent; it is not easy to reverse.

Sterilisation is safe and legal for women over the age of 18. Girls younger than 18 may only be sterilised if their health or their life is at serious risk. Sterilisation is safe for women who have had children as well as for women who have not had children, as long as they are not currently pregnant.

The painless procedure is done after a local anaesthetic injection, while you are still awake. After the procedure there may be pain at the incision site for a few days but pain relievers are provided.

After the procedure, women may feel a bit weak and it is recommended that they rest and keep the incision site clean and dry for two days. They should then avoid vigorous work and heavy lifting for a week, but can then carry on as normal. Sterilisation has no side effects and will not have an effect on menstrual periods. Sterilisation causes no lasting pain and has no effect on sexual desire or pleasure for women or their partners.

Sterilisation for men



The sterilisation procedure for males is called a

vasectomy, where one or two small openings are made in the skin near the testicles. The vas deferens (sperm tubes), which carry sperm from each testicle, are cut and tied. The sperm cannot pass to the penis, and is reabsorbed by the body. The operation is not immediately effective and it is important to use another contraception method for three months after the procedure or for the next fifteen to twenty times that the man has sex. A confirmatory test (sperm count) is necessary to ensure that the sperm is cleared from the tubes before a man can safely have unprotected sex without getting his partner pregnant.

After this period, a vasectomy is very effective in preventing pregnancy and is intended to be permanent. Surgery to reverse a vasectomy is difficult and expensive, and success is not guaranteed. In very rare cases, the tubes that carry sperm can grow back together and sperms start appearing in the semen. In such rare cases a man will need to have repeat vasectomy or use another method of contraception.

Sterilisation is safe and legal for men over the age of 18. Boys under the age of 18 may only be sterilised if their health or their life is at serious risk.

A vasectomy is usually done while the man is awake, after a local anaesthetic injection, which prevents any pain. After the procedure, there may be some pain or discomfort in the scrotum for which pain relievers are given.

A vasectomy has no side effects. It does not cause a man to grow fat or become weak, less masculine, or less productive. It has no effect on sexual desire or functioning or pleasure for a man or his partner. After the vasectomy, a man will look and feel the same as

before, can have sex the same as before and will get erections and ejaculate the same as before.

Natural methods of contraception

There are some methods to prevent pregnancy that have been used for many generations, and which do not require the use of medicines, operations or other modern contraceptives.

Abstinence

Abstinence means not having sex and avoiding penetration or any contact of the penis near the vagina. Complete sexual abstinence is the most effective means of protection against pregnancy and HIV and other sexually transmitted infections.

Fertility awareness-based methods or the rhythm method.

These methods involve knowing when you are in the fertile period of your menstrual cycle, and not having sex or using condoms during your fertile days. Your fertile days are usually from day 9 to day 15 of your menstrual cycle. However, if you have irregular periods you cannot be sure about your fertile days. It is possible that a man's sperm can remain alive and active in the vagina for up to five days after having sex, so this method does carry a high risk of falling pregnant.

Using this method can prevent pregnancy, but does not prevent the spread of HIV or other sexually transmitted infections. To prevent HIV and sexually transmitted infections, you must use a condom every time you have sex.

Lactational amenorrhoea (breastfeeding)

Lactational amenorrhoea is when a woman is

not having her normal menstrual period because she has recently had a baby and is breastfeeding. This is a short-term natural method of preventing pregnancy.

This method will only work if 1) she is exclusively breastfeeding your baby on demand, both day and night and not feeding other foods or liquids regularly, 2) if her menstrual period has not returned since delivery of the baby and, 3) if the baby is less than six months old.

If all three of these aspects are in place, then it is unlikely that a woman who is breastfeeding will fall pregnant. But it is a risky method, and if any of these factors change, then she can get pregnant again, so she should use another form of contraception. Lactational amenorrhea can prevent pregnancy, but does not prevent the spread of HIV or other sexually transmitted infections.

Other methods

Traditional methods of preventing pregnancy include thigh sex (ukusoma) where the penis does not penetrate the vagina, thigh sex/hand job/boob job/blow job all are in a similar category as far as pregnancy is concerned.

Oral Sex

Oral sex is when you stimulate your partner's genitals with your mouth, lips or tongue. This can involve sucking or licking their penis (also called fellatio), vagina, vulva or clitoris (cunnilingus), or anus (anilingus).

Withdrawal is something else altogether as there is vaginal penetration. However, these methods require that both partners are extremely careful that the man does not ejaculate in or near the vagina, to prevent pregnancy.

Although some people may use traditional medicines and washes (douches) to prevent pregnancy, these are not proven effective and the modern methods discussed above are safer options. Home remedies that include washing the vagina, drinking certain liquids, coughing, lying on your stomach, showering, or standing up quickly will not prevent pregnancy or HIV and other STIs after having unprotected sex.

“ WE WANT FAR BETTER REASONS FOR HAVING CHILDREN THAN NOT KNOWING HOW TO PREVENT THEM. ”

- DORA WINIFRED BLACK RUSSELL

Q & A

Answers to some commonly asked questions about contraceptives:

Q Do contraceptives have side-effects?

A While minor side effects are common with some of the hormonal contraceptives such as the pill, the injection, the implant or IUS many women do not have them. Side effects are not signs of illness, and most side effects become less or stop within the first few months of use of the method. Anybody who experiences side effects should talk to their health care provider.

Q Do contraceptives prevent women and men from having sexual pleasure?

A While some women notice a change in wetness with the use of the hormonal contraceptives, this can increase sexual pleasure. Using the male or female condom will change the feeling of having sex, but sex can still be pleasurable. Many women report that the pleasure of sex increases for them knowing that they are safely protected from falling pregnant.

Q Do contraceptives affect menstruation?

A The hormonal contraceptives, such as the pill, the injection, the implant and the IUD and IUS may cause some changes to the menstrual flow, with either heavier or lighter periods, but these will stabilise over time. Normal menstruation returns as soon as a woman stops taking the contraceptive.

Q Can a woman use contraceptives when she is pregnant?

A Male and female condoms can safely be used during pregnancy for protection against HIV and STIs. If a woman is using a hormonal method or other barrier method, the clinic will check that she is not pregnant before she starts using the contraceptive. However, if she is pregnant and does not know it, or if she falls pregnant while on contraception; it will not harm the foetus or cause any birth defects.

Q Can a woman use contraceptives when she is breastfeeding?

A It is safe to use contraceptives when breastfeeding, and a good idea to prevent another pregnancy so soon after having a baby. Some contraceptives such as the implant should only be started 6 weeks after the infant is born. A health care provider can help women to make decisions about this.

Q Do contraceptives affect a woman's chances of falling pregnant in the future?

A Some of the hormonal contraceptives may cause a delay in falling pregnant for a month or more after stopping using the method, but most women can fall pregnant as soon as they stop taking the pill or the injection.

Q How old must a girls be be to start using contraceptives?

A Anybody who is past puberty can use contraceptives. According to the law, any child over the age of 12 can request medical treatment, including contraception, without the consent of their parent or guardian. It

is illegal to refuse to sell (or supply freely available) condoms to children aged 12 or over. Other forms of contraception can also be supplied if the child is mature enough to understand the implications and if it is clinically appropriate. If a minor seeks contraceptive advice without parental consent, his or her confidentiality should be respected, unless there are reasonable grounds for suspecting the child is being exploited or abused.

Q Can a woman use two types of contraceptive at the same time?

A Male and female condoms can be used on their own, or at the same time as the contraceptive pill, the injection, the implant, an IUD or IUS, or for people who have been sterilised. This is known as dual protection, as it protects against pregnancy and against HIV and other sexually transmitted infections. But the male and female condom cannot be used at the same time, and two different types of hormonal contraceptive cannot be used at the same time.

Q Do contraceptives prevent HIV and other sexually transmitted infections?

A Only the male condom and the female condom can prevent the spread of HIV or other sexually transmitted infections. No other contraceptive can prevent this.

Q Does a woman need to test for HIV and sexually transmitted infections before starting to use contraceptives?

A If a woman is planning to have sex without a condom and is using other contraceptives, it is a good idea to get tested for HIV and

for sexually transmitted infections before having sex, and asking her partner to get tested too. If one or both of them are HIV positive, then they must use a condom to prevent any further infection, even if they are both HIV positive.

Q How do women decide what is best for them?

A Women need to think about which method of contraception suits both her and her partner before deciding on a method. Some of the questions she needs to ask are: What is the most easily available? What will fit best with her lifestyle? What works best for her body? What will offer the greatest sense of protection and security? What can protect her from both pregnancy and STIs? A health care provider can assist women when making a choice.

Q What can women do in-case of emergency?

A If women have unprotected sex or have a problem with their usual contraceptive method, then it is important to access emergency contraception. A woman can take the emergency contraceptive pill up to 120 hours after sex to prevent pregnancy. These pills are available from a clinic or a pharmacy. They are more effective if they are used as soon as possible after the unprotected sex. She can also have an IUD (loop) inserted up to 5 days after sex, which prevents pregnancy.

If she has been raped or has been exposed to HIV, she can get an emergency course of post-exposure prophylaxis, PEP, which is a

28-day course of anti-retroviral drugs which can help prevent HIV from developing in the system. PEP is an emergency drug that must be taken within 72 hours of the rape or unprotected sex. It cannot be used if a person is already HIV positive. This treatment is available from clinics or hospitals, where they will also offer counselling and testing for HIV. Women do not have to report the rape to the police to receive this treatment.

What to expect from preventing and planning a pregnancy

A health care provider will do a full assessment of anybody wanting to start using contraception, and will assess that person's needs and help them to decide on the most suitable option. This assessment includes the following:

History taking: The health care provider will take a comprehensive personal medical history before advising on contraception.

Fertility plans: The health care provider will discuss future fertility plans and plans to have children or to prevent pregnancy.

HIV screening: The health care provider will offer HIV counselling and testing as part of the consultation, and talk about the risk of sexually transmitted infections and HIV infection from using hormonal contraceptives without using a male or female condom.

STI screening: The health care provider will talk about sexually transmitted infections and the signs and symptoms of these infections.

TB screening: The health care provider will talk about TB signs and symptoms, and how HIV and TB are related and will ask a number of questions to determine if a woman may have TB.

Blood pressure: The health care provider will measure blood pressure before advising on the use of hormonal contraceptives or sterilisation.

Pelvic examination: For women who are considering using an IUD or IUS, or thinking about sterilisation; the health care provider will conduct a pelvic examination. A pelvic examination involves the health care provider looking at the external reproductive organs, and inserting a gloved finger into the vagina to feel the internal organs.

Breast cancer and cervical cancer screening: The health care provider will talk about examining the breasts regularly to check for any lumps or other changes that are associated with breast cancer. Women may be asked to make an appointment for a Pap smear to check for any irregular cells. A Pap smear test involves the health care provider inserting a small instrument into the vagina to take a scraping of cells from the cervix for testing in the laboratory. This is discussed further in Section 9 of the toolkit.

“NO WOMAN CAN CALL HERSELF **FREE** WHO DOES NOT OWN AND CONTROL HER BODY. NO WOMAN CAN CALL HERSELF FREE UNTIL SHE CAN CHOOSE CONSCIOUSLY WHETHER SHE WILL OR WILL NOT BE A MOTHER.”

- MARGARET SANGER



ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that lead to a better understanding of preventing pregnancy. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1

Activity 1: Role-play:

Pregnancy and prevention

Explain to the group that the aim of this activity is to increase an understanding of the options that women have with regard to planning for or preventing pregnancy

Requirements: A flipchart and pens, or a board to write on, copies of the “planning and preventing pregnancy” pamphlet, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Ask two participants to volunteer for a role-play.

Step 2: Give the participants the following scenario:

They are sisters. One sister is 30 years old, with 3 children, and the other one is 24 and just married. The younger sister has just started a new job, and wants to find out how to prevent pregnancy while she is settling into the job. The older sister needs to advise the younger about her options for preventing pregnancy.

Step 3: Allow the role-play to continue for up to 5 minutes.

Step 4: When the older sister character has run out of options, ask the younger sister if she has any more questions. Ask the rest of the participants to give answers to her questions.

Step 5: Facilitate a discussion amongst the participants, using the following questions to guide discussion:

- What did the older sister suggest to the younger sister about prevention?
- Do women talk openly about preventing pregnancy?
- Are these methods of prevention realistic for the younger sister?
- What other alternative contraceptive methods do we know about?
- What are the issues that might prevent women from using contraception?

Step 6: Clarify any myths and misconceptions, outline contraceptive methods that have not yet been discussed, and if necessary, circulate the pamphlet on planning and preventing pregnancy.

Step 7: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what contraceptive advice they think would suit them, or what advice they would give a younger sister or a daughter. If they would like to, they can share their thoughts with others in the group.

Step 8: Summarise the discussion with the following points:

- Choosing when to have children, and who to have children with, is a right that all women in South Africa have.

- There are many things to consider when making decisions about having children. These include your own health and happiness, the health of your partner, your current life circumstances, including whether you can afford to have a child at this time and how the child will be raised and cared for.
- There are many different methods of contraception available to prevent pregnancy. A health care provider can help you to find the most appropriate contraceptive method for you.
- It is important to use contraceptive methods as instructed. If you miss a pill or an appointment, you should not just stop, but return as soon as possible to speak to your health care provider about returning to the method as it should be used.
- Only condoms can prevent STIs and the transmission of HIV. This is an important consideration if you want to prevent infections as well as pregnancy.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Condom demonstration: Male condoms and female condoms

Explain to the group that the aim of this activity is to demonstrate how the male condom and the female condom are used (please illustrations at the end of the section).

Requirements: A flipchart and pens, or a board to write on, samples of a male

condom and a female condom and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Ask two participants to volunteer for the demonstrations

Step 2: Give the volunteers a male condom or a female condom. Ask them to stand in front of the group, and give a practical demonstration about how the condom is used. Do the male condom first, as more people are familiar with it, and then the female condom.

Step 3: Ask the other participants to address anything that is not explained correctly. Address any myths and misconceptions about using these condoms.

Step 4: Facilitate a discussion amongst the participants, using the following questions to guide discussion:

- Do women know about male condoms and female condoms?
- What do they think about them?
- Why do women not use them?
- How could the female condom be introduced to a male partner for the first time?

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what they would say to their partner to introduce a discussion about using a male or female condom into their relationship. If they would like to, they can share their thoughts with others in the group.

Step 6: Summarise the discussion with the following points:

- Male and female condoms are a reliable way to prevent pregnancy.
- Male and female condoms are the only way to prevent passing on HIV during sex.
- Condoms will change the feeling of having sex, but this does not need to reduce pleasure.
- There are ways to introduce condoms into the sexual act that can increase the pleasure for both partners.

Ask if there are any further questions or comments, and thank the participants for their contributions.

**3 Activity 3: Small group discussions and role-plays:
Talking to partners about contraceptives**

Explain to the group that the aim of this activity is to explore the reasons that partners do not talk about contraception together, and to think about ways of starting these conversations.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Divide the participants into two groups, one group will speak from a male perspective, and one from a female perspective.

Step 2: Ask the groups to list (from their male or female perspective) at least 5 reasons not

to talk about contraception with partners. Ask them to list at least 5 good reasons to talk about contraception. Give the groups ten minutes for this discussion.

Step 3: Ask for one participant from the male group and one from the female group to come to the front of the room for a role-play. Ask the 'male' first to try to initiate a conversation with the 'female', using the reasons to talk about it as his argument. Ask the 'female' to use the reasons NOT to talk about contraception, to make this conversation difficult.

Step 4: Repeat the role-play using the 'female' to try to initiate the conversation, and the 'male' refusing to listen, based on the arguments that they have about not talking about contraception.

Step 5: Ask the groups if there are any other issues that they discussed which were not reflected in the role-plays. Facilitate a discussion amongst the participants, using the following questions to guide discussion:

- Why is it difficult to talk about contraception with partners?
- How can we initiate the discussion?

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down why they think talking about contraception in a relationship is important. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Talking about contraception can help to remove the stigma and secrecy around contraceptive issues, and can reduce

the number of unplanned and unwanted pregnancies and teenage pregnancies in South Africa.

- Contraception is a shared responsibility, and both males and females can take action, as well partners talking together to make decisions that suit them both.

Ask if there are any further questions or comments, and thank the participants for their contributions.

**4 Activity 4: Finishing the story:
Emergency contraception**

Explain to the group that the aim of this activity is to provide information about emergency contraception.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Read out the following scenario to the group:

Edith is twenty-two years old. She has a steady boyfriend, but knows that she is not yet ready for marriage or for having children. Edith and her boyfriend use condoms every time they have sex. One night, there is strange feeling during their love-making, and Edith realises that something is wrong. She tells her boyfriend that something is wrong, but he ejaculates before he is able to withdraw his penis. When he does, they realise that the condom has burst... What happens next?

“THE BEST
CONTRACEPTIVE
IS THE WORD
NO - REPEATED
FREQUENTLY.”

- MARGARET SMITH

Step 2: Ask the participants, in small groups of three, to talk about what they think happens next, and what options are open to Edith and her partner. Give them five minutes to talk together about this.

Step 3: Ask for some suggestions from the groups. When a suggestion is given, ask other participants to comment on this. Ask if the suggestions are realistic and would be helpful for Edith and her partner.

Step 4: If the option of Emergency Contraception has not been raised, then bring this into the discussion. Ensure that women know about the emergency contraceptive pill (ECP) as well as the emergency IUD. You should also talk about post-exposure prophylaxis (PEP). Clarify any myths and misconceptions.

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down the advice they would give a close friend or relative about emergency contraception. If they would like to, they can share their thoughts with others in the group.

Step 6: Summarise the discussion with the following points:

- Women have the right to prevent an unplanned pregnancy, even after having had sex.
- A woman can take the emergency contraceptive pill up to 120 hours (5 days) after sex to prevent pregnancy. These pills are available from clinics or pharmacies. They are more effective taken earlier rather than later.

- A copper IUD (loop) can also be inserted up to 5 days after sex, which prevents pregnancy.
- Anybody who has been raped or thinks they have been exposed to HIV can get an emergency course of post-exposure prophylaxis, PEP, which is a 28-day course of anti-retroviral drugs which can help prevent HIV from developing.
- PEP is an emergency drug that must be taken within 72 hours of the rape or unprotected sex or exposure to HIV and can be given at a clinic or hospital, where they will also offer counselling and testing for HIV. The treatment is more effective when it is taken as soon as possible. You do not have to report the rape to the police to receive this treatment.
- PEP cannot be taken by people who are already HIV positive.
- Knowing about emergency contraceptive and PEP can save lives, and it is important to share this information.

Ask if there are any further questions or comments, and thank the participants for their contributions.



REFERENCES

Pleaner, M. (2013) *Contraception in South Africa: an overview of issues and key messages*. JHHESA / WHRI.

How to use a Female Condom



1 Check the expiry date and make sure the package is sealed with no air escaping from it.



2 Open the package carefully, make sure not to damage the condom. Do not use teeth or nails for this.



3 Rub condom to spread lubricant.



4 Hold ring and squeeze into figure eight.



5 Insert as far as it will go.



6 Do not twist condom.



7 During sex guide penis into the condom.



8 To remove, squeeze and twist outer ring, and pull out.



9 Wrap the condom in toilet paper and throw away in the rubbish bin. Do not flush it down the toilet.

How to use a Male Condom



1 Check the expiry date and make sure the package is sealed with no air escaping from it.



2 The penis must be erect before you roll the condom on.



3 Open the package, make sure not to damage the condom. Do not use teeth or nails for this.



4 For an uncircumcised penis, make sure the foreskin is pulled back.



5 Make sure the condom is the right way out in order to "unroll".



6 Pinch the air out of the tip of the condom as this may cause a bubble which can burst while having sex.



7 Unroll the condom as far as it will go to cover the shaft of the penis.



8 Use only water based lubricants such as KY Gel. Non-water based lubes may cause condom breakage. Only apply lube after the condom is on - never before.



9 Wrap the condom in toilet paper and throw away in the rubbish bin. Do not flush it down the toilet.



Section 6

WOMEN AND SAFE PREGNANCY



WOMAN AND SAFE PREGNANCY



PURPOSE

The purpose of this section is for women and girls to better understand the process of pregnancy, and how to maintain good health during pregnancy for themselves and their unborn child. If you are facilitating this section with young girls, then you should focus on the risks associated with teenage pregnancy.



BACKGROUND

Maternal deaths are any deaths associated with pregnancy or a woman dying within 6 months of giving birth. AIDS has become the leading cause of maternal deaths in South Africa. Other causes of maternal death include hypertension and haemorrhage, as well as pregnancy-related sepsis (infections). Most maternal deaths are avoidable, if the pregnant woman receives good health care from early on in her pregnancy.



INFORMATION

The risks associated with teenage pregnancy

Getting pregnant as a teenager can be dangerous to a girl's health, as well as the health of the unborn baby. Pregnant teenagers have a high risk of serious medical complications during the pregnancy and the birth, which can result in infections and death. Babies born to teenage mothers are often born prematurely, or have a low birth weight due to inadequate growth of the foetus during pregnancy. Getting pregnant as a teenager can also prevent

a girl from continuing her education, and can increase the likelihood of her living in poverty. Babies of teenage mothers often have developmental problems. Girls born to teenage mothers are more likely to become pregnant as teenagers, and boys have a higher than average rate of turning to crime.

Planning for a healthy pregnancy

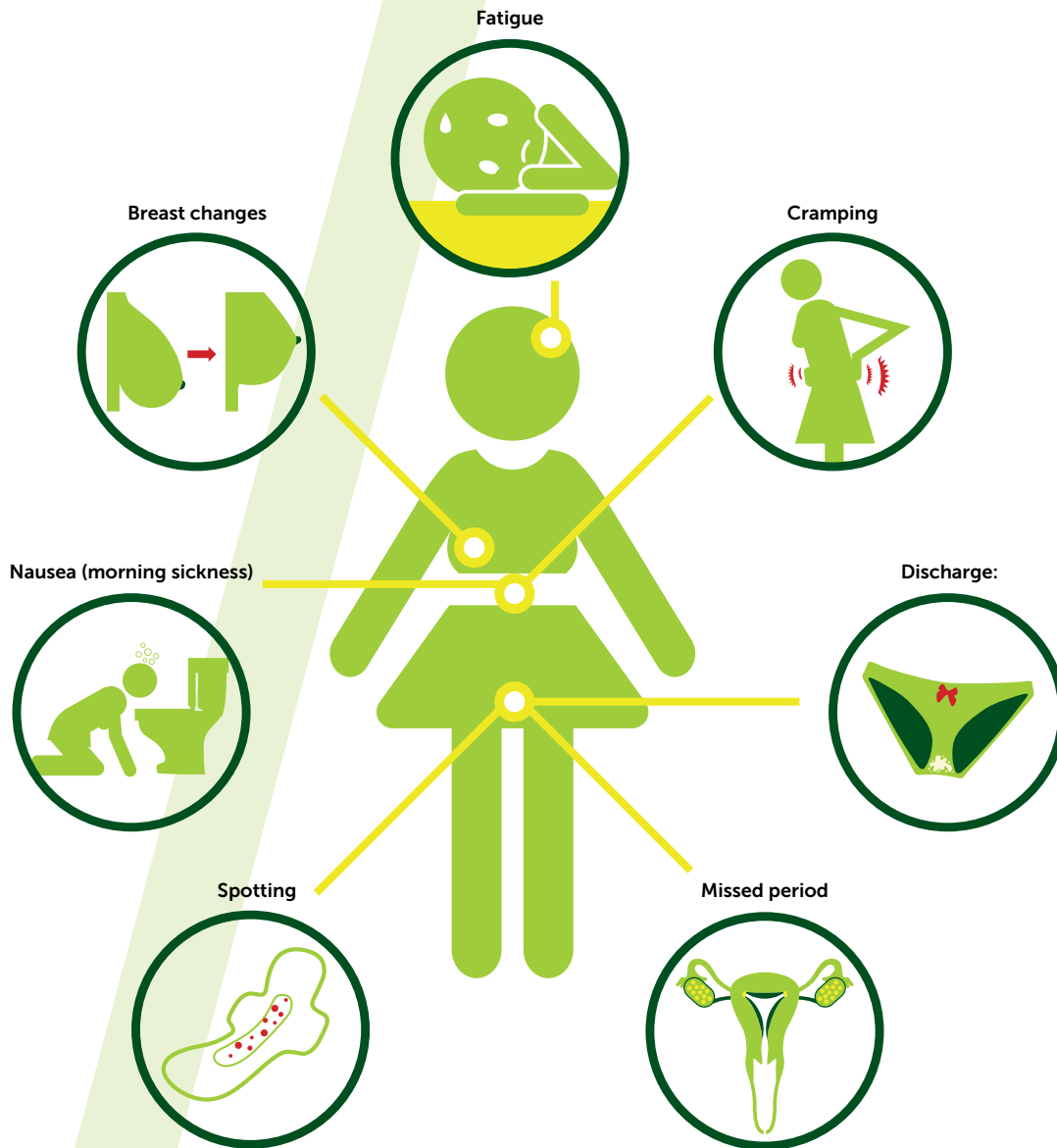
Planning for a healthy pregnancy and safe motherhood means the following:

- Women and their partners getting good information to plan for a pregnancy or to prevent pregnancy.
- Women and their partners getting information and counselling about getting pregnant, about preventing HIV and other sexually transmitted infections and ensuring that they are in good health before they plan to get pregnant.
- Going to the clinic for antenatal care and talking with a health care provider about managing the pregnancy and identifying and managing any problems so that the baby is born healthy.
- Talking with a health care provider about options for the safe delivery of the baby and care for the baby after the birth.
- Making sure that if women are HIV positive, their babies are born free of HIV.

Understanding the signs of pregnancy

Conception (the moment when you become pregnant) happens after unprotected sex, when a male sperm meets a female egg after the egg has been released from the ovaries. The fertilised egg passes through the fallopian tubes and attaches to the wall of the uterus (womb), where the foetus remains for the duration of the pregnancy.

SOME OF THE EARLY SIGNS OF PREGNANCY ARE:



Some of the early signs of pregnancy are:

- **Spotting:** Some women experience light bleeding for one or two days shortly after the egg is fertilised. This is not a menstrual period, but is a result of hormonal changes in the womb.
- **Cramping:** Some women feel cramps similar to menstrual cramps. This happens when the fertilised egg attaches itself to the wall of the uterus.
- **Discharge:** Some women notice a white milky discharge from their vagina. This is related to the thickening of the vagina's walls after conception.
- **Breast changes:** Some women feel that their breasts become fuller, swollen or tender. The area around the nipples may also darken. This is related to the changing hormones in the body.
- **Fatigue:** Many women feel tired from early on in the pregnancy. This is related to hormone changes as well as lower blood sugar levels and lower blood pressure.
- **Nausea (morning sickness):** Many women feel nauseous during the pregnancy (especially the first three months). This is related to hormone levels which can slow the emptying of the stomach.
- **Missed period:** Most women stop having menstrual periods when they are pregnant because the ovaries do not release any more eggs for the duration of the pregnancy.

Other symptoms that can be caused by hormonal changes in the body include: needing to urinate more often, being constipated, a change in the taste of food, food cravings, experiencing mood swings, headaches and back pain, dizziness or fainting. Many of these symptoms can be treated by a health care provider if they become uncomfortable.

Some of the signs and symptoms of pregnancy are the same that women might experience before or during a menstrual period. The only way to know for sure is to have a pregnancy test which detects pregnancy hormones in the urine. This test can be done at a clinic or a home-test can be bought at a pharmacy.

The importance of early antenatal booking

Antenatal care is the care given by a clinic or other health care provider during the pregnancy, before the baby is born. It is important for women to go to the clinic to confirm the pregnancy, and to get tested early for HIV. The first antenatal care visit should happen as soon as a woman misses her period or suspects that she may be pregnant.

At government clinics, an antenatal card, which is a record of the pregnancy, is given to women and must be completed at each clinic visit. This is kept by the pregnant woman until she has the baby.

At the first antenatal visit, a woman will be asked questions about the current pregnancy as well as any previous pregnancies. She will also be asked about any previous medical conditions, including

psychiatric problems, and previous operations. The health care provider will ask about any family health problems, allergies, use of medicines, alcohol, tobacco or drugs, and family and social circumstances. They will also ask when the last menstrual period was, and for the woman to estimate when she fell pregnant. It is important to give the correct information during this visit, so that any risks associated with the pregnancy can be assessed.

At this visit a physical examination is also carried out to measure weight, height, heart rate, blood pressure, and to check teeth and gums, breasts, thyroid, and heart and lungs. The health care provider will also check blood and urine, and feel the abdomen to check the uterus. Pregnant women are given supplements and vitamins to take, and information about staying healthy during the pregnancy.

Antenatal care includes screening for TB, testing for HIV and sexually transmitted infections which may harm a woman and her baby. Other tests may be given in special circumstances. The clinic will treat any health problems that they find, and will give any necessary medicine to improve the woman's health during the pregnancy.

After the first antenatal visit, clinic visits should happen at 20, 26, 32, and 38 weeks for regular health checks and 41 weeks if still pregnant. At these visits blood and urine will be checked, and the uterus will be measured to check the growth and the position of the baby.

The health care provider will also help a woman to prepare physically and psychologically for childbirth and for being a parent. They will talk about the delivery of the baby, as well as advice on breastfeeding and on using contraception after the birth.

HIV counselling and testing



For women, part of having a healthy pregnancy is knowing their own health status. Health care providers will offer counselling and testing for HIV so that women know their HIV status and can look after their own health, as well as making plans to prevent passing HIV on to the baby. Clinic antenatal services will include HIV testing before 14 weeks, and again at 32 weeks pregnant. If a woman is HIV positive, she can start on medication to improve her own health, and to prevent the baby from getting HIV. She will also be advised to use condoms for any future sexual encounters.

Preventing mother to child transmission of HIV



No babies need to grow up with HIV. If a woman knows that she is HIV positive, it is easy to prevent this from passing on to the child. At the first antenatal visit, HIV positive women will be given supplements and vitamins to improve their own health, and any infections will be treated.

HIV positive women who are not already on anti-retroviral treatment (ART) will be given the fixed dose combination (FDC) treatment, from their first ante-natal visit, which is one pill which contains three drugs: tenofovir (TDF), emtricitabine (FTC) and efavirenz (EFV), which they will need to take throughout the pregnancy. If there is a contraindication to the FDC, women will be started on AZT. An additional combination of drugs (including NVP - Nevirapine, TDF – Tenofovir, and

FTC- Emtricitabine) will be given at the onset of labour, and again every three hours during labour. If a woman is already on ART, then it is likely that the regimen will be changed for the duration of the pregnancy.

Babies who are born to HIV positive mothers will receive a single dose of Nevirapine syrup as soon as possible after birth, and a dose of Nevirapine daily for the next six weeks. These babies will be tested for HIV when they are six weeks old, and will be given anti-retroviral treatment (ART) if they are HIV positive. They will be tested again at 18 months, and be given ART if necessary.

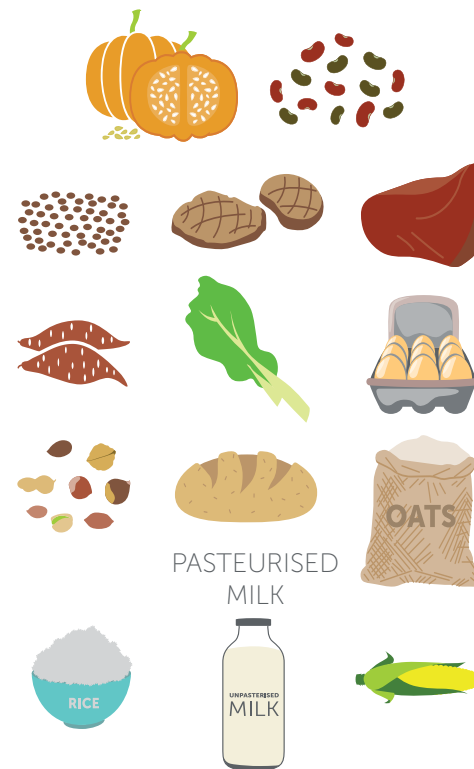
Managing a healthy pregnancy

Part of a woman managing her pregnancy is making sure that she is healthy. Regular visits to the clinic for antenatal screening are important, and so is nutrition.

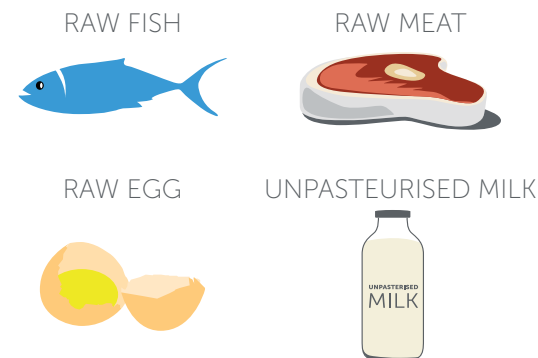
Because of the changing hormones in a pregnant woman's body, there might be some foods that they don't want to eat, and other foods that they crave. They might feel nauseous, but it is still important to eat a healthy diet so that the mother and the developing baby get essential nutrients.

Some foods that are rich in iron and protein, like pumpkin seeds, beans and lentils, liver, lean beef, sweet potatoes, spinach, eggs and nuts, can help women to feel less tired when pregnant. Because some women get constipated when they are pregnant, it is important to drink lots of water, to get light exercise, and to eat foods that contain high fibre, like whole grain bread and oats, rice and corn. Raw fish, raw meat and raw eggs should be avoided during pregnancy, as well as unpasteurised milk, as these foods may contain harmful bacteria.

GOOD FOOD



BAD FOOD



It is also important to keep personal hygiene good during pregnancy, as any infections may be passed directly to the baby. Washing hands regularly is very important, especially before cooking or eating, and after going to the toilet. Women also need to take good care of their teeth during the pregnancy, as hormonal changes can cause tooth decay and gum disease.

PERSONAL HYGIENE



Breast care is important, as a pregnant woman's breasts will produce fluid called colostrum which may make them feel wet and itchy, and they must be kept clean and dry. Women should also ensure that the vagina is kept clean and is not irritated by soaps and creams. They should avoid douching and the use of perfumed products when cleaning the vagina. Pregnant women should bathe the area daily with plain, unscented soap and wear clean underwear to prevent infection.

Any health problems and the use of any medication should be discussed with a health care provider, as some medicines can harm the developing baby.

What not to do during pregnancy

Smoking, drinking alcohol or using any drugs can damage both a woman's health and the health of the baby, resulting in premature births, low birth

weight, deformation, or long term damage to the baby's brain or heart foetal alcohol syndrome.



There are some danger signs to look out for when pregnant, which should be reported to a health care provider immediately:

- Severe headaches;
- Abdominal pain (not discomfort);
- Fluid coming out from the vagina;
- Vaginal bleeding;
- Reduced movements of the baby.

Preparing for birth

From early on in the pregnancy pregnant women will be given a plan for the delivery of the baby. This will include estimating the expected date of delivery, and where the baby will be born, as well as whether the baby will be born through vaginal delivery or a caesarean section, whether the baby will be delivered by a midwife or doctor, and what pain relief options are available.

Women will also need to have a transport plan for emergency or delivery, including important contact numbers, as well as knowing what to do in case of an emergency home delivery. All of these details will be explained at the clinic.

As a pregnancy reaches term, women need to be aware of the signs of labour, which include persistent painful contractions of the uterus accompanied by either dilation of the cervix (the opening of the womb), water breaking, or the baby's head showing. If a woman is showing these signs of labour, she must get to a clinic or hospital, as planned.

Post natal care

Post natal care is the care offered to both a mother and the baby after it has been born.

When the baby is six hours old, its blood pressure, pulse, respiration and temperature will be tested. The mother will also be examined to check her general condition, to see that the uterus has contracted and that she is able to pass urine. She will also be checked for any bleeding, tears and signs of infection. If there are no complications, she will be released from the clinic or hospital.

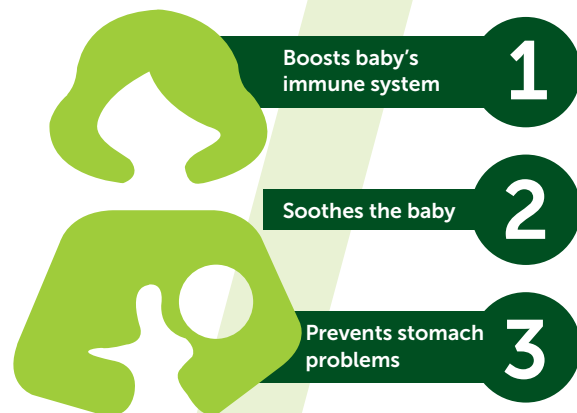
After three days, she will be seen again to assess the baby's condition as well as her own health, and will be given vitamins as well as information on feeding the baby, her own healthy diet, and how to look out for any complications. A further assessment will happen six weeks after the birth.

Part of the post natal care involves checking the baby for TB, and for infections like syphilis and HIV which may have been passed down, so that they can be treated immediately.

Safe infant feeding

Whether a woman is HIV negative or HIV positive, exclusive breastfeeding is the best way to feed the baby for at least the first six months of his or her life. This means feeding the baby only from her breast, and not bottle feeding or formula feeding for these six months. Exclusive breastfeeding helps the development of the baby's immune system; it soothes the baby, and prevents stomach problems. Mixed feeding (breastfeeding and using alternatives like formula or water) can cause childhood infections and increase the risk of the baby getting HIV if the mother is HIV positive.

BENEFITS OF BREASTFEEDING



If a woman is HIV positive, then she will need to make sure that she uses a good breastfeeding technique to prevent breast conditions like **mastitis** (is an infection of the breast tissue that results in breast pain, swelling, warmth and redness of the breast), breast abscesses and cracked nipples,



which should be treated quickly if they occur. HIV positive women should stop breastfeeding after six months and change to formula feeding.

Most babies will need to be fed 8-12 times in 24 hours for the first six months. Some women find it difficult to breastfeed, and if the baby will not take from the breast, or if a mother is not producing milk, then she should speak to a health care provider about other options.

Women who are HIV positive and are breastfeeding should take the fixed-dose combination of ART to prevent passing HIV to the baby. The baby should also receive a daily dose of Nevirapine during the period of breastfeeding, and until one week after the mother stops breastfeeding.

See Fact Sheet B at the end of Section 6

Involving the father or other partner



It is a good idea for a woman to involve her partner as much as possible in the pregnancy, and in decisions about the birth. This helps to strengthen the bond between them as expecting parents. The father can play an active role in caring for the baby after it is born, helping to change and bathe the baby, to soothe it and to play with it. Touching, holding, and talking to the baby create a bond between the father and the child.

Sex during the pregnancy and after the birth

Most women who have no complications with the pregnancy may continue to have sex right up until their water breaks or they go into labour. The amniotic sac and the strong muscles of the uterus protect the foetus, and the thick mucus plug that seals the cervix helps guard against infection. Some sexual excitement, like nipple stimulation or

orgasm, may cause mild contractions of the uterus, but these are generally temporary and harmless. If there are any unusual pains then this should be discussed with a health care provider before having sex again.

The only safe contraceptive method to use during pregnancy is condoms. Using any hormonal contraceptive method may cause complications.

After having the baby, whether it is a vaginal birth or a caesarean section, the body takes some time to recover before it is safe to resume sex again. Most health care providers recommend waiting four to six weeks before having sex again. This allows time for the cervix to close, any bleeding to stop, and any tears or repaired lacerations to heal.

A woman may also feel tired and stressed from caring for the baby, and it may take time before she wishes to have sex again. Sex may be slightly painful for some time after this, as hormonal changes from the pregnancy and from breastfeeding can dry out the vagina.

Postnatal depression

Postnatal depression (also called post-partum depression) is a type of depression some women experience after they have had a baby. This may be caused by changing hormones, the life changes for a new mother, financial worries, a lack of social support or relationship problems. Many women experience some level of depression in the first three months after giving birth, and the rates of postnatal depression are higher for teenage mothers.

Postnatal depression usually develops in the first four to six weeks after childbirth, although in some

cases it may not develop for several months. It is common to experience mood changes, irritability and episodes of tearfulness after giving birth. These feelings normally disappear after a few weeks. But if they continue, this could be because of postnatal depression.

Symptoms: There are many symptoms of **postnatal depression**, including a persistent feeling of sadness and low mood, a loss of interest in the world and not enjoying things that used to give pleasure, a lack of energy and feeling tired all the time, difficulty sleeping, difficulties with concentration and making decisions, low self-confidence, a change in appetite, feeling agitated or apathetic, and feelings of guilt and self-blame.

It is important for partners, family and friends to recognise signs of postnatal depression as early as possible and to seek professional help. It is important to understand that postnatal depression is an illness. Having it does not mean that a woman does not love or care for her baby.

Treating postnatal depression: As long as postnatal depression is recognised and treated, it is a temporary condition that women can recover from. Treatment includes getting help and advice, getting regular exercise, receiving therapy, or taking antidepressant medication. There are many support groups for postnatal depression in South Africa.

Planning a future pregnancy

It is important to consider the timing and spacing before having another baby. The World Health Organization (WHO) recommends an interval of at least 24 months after having a baby before getting

pregnant again, in order to reduce the risks to the mother's health, as well as to the unborn child, and to the existing children.

After a miscarriage or induced abortion, a woman should wait at least six months in order to reduce the risks to her and to the unborn child

ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore how to have a healthy pregnancy. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1 Activity 1: Small group discussion Having a healthy pregnancy

Explain to the group that the aim of this activity is to increase an understanding of all the issues involved in having a healthy pregnancy.

Requirements: A flipchart and pens, or a board to write on, a picture of a pregnant woman, copies of the "healthy pregnancy" pamphlet and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 1 hour

Step 1: Show participants a picture of a pregnant woman on the board.

Step 2: Ask the participants to call out whatever comes to their mind when they see a pregnant woman. Explain that there are no

right or wrong or good or bad contributions, all contributions are welcome. Write all contributions on the board.

Step 3: Divide the group into eight smaller groups, and give each group one of the following topic areas to discuss: HIV and pregnancy, ante-natal care at the clinic, preparing for child-birth; safe feeding practices, sex and pregnancy, planning future pregnancies, post-natal care and involving men in pregnancy.

Step 4: Give the groups fifteen minutes for their discussion and ask them to answer the following questions about their topic:

- What challenges can women face related to this topic during pregnancy?
- Where can they get help to overcome these challenges?
- What are the most important facts for women to know about this issue?

Step 5: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions. Hand out the pamphlet if the participants require more detailed information.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down how they could share this information with a pregnant friend. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- It is important for pregnant women to know who the father of the child is, to

know their HIV status, and to know how to take care of themselves during pregnancy.

- It is also important for pregnant women to think about and to make plans for the birth, and to think about how they will manage to care for a baby, and the child's future.
- Women have the right to good advice, care and support from their local clinic during pregnancy.
- Early reporting for ante-natal care at the clinic is important to protect the health of the mother and the baby.
- No child needs to be born with HIV, and treatment is offered at all clinics to prevent babies from contracting HIV from their mothers.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Making messages: Information about having a healthy pregnancy

Explain to the group that the aim of this activity is to increase an understanding of healthy pregnancy and to encourage early reporting for antenatal care at the clinic.

Requirements: A flipchart and pens, or a board to write on, a picture of a pregnant woman, copies of the 'Guide to a healthy pregnancy' pamphlet and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Divide the group into four smaller groups.

Step 2: Ask the groups to prepare a short 'advertisement' for ante-natal care at a government clinic. They will act this out as if it is a television advert, with music, action and a voice-over that includes a catchy slogan. Ask the groups to focus on why women should go to the clinic for antenatal care, what health benefits there are for the women and her baby, and why women should do this early in their pregnancy. Give the groups ten minutes to prepare their adverts.

Step 3: Ask each of the small groups to present their 'advert' to the rest of the group in turn. After each 'advert', ask the following questions:

- What is the message that stands out for you the most?
- Does the advert point to the benefits of antenatal care?
- Would this advert persuade you to go to the clinic?

Step 4: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down a few slogans or short sentences that could guide their own pregnancy, or that they would share with a pregnant friend. If they would like to, they can share their thoughts with others in the group.

Step 5: Summarise the discussion with the following points:

- Antenatal care can diagnose problems that the mother has, which might be passed onto the baby.

- Antenatal care can make the pregnancy more comfortable and safe by providing advice and treatment where needed.
- Pregnant mothers who are HIV positive can prevent passing the virus to their baby if they take antiretroviral treatment that is provided at the clinics.
- Early reporting for antenatal care at the clinic is important to protect the health of the mother and the baby.
- Women have the right to complain if they do not receive decent care at their clinic.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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“ A **BABY** IS SOMETHING YOU **CARRY** INSIDE YOU FOR NINE MONTHS, IN **YOUR ARMS** FOR **THREE YEARS**, AND IN YOUR HEART UNTIL THE DAY YOU DIE. ”

- MARY MASON

Fact Sheet

B

SAFE INFANT FEEDING

This information is adapted from the Nutrition Directorate, South African National Department of Health.

Frequently asked questions about breastfeeding:

What is exclusive breastfeeding?

Exclusive breastfeeding means giving your baby only breast milk with no supplementary feeding of any type (no water, juice, animal milk, infant formula or solid foods) except for vitamins, minerals and medications that have been prescribed by a healthcare provider.

How does breastfeeding benefit my baby?

Breastfeeding contributes significantly to the survival and good health of babies. Key benefits of breastfeeding are:

- Your baby gets all the nutrients he/she needs to grow and develop healthily for the first six months. From six months to 2 years, breast milk continues to provide most of the nutrients your baby needs.
- Breast milk contains antibodies (protective substances) that help strengthen your baby's immune system providing protection against common illnesses such as diarrhoea and pneumonia.
- Breastfed babies are less likely to have respiratory and middle-ear infections than formula-fed babies.
- Breast milk contains special properties that keep the gut lining strong and help in reducing the chance of infection.
- Colostrum (the first yellowish milk the breast produces) is regarded as the first immunisation.

This milk is rich in protective substances and is vital to protect your baby from various infections. Your baby at this age cannot get these protective substances from any other food – even from the most expensive infant milk formula.

- Breast milk is readily available and does not need to be prepared.
- Breastfeeding promotes bonding between you and your baby. It is the natural way to feed your baby and the best gift you can give him/her.
- Breastfeeding contributes to a lifetime of good health. Adults who were breastfed as babies have a lower risk of developing chronic diseases of lifestyle such as obesity, coronary heart disease and type-2 diabetes.
- Breastfeeding contributes to child survival and prevents malnutrition.
- It is unusual for an exclusively breastfed baby to suffer from constipation. A baby who is exclusively breastfed usually has stools that are bright yellow, sweet-smelling and the consistency of scrambled eggs.

Does breastfeeding benefit the mother?

Breastfeeding promotes the contraction of the uterus and helps to expel the placenta, thus reducing the risk of excessive bleeding after delivery. Breastfeeding is known to reduce the risks of breast and ovarian cancer later in life. During the exclusive breastfeeding period, mothers lose the weight that was gained during pregnancy. This is only achieved if a mother continues to eat healthily and exercise during breastfeeding.

When should mothers start breastfeeding?

To enable early production of milk, breastfeeding should start immediately after delivery or within the first hour of birth, and the mother and baby should be left together for at least an hour.

Breastfeeding immediately after birth or within the first hour will allow the baby to get colostrum to stimulate the bowel movement. This will then speed up the release of the first dark stool and reduce the risk of the baby getting jaundice (yellowing of the skin and eyes). **Colostrum or first milk is a form of milk produced in late pregnancy. It is generated just prior to giving birth. Colostrum contains antibodies to protect the newborn against disease, as well as being lower in fat and higher in protein than ordinary milk.**

Early breastfeeding also helps to stimulate the production of milk, it helps regulate the baby's temperature and blood-sugar level and helps the mother and baby to start bonding.

How often and for how long should mothers breastfeed?

A baby needs to be fed often both during the day and night. Letting the baby feed as frequently as he/she wants helps the body to produce more breast milk. This is called demand feeding. A baby may feed between 8–12 times each day.

The baby needs to be left to feed for as long as he/she wants. At the beginning of each feed, the early milk, called foremilk, contains enough water to satisfy the baby's thirst, even in hot weather. As the baby continues to feed, hind milk is produced, which is high in essential fats and nutrients. This hind milk is filling and promotes growth of the baby. He/she should feed for longer on the same breast before being moved to the second breast. This will ensure that he/she has received both the foremilk and the hind milk.

What practices and perceptions by the mother can make it difficult to breastfeed?

Cigarette smoking can affect the milk supply which may upset the baby's stomach. Smoking is also

linked to lower milk production. A breastfeeding mother should avoid alcohol completely. Alcohol passes into the mother's milk and is subsequently taken by the breastfeeding baby.

A mother not breastfeeding at night will subsequently reduce milk production.

How can a mother continue feeding breast milk when separated from the baby?

A mother can express breast milk and leave it for the child minder to feed the baby using a cup. Expressed breast milk can be kept in a covered container outside the fridge (at room temperature) for up to 8 hours and in the fridge for 3–5 days. Expressing breast milk also helps maintain milk supply.

Can I feed donated milk from milk banks to my baby?

Yes. There are hospitals that have milk banks that pasteurize and store breast milk that is donated by other mothers. Only milk from HIV-negative mothers is accepted.

Is it OK to use a wet nurse to breastfeed my baby?

The practice of wet nursing is not encouraged. But if wet nursing is considered, the wet nurse must understand the implications of HIV and agree to take an HIV test before commencing wet nursing. She must also be tested 6–8 weeks after starting. The wet nurse should receive counselling on HIV transmission and how to avoid infection during breastfeeding.

Can breastfeeding be re-established if it was stopped for a while?

Yes, breastfeeding can be re-established successfully. The mother's commitment and baby's eagerness to feed is critical. Some cultures believe

that milk becomes sour if the baby has stopped breastfeeding for some time. This is not true since milk is produced as the baby suckles.

Can an HIV-positive mother breastfeed?

Yes. Recent evidence shows that mothers who are HIV positive should breastfeed exclusively because of the many health benefits to the baby and his/her survival. During the breastfeeding period, both the mother and the baby should receive antiretroviral treatment (ART) or prophylaxis. This includes fixed-dose combination ART for the mother, and a daily dose of Nevirapine for the baby, continuing until one week after breastfeeding has stopped. Research shows that when ART or prophylaxis is used by either the mother or baby, HIV transmission through breastfeeding is significantly reduced. Exclusively breastfed babies whose mothers are HIV positive are at less risk of dying from diarrhoeal diseases and malnutrition than mixed-fed babies.

The likelihood of HIV transmission increases when there is a higher viral load in the mother's blood or breast milk. ART or prophylaxis lowers the viral loads in the blood and in breast milk. This reduces the likelihood of mother-to-child transmission of HIV (MTCT).

If a mother is on lifelong ART and the baby is HIV negative, she can breastfeed for 12 months whilst taking antiretroviral treatment as prescribed.

If the baby tests HIV positive, should the mother continue breastfeeding?

Yes. If a baby tests positive for HIV, the mother should definitely breastfeed for 2 years or longer whilst taking antiretroviral treatment as prescribed. Continued breastfeeding will provide protection against many infections and help the baby grow healthily. The HIV-infected baby should be referred for care and treatment.



Section 7

WOMEN AND THE
PREVENTION OF HIV



WOMEN AND PREVENTING OF HIV

PURPOSE

The purpose of this section is for women and girls to better understand the basics of HIV transmission and the life-cycle of HIV, as well as how to prevent HIV and some of the risks in having relationships such as multiple concurrent partners and sugar daddies, that increase the risk of contracting HIV.

BACKGROUND

According to Statistics South Africa, in 2011 the estimated percentage of people living with HIV was approximately 10,6%. The total number of people living with HIV was estimated at approximately 5,38 million. An estimated 16,6% of the adult population aged 15–49 years was HIV positive. The highest age-specific prevalence is found in women in their

20s and men in their 30s. There are higher rates of HIV in different provinces, amongst different race groups, and in different district or municipalities..

However, HIV does not discriminate on the basis of where a person lives or what race or age they are; it is most often passed on during sexual contact, and it is people's sexual behaviours and relationship choices that put them at risk of contracting HIV. Some of the identified factors that are responsible for the high HIV infection rates include:

- Having more than one sexual partner at one time (multiple partners);
- Relationships between people of different ages (inter-generational sex);
- Transactional sexual relationships;
- Incorrect and inconsistent condom use;
- A lack of circumcision practices.

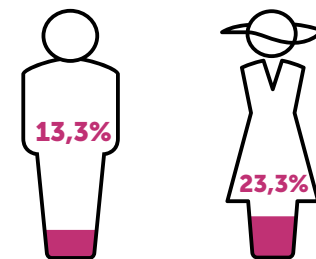
ESTIMATED HIV STATISTICS IN SOUTH AFRICA FOR 2011



An estimated **12,3%**

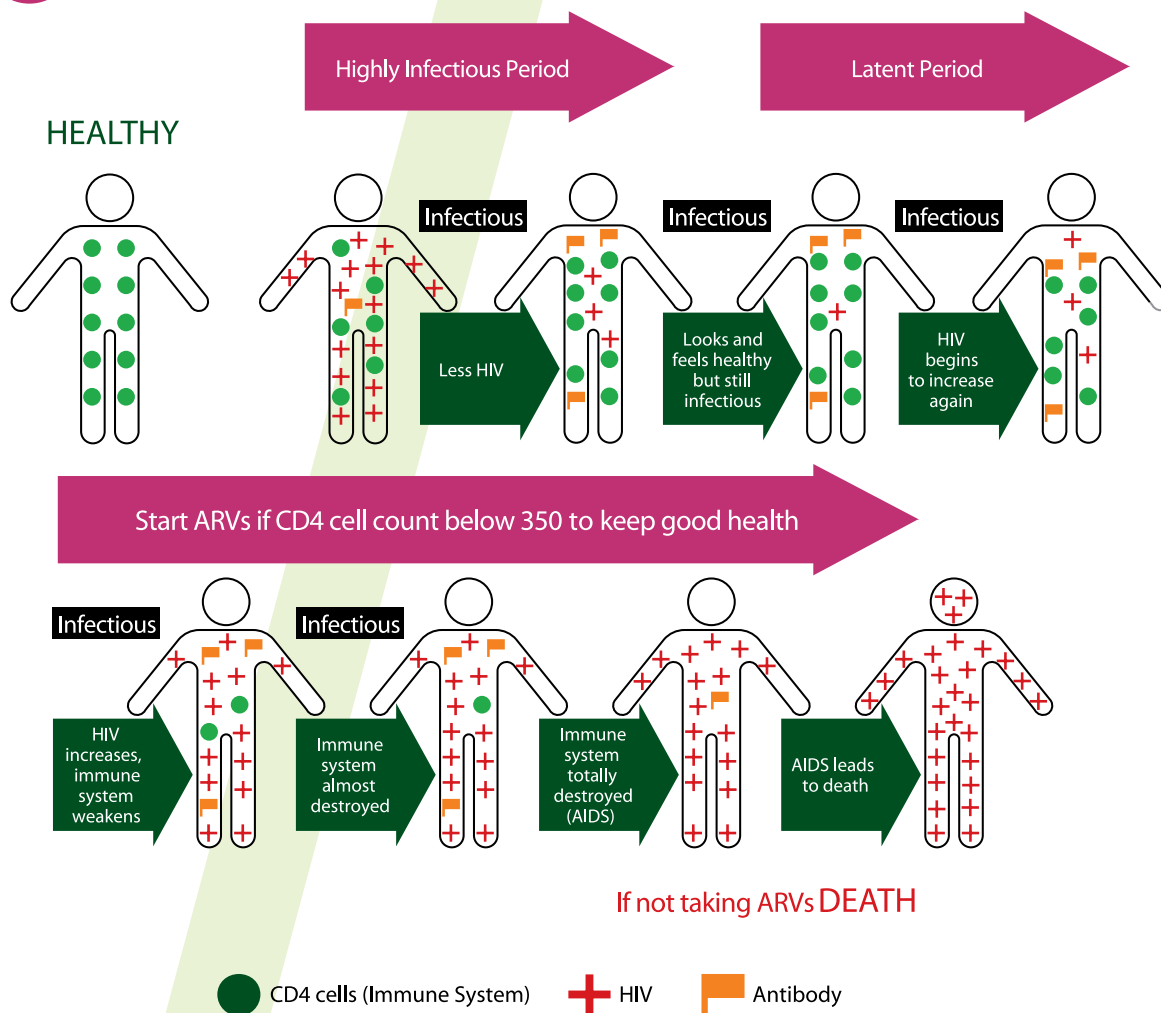
of the adult population between the ages of **15-49** years old were

HIV+



30's & 20's
(HSRC 2012 Household Survey)

i ESSENTIAL INFORMATION



Understanding HIV

HIV is a virus which survives in human cells. These cells are present in body fluids such as blood, and sexual fluids. HIV can enter your body through sexual contact with a person who has HIV, through

transfusions with infected blood, by injection with a needle that has infected blood in or on it, and from a pregnant woman to her child, either in the womb, through child-birth, or through breastfeeding.

The HIV virus attaches to a specific type of immune system cell that is found in mucous membranes that line the mouth, the vagina, rectum, penis, and the upper gastrointestinal tract. These cells then transport the virus from the site of the infection to the lymph nodes where HIV can infect other immune system cells. The main target for the HIV virus is to infect the CD 4 cell, which is part of your immune system that helps you to fight infections.

When a CD4 cell is infected with HIV, the virus goes through multiple steps to reproduce itself and create many more virus particles. The virus then overwhelms the immune system, which cannot fight off other infections.

There are different stages to HIV infection:

Acute Infection:

Within 2-4 weeks after infection with HIV, some people experience an acute illness, which may show flu-like symptoms, and is the body's natural response to the HIV infection.

During this period of infection, large amounts of virus are being produced in the body, but the immune system starts to fight the infection and brings the level of virus back down to a stable level. At this point, the CD4 count begins to increase, but it may not return to pre-infection levels. Many people will not know that they are HIV positive during this time, as the virus is not detectable in their blood, due to the window period.

The window period:

The window period is the period between HIV infection and the appearance of detectable antibodies that have responded to the virus. This means that an HIV test will not recognise that a person is infected with HIV during this period, as

the immune system has not yet produced the antibodies that fight the virus. The window period can be from four weeks to three months, as each person's immune system will react differently to HIV infection.

During this window period a person who has come into contact with HIV is already infectious and may unknowingly infect other people. Infection is more likely, as the level of the virus in the body is high during this time, due to the acute infection period.

Clinical Latency:

After the acute stage of HIV infection, the disease moves into a stage called clinical latency. This period is sometimes called asymptomatic HIV infection, as most people have no symptoms of illness. During this phase, HIV reproduces at very low levels, although it is still active. This period can last up to 8 years or longer, depending on exposure to other illnesses and infections.

People are still able to pass HIV to others during this phase.

Toward the middle and end of this period, a person's viral load begins to rise and their CD4 cell count begins to drop. As this happens, they may begin to get other related infections.

AIDS:

As the number of CD4 cells begins to fall below 200 cells per cubic millimeter of blood (200 cells/mm³), a person is diagnosed as having AIDS. Normal CD4 counts are between 500 and 1,600 cells/mm³. This is the stage of infection that occurs when the immune system is badly damaged and the person becomes vulnerable to opportunistic infections. Without treatment, people who are diagnosed with AIDS typically survive for around three years. If the person has a dangerous opportunistic infection, life-expectancy falls to around one year.

Treatment with antiretroviral drugs (ARVs) is usually offered at this point, or when the CD4 count is 350 or below, and can assist the immune system to recover to the point that they have no symptoms. However, HIV will still be in the body. ARV drugs must be taken continuously, for life, to ensure that the viral load does not increase again.

Preventing HIV

The best way to avoid becoming infected or infecting another person with HIV is to ensure that there is no contact with another person's body fluids, including their blood and sexual fluids, as well as menstrual blood and hidden blood in faeces or urine.

Abstinence (not having any form of penetrative sexual intercourse) is the safest form of HIV prevention. However, this practice is not always appropriate, and so it is important to encourage young people to delay their sexual debut, and to encourage condom use for older people.

The only way for sexually active people to avoid contracting or passing on when having sex is to use a condom correctly, every time they have sex. HIV can also be passed on through oral sex (from the penis or the vagina to the mouth, and through anal sex (the penis in the anus) and it is important to use condoms during these sex acts as well. A dental dam or a condom cut open and placed over the vagina can prevent HIV from passing during oral sex.

Reducing the number of sexual partners is also promoted as a form of HIV prevention. Ideally a person should have one continuous sexual partner where both people are aware of their own HIV status and are both HIV negative, and are mutually faithful to each other.

There are ways for pregnant women to reduce the chance of passing HIV to their babies, and this is

explained in Section 5 of this toolkit, which looks at issues around a safe pregnancy.

When dealing with any injured or bleeding person, it is important to wear gloves or plastic bags over your hands, to ensure that you are not in contact with their blood. Covering the eyes, nose and mouth is also important if there is spurting blood.

Multiple concurrent partners

Having more than one sexual partner at one time is known as multiple concurrent partnerships (MCP). This often involves having a 'main' partner, and then one or more secret partners. There are lots of names to describe this: the 'makhwapheni', the 'spare wheel', and the 'small house' are some of the common ones.

These partnerships are common in marriages, amongst boyfriends and girlfriends, and in casual partnerships, where partnerships overlap, forming a type of sexual network.

Sexual networks are the links we can draw between a person who has had sex with somebody else, and all the other partners each of them has had, and all of their partners. These are dangerous because if one of the partners within a sexual network gets infected with HIV, the virus spreads rapidly to others, as HIV is most infectious during the first three to six weeks after infection. This means that the more people a person has sex with, the more chance there is of being infected with HIV, and of infecting others.

In marriage and long-term partnerships, having extra partners is particularly worrying, as many people feel that they can 'trust' their partner not to have sex outside of the partnership, and so do not use a condom when having sex, as they do not think that they are at risk of HIV.

Intergenerational sex

Relationships between people of different ages is known as intergenerational sex, and are sexual relationships between an older person and a younger partner, including 'sugar daddies' (older men in sexual relationships with young women/girls) and 'sugar mamas' (older women having sexual relationships with younger men/boys).

Intergenerational sex is seen amongst heterosexual partners and in same sex relationships. Often these relationships between a younger person and the older person are transactional and involve the exchange of money, cell-phones, airtime, cars, and gifts in return for sexual favours.

Poverty and other socio-economic factors like the desire for fancy material goods are the main factors that drive people to be involved in these kinds of relationships, where there are unequal power relations. Young girls and boys are usually unable to negotiate condom use due to submissive situations where the older provider has the final say. This then puts them at risk of infection with HIV and other STIs.

Transactional sexual relationships

Transactional sexual relationships involve the exchange of money, gifts, or other material things for sex. These relationships can be between people of the same age, but are more often between an older partner and a younger one, whether in heterosexual or same-sex relationships.

Transactional sex relationships are distinct from other kinds of prostitution, in that the transactional sex is not only about money, but there may be other benefits such as gifts, food, alcohol and material goods. Transactional sexual relationships also tend



to be ongoing or longer-term than commercial sex arrangements.

The power relations between partners in these relationships are usually unequal, as one partner has something that the other wants or needs. This makes it difficult for the partner in need to negotiate using condoms for protection, even though it is likely that the other partner will have other sexual partners as well, and may present a high risk of HIV.

Negotiating with your partner for safer sex

Preventing the sexual transmission of HIV involves using condoms, each and every time you have sex. Reducing the number of partners that you have is also important, as this reduces the exposure to risk. Negotiating safer sex with a long-time partner is not always easy, as it often raises questions about trust and may raise suspicions amongst couples.

Talking about it is the best way to introduce safer sex, such as using condoms, into the relationship. The way this is done will depend on the relationship. It is important to introduce the topic in a relaxed moment, not during a fight and not when a couple

are aroused and already ready to have sex. A good idea is to have some strategies or pre-planned phrases to start the conversation. Some ideas include:

- 'What do you think about condoms?'
- 'Did you see this article / advert / poster (or other public media about condoms)?'
- 'I'm concerned for both of our health, and would like to talk about using condoms'.

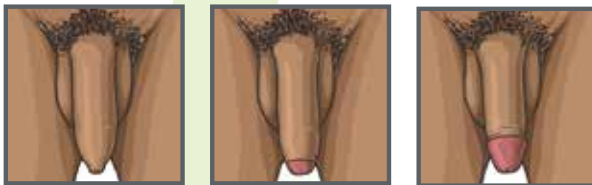
Here are some tips to guide approaching this conversation:

- Learn as much as you can about HIV, pregnancy and STIs, so you can remind your partner about the benefits of using condoms (protection against HIV, STIs and pregnancy).
- Decide when you want to talk. It is not a good idea to do this just before having sex or when either of you has been drinking or doing drugs.
- Decide in advance, in your own mind, what you will and won't do during sex.
- Give your partner time to think about what you're saying and don't rush.
- Communicate your feelings about safe sex in a clear and positive manner, to ensure that there are no misunderstandings and pay attention to how your partner understands what you're saying.
- Talk about the times that make it hard to have safer sex. These may be times when you don't have condoms or if you have been drinking or doing drugs. Decide in advance what you will do at those times.
- Remind your partner that safe sex doesn't need to be less pleasurable. Think of ways to make using condoms exciting, so that they add to the experience of sex, rather than taking anything away.
- Remember that it may take more than one

conversation to come to an agreement about this issue with your partner.

- If your partner does not want to practice safer sex, perhaps you need to rethink whether you want to have sex with them.
- If your partner gets angry or threatens you when you raise the issue of safer sex, then you should seek help from a violence prevention program.

Medical male circumcision



Uncircumcised

Partially
Circumcised

Fully
Circumcised

Medical male circumcision is the full removal of the penis foreskin, fully exposing the head of the penis. It is a simple and safe procedure that is performed at community health centres and district hospitals by a qualified doctor or nurse.

Medical male circumcision (MMC) is different from traditional circumcision, which is a cultural practice that may involve partial removal of the foreskin, or a small slit in the foreskin; and which may not have the same health benefits as the medical procedure. MMC helps to reduce the chance of men contracting HIV through having vaginal sex by up to 60%. The foreskin on the penis contains small cells that trap the HIV virus. The inner skin of the foreskin is prone to tearing during sex, and it is more likely to attract HIV than any other skin. If the foreskin is removed, there is less chance of men contracting HIV. Removing the foreskin also makes the penis easier to keep clean, and this lowers the risk of men getting other sexually transmitted infections and

genital ulcers. It also reduces the risk of cancer of the penis.

Medical male circumcision provides no direct protection for women against HIV. The main health benefit of medical male circumcision for women is better hygiene, as a man who is circumcised is less likely to have bacteria or viruses trapped under the foreskin, and this reduces the chance of a woman getting other sexually transmitted infections through unprotected sex. Medical male circumcision also reduces a woman's risk of cervical cancer by removing the human papillomavirus (HPV) that is often carried in the foreskin.

HIV counselling and testing

It is important for all sexually active people to know their HIV status so that they can prevent passing the virus on to other people, and if they are HIV positive, they can take better care of their health and get care and treatment if needed.

An HIV test can be done at any doctor, clinic or hospital, and is voluntary. Counselling before drawing blood (pre-test) and after giving the result (post-test) is standard practice and required by law in South Africa. Counselling allows the patient to ask any questions, and to prepare for the possibility of a positive result.

By law, the results of an HIV test are confidential, and may not be disclosed by the health care professional to anybody other than the client.

If a person tests positive for HIV they will require additional counselling on living with HIV, options about disclosure and possibly treatment adherence counselling.

What to do if you test Negative:

If the test result is negative the counsellor will help

you develop a risk-reduction strategy based on your own individual risk-profile. This strategy has to be tailored to the behaviours and risk factors unique to your own circumstances, which will be identified in the pre-test counselling phase of the HCT process.

The strategy will take into account issues like Multiple Sexual Partners, condom use, and alcohol abuse. Certain health services will also be recommended to you where necessary; these include, medical male circumcision (information for female clients), and STI counselling and screening. Lastly, the counsellor will advise that you arrange a follow-up HIV test for 3 months time, in case you are currently within the HIV window period.

What to do if you test Positive:

If your first test is positive, a confirmatory test will be requested. A positive result can often be traumatic, therefore, should the confirmatory test come back as positive, the counsellor will do their best to both console you and explain how you can live a healthy life as an HIV positive individual.

The counsellor will also advise a CD4 test and a physical exam; the CD4 test is to determine the strength of your immune system, and whether you should begin Antiretroviral treatment yet. The physical exam is to determine whether you suffer from any other health problems that could negatively impact on your life as an HIV positive individual. The results of these two tests will determine the best possible medical treatment for your individual situation.

Living Positively:

Being HIV positive has its own unique challenges and solutions. You may want to identify a family member or friend that you trust that you can

confide in. When you are ready you should tell your partner/s and encourage them to get tested and to know their status. Just because you have tested HIV positive does not mean that your partner is HIV positive too.

Support groups can help you learn more about HIV by drawing upon the experience of other members; will help you come up with strategies for disclosing your status; help you understand how to manage ARVs and adhere to treatment. Strategies for living positively also mean you should reduce your number of partners, use condoms consistently with all partners, and reduce or stop drinking alcohol. You can further invest in your health by learning to eat the right food, quit smoking, and try exercising regularly. This can help the body fight the virus, process the medication and maintain health. If you need counselling and support you can visit your local clinic or also phone the AIDS-Helpline (0800 – 012 – 322).

ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore how HIV works, and the prevention of HIV. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1 **Activity 1: Small group discussions: Understanding HIV**

Explain to the group that the aim of this activity is to increase an understanding of what HIV is, how it is transmitted and prevented, and how it works in the body.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Write the words HIV and AIDS in the middle of the flipchart or board.

Step 2: Ask the participants to explain what those words mean to them. Highlight the difference and the links between HIV and AIDS. Make sure that everybody understands these acronyms and what they mean.

Step 3: Divide the participants into six groups. Allocate each group one of the following topics: 1) How is HIV passed from one person to another? 2) How do we prevent HIV from being passed from one person to another? 3) How does HIV work in the body? 4) What is the window period? 5) How do you know if you have HIV and how do you know if you have AIDS? 6) How is AIDS treated and managed?

Give the groups ten minutes for their discussions, and ask them to answer the following questions:

- What do we know about this topic?
- How would we explain this to somebody else?
- What else do we need to know about this topic?

Step 4: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to

write down how they can keep themselves and their loved ones healthy, either to prevent getting HIV, or if they are HIV positive, to manage HIV or to treat AIDS. If they would like to, they can share their thoughts with others in the group.

Step 6: Summarise the discussion with the following points:

- HIV is preventable, through avoiding contact with other people's body fluids such as blood and sexual fluids.
- If a person is infected with HIV, then there is a 4-12 week period where they do not know that they have the virus (the window period) but the virus is very active and can easily pass to other people at this time.
- It is important to know your HIV status so that you can protect your own health and the health of your partners.
- HIV can be managed and AIDS can be treated so that people with HIV can live happy, healthy and productive lives.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 **Activity 2: Picture discussion exercise: Understanding risks and relationships**

Explain to the group that the aim of this activity is to increase an understanding of the types of relationships and the practices that put one at higher risk of getting HIV.

Requirements: A flipchart and pens, or a board to write on, copies of the pictures from the back of the toolkit, and individual paper and pens for

the participants (or a Zazi diary / notebook).

Time allocated: 45 minutes

- Step 1:** Divide the participants into five groups.
- Step 2:** Give each group a picture from the back of the toolkit. Give the groups fifteen minutes for discussion, and ask them to answer the following questions about the picture (these questions are printed on the back of the pictures):
- What do you think is going on in this picture?
 - Who do you think has the power and control in this picture?
 - What are the risks involved in this relationship for both of these people?
 - Who is most at risk?
 - Why do these relationships exist?
 - Do you think there is any negotiation about safe sex in this relationship?
 - How would you give advice to these people about reducing their risk of getting HIV, getting pregnant and being abused in this relationship?
- Step 3:** Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.
- Step 4:** Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down any risks that they can imagine in their own relationships, and how they can avoid these risks. If they would like to, they can share their thoughts with others in the group.
- Step 5:** Summarise the discussion with the

following points:

- Certain types of relationships, where one person has more power and control than the other, can put the people in them at risk of getting HIV, getting pregnant, or being abused.
- Negotiating for safer sex in these relationships is not easy, because of the power imbalance.
- In any sexual relationship, the only way to have safe sex is to use a condom.

Ask if there are any further questions or comments, and thank the participants for their contributions.

3 Activity 3: Opinions game: Negotiating safer sex in relationships

Explain to the group that the aim of this activity is to increase an awareness of the need to negotiate safer sex with a partner, and to identify ways to do this.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

- Step 1:** Write the letters A, B, C and D on four separate pieces of paper, and put these in the four different corners of the room.
- Step 2:** Explain to the participants that you will be calling out questions and answers. The answers are an option of A, B, C or D. They should move to the corner of the room marked A, B, C or D, depending on how they want to answer the question.

- Step 3:** Read out the first question, and the possible answers. Ask the participants to move to the corner that matches their answer, A, B, C or D. Repeat the question and the answer options.
- Step 4:** Once all of the participants have moved, ask them to explain why they chose that answer. Clarify any myths or misconceptions that arise.

The questions and answers are below:

1. **Your success in negotiating safer sexual practices with your partner depends on:**
 - a) mutual trust;
 - b) the strength of your intention to be safer;
 - c) your ability to persuade your partner;
 - d) all of the above.
2. **If your partner refuses to use a condom for penetrative sex, you should:**
 - a) refuse to have unsafe sex;
 - b) suggest oral sex without using a condom;
 - c) suggest vaginal or anal sex without ejaculation (no coming inside partner);
 - d) none of the above.
3. **You are more likely to persuade your partner to use a condom if:**
 - a) you show respect for your partner's concerns;
 - b) you know how to make using a condom more erotic and pleasurable;
 - c) you have accurate information about risks of HIV, pregnancy and STIs and reducing these risks;
 - d) all of the above.
4. **Safer sex negotiation discussions should begin:**
 - a) in bed, just before you have sex;
 - b) after you discover that your partner is HIV positive;

- c) when you start a new relationship;
- d) after your partner discovers that you are HIV positive.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down when, where and how they would start a conversation about condom use with their own partner. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Using a condom every time you have sex is the safest way to prevent HIV infection (or re-infection, if you are already HIV positive) and the transmission of other sexually transmitted infections.
- Being open and honest with your partner about why you want to use condoms is important.
 - It is your right to protect your health and to ask your partner to do the same, by using condoms.
 - This discussion may introduce tensions into a relationship, and it is important that you are prepared to deal with these.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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“ THE TROUBLES OF THE YOUNG ARE SOON OVER; THEY LEAVE NO EXTERNAL MARK. IF YOU WOUND THE **TREE** IN ITS **YOUTH** THE BARK WILL QUICKLY COVER THE GASH; BUT WHEN THE TREE IS VERY **OLD**, PEELING THE BARK OFF, AND LOOKING CAREFULLY, YOU WILL SEE THE **SCAR** THERE STILL. ALL THAT IS BURIED IS NOT DEAD. ”

- OLIVE SCHREINER

Fact Sheet

C

Pictures for activity 2

Copies of the following pictures are included in the sleeve at the back of the toolkit:

1. Happy couple on an outing
2. Older man and younger woman in a bar/tavern.
3. Man and a woman sitting under/next to a tree.
Man giving woman a gift.
4. Man in a taxi and woman standing next to the taxi.
5. Boys being approached by a rich older woman with a glint in her eye.

The following questions will guide discussion about these pictures:

- What do you think is going on in this picture?
- Who do you think has the power and control in this picture?
- What are the risks involved in this relationship for both of these people?
- Who is most at risk?
- Why do these relationships exist?
- Do you think there is any negotiation about safe sex in this relationship?
- How would you give advice to the people in this picture about reducing their risk of getting HIV, getting pregnant and being abused in this relationship?



Section 8

WOMEN AND GENDER-BASED VIOLENCE





WOMAN AND GENDER BASED VIOLENCE

PURPOSE

The purpose of this section is for women to better understand the concepts of intimate partner violence and gender-based violence, and to talk about rape, about where to go for help and services, and share information about post exposure prophylaxis (PEP).

BACKGROUND

South Africa has high levels of gender-based violence, and sexual assault and intimate partner violence contribute to the increased risk of HIV infection for women.

Physical, sexual and psychological abuse are common problems. Some of the factors that are associated with this abuse include low education levels, alcohol and drug abuse, the use of violence to resolve conflict, witnessing a mother's abuse and having more than one partner.

Reasons for conflict are mainly associated with attempts by men to control women, their sexuality and their households.

ESSENTIAL INFORMATION

South Africa has produced an environment in which violence has flourished, and where it has become part of the South African male identity. Gender-based violence is any form of violence or abuse that directed against a person on the basis of their gender. The term 'gender' does not refer to biological sex (the physical differences between

men and women) but refers to the different roles, attributes and behaviours that are seen as appropriate for men and women by society.

In South Africa, gender-based violence is most often violence against women and girls, based on women's lower status in society. Although the term 'violence against women' is common, the term 'gender-based violence' takes into account that this violence is based on social beliefs about gender and is related to ideas about power and control.

It is important to note that men are not biologically more violent than women, but it is male socialisation (the way that men are taught to behave) and peer pressure to conform to gender roles that makes some men believe that violence is an acceptable way to solve conflict in their relationships with women.

Gender-based violence both reflects and reinforces the unequal power relationships between men and women and compromises the health, dignity, security and independence of its survivors.

Silence about abuse and violence allows this situation to continue, and reinforces the idea that women cannot speak for themselves or speak out about their experiences and their needs. This silence also creates a stigma that prevents women from speaking out about abuse, and can lead women to keeping silent and protecting their abusive partner.

Physical abuse

Physical abuse includes slapping or smacking, grabbing or pushing, kicking, or throwing objects at another person.

Other forms of abuse include any physical threats (to hit or throw objects at a person) as well as emotional abuse, where a man might ignore a woman, or leave the house, or threaten to leave the relationship or stay away for the night or weekends.

Verbal abuse



Verbal abuse includes any shouting, swearing at, or using dirty language and rude names.

Psychological abuse and other abuse

Psychological abuse, emotional abuse or mental abuse, are forms of abuse where one person says or does things that result in psychological trauma, anxiety, depression, or extreme stress for another person, usually somebody who has less power than them. This includes threats, verbal aggression, dominant behaviours and bullying, stalking or jealous behaviours.

Withheld economic support, where a person refuses or threatens to refuse to continue financial or material support is also a form of abuse.

Some types of abuse and violence against women are perpetrated by other women. Some women commit abuse as a way to ensure their own survival and security; for example older women may be abusive towards their daughters-in-law, women may use violence against their domestic workers to protect and assert their position as wives, or women in the workplace may undermine each other.

What to do if you are abused or assaulted or somebody you know has been abused or assaulted

- Get to a safe place as soon as possible.
- Tell somebody who you trust who can help you through this difficult time.
- Follow the steps for handling violence in your community. This might involve first reporting it to the family or community leaders, who should then report it to the police.
- Any survivor of abuse can apply for a protection order at the nearest police station or magistrate's court, which orders a person to stop the abuse. An interim protection order can be issued at any time of the day or night. The protection order prevents the person who has abused or assaulted you from doing so again, or from coming near you, or from getting anybody else to hurt you. The application form for this court order is called a J480.
- If you decide to report the violence to the police, you can give a statement of what happened and have the event recorded in the occurrence book and lay a criminal charge against the abuser. The case will be investigated by a detective at the police station. If you are afraid that you will get hurt again, tell the police, so that they can take steps to protect you.
- If you have been physically abused, you can ask a health care practitioner to fill in a J88 form, which details your injuries. This form can help to win a criminal case against a person who has assaulted or abused you.
- Police are not allowed to refuse to investigate your case if you report it. However, if there is too little evidence after an investigation by the police, a prosecutor may decide not to prosecute your case.
- People who use violence are likely to repeat this behaviour. If you are in a relationship with

somebody violent, it is better to get out before it is too late.

- Remember that being beaten or abused is NEVER your own fault. Violence is not an acceptable response to conflict.

Sexual abuse and rape

Sexual abuse includes rape or any attempt to rape another person. Rape means being forced to have sex against your will. It is most common that males rape females, but men and boys can also be raped, if a man forces his penis into a man's or a boy's anus. A woman forcing a boy to have sex with her is also sexual assault or abuse. Rape includes any forced penetration - this includes penetration by objects other than genitals, e.g. fingers, sticks, bottles, oral sex, anal sex or vaginal sex. Being forced to touch somebody or to watch other people have sex is sexual abuse.

Men may use drugs, beating, threats, or other force, like telling women that they have 'a right' to sex with them, in order to rape women. Nobody has a right to have sex with another person against their will. If a woman is forced to have sex against her will by her boyfriend or husband, this is still rape.

Most people in South Africa who are raped know the person who rapes them, and it usually happens in a place they know. Young women are often raped by boyfriends or would-be boyfriends or by elderly sugar daddies, customers or relatives.

Women of all ages have a right to say 'No' to sex at any time with anybody, be it a boyfriend, husband, employer or relative. Any sex without consent is rape, whether the woman has fainted, is asleep from drugs, has been knocked out, says 'No', fights or can't move with fear.

“Whatever someone did to you in the past has **no power** over the present. Only **you** give it **power.**”

- Oprah Winfrey

What to do if you are raped, or somebody you know has been raped

- Get to a safe place as soon as possible.
- Tell somebody who you trust who can help you through this difficult time.
- Speak to somebody at the clinic or a health worker who you trust. They may be able to help you prevent pregnancy, give you treatment for STIs and treat you to prevent HIV infection.
- PEP (post exposure prophylaxis) treatment for people who have been raped is available from clinics and hospitals. This medicine is only effective if taken within 72 hours (3 days) of the rape, as this is how long it takes the HIV virus to get into your system. It is more effective if you take it as soon as possible after the rape. The clinic will start you on PEP immediately a combination of ARV drugs, which must be taken for 28 days. These drugs may have some side-effects, but these can also be treated if they become uncomfortable.
- Before you are put on PEP, you will be tested for HIV- if you are HIV negative you can start PEP, if you are positive you will be counselled and referred for further HIV management.
- Reporting rape at the clinic also means they can record any injuries you have and treat them.
- It is important to go back to the clinic every week for one month, for psychological support, counselling and test results. You may also want to have a confirmatory HIV test after six weeks and again after three months (this is after the window period, when any HIV infection caused by the rape will now be visible).
- Reporting a rape to the police will help to make sure that the perpetrator is punished accordingly, and may also help to prevent the same person from raping somebody else. If you are going to report this, it is easier for the police to collect

evidence if you not wash yourself or change your clothes before you report this.

- This physical evidence is recorded by a health care practitioner on a J88 form, which can be used in court as evidence against the rapist.
- Follow the steps for handling rape in your community. This might involve first reporting it to the family or community leaders, who should then report it to the police.
- If you are raped by someone you know, such as a boyfriend, family member or neighbour, do not keep it a secret. Remember you are not to blame and you can stop him from hurting someone else.
- Remember that being raped is NEVER your own fault. Talk to someone about your feelings, as this may help you to feel better, even if the rape happened a long time ago.

Financial /Economic Abuse

Is a common tactic used by abusers to gain power and control in a relationship. The forms of financial abuse may be subtle or overt but in general include tactics to limit partner's access to assets or conceal information and accessibility to the family finances. this type of abuse is less commonly understood, and yet one of the most powerful methods of keeping a survivor trapped in an abusive relationship and deeply diminishes her ability to stay safe after leaving an abusive relationship.

Forms of financial abuse

- Forbidding the victim to work
- Sabotaging work or employment opportunities by stalking or harassing the victim at the workplace or causing the victim to lose her job by physically battering prior to important meetings or interviews.
- Controlling how money is spent

- Not allowing victim to access bank accounts
- Withholding money or an allowance
- forcing victim to engage in fraudulent dealings
- Running up huge debt on joint accounts
- Withholding funds for the victim or children to obtain basic needs such as food and medicine.
- refusing or evading to pay child support or manipulating the divorce process by drawing it out by hiding or not disclosing assets
- Stealing victims identity, property or inheritance
- Hiding assets

(Check the National Network to End Domestic violence)

What to do when financially abused: protecting yourself before and after you leave

- Transfer your assets in a separate bank account
- Keep a copy of all your important papers, including bank statements, birth and marriage certificates and documentation of jointly held assets
- As soon as you leave, change all your PIN to codes that are not easily identifiable. Avoid using your or children's birthdays
- Call issuers of joint accounts and have your name removed. it will protect you from from having to pay debt incurred after you leave.
- Work on rehabilitating your credit score

GBV and Disclosure of HIV status

There are risks that are often associated with women's HIV disclosure within their families and the community at large. These risks occur whether the disclosure was voluntary or involuntary and according to Kehler et al (2012), women face a similar range of abuse and violence upon disclosure of their status, to that of people violating and abusing women living with HIV.

Violence in its various forms impacts on the decisions as to whether to or not and when to access services, including HIV prevention and testing; as well as whether or not and to whom to disclose an HIV positive diagnosis. In a case where a woman has not disclosed her status, due to fear of being blamed by her family or community for infecting her partner, she may not want to be seen or known to be taking treatment and may not adhere to it as she would lack the necessary support. A woman in an abusive relationship may fear retaliation upon disclosure, hence choosing not to disclose and not even going back to the health care services lest someone suspects why she receives treatment.

On the other hand communities though aware of the forms of abuse women living with HIV face, evidence has indicated that they are not aware of the multiple perpetrators of the violence such as service providers. Communities further expect women with HIV to take legal action for their violation and abuse, which shows that they are not fully aware of the challenges women encounter when attempting to seek legal redress. Communities also lack understanding of their role in perpetuating the violence and abuse against women living with HIV, for instance when they disclose a women's HIV status without her consent or when they blame her for the status.

Women's experience of living with HIV are clear illustration of the multiple forms of abuse and violence in all spheres of their lives, perpetuated by partners, families, friends, communities and service providers alike. Upon disclosure of a woman's HIV status, irrespective of whether or not women themselves decided the time of and manner in which their HIV status became known, women's lives change, due to fear and the continuum of

violence and abuse perpetuated against them, based on their HIV status.

See Fact Sheet D at the end of Section 8



ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore what gender-based violence is. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1

Activity 1: Small group discussions: Identifying sites of violence

Explain to the group that the aim of this activity is to increase an understanding of what gender-based violence is and where it happens.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 45 minutes

Step 1: Write the words 'Gender-Based Violence' in the middle of the flipchart/whiteboard.

Step 2: Ask the participants to say what they think gender based violence is. Accept all contributions and make a note of them. Ensure that the following topics come up: violence against women, violence against girls, domestic violence and rape. Clarify if there are any misconceptions. Reiterate that gender-based violence is any form of violence directed at women, and that

this includes threats of violence and other abuse that is not physical.

Step 3: Divide the participants into five groups. Allocate one of the following areas to each group: the bedroom (intimate partnerships), the home, the school, the workplace, and the local community.

Step 4: Give the groups fifteen minutes for this discussion, and ask them to discuss the following questions in relation to their allocated place:

- Does gender-based violence happen in this place?
- What do we see happening?
- Why does this happen?
- What are the results of this violence?
- What can we do about this kind of violence?

Step 5: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what they think they could do to reduce incidents of gender based violence in their own home, school, workplace or community. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Gender-based violence is not just about individual people who are the perpetrators and survivors or victims of violence, but it is about the whole of society.

- The primary cause of gender-based violence is the belief that women are not equal to men.
- To address this then, we need to understand the concept of masculinity and male culture.
- Violence compromises the health, dignity, security and independence of people affected, and can have long lasting consequences.
- Silence about gender-based violence does not protect anybody; instead, it makes the situation worse as it is seen to be acceptable. Talking about this violence is the only way to make more people aware of it and to bring about change.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Agree and disagree game: Intimate partner violence

Explain to the group that the aim of this activity is to increase an understanding of how we view intimate partner violence and what the consequences of these views are.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Write the words 'Agree' and 'Disagree' on

two pieces of paper. Place one piece of paper on each side of the room.

Step 2: Explain to the participants that you are going to call out some statements. If they agree with what you say, they should move to the side of the room marked 'Agree'. If they disagree, they should move to the side of the room marked 'Disagree'.

Step 3: Call out a statement from the list below, and ask the participants to move to their chosen side of the room. If there are some who are not sure, then they can stand in the middle of the room. Once the participants have moved, ask them why they agree or disagree, or are not sure about this topic.

Statements for the game:

- If a woman behaves well and respects her partner, she won't get beaten up by him.
 - Alcohol use by men leads to violence against their partners.
 - Men just can't help being violent sometimes.
 - Women who get beaten up by their partners must persevere and pray that their partner will stop beating them one day.
 - If a woman does not want to have sex, it is fine for her partner to force her to have sex.
 - A woman who works is more likely to be beaten by her husband if he loses his job or is not employed.
- Step 5:** After each statement has been read and the participants have moved and spoken about their choices, ask them what the consequences of having that opinion might be. Encourage the participants to think about how what they think might affect others in their family, including husbands, partners, brothers, sisters and children.

Step 6: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what they would like their own children or other young people to know about intimate partner violence. If they would like to, they can share their thoughts with others in the group.

Step 7: Summarise the discussion with the following points:

- Violence is used as a way to control people in intimate relationships. This might be wives, girlfriends, husbands or casual partners.
- Sometimes culture, religion or traditional practices are used as an excuse to justify intimate partner violence.
- Silence and myths about gender based violence allow this type of violence to continue.
- When young people see violence as acceptable, they may also grow up to be violent.
- How we see and accept or challenge violence affects others around us.
- It is up to each person individually to make changes in their own environment if they would like to see a world with less violence.
- Remind the group about the steps they can take if they or somebody they know has been abused.

Ask if there are any further questions or comments, and thank the participants for their contributions.

3 Activity 3: Advising a friend: Rape and getting help

Explain to the group that the aim of this activity is to increase an understanding of what action people can take if they or somebody they know have been raped.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Divide the participants into two groups, for a smaller group discussion.

Step 2: Tell the following story:

It is a dark night, and you are about to go to bed. You hear a knock on the door, but because it is late, you decide to ignore it. As you go through to your room, you hear the knock again. This time it sounds more urgent. You listen, and hear a woman's voice saying "Auntie, help me". You go to the door and open it just a small crack. On your doorstep is Philisiwe, a 19-year old girl who lives down the street. Tears are pouring down her cheeks. "Auntie, I've been raped," she says. What do you do?

Step 3: Give each group a piece of paper and pen, and ask them to list in chronological order what they would do if Philisiwe knocked on their door. Ask them to be as thorough and detailed as possible. Give the groups fifteen minutes for this discussion.

Step 4: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions. Clarify the procedure

for reporting rape in this community, and also ensure that everybody has an understanding of where to get help and post exposure prophylaxis drugs.

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down how they personally would advise a friend who had been raped. If they would like to, they can share their thoughts with others in the group.

Step 6: Summarise the discussion with the following points:

- Rape is against the law. There is no excuse for it, and any sex that is not agreed on by both or more people involved is rape.
- Anybody who is raped can get drugs to prevent them from contracting HIV if they are not already HIV positive. These drugs are free at government clinics and hospitals. They must be taken as soon as possible, and within 72 hours (3 days) of being raped. The treatment is more effective if it is taken as soon as possible.
- The clinic or hospital can also treat any sexually transmitted infection and can provide emergency contraception to prevent pregnancy.
- You do not have to report rape to the police, but reporting it can help to catch the rapist and increase anti-rape services in your area.
- Remind the group about the steps they can take if they or somebody they know has been raped.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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“SOMEONE WAS HURT
BEFORE YOU, WRONGED
BEFORE YOU, HUNGRY
BEFORE YOU, FRIGHTENED
BEFORE YOU, BEATEN
BEFORE YOU, HUMILIATED
BEFORE YOU, RAPED
BEFORE YOU...YET, SOMEONE
SURVIVED...YOU CAN DO
ANYTHING YOU CHOOSE
TO DO.”

- MAYA ANGELOU

Fact Sheet

D

ABUSE AND ASSAULT

This information is adapted from www.justice.gov.za/services/dv-protection-order.html

GETTING A DOMESTIC VIOLENCE PROTECTION ORDER (The J480 Form)

Under the Domestic Violence Act 1998 (Act 116 of 1998), a domestic violence protection order is issued by the court to prevent the abuser from:

- Committing an act of domestic violence,
- Enlisting the help of another person to commit any such act,
- Entering a residence shared by the complainant and the respondent,
- Entering a specified part of such a shared residence,
- Entering the complainant's residence,
- Entering the complainant's place of employment,
- Preventing the complainant who ordinarily lives or lived in a shared residence from entering or remaining in the shared residence or a specified part of the shared residence or,
- Committing any other act as specified in the protection order.

Anybody who has been abused, or who as an interest in the life of somebody else who has been abused, may apply for a protection order. Minors (under 18) can apply for a protection order unassisted.

A counsellor, health worker, police officer, social worker or teacher can apply for a protection order with the written consent of the complainant, unless the complainant is a minor, a mentally retarded

person, unconscious or if the court is satisfied that he or she is unable to give the required consent.

Steps to follow

1. Apply for a protection order at a Magistrate's Court nearest to where you live and work, at any time, during and outside court hours as well as on public holidays or weekends.
2. Apply for the Interim Protection Order by completing Form 6: Interim Protection Order at your nearest Magistrate's Court or High Court.
3. Once you have applied for the Interim Protection Order, complete Form 2: Application for Protection Order at your nearest Magistrate's Court or High Court.
4. The application must be made by way of an affidavit which states:
 - The facts on which the application is based;
 - The nature of the order applied for;
 - The name of the police station where the complainant is likely to report any breach of the protection order applied for.
5. Where the application is brought on behalf of a complainant by another person, the affidavit must state:
 - The grounds on which the other person has a material interest in the well-being of the complainant.
 - The occupation of the other person and capacity in which such a person brings the application.
 - The written consent of the complainant, except in cases where the complainant is: a minor, mentally retarded, unconscious, or a person whom the court is satisfied that he or she is unable to provide the required consent.
6. Certify the form with the clerk of court and submit it.

7. On receipt of the form, the clerk will send your application to the magistrate who will then set a date for you to return to court, so that your application can be considered.
8. The magistrate will also prepare a notice to inform the abuser about the protection order and when he or she should come to court.
9. After the court appearance, the magistrate may grant the protection order.

Service standard

- In emergencies, the service is available 24 hours a day.
- A protection order may be obtained on the same day, but generally, this depends on the complexity of your case.
- The order is valid until the abused person cancels it.
- If the abuser lodges an appeal, the order continues to operate until it is cancelled by the Appeal Court.
- The service is free.

If you are not satisfied with the way that your complaint has been handled, you can complain to the commissioner of the police station, or to the Department of Justice.

Department of Justice – Chief Directorate: Promotion of the Rights of Vulnerable Groups

Tel: 012- 315 1458

Physical address: Department of Justice and Constitutional Affairs, Directorate: Child Justice and Family Law, Momentum Building, 329 Pretorius Street, Pretoria, 0001

Postal address: Private Bag X81, Pretoria, 0001

Web address: www.justice.gov.za

Department of Justice – Directorate: Gender Issues

Tel: 012-315 1670

Physical address: Department of Justice and Constitutional Development, Gender Issues, Momentum Building, 329 Pretorius Street, Pretoria, 0001

Postal address: Private Bag X81, Pretoria, 0001

Web address: www.justice.gov.za

SAMPLE: Protection order from which can be downloaded on the following link: http://www.justice.gov.za/forms/dva/dva_form%2002.pdf

RECORDING ABUSE AND INJURIES (The J 88 Form)

This information comes from: *Miller, R. (2008) It's An Order! Published by the Department of Justice and Mosaic Training, Service and Healing Centre for Women.*

A J88 form is a legal form that is filled in by a medical doctor, and is used to note the details about any injuries that you have received during an assault.

- To get a J88 form, you must first go to the police station.
- You must ask the police for a J88 form.
- The police must give you a J88 form. If the police say that they do not have any J88 forms at the police station, you must ask to speak to the station commissioner. You can also report them to the clerk where you get your Protection Order
- If you have an Interim Protection Order, you should take it with you to the police station.
- The J88 form is a legal document to do with criminal proceedings. Therefore you must first lay a criminal charge of assault against the abuser,

or you must ask them to open a skeleton docket (file) for the J88 form.

- The skeleton docket is a file that is opened when a charge is not yet laid but the matter needs further investigation before a charge is laid.
- Don't allow the police to stop you from laying a charge. After you have laid the charge, the police must give you a case number. The police must put your case number on the J88 form, then stamp and sign it and give it to you.
- You must take the J88 form from the police to a doctor at a Provincial Hospital or to a district surgeon. The doctor will examine your injuries and fill it out for you.
- You must make two copies of the J88 form after the doctor has filled it out.
- Take the original J88 form back to the police station for them to put into your file.
- Take one copy to the clerk to put into your court file and keep the second copy for yourself.

OTHER USEFUL INFORMATION

It is a good idea to familiarise yourself with the laws relevant to abusive and gender-based violence.

These include:

Domestic Violence Act, 1995

Criminal Law (Sexual offences and Related Matters) Act, 2007

All of these Acts are available online at www.acts.co.za and at www.acts.co.za and at www.justice.gov.za



Section 9

WOMEN AND
HEALTHY LIFESTYLES



WOMEN AND HEALTHY LIFESTYLES



PURPOSE

The purpose of this section is for women and girls to better understand other chronic non-communicable and lifestyle diseases, including managing diet and weight, managing diabetes, managing high blood pressure, dealing with alcohol and drug abuse, managing heart related illnesses, managing mental health, stress and depression, and understanding cancer and screening for cervical and breast cancers



BACKGROUND

South Africa has a number of health problems beyond the obvious ones of HIV and AIDS and TB. It is estimated that one in four women in South Africa (25%) die of heart disease. Cancer is also common amongst South African men and women. Breast cancer and cervical cancer are the two most common cancers for women, and prostate cancer and lung cancer are the most common cancer for men.

Other common health problems include diabetes, high blood pressure and obesity; all of which can result in serious illness and death. It is important for women to "know their numbers", which involves measuring blood pressure, cholesterol, blood sugar levels and body mass index (BMI). All of these tests can be done at a government health clinic. Knowing these vital statistics can give an indication of any serious health problems.



ESSENTIAL INFORMATION

Understanding good nutrition



Good nutrition means eating a healthy, balanced diet so that your body can function at its best. A balanced diet follows 9 rules:

1. Try to eat a wide variety of different foods and different coloured food every day, as different types of food give your body different nutrients.
2. Eat high-fibre starchy foods such as brown or whole-wheat bread, coarse maize (mielie) meal, oats and brown rice every day. These foods can help you feel fuller for longer and lower your risk of developing obesity, heart disease and cancer.
3. Proteins such as chicken, fish, meat or eggs can be eaten every day. Lean or lower fat options are better for you. Dried beans, split peas, lentils or soya are also a good source of protein, low in fat and high in fibre.
4. Adding a dairy product such as low-fat milk, maas or yoghurt every day can help to protect your bones and prevent high blood pressure, diabetes and heart disease.



Drink lots of water every day



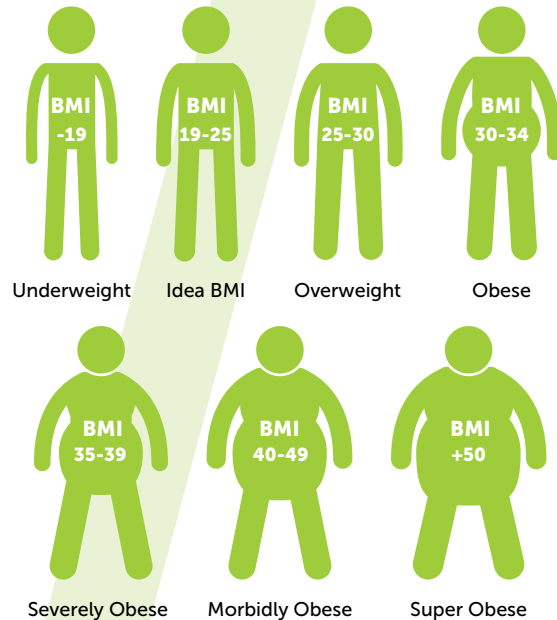
EAT LESS Sugar and sweets

5. Try to include 5 portions of vegetables and fruit every day, from the different colour groups (red, green, yellow and orange). The vitamins, minerals and fibre in these foods help to protect you against chronic diseases.
6. Eat less salt and avoid processed foods which are high in salt. This includes processed stock cubes, soup powders, salty snacks like chips and processed meats like polony. Eating too much salt can raise your blood pressure and increase your risk of stroke, heart attack and cancer.
7. Eat less fats and fried food which can make you gain weight and increase your cholesterol. Limit the amount of fatty red meat, butter, hard margarine, cream, lard and ghee that you use. Rather use good (unsaturated) fats like vegetable oils and soft tub margarine in small amounts. Nuts, seeds, peanut butter and avocados are sources of good fats that do not cause high cholesterol.
8. Eat less sugar and food or drinks that are high in sugar. This means avoiding cakes, biscuits, doughnuts, sweets, chocolates and sweetened cold drinks. Too much sugar can make you gain weight, which increases your risk of chronic diseases.
9. Drink plenty of clean, safe water every day. You need about six to eight glasses of water a day. Water helps with your metabolism and is good for your kidneys, and also helps to improve your energy levels.

Following good nutrition does not need to be an expensive exercise; it relies on you eating a variety of simple, fresh and unprocessed foods.

Managing weight

Body Mass Index



- 30 is average BMI

(refer to infographic above)

Many South African women are overweight. This can become a threat to their health, especially if they are diagnosed as obese. Obesity is when a person has too much body fat and is diagnosed when a person has a Body Mass Index (BMI) over 30. The BMI is a single number that evaluates an individual's weight status in relation to their height. Overweight people should be checked for obesity and other health problems by a health care provider.

Obesity can be related to genetics and family health problems, but is most commonly associated with lifestyle. Obesity is associated with a number of health problems for women, including the following:

- Breast cancer;
- Endometrial cancer;
- Infertility;
- Abnormal menstrual periods;
- Birth defects for children of obese mothers;
- Cardio-vascular disease;
- Type 2 (mature) diabetes;
- Urinary incontinence.

The only ways to manage weight are to eat a carefully balanced diet and to take regular exercise. Walking is an easy form of exercise that has many health benefits, and does not put too much stress on the body. A half hour to an hour of walking or other low impact activity every day will have many health benefits, including the following:

- Reducing the risk of heart disease and stroke;
- Improving blood cholesterol levels;
- Helping manage high blood pressure;
- Helping reduce and control body weight by decreasing body fat, increasing muscle mass and increasing the rate of metabolism;
- Reducing the risk of developing diabetes;
- Helping to deal with stress and release tension;
- Improving the ability to fall asleep and sleep well;
- Increasing energy, stamina and muscle strength;
- Countering anxiety and depression;
- Increasing enthusiasm and optimism;
- Delaying or preventing chronic illnesses associated with aging;
- Helping reduce symptoms of pre menstrual stress;
- Reducing the risk of developing bowel and breast cancer.

Managing diabetes

When we eat, our digestive system breaks food down into a type of sugar called glucose. The glucose enters the bloodstream and, with the help of insulin (a hormone made by your pancreas), your cells use the glucose as fuel. If the body doesn't produce enough insulin or if the cells don't respond to the insulin, too much glucose remains in the blood instead of moving into the cells and getting converted to energy. This problem is called diabetes.

Diabetes is a serious condition which can result in heart disease, stroke, blindness, amputation, kidney disease and erectile dysfunction or impotence. However, diabetes can be easily diagnosed and controlled. The symptoms of diabetes include unusual thirst, needing to urinate frequently, unusual weight loss, extreme fatigue or lack of energy, blurred vision, frequent or recurring infections, cuts and bruises that are slow to heal, boils and itching skin, and tingling and numbness in the hands or feet. However, many people may show no symptoms.

Testing for diabetes involves a finger prick blood test that checks your glucose levels. This can be done at any government clinic or at a pharmacy.

There are three main types of diabetes:

Type 1 Diabetes occurs when the pancreas stops producing insulin. It usually starts in people under the age of 30, including young children and infants, and the onset is sudden and dramatic. People who have Type 1 Diabetes must inject insulin to survive. Insulin dosages are carefully balanced with diet and exercise programmes.

Type 2 Diabetes is caused when the pancreas does not produce enough insulin, or the insulin does not work properly. Many people with Type 2 Diabetes are over 40, and are overweight and do not exercise. Its onset is gradual and hard to detect. Type 2 Diabetes may be treated successfully without medication, although sometimes tablets are prescribed. Losing weight through a careful diet and regular exercise can help with this Type 2 Diabetes.

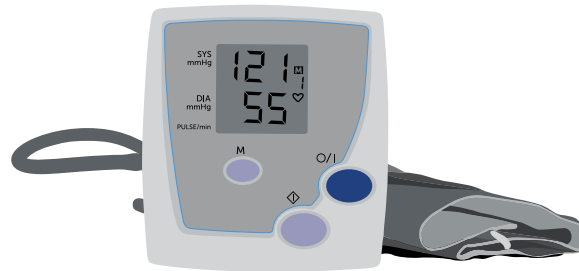
Gestational Diabetes is a temporary condition that occurs during pregnancy because of hormonal changes in the body. Although this usually only lasts during the pregnancy, both the mother and the child have an increased risk of developing diabetes in the future.

Treatment for diabetes may include tablets or insulin injections, but lifestyle changes are the most important way to manage the disease.

Healthy eating is important, and people with diabetes should eat small regular meals at least three times a day, to regulate blood glucose levels. Wholegrain breads and cereals (such as rice, wheat, barley, oats, maize, rye, and pasta), pulses (peas, beans and lentils) and vegetables and fruit excluding starchy vegetables such as potatoes, sweet potatoes and sweetcorn) should make up most of a diabetic diet.

Diabetics should also lower their sugar intake and fat intake, reduce alcohol consumption, cut back on salt and drink plenty of water. Smoking is particularly dangerous for people with diabetes. Regular exercise also helps to lower blood glucose levels, promote weight loss, and improve fitness.

Managing high blood pressure



Blood pressure is the force of blood against the walls of arteries. When blood pressure stays elevated over time, it is called high blood pressure or hypertension. It is very common amongst people over the age of 50. High blood pressure can increase the risk of heart disease and stroke, and can also result in congestive heart failure, kidney disease, and blindness.

People who are inactive, overweight, have diabetes or high cholesterol, and people who smoke or drink a lot of alcohol have an increased risk of having high blood pressure. All of these factors can be controlled by lifestyle changes.

Losing weight: Losing just five kilograms can help to reduce high blood pressure. This can be done through a balanced diet and regular exercise.

Eating healthily: A balanced diet, with reduced amounts of fat, salt and sugar can help to reduce high blood pressure. Increasing fibre foods such as cereals and grains (whole-wheat bread, rice, oats and maize) can help, so can eating proteins like chicken, fish and nuts instead of red meat. A balanced diet should also include plenty of fruit and vegetables, and low-fat dairy products.

Exercising:

Being physically active is one of the most important ways to prevent or control high blood pressure. Just half an hour a day of moderate exercise such as walking or housework can be enough to have an effect on lowering blood pressure.



Reducing sodium: Sodium (salt) is a major contributor to high blood pressure. Replacing salt with other herbs during cooking can reduce sodium intake. Tinned and other prepared foods have a high salt content, and should be avoided. Other flavourings which also contain sodium and should be avoided, including baking soda, soy sauce, monosodium glutamate (MSG), seasoned salts, and some antacids. It is important to read the labels on store-bought foods to check on the salt and sodium content.

Stopping smoking and reducing alcohol: Reducing smoking and drinking alcohol can reduce blood pressure.

Medication: There are a number of medications available for people with high blood pressure. Pills should be taken as directed by a health care provider, and the lifestyle changes mentioned above should also be made.

Dealing with alcohol and drug abuse

Alcohol abuse

Alcoholism (alcohol dependence) and alcohol abuse are two different forms of problem drinking.

Alcoholism is when a person has signs of physical addiction to alcohol and continues to drink, despite problems with physical health, mental health, and social, family, or job responsibilities.

Alcohol abuse is when drinking leads to problems, but is not physical addiction. Alcohol abuse is becoming more common in South Africa, amongst women and men, and results in increased road accidents, increased domestic violence, an increase in crime, and increased health risks.



The recommended maximum amount of alcohol for men is two drinks a day, and one drink for women (refer to infographic above). Drinking more alcohol than this, increases health risks such as high blood pressure, heart failure and stroke. Other serious effects are damage to the heart muscle damage, and disturbances to the heart rhythm. Alcohol abuse may also contribute to the development of obesity, diabetes and liver disease. It also affects the brain, and can cause difficulty walking, blurred vision, slurred speech, slowed reaction times, and impaired memory. Alcohol use can also cause blackouts, where a person remembers nothing about what happened when they were drunk. Women who drink when they are pregnant can cause serious damage to the baby.

There is no real known cause of alcohol abuse or alcoholism. Some studies show that genetics may play a part in this, as do stress, depression, low self esteem, peer pressure and constant exposure to alcohol use.

Dealing with an alcoholic or a person who abuses alcohol is a difficult process, as they often deny that they have a problem. Completely stopping and avoiding alcohol is difficult for many people with alcoholism, and it may be easier for them to reduce their alcohol intake. Studies show that most people will only make a change when they realise how their drinking has negative effects on those who are close to them. Even this may not make them change, and in many cases it is necessary to get professional help when trying to assist a person who has an alcohol problem.

Support groups, counselling, mental health support and medical care may be needed to help a person to overcome a problem with alcohol. There are

also prescription medications that can prevent a person from drinking.

Drug abuse

Drug addiction and drug abuse are two different forms of using drugs. Drug addiction is when a person has signs of physical addiction to drugs and continues to use drugs, despite problems with their physical health, mental health, and social, family, or job responsibilities. Problems also develop with tolerance to drugs and physical difficulty withdrawing from the drug. Drug abuse is when using drugs is destructive and leads to problems, but is not a physical addiction.

There are four recognised steps to drug dependency or addiction:

- 1 The experimental stage: trying something just one or twice to see what it is like;
- 2 The recreational phase: where people don't actively seek out the drug, but use it when friends are using it;
- 3 The regular-use stage: where people obtain the drug themselves and use it once or twice a week;
- 4 The dependency phase or addiction, where drugs become the most important thing in a person's life and any attempt to separate them from the drug is met with fierce resistance.

Not all people will follow all of these steps, and some will experiment with drugs without ever becoming addicted. However, more and more drugs are being created that are highly addictive, and for many people, just trying a drug once results in their becoming addicted.

Drugs cause damage to the brain, the heart, the lungs, the skin and a number of other body parts. Different drugs have a different effect on the body,

and drug addiction can lead to long-term damage, the development of chronic disease or even death.

In South Africa there are a number of different drugs that are commonly abused by both young people and adults. Some of these are 'natural' drugs such as marijuana (dagga) and others are more dangerous and addictive chemical substances that are made in a laboratory.

See the Fact Sheet E at the end of Section 9.

Smoking

Smoking tobacco is also addictive and is therefore a drug. Smoking narrows the blood vessels and expands blood clots. This can reduce blood flow to the heart and cause a heart attack. It also reduces blood flow to the brain and can cause a stroke.

Smoking is a major cause of cancer of the mouth, throat and lungs, and other respiratory diseases. For those who live with or work with a smoker, the second-hand smoke that they breathe in can cause bronchitis and pneumonia, exacerbate asthma, and cause ear infections for children.

Babies born to mothers who smoke when they are pregnant are more likely to be underweight, premature or stillborn, and smoking may harm the intellectual and behavioural development of the child. In addition, the child has a greater risk of sudden infant death syndrome, breathing problems and developing lung disease or diabetes later in life.

Giving up smoking has immediate health benefits and a person's overall health improves as time goes by after stopping smoking. For many people, giving up smoking is a difficult process, as it is both

a physical and a mental addiction. It is important that people who are planning to give up smoking have support and encouragement and they find alternative activities to replace smoking, to help them to break the habit.

Understanding and managing cardio-vascular diseases, including heart disease and strokes

Heart disease includes a number of different heart conditions or problems. Some of these include rheumatic heart disease, angina, arrhythmia, cardiac arrest, and heart failure. Some of these conditions are from birth, some are caused by viruses or other illness, and some are caused by lifestyle problems.

More details on these conditions are included in the Fact Sheet F at the end of Section 9.

The symptoms of heart disease differ from person to person, but some common ones include:

- Heavy pressure, a crushing pain or tightness in the chest;
- Back pain between the shoulder blades;
- Feeling of indigestion;
- Aching or discomfort in arms, neck or jaw;
- Nausea or vomiting;
- Shortness of breath;
- Profuse sweating;
- Weakness;
- Dizziness;
- Feeling faint;
- A rapid, weak pulse.

Women should report any worrying symptoms to their health care practitioner. Treatment is available

for most heart conditions, and lifestyle changes can help to reduce the symptoms and reduce the severity of the problem. Having a healthy heart includes eating a healthy diet and getting regular exercise, such as walking. Cutting out salt and processed foods can help to prevent heart failure.

Smoking, drinking alcohol and using drugs can all put a person at risk of heart disease. If women have high blood pressure, are obese, or have ongoing stress, this can increase their risk of heart disease.

Stroke

A stroke occurs when blood flow to the brain is interrupted or limited, which prevents oxygen and nutrients from reaching the brain, and brain cells start to die off. The stroke is caused by a blood clot, detached plaque in the arteries (caused by calcium, fat, cholesterol, cellular waste, and fibrin, a material involved in blood clotting), or a ruptured blood vessel.

Some of the symptoms of strokes include:

- Sudden extreme headache for no obvious reason;
- Sudden dizziness or unsteadiness including unexplained loss of balance;
- Sudden unexplained falls;
- Sudden loss of speech;
- Unusual and sudden confusion;
- Sudden difficulty talking or making sense of normal conversation;
- Sudden dimness or loss of vision, usually in one eye;
- Difficulty recognising familiar objects and faces;
- Sudden weakness on one side of the body;
- Numbness and or drooping of one side of the face;
- Sudden inability to swallow;
- Sudden acute memory loss.

These symptoms may last for less than twenty-four hours, which is usually an indication of a mini-stroke, which may lead to a larger, more serious stroke; so all symptoms should be investigated. Mini-strokes can be treated with medication to prevent further clotting or damage to the arteries.

Although many people regain some or most of their functioning after a stroke, full recovery from a large stroke is not always possible.

See the Fact Sheet F at the back of the toolkit for more information on heart disease.

Mental health and managing stress and depression

Mental health

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. It is more than the absence of mental disorders or disabilities.

There are many factors that impact on a person's good mental health, including social, psychological, and biological factors. There are specific psychological and personality factors that make people vulnerable to mental disorders, and there are some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain.

Poor mental health is also associated with rapid

social change, stressful work conditions, poverty, low education, gender discrimination, social exclusion, unhealthy lifestyles, any risk of violence, physical ill-health and human rights violations. These are often a daily reality for many South Africans, and stress and depression have become more common, as people struggle to deal with these.

Stress

Stress is the mental (psychological) and physical (physiological) response to an event that upsets our personal balance. It is usually an automatic response to danger based on our instincts. When we are faced with a threat, the body goes into what is called the "fight-or-flight" response. This response tells us either to run away, or to face up to the challenge and fight it. The stress response is a series of biological changes that prepares us for emergency action, starting with releasing chemicals in the brain, which are meant to protect and support us.

This response is what helped our ancestors to survive the life-or-death situations they faced every day. But in the modern world, most of the stress we feel is in response to psychological rather than physical threats.

Stress affects a person's body, mind, feelings, and behaviour and can cause teeth-grinding, high pitched or nervous laughter, trembling, shaking, excessive blinking and other nervous tics. Other physical symptoms include a fast pulse, a thumping heart, hyperventilation, sweating, dryness of the throat and mouth, difficulty swallowing, dizziness and a lack of energy. It can also result in headaches caused by muscle tension.

“Nothing is impossible; the word itself says ‘I’m possible!’”

- Audrey Hepburn

Stress often aggravates disorders that are already present, and ongoing stress can cause problems with both mental and physical health. It narrows our ability to think clearly, to function effectively, and to enjoy life.

Alcohol, cigarettes, and drugs are a temporary relief from stress that cause more physical damage and prevent us from dealing with the problems at hand. Taking sugar and caffeine actually encourage the body's physical stress responses. Over-eating or eating too little, withdrawing from friends and family, and putting work on hold are other unhelpful coping strategies.

See the Fact Sheet G at the end of Section 9 for more positive ways of coping with stress.

Depression

Depression is a mental disorder that prevents people from functioning well. It is different from usual mood fluctuations. Depression creates a sustained feeling of sadness for two weeks or more, and usually interferes with a person's ability to function at work, school or home.

Symptoms of depression can include the following:

- Feelings of sadness or unhappiness;
- Irritability or frustration;
- A loss of interest or pleasure in normal activities;
- Reduced sex drive;
- Insomnia or excessive sleeping;
- Changes in appetite, either decreased appetite and weight loss, or increased cravings for food and weight gain;
- Agitation or restlessness;
- Irritability or angry outbursts;

- Slowed thinking, speaking or body movements;
- Indecisiveness, distractibility and decreased concentration;
- Fatigue, tiredness and loss of energy;
- Feelings of worthlessness or guilt, fixating on past failures or blaming yourself when things aren't going right;
- Trouble thinking, concentrating, making decisions and remembering things;
- Frequent thoughts of death, dying or suicide;
- Crying spells for no apparent reason;
- Unexplained physical problems, such as back pain or headaches.

Depression can be a result of social, psychological and biological factors. There is often a relationship between depression and physical health, for example cardiovascular disease can lead to depression and vice versa. Up to one in five women who give birth experience depression after having the baby.

Economic pressures, unemployment, disasters, and conflict can also increase the risk of depression.

Depression can be treated with counselling or with medication. The earlier the treatment begins, the more effective it is. Because of the stigma and cultural values that are associated with depression, many depressed people fail to acknowledge that they are ill and do not seek treatment. The first step is to acknowledge the depression, and then to seek help for it. Untreated depression can cause more serious health problems, and can also result in suicide for the depressed person. Professional help is the best way to treat depression, before it ends in such extreme action.

Understanding cancer and screening for cervical and breast cancers

Cancer is caused when a single cell in the body transforms from a normal cell into a cancerous cell over time. This change takes place as a result of damage to the genes that control cell growth, division and life span. These changes in human cells are the result of the interaction between a person's genetic factors and three different types of cancer-causing agents including physical agents, such as radiation; chemical agents, such as asbestos, components of tobacco smoke, aflatoxin (a food contaminant) and arsenic (a drinking water contaminant); and biological agents, such as infections from certain viruses, bacteria or parasites.

Risk factors for cancer include tobacco use, alcohol use, an unhealthy diet and physical inactivity; as well as infections from hepatitis B (HBV), hepatitis C virus (HCV) and Human PapillomaVirus (HPV). Ageing is another factor in the development of cancer.

Normal human cells die and are replaced over time, but cancer cells do not die off on their own, and instead they divide and grow, and infest the body. Treatment for cancer is therefore often very harsh, to kill these hardy cancerous cells. Many cancers have a high chance of being cured if they are detected early and treated adequately. Cancer treatment usually requires one or more intervention, such as surgery, radiotherapy, and chemotherapy.

These treatments are explained in more detail in the Fact Sheet H & I at the end of Section 9.

Some of the most common cancer types, such

as breast cancer, cervical cancer, oral cancer and colorectal cancer have higher cure rates when detected early and treated according to best practices.

More than 30% of cancer deaths can be prevented by avoiding risk factors such as:

- Tobacco use;
- Being overweight or obese;
- An unhealthy diet with too little fruit and vegetables;
- A lack of physical activity;
- Alcohol use;
- Sexually transmitted HPV infection;
- Air pollution;
- Exposure to harsh sunlight;
- Indoor smoke from the use of solid fuels in the home.

In South Africa, breast cancer and cervical cancer are common amongst women. Screening and testing for these cancers can promote early detection and greatly increase the chance of survival for women who are diagnosed with these cancers.

For breast cancer screening, women are encouraged to do self-examination of their breasts, and if they find any irregularity, then they are encouraged to report to a health care provider for further breast examination to detect breast masses. Mammograms are also a way to detect breast masses and cancer.

Screening for cervical cancer involves having a pap smear at a clinic or other facility, where a small scraping of cells from the cervix is removed and examined for any irregularities. Women who bleed after sex, who have genital warts or any suspicious lesions on the cervix should have regular pap smears.

See Fact Sheet H and I at the end of the Section 9 for more details on breast cancer and cervical cancer.



ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore the idea of a healthy lifestyle, and dealing with chronic illnesses for women. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1

Activity 1: Hot seating activity: A visit to the nurse

Explain to the group that the aim of this activity is to increase an understanding of chronic, non communicable diseases that affect women.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 1 hour

Step 1: Divide the participants into 5 groups. Give each group one health problem from the list below:

- Overweight;
- Diabetes;
- High blood pressure;
- Heart trouble;
- Alcoholism.

Step 2: Explain to the groups that they need to discuss the problem that they have been allocated, and to prepare questions that a patient with this problem might need to ask

a nurse about. Give the groups ten minutes for this discussion.

Step 3: When the groups have finished preparing their questions, allocate them another one of the health problems. Make sure that each group has a new health problem from the list.

Step 4: Explain to the group that they need to talk about the new problem that they have been allocated, and to prepare answers and information about this problem. Allow ten minutes for this discussion.

Step 5: Bring the participants back together, and ask for a volunteer from the first group to come to the front of the room as a 'patient' with their health problems. Ask for a volunteer from the group that has the answers to this question to come up as a 'nurse'.

Step 6: Set up the front of the room with two chairs like you would find in a clinic consulting room. Ask the 'nurse' to take a seat (the 'hot-seat'), and ask the 'patient' to knock on the door. The patient should present her problems to the nurse, and ask the questions that they have. If the nurse is having difficulty answering the questions, then you may need to step in and ask for answers from the rest of the participants, or answer these yourself.

Step 7: After each session with the 'patient' and the 'nurse', ask the rest of the participants the following questions:

- Are the answers given by the nurse satisfactory?
- Does the patient have enough information on this topic to help her to improve her health?
- Can the clinic offer the assistance that the patient needs?

- Where else can we go for information or treatment for this problem?

Step 8: Continue the same process for all five of the problems. Make sure that the role-plays and discussion are kept to the point, so that the exercise does not become too long. Correct any myths or misconceptions that the participants may have about these topics.

Step 8: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down which of the health problems they think they might personally be at risk of. Ask them to write down the steps they can take to avoid these problems and ensure that they stay healthy. If they would like to, they can share their thoughts with others in the group.

Step 9: Summarise the discussion with the following points:

- There are many health problems that we face as women in South Africa.
- Some of these problems are related to lifestyle, and can be avoided by changing our diet, exercising more, and being more aware of our general physical and mental health.
- When you feel that any unusual changes are happening to your body, you should seek treatment and advice from a health care provider.
- Good mental health is as important as good physical health, and the two are often linked.
- Women have the right to good advice, care and support from their health-care provider, and to complain if they are not satisfied with this service.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Group discussions: Women and cancer

Explain to the group that the aim of this activity is to increase an understanding of what cervical cancer and breast cancer are, and how women can be screened for these cancers for early detection and treatment.

Requirements: A flipchart and pens, or a board to write on, cancer information fact sheets, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Divide the participants into two groups, one will look at breast cancer and the other will look at cervical cancer.

Step 2: Give each group a copy of the fact sheet related to the cancer that they have been allocated to discuss. (These are at the back of the toolkit). Give the groups fifteen minutes for their discussion and ask them to answer the following questions:

- Where does screening for this type of cancer happen?
- How do you screen for this type of cancer?
- At what age should screening for this type of cancer happen?
- What happens if you do have cancer?
- Where do you go for treatment?
- What else do you need to know about this type of cancer?

Step 3: Ask the groups to report back as much as they can on the topic. Then ask the participants from the other group to add any information and ask any other questions. Make sure that you clarify any myths and misconceptions.

Step 4: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what steps they can take to avoid cancer risks, and how they can take action to ensure that they are healthy. If they would like to, they can share their thoughts with others in the group.

Step 5: Summarise the discussion with the following points:

- Breast cancer and cervical cancer are the two most common cancers for South African women.
- Many cancers can be successfully treated if they are diagnosed early.
- Breast self-examinations, mammograms and Pap smears are ways to screen for cancer to allow for an early diagnosis and early treatment.
- Women should have their first Pap smear when they are between the ages of 21 and 30.
- Women should start to conduct breast self-examinations from the age of 20, and to have mammograms from between 40 and 50 years old.

Ask if there are any further questions or comments, and thank the participants for their contributions.

3 Activity 3: Problem solving exercise: Identifying and beating stress

Explain to the group that the aim of this activity is to increase an understanding of how to deal with problems that cause stress.

Requirements: A flipchart and pens, or a board to write on, a clock or stop-watch, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Arrange the participants into two equal sized groups, standing in circles, with one group standing in a circle inside the other group's outer circle. The inside group should turn to face out, so that each inside person is facing a person from the outside group.

Step 2: Ask the inside participants to each choose one problem that they personally face that causes them stress. They should tell this problem to the person from the outside circle. Allow one minute for them to tell the problem. Ask the outside person to give a suggestion for reducing the stress caused by this problem. Allow just one minute for this suggestion. Then each inside person should take one step to the left, and tell the same problem to the next person who they are facing. Again, allow just one minute for this, and then one minute for the outside person to give a suggestion for reducing this stress. Repeat this process again so that the inside person has then faced three different outside people. Remember that the focus is not on solving the problem, but coping with or reducing the stress that it causes.

Step 3: Repeat the process with the outside person telling a problem to the inside person. Ask the inside person to give a suggestion for reducing the stress caused by this problem. Allow just one minute for this suggestion. Repeat this process so that the outside person has then faced three different inside people and got three suggestions to help them deal with the stress caused by this problem.

Step 4: Discuss this process with the participants. Ask the following questions:

- How did it feel to share the problem that causes you stress?

- How did it feel to get advice on dealing with the stress caused by this problem?
- How did it feel to give advice to others?
- Were there any useful tips for dealing with stress that you heard or gave?

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what steps they can take to avoid or reduce the stress in their own lives.

Step 6: Summarise the discussion with the following points:

- Ongoing stress can cause problems with our mental and physical health.
- We can't always avoid stress, but we can find ways of dealing with it.
- It is important to express your feelings about stress and if something or someone is causing you stress, to communicate your concerns in an open and respectful way.
- Sometimes it is easier to deal with stress if you get some outside perspective on it. Ask for help from friends, family or a health care provider or counsellor if you are struggling to cope.
- Make sure that you try to eat healthily, and get good rest and exercise, as all of these can help you to cope better with stress.

Ask if there are any further questions or comments, and thank the participants for their contributions.



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Fact Sheet

E

SOUTH AFRICAN STREET DRUGS FACTS

This information is adapted from: <http://www.lockedup.co.za/drug-information-know-your-drugs.html>

The most common street drugs abused in South Africa are classified according to their effect on the brain. There are three main classes: uppers (stimulants), downers (depressants) and hallucinogens (which cause you to see strange things).

UPPERS (STIMULANTS)

Uppers include cocaine, crack, Ecstasy, tik, crystal meth or methamphetamine, amphetamines, ephedrine and khat. These substances stimulate the brain and increase the heart rate. Young people use them to feel stronger, more energetic and more decisive. Typical signs of stimulant use are a reduced appetite, high energy levels, insomnia, dilated pupils, talkativeness, irritability, anxiety, increased excitability and hyperactivity, abrupt mood changes, impatience and nervousness.

Cocaine: Street names: blow, charlie, coke

This mind-altering drug, extracted from the coca bush in mountainous countries, was once the glamour drug of the rich and famous but now more and more children are experimenting with it.

Why do people use it?

The drug provides a feeling of exhilaration, euphoria, hyperactivity, self-confidence, heightened awareness and boundless energy which takes place five to ten minutes after snorting cocaine.

What negative effects does it have?

Some users will experience headaches, tremors, apprehension and insomnia after a single dose. Larger doses may lead to teeth grinding and compulsive acts such as scratching and finger tapping. Users may hear voices and suffer from extreme paranoia, extreme anxiety, irrational ideas and aggression. An overdose can result in a seizure, panic attack, cardiac arrest, stroke, difficulty breathing and death.

Effects on the body:

The pulse rate increases, the blood pressure rises and the pupils dilate. After long-term use, a user will look emaciated, their sex drive will decrease, their nose will always be running and they will get frequent colds. Cocaine is psychologically and physically addictive. Once the high wears off, addicts are left craving more stimulation.

Effects on the brain:

Cocaine interferes with the natural secretion of dopamine and serotonin, two of the brain's chemical messengers that transmit feel-good sensations. As a result, these neurotransmitters accumulate and trigger the trademark 'high'.

Cocaine eventually depletes the level of neurotransmitters to such an extent that depression, apathy, fatigue, anxiety and suicidal depression can set in and may last for months.

If the depletion is total and permanent even the best antidepressants will be futile and the user may never be able to escape from dark depression. Some also develop Parkinson's disease which leaves them with a tremor at an early age.

Crack: Street names: rocks, freebase

Crack is a cheap and deadly form of cocaine, turned into smokeable 'rocks' with the use of additives. Crack is an intensified version of cocaine, and is three times more difficult to give up than cocaine.

Why do people use it?

The drug provides feelings of wellbeing, mental exhilaration and euphoria. The high is intense but only lasts for around ten minutes.

What negative effects does it have?

The euphoric feeling is quickly followed by devastating depression, creating the need to smoke again and again. This cycle of highs and lows causes an addiction that takes hold faster than with any other drug.

Effects on the body:

The same as for cocaine but intensified. Users may see snowflights or halos. Their heart rate may become irregular, increasing the risk of a heart attack.

Effects on the brain:

Because it is smoked, crack delivers a high dose of the drug to the brain in less than ten seconds, with a potency five to ten times greater than snorted cocaine. The assault on the brain is quicker and more profound. It alters the biochemical state of the brain by changing the dopamine and serotonin receptors and depleting the stores of these two feel-good neurotransmitters. This damage can be permanent, leading to severe paranoia, lasting suicidal depression or murderous rage.

Ice - Crystal Meth (crystal methamphetamine): Street names: crystals, crystal, meth, rock, candy, batu, glass, LA glass, super ice, hot ice, LA crystal, Hawaiian salt.

This newer and deadlier form of crystallised methamphetamine is nearly 100% pure methamphetamine. Odourless and smoked in glass pipes, it is more lethal than crack and cocaine, and seemingly more addictive.

Why do people use it?

The drug provides an intense wave of physical and mental exhilaration within seconds of smoking it. The effects may last from four to fourteen hours.

What negative effects does it have?

Intense feelings of anxiety, depression, sleeplessness and fatigue, and eventually psychosis. Toxic psychosis similar to paranoid schizophrenia can also result from heavy short- or long-term use.

Effects on the body:

Users need ever-heavier doses to reach the same high. Prolonged use damages the lungs, liver and kidneys.

Effects on the brain:

Brain damage caused by an exhaustion of the brain's dopamine supply.

Ecstasy: Street names: XTC, e, pills, party smarties, plakkers, Adam, MDMA

Ecstasy is a party drug and is often taken to enable

the user to dance through the night. It is made up from a mixture of other drugs.

Why do people use it?

The drug provides an enhanced sense of pleasure, increased self-confidence and energy, peacefulness, acceptance and empathy. The high lasts between four and six hours.

What negative effects does it have?

Users may develop blurred vision, sweat a lot, clench their teeth or bite the inside of their cheeks and suffer seizures, nausea and vomiting. Used regularly for a long time or in large doses it can change a user into an extremely depressed and paranoid person who suffers from panic attacks.

Effects on the body:

Even in small doses, Ecstasy can be dangerous to people with heart disease and asthma. Large doses can lead to overheating of the body and brain, dehydration, water retention, stroke and heart attack.

Effects on the brain:

Ecstasy affects your brain by increasing the release and activity of at least three neurotransmitters (serotonin, dopamine and norepinephrine), and when it depletes these stores, especially the serotonin stores, it can lead to chronic depression. There is a danger of psychotic episodes and permanent brain damage among Ecstasy users.

DANGER: Many made-up street drugs are sold as heroin or cocaine substitutes to naive or desperate users under the misleading name of designer drugs. Chances of an overdose are high because people don't know what they are buying.

Methamphetamine: Street names: tik, tik-tik, crystal, meth, crystal meth, crank, uppers, speed

Tik is also a made-up drug and is sold in the form of powders, pills and capsules that are sniffed, smoked or injected. It is often manufactured at home from medicines that are available over the counter.

Why do people use it?

The drug provides increased alertness, energy and self-confidence, a heightened sense of sexuality and euphoria.

What negative effects does it have?

Aggression, violence, psychotic behaviour, memory loss and heart and brain damage. Long-term users experience insomnia, psychotic episodes, paranoia, hallucinations and collapse.

Effects on the body:

Trembling hands, increased heart rate and sweating. An overdose can result in stroke and heart failure. Long-term use leads to an increased risk of hepatitis C and HIV, as the drug is injected and blood can be transferred through sharing the needle. Use also often prompts risky sexual behaviour.

Effects on the brain:

Tik acts as a stimulant, similar to cocaine, but stays in the system for longer. The exhaustion of the brain's dopamine supply is serious. A tik addict loses up to half their dopamine supply every two years, compared with the five to 10% every 10 years for the average person. Dopamine helps to regulate coordinated movement and as soon as its levels drop by 15%, the user develops Parkinson's disease, characterised by head and hand tremors.

In the Western Cape there are already young tik

users who have Parkinson's. There is also an increase in cases of schizophrenia and psychosis among tik users. It seems as if tik damages the human brain to such an extent that users start acting like extremely aggressive psychopaths. Murders and rapes by tik abusers are becoming a lot more senseless and aggressive. Babies born to mothers who used tik during pregnancy have a greater risk of developing Parkinson's disease in their childhood years, as well as other serious birth defects and deformities.

DOWNERS (DEPRESSANTS)

These suppress or delay certain brain functions. Depending on which part of the brain is being suppressed, these drugs are divided into sub-groups: either narcotic or tranquillising substances such as heroin or sugars, or substances that make you sleepy such as Mandrax.

Heroin: Street names: smack, mud, china white, brown, Mexican brown, brown sugar, gear, H, horse, junk

Heroin is produced from the resin of the opium poppy and is the most dangerous and addictive drug. Pure heroin is a white, odourless crystalline-like powder with a bitter taste. The browner the colour, the more impurities it contains. It is often diluted with starch, sugars such as glucose, powdered milk, baby powder, washing powder, strychnine or other poisons before being sold. It is smoked, snorted or injected.

Why do people use it?

The drug provides a profound sense of warmth and wellbeing which envelops the user and blocks feelings of pain and insecurity.

What negative effects does it have?

Within six to eight hours of using the drug, symptoms such as nausea, vomiting, chills, excessive sweating and muscle and bone pain may follow. Serious withdrawal symptoms can set in within two days after the last fix.

Effects on the body:

First it leads to suppression of pain, drowsiness, heaviness of the limbs, shallow breathing, a weak pulse, dry mouth and pinpoint pupils. Long-term use causes liver damage, poisoning as a result of additives, bacterial infections, abscesses, arthritis and infection of the heart lining and valves. High dosages can result in a seizure, coma and death. Babies born to mothers who abuse heroin during their pregnancy may be born addicted.

Effects on the brain:

Heroin is quickly changed to morphine in the brain, which acts on certain receptors to give that feeling of utter bliss. But the brain reacts by creating fewer of its own feel-good endorphins. Heroin destroys the chemical balance in the brain to such an extent that the user starts to experience pain in the absence of any injuries. Rapid mood changes and confusion are the result of the chemical changes in the brain.

Sugars

Sugars is the street name of a popular made-up drug in South Africa, where heroin is mixed with small amounts of residual cocaine. It is then used together with other drugs like cannabis (marijuana, dagga) or inhaled on its own. The drug is mixed with other substances that give it bulk and may make the effects more potent. The most common of these bulking agents is rat poison.

Why do people use it?

Because it is mixed with cheap substances, sugars is a relatively cheap drug. The drug provides a high that makes users feel very relaxed, with intense pleasure.

What negative effects does it have?

After the high, the user will feel depressed and agitated. Many users report excruciating pain throughout the body once the effects of the drug wears off.

Effects on the body and on the brain are similar to the heroin effects.

Mandrax: Street names: whites, buttons

South Africa has the highest incidence of mandrax abuse in the world. Mandrax (methaqualone) tablets are usually powdered and smoked with a mixture of cannabis or tobacco in a bottleneck pipe called a 'white pipe' or 'witwyf'.

Why do people use it?

The drug provides users with a feeling of being totally laid back, at peace and without a care in the world.

What negative effects does it have?

Too much mandrax results in nausea loss of consciousness or stupor.

Effects on the body:

Mandrax users can develop physical and psychological dependence on the drug, constantly craving its effects, but needing more and more of the drug to get the desired high.

Effects on the brain:

Mandrax use alters the brain chemicals, suppressing brain function so that the user becomes like a sleep-walker and cannot function properly.

HALLUCINOGENS

These psychedelic drugs distort reality, plunging the user into a dream world where everything is distorted and colours become audible and sounds visible. Taken in large quantities they scramble the brain, resulting in delusions and hallucinations. They also cause mood swings that can vary from euphoria to the deepest depression or violence. Sometimes the loss of self and depression can be so severe that suicide is possible.

Cannabis: Street names: dagga, weed, marijuana, dope, grass, pot, ganja, hash, hashish

In South Africa cannabis is often grown in rural areas and sold as a means to economic survival. Cannabis contains more than 426 known chemicals including the mind-altering substances known as THC's (tetrahydrocannabinols).

Why do people use it?

The drug provides a user with a feeling of being euphoric and relaxed.

What negative effects does it have?

Panic attacks, hallucinations, flashbacks and memory loss.

Effects on the body:

It causes frequent sinusitis and bronchitis and may cause infertility in men and women. Lung cancer

is a real risk. It may harm an unborn baby, leading to miscarriage, stillbirth or early death. Foetal marijuana syndrome, characterised by lower birth weight and developmental abnormalities, is more common than foetal alcohol syndrome.

Effects on the brain:

THC changes the brain chemistry that governs feelings, memory, the senses and co-ordinated movement.

LSD (lysergic acid diethylamide): Street names: acid, blotter acid, microdot, white lightning

LSD is an odourless and colourless drug available in two forms: paper stamps impregnated with LSD or micro-tablets ('microdots') containing LSD in very low concentrations per tablet.

Why do people use it?

The drug provides a feeling of the user's senses being crossed, giving the feeling of hearing colours and seeing sounds. Taken in large doses, LSD produces delusions and visual hallucinations.

What negative effects does it have?

Mental disorders such as schizophrenia and severe depression.

Effects on the body:

Increased heart rate, increased blood pressure, numbness and weakness.

Effects on the brain:

LSD affects a large number of chemicals in the brain, including the neurotransmitters dopamine and serotonin. The drug may also increase the levels of a substance called glutamate in very specific parts

of the brain, over-stimulating the brain cells and causing an 'electric storm' hallucinations, and can lead to permanent changes.

Whoonga (nyaope)

Whoonga is a concoction of an AIDS medication and a street drug, like dagga or heroin. The anti-retroviral drug is crushed and smoked with another drug, and this enhances the effects of the other drug. Nyaope is the variation of this drug without the inclusion of ARVs.

Why do people use it?

The mix of drugs has an effect on the central nervous system that encourages vivid dreams, and people smoke whoonga to experience hallucinations.

What negative effects does it have?

The danger with whoonga is that people who use it can develop a resistance to AIDS drugs, and if they develop AIDS they will not be able to be treated. Withdrawal symptoms involve cravings and severe pain.

Effects on the body and the brain:

Whoonga can damage the central nervous system, as well as reducing the functioning of the lungs and heart. In addition, all of the negative side effects of the other drugs that it is mixed with can cause other damage.

“IT'S NOT THE LOAD THAT BREAKS YOU DOWN, IT'S THE WAY YOU CARRY IT.”

– LENA HORNE

Fact Sheet

F

HEART DISEASE

This information is adapted from: HSF South Africa (2012) The Heart and Stroke Foundation, South Africa. Available at: www.heartfoundation.co.za

Rheumatic heart disease: RHD is caused by rheumatic fever, which is a common fever in children, caught after an untreated bacterial throat infection known as 'strep throat'. Symptoms of rheumatic fever include pain and swelling of joints, skin rashes, chest, muscle and abdominal pain, small lumps under the skin, vomiting, shaking and speech difficulties. A child with any of these symptoms should be taken for treatment as soon as possible, to prevent long term damage to the heart.

Congenital heart defects: These heart defects are from birth, and occur when the heart or blood vessels near the heart develop abnormally before birth. In many cases the cause of these defects is not known. These defects cannot always be avoided, but many are only minor defects and most of the others are correctable through medical surgery.

Angina: Angina is a pain which occurs when not enough blood flows for the heart muscle to function effectively. The pain is usually felt in the centre of the chest and may spread to the arms, neck, jaw, and or back. It is usually a constricting pain or tightness which may restrict breathing. The cause of angina is usually a narrowing of the coronary arteries, but in an angina attack, there is no resulting damage to the heart muscle.

Arrhythmia: Arrhythmia is a change in the speed of the normal heartbeat. This might include tachycardia (fast beating heart), arrhythmia (abnormal heart beat), bradycardia (excessive slowing of the heart beat), or palpitations (a racing or irregular heart beat). Not all these sensations are associated with heart disease. Some abnormal rhythms are mild and stop on their own after a short time, whereas others are

serious and potentially life threatening. Palpitations, especially when associated with other symptoms such as dizziness or fainting, should be seen by a doctor.

Cardiac arrest: A cardiac arrest occurs when the heart stops beating. The heart may stop altogether or the rhythm may become chaotic preventing it from pumping effectively. Without blood circulation, brain damage begins about four minutes after the heart stops beating effectively, and death usually occurs after about ten minutes. Cardiac arrest may occur as a result of a heart attack, an electric shock, drowning, a drug overdose, suffocation or trauma. In some cases this cardiac arrest will respond to resuscitation, but not in all cases.

Heart failure: Heart failure happens when the heart is not able to pump blood efficiently around the body. Heart failure can occur as a result of damage to the heart muscle resulting from heart attack or high blood pressure; or as a result of disease, including viral infection, alcohol damage, valve problems, and congenital heart disease.

When the heart does not pump efficiently, the heart has to beat faster and will gradually enlarge to cope with the workload. As a result, the heart weakens and the amount of blood pumped to the body is restricted. The circulation becomes sluggish causing excess fluid normally excreted by the kidneys to be retained in the body. This build up of excess fluid is called congestive heart failure.

Some of the warning signs of heart failure include:

- Shortness of breath – may be more obvious on exertion or when lying flat.
- Swelling (oedema) around the ankles and legs.
- Some people may feel weak and tired.
- Poor appetite.
- A dry cough may also be present due to a build-up of fluid in the lungs.
- Excess fluid can cause unusual weight gain.

Fact Sheet

G

COPING WITH STRESS

There are a number of positive and helpful ways to avoid or manage stress:

- Avoid unnecessary stress by learning to say 'no' to uncomfortable or difficult situations.
- Avoid people who stress you out, by limiting the time you spend with them.
- Take control of your environment. Avoid certain events or places that make you stressed.
- Avoid topics that stress you out and try to remove yourself from conversations where the topic causes you stress.
- Reduce your 'to do' list and your responsibilities. Prioritise what is important, and drop other things to the bottom of your list.
- Express your feelings. If something or someone is causing you stress, communicate your concerns in an open and respectful way.
- Be prepared to compromise. If you are going to ask someone else to change their behaviour, you should be willing to do the same.
- Be assertive. Deal with problems head on, and be up-front about them.
- Manage your time. If you plan ahead, you can avoid some stress.
- Know what you can and cannot do and don't try to control the uncontrollable. Some things in life are beyond our control, particularly life and death, and the behaviour of other people.
- Look for the positive side in each situation. Challenges can be seen as opportunities for personal growth and learning from our past mistakes.
- Share your feelings. Expressing yourself can help to reduce some of the stress and emotional anger, even though it cannot change the situation.
- Learn to forgive. We all make mistakes. It is important to let go of anger and resentments and move forward.
- Reframe the stress problem. Try to look at the situation from a more positive perspective. Ask yourself if there is another way to look at the situation, and perhaps even benefit from it?
- Look at the big picture. Try to get some perspective of the situation. How important is it in the long term? Is it really worth getting upset about?
- Adjust your standards. If you are trying to do everything perfectly, you are setting yourself unreachable goals. You should set reasonable standards for yourself and others, and learn to be okay with 'good enough'.
- Focus on other positive things. When stress is getting you down, take a moment to reflect on all the things you appreciate in your life, including your own positive qualities and gifts. This simple strategy can help you keep things balanced.
- Take time to relax.
- Find time to connect with those who you love.
- Do something you enjoy every day.
- Keep your sense of humour and learn to laugh.
- Exercise regularly.
- Eat a healthy diet with foods high in Vitamin B, Vitamin C and zinc.
- Get enough sleep.

Fact Sheet

H

BREAST CANCER FACTS

This information is adapted from www.breastcancer.org and www.pinkdrive.co.za

What is breast cancer?

Breast cancer is the growth of cancer cells and a malignant tumour that starts in the cells of the breast. It is found mostly in women, but men can also get breast cancer.

What causes breast cancer?

The cause of breast cancer is not always known. Certain changes in DNA (the substance in each of our cells that makes up our genes) can increase the risk for developing cancer. These are sometimes genetic and run in families. Other lifestyle factors can increase a person's risk of getting breast cancer, including smoking, drinking, being overweight, and lack of exercise.

Detecting breast cancer

The best way to beat breast cancer is to detect it early. Doing a thorough monthly breast self-examination is the best way to detect any abnormalities in the breast, and if a woman is familiar with the size, shape colour and feel of her breasts, then she may be able to recognise any problems that should be discussed with a health care provider.

From the age of 20, women should get into the habit of doing a breast self-examination once a month to familiarise themselves with how their breasts normally look and feel. This should be done several days after the end of a menstrual period, when the breasts are least likely to be swollen and tender.

Most women's breasts have prominent lumps and bumps. What is important is for them to get to know the look and feel of their own breasts, and to be alert to any changes that last over a full month's cycle or seem to get worse or more obvious over time. Problems to look out for include the following:

- A lump in the breast or armpit, the size may vary from a marble to a tennis ball;
- Increase in the size of one breast;
- Swelling of the glands in the armpit;
- Enlargement of one arm;
- Dimpling of the skin around the breast;
- Dimpling of or changes to the nipple;
- Discharge from the nipple;
- Lowering of one breast or nipple;
- An 'orange peel' appearance to the skin of the breast and or nipple;
- The retraction (inversion) of one or both nipples;
- Dry skin (eczema) of the nipple.

5 steps to breast self-examination:

Step 1: Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips. You should be looking so see that your breasts are their usual size, shape, and colour, and that they are evenly shaped without visible distortion or swelling.

If you see any of the following changes, bring them to the attention of a health care provider:

- Dimpling, puckering, or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash, or swelling

Step 2: Now, raise your arms and look for any changes.

Step 3: While you're at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).

Step 4: Next, feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast. Use a firm, smooth touch with the pads of the first two or three fingers, keeping the fingers flat and together. Use a circular motion, about the size of a R2 coin.

Cover the entire breast from top to bottom, side to side; from your collarbone to the top of your abdomen, and from your armpit to your cleavage.

Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your fingers up and down vertically, in rows. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of your breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. When you've reached the deep tissue, you should be able to feel down to your ribcage.

Step 5: Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in Step 4.

Any problems found should be reported to a health care provider who will conduct a clinical breast exam.

Other screening tests (such as a mammogram x-ray) are promoted every three years for women between the ages of 40 and 50, but are not always freely available in the public sector. Their purpose is to find breast cancer early, before any symptoms can develop and when the cancer usually is easier to treat.

A mammogram is done by a trained professional, who uses a machine with large plates to compress your breasts in order to take an x-ray of the breast tissue. Sometimes an ultrasound examination is conducted at the same time as a mammogram.

Diagnosing breast cancer

If a physical breast examination or a mammogram reveals an abnormality, then a diagnostic test (such as a biopsy) may be done at a hospital to determine whether or not breast cancer is present and, if so, whether it has travelled outside the breast and into other areas in the body. Diagnostic tests also are used to gather more information about the cancer to guide decisions about treatment.

Treating breast cancer

There are a number of different treatments that are available for breast cancer, including surgery, chemotherapy, radiation therapy or hormonal therapy.

Surgery

Different types of breast cancer surgery include the following:

Lumpectomy is the removal of only the tumour and a small amount of surrounding tissue.

Mastectomy is the removal of all of the breast tissue. Lymph node removal, or axillary lymph node dissection, can take place during a lumpectomy and mastectomy if the biopsy shows that breast cancer has spread outside the milk duct.

Breast reconstruction is the rebuilding of the breast after mastectomy and sometimes after lumpectomy. Reconstruction can take place at the same time as cancer-removing surgery, or months to years later. Some women decide not to have reconstruction and opt for a prosthesis (false breast) instead.

Prophylactic mastectomy is the preventive removal of the breast to lower the risk of breast cancer in high-risk people.

Prophylactic ovary removal is a preventive surgery that lowers the amount of oestrogen in the body, making it harder for oestrogen to stimulate the development of breast cancer.

Chemotherapy

Chemotherapy treatment uses medicine to weaken and destroy cancer cells in the body, including cells at the original cancer site and any cancer cells that may have spread to another part of the body. Chemotherapy affects the whole body by going through the bloodstream, and often has uncomfortable side-effects, as the medicine kills healthy cells as well as cancer cells.

Chemotherapy is used to treat early-stage invasive breast cancer to get rid of any cancer cells that may be left behind after surgery and to reduce the risk of the cancer coming back; or for advanced-stage breast cancer to destroy or damage the cancer cells as much as possible. In some cases, chemotherapy is given before surgery to shrink the cancer.

Radiation therapy

Radiation therapy (also called radiotherapy) is a highly targeted and highly effective way to destroy cancer cells in the breast. Radiation therapy uses a high-energy beam from a machine to damage the cancer cells from the outside of the body. Side effects from radiation therapy are usually limited to the treated area, where some healthy cells can also be burnt and destroyed. Radiation therapy is often used after surgery, to ensure that all cancer cells in the areas are destroyed.

Hormonal therapy

The oestrogen hormone makes some breast cancers grow, and hormonal therapy medicines treat these cancers by lowering the amount of the oestrogen in the body or by blocking the action of oestrogen on breast cancer cells. In addition to medication, in some cases, the ovaries and fallopian tubes may be surgically removed to treat this type of breast cancer or as a preventive measure for women at very high risk of breast cancer. The ovaries also may also be shut down temporarily, using medication. Hormonal therapy is not the same as hormone replacement therapy (HRT) which is a treatment for symptoms of menopause.

Other treatments for breast cancer include medicines that target particular types of cancer cells, and complementary treatments that include natural remedies, supplements, herbs, exercise and meditation to help to boost the immune system and to help keep a person physically and mentally strong through cancer treatment.

Depending on the treatment given, a woman may not be able to breastfeed after cancer.

For assistance with cancer treatment, you can contact CANSA on 0800 22 66 22 - www.cansa.org.za or campaigning for cancer on 0860 275 669 - www.campaign4cancer.co.za

“ **AFRICAN WOMEN** IN GENERAL
NEED TO KNOW THAT IT’S OK
FOR THEM TO **BE THE WAY**
THEY ARE – TO SEE THE WAY
THEY ARE AS A **STRENGTH**,
AND TO BE **LIBERATED FROM**
FEAR AND FROM SILENCE. ”

- WANGARI MAATHAI

Fact Sheet

CERVICAL CANCER FACTS

This information is adapted from www.cansa.org.za, www.plannedparenthood.org and www.webmd.com.

What is cervical cancer?

Cervical cancer occurs when abnormal cells on the cervix (the lower part of the uterus that opens into the vagina) grow out of control. Cervical cancer can often be successfully treated when it is found early. Depending on the treatment given, a woman may not be able to fall pregnant after having cervical cancer.

What causes cervical cancer?

Most cervical cancer is caused by a virus called human papilloma virus, or HPV. You can get HPV by having sexual contact with someone who has it. There are many types of the HPV virus. Not all types of HPV cause cervical cancer. Some of them cause genital warts, but others may not cause any symptoms.

Other risks factors for cervical cancer include:

- Starting to have sexual intercourse from an early age;
- Smoking;
- Failure to always use barrier methods such as condoms during sexual intercourse;
- Ineffective management and treatment of sexually transmitted infections.

Detecting cervical cancer

Abnormal changes to the cells in the cervix do not usually have symptoms. Symptoms of cervical cancer may include:

- Bleeding from the vagina that is not normal; or a change in your menstrual cycle that you can't explain;
- Bleeding when something comes in contact with your cervix, such as during sex;
- Pain during sex;
- Vaginal discharge that is tinged with blood.

Diagnosing cervical cancer

The screening tests for cervical cancer include a pelvic examination and a Pap smear test. These are recommended before starting any contraception, and at least once every ten years for women who are over the age of 30. For women living with HIV this screening should be done every year.

A pelvic examination involves a health care provider examining your pelvic area, by looking at and touching your genitals. It includes examining the vulva (lips) and the internal reproductive organs such as the cervix, ovaries, fallopian tubes, uterus, and vagina.

The external exam involves the health care provider looking at the folds of the vulva and the opening of the vagina. This part of the pelvic exam checks for signs of cysts, discharge, genital warts, irritation, or other conditions.

An internal exam by hand involves the health care provider inserting one or two gloved and lubricated fingers into the vagina while gently pressing on the lower abdomen with the other hand. This is a way to check for the size, shape, and position of the uterus, to check for any infection, enlarged ovaries, cysts, tumours or other conditions.

An internal speculum exam involves the insertion of a small, lubricated metal or plastic device into the vagina to keep it open during the exam. The provider will then use a tiny spatula or small brush to take a sample of cells from your cervix, and to look for signs of infection and other problems.

During a Pap smear test, the health care provider scrapes a small sample of cells from the surface of the cervix to look for cell changes. If a Pap smear shows abnormal cell changes, other tests may be done to look for precancerous or cancer cells on the cervix.

Treating cervical cancer

The treatment for most stages of cervical cancer includes surgery, chemotherapy or radiation therapy.

Surgery

The type of surgery used to remove cervical cancer depends on the location and extent of the cancer and whether you want to have children. Surgery for cervical cancer usually involves a hysterectomy, which is the surgical removal of the uterus. A total (complete) hysterectomy is the removal of the

uterus and cervix. A partial hysterectomy is the surgical removal of the uterus, leaving the cervix in place. A radical hysterectomy is done for some cancers. It is the removal of the uterus, cervix, ovaries, structures that support the uterus, and sometimes the lymph nodes.

Chemotherapy

Chemotherapy uses medicines to kill cancer cells. It is usually used as the main treatment or after a hysterectomy. It may also be used along with radiation therapy. Chemotherapy affects the whole body by going through the bloodstream, and often has uncomfortable side-effects, as the medicine kills healthy cells as well as cancer cells.

Radiation therapy

Radiation therapy uses high-dose X-rays or implants in the vaginal cavity to kill cancer cells. It is used for certain stages of cervical cancer. It is often used in combination with surgery.

Depending on how the cancer has grown, a person may have one or more treatments, or a combination of treatments.

For assistance with cancer treatment, you can contact CANSA on 0800 22 66 22 - www.cansa.org.za or campaigning for cancer on 0860 275 669 - www.campaign4cancer.co.za

“LIFE IS SHORT, AND IT’S UP TO YOU TO MAKE IT SWEET.”

- Sadie Delany



Section 10

WOMEN
GETTING INVOLVED



WOMEN GETTING INVOLVED



PURPOSE

The purpose of this section is for women and girls to better understand how they can get involved in identifying and addressing problems and making changes in their own communities.



BACKGROUND

There are a number of government departments and non-governmental organisations such as church groups, community groups and charity groups that provide assistance for health related issues. However, these groups cannot solve all of the problems that we face. It is important that we encourage people to talk about the problems that they face with relation to their health and sexual health, as this increases awareness, and may help to find solutions to these problems.

Women face many challenges in society, and there are many expectations of them. It is important for women to stand together and to support each other so that they can make the changes that they want to see in their communities, and can reach their full potential as human beings.



ESSENTIAL INFORMATION

Problem solving

We are faced with a number of problems in our everyday lives, and under-development in our communities is one of them. This means that there are many essential services that we do not have access to, or we may receive poor service at clinics or the police station, so health problems become

things that we need to address ourselves. There are many ways to approach a problem, and here are some useful steps to consider when looking at sexual and health related problems in our own communities:

Step 1: Defining and identifying the problem

Get as much information as you can about the problem. A good way to define the problem is to write down a concise statement which summarises what the problem is, and to write down where you want to be after the problem has been resolved.

Step 2: Analysing the problem

You need to think further about the problem so that you fully understand it. This involves asking the following questions:

- What is the history of the problem? How long has it existed?
- How serious is the problem?
- What are the causes of the problem?
- What are the effects of the problem?
- What are the symptoms of the problem?
- Has anybody tried to solve this problem before, and what have those solutions been?

Step 3: Identifying possible solutions

You need to think creatively about all possible types of solutions to this problem. It is a good idea to include everything at this stage, even the solutions that might not be workable or practical. Note them all down without evaluating them during this step.

Step 4: Selecting and evaluating the best solutions

Now is the time to evaluate the solutions that have been put forward. When you look at each possible solution, you should ask the following questions:

- What are the advantages of each solution?
- Are there any disadvantages to the solution?
- Do disadvantages outweigh advantages?
- What are the long and short-term effects of this solution if adopted?
- Would the solution really solve the problem?
- What resources are needed for the solution to work?

Step 5: Developing an action plan

Developing an action plan means breaking down the steps to implementing the solution into a sequence of activities. It is also important to have a contingency plan, in case things don't go according to the original plan. For each step of the plan you should ask the following questions:

- What is the overall goal and the ideal situation that we want to see?
- What is needed in order to get there from where we are now?
- What actions need to be done?
- Who will be responsible for each action?
- How long will each step take and when should it be done?
- What is the best sequence of actions?
- What resources are needed and how will we get them?
- Who do we need to involve in each step?
- How will we follow up each step and who will do it?
- What could go wrong and how will we get around it?
- Who will this plan affect and how will it affect them?
- How will we measure results?

Step 6: Implementing the solution

Now you just need to take action and start putting the plan of action into practice!

Advocacy

Advocacy involves talking up for others who cannot, and speaking out about problems that exist so that changes can be made and these problems can be addressed.

Advocacy can be a strategy that is used to influence policy makers when they make laws and regulations, distribute resources, and make other decisions that affect peoples' lives. The aims of advocacy are to create policies, to improve policies, and to ensure that good policies are implemented. There are a many different advocacy strategies, such as discussing problems directly with policy makers, delivering messages through the media, or helping local organisations to do this.

Advocacy involves the following steps:

- Looking at the policies that address the problems that you face;
- Identifying who the key actors and institutions are that address these problems;
- Identify where and how the policy can be changed to help to solve your problems;
- Outlining a strategy for addressing the problem, by selecting a target audience, a policy goal, and identifying people who might help you or oppose you;
- Selecting roles for those involved in the campaign or advocacy project;
- Identifying key messages and activities for the campaign or project;
- Making a plan and setting a timeframe;
- Finding ways to get your message across;
- Working with others to ensure your success.



ACTIVITIES

Welcome the participants and explain that you will be doing some activities together that explore what health services they need and how to get involved in making a change in their communities. Start the session with a warm-up activity, a game, or a song to break the ice before you move on to the activities.

1

Activity 1: Community mapping: Identifying help in our community

Explain to the group that the aim of this activity is to increase an understanding of what services, resources and help are available to participants in their own community.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Divide the participants into four groups, and give each group a piece of paper and some coloured pens.

Step 2: Ask each group to draw a picture or a map of their community. Ask them to note where the places on the picture or map are that provide help or services that are related to women and women's health. They should include all of the organisations or groups that they can identify. Give the groups fifteen minutes for this discussion and drawing.

Step 3: Ask the small groups to report back to the larger group, and to show and explain their maps or pictures. After each group has shown their picture, ask the following questions:

- Are all of our health needs met through the services and organisations that are available?
- What problems do we have that are not addressed by these existing services and organisations?
- Where can we go for help with these problems?
- Where can we go to complain about the quality of poor services that we receive?
- How can we advocate or motivate for more or better services to meet our needs?

Answer any questions, and address any myths or misconceptions.

Step 4: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what gaps they see in the provision of services in their community, and how they personally can advocate for these services to be met. If they would like to, they can share their thoughts with others in the group.

Step 5: Summarise the discussion with the following points:

- We do not always get the help we need in our own communities, and there are gaps with regards to services and help that we require.
- Sometimes we cannot wait for others to meet these needs, and we have to find ways to do it ourselves.

- It is our right to be assisted and to be treated fairly by staff at clinics, police stations and other institutions. There are steps that we can take to report poor service that we receive from these places.
- Taking a problem-solving approach can help us to ask or advocate for solutions to the problems that we face.
- Share the problem-solving approach with the group.

Ask if there are any further questions or comments, and thank the participants for their contributions.

2 Activity 2: Discussion: Women getting involved

Explain to the group that the aim of this activity is to explore how women can get involved in making a change in their own community.

Requirements: A flipchart and pens, or a board to write on, and individual paper and pens for the participants (or a Zazi diary / notebook).

Time allocated: 30 minutes

Step 1: Write the words 'our community' on the flipchart or board. Ask the participants to call out some of the problems that they see related to issues around women, sex and health in their own community. This is a brainstorming exercise, so encourage participants to call things out freely, and write all contributions down.

Step 2: When you have a long list of problems, ask the participants to identify the four biggest problems.

Step 3: Divide the participants into four groups, and allocate one of the priority problems to each group. Give the groups ten minutes for this discussion and ask them to answer the following questions:

- What is the real problem?
- What causes the problem?
- Is it possible for us to do something about this issue?
- Where can we find more information about solving the problem?
- What can we do about it?

Step 4: Ask the small groups to report back to the larger group about their discussion. Answer any questions, and address any myths or misconceptions.

Step 5: Ask the participants to reflect individually about themselves. Give each person a piece of paper and a pen and ask them to write down what problem they would personally like to get involved in finding a solution to, and what steps they can personally take towards making a difference.

Step 7: Summarise the discussion with the following points:

- Change is best driven from inside the community, as you are the people who understand most what needs to change and what solutions to a problem might work best.
- There are many ways to solve a problem; you often need to try different approaches before you find the solution that will work.
- Working together to solve problems can be easier than trying to do this on your own.

“ NEVER UNDERESTIMATE
THE POWER OF **DREAMS**
AND THE **INFLUENCE**
OF THE **HUMAN SPIRIT**.
WE ARE ALL THE SAME
IN THIS NOTION:
THE POTENTIAL FOR
GREATNESS LIVES
WITHIN **EACH OF US.**”

- WILMA RUDOLPH

Ask if there are any further questions or comments,
and thank the participants for their contributions.



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RESOURCES AND PLACES TO GO FOR HELP

LifeLine Southern Africa: 0861-322-322

24-hour crisis intervention service. Free, confidential telephone counselling, rape counselling, trauma counselling, AIDS counselling, and other services.

Website: www.lifeline.org.za

National AIDS helpline: 0800-012-322

National toll-free helpline for help and advice with HIV and AIDS questions and problems.

Stop Gender Violence helpline: 0800-150-150

National toll-free helpline for survivors, witnesses and perpetrators of gender-based violence.

Child-line South Africa: 0800-055-555

Assistance from trained counsellors for abused children, young people, and their families.

Website: www.childline.org.za

Child Welfare South Africa: 0861-4-CHILD (24453)

The co-ordinating body for child welfare societies, organisations and community outreach projects.

Website: www.childwelfaresa.org.za

Police Child Protection Units:

Emergency number: 10111

Crime Stop: 0860-010-111

The SA Police Service's Family Violence, Child Protection and Sexual Offences Units investigate violent crimes against children and offer specialised services to child victims of crime. There are units around the country.

Alcoholics Anonymous SA:

National helpline: 0861-HELP-AA (435-722)

Support for alcoholics who choose to stop drinking.

Website: www.aasouthafrica.org.za

RESOURCES AND PLACES TO GO FOR HELP

Al-Anon: Helpline: 0861-ALANON (25-26-66)

Al-Anon Family Groups is for the families and friends of problem drinkers, with a special section called Alateen for children of alcoholics.

Website: www.alanon.org.za

Narcotics Anonymous SA: 083-900-MY-NA

National 24-hour helpline of a non-profit organisation for recovering drug addicts.

Website: www.na.org.za

SA National Council on Alcoholism and Drug Dependence:

Toll free number: 0861-4-SANCA / 0861-4-72622

SANCA offers prevention and treatment services for alcohol and drug dependence, with counselling centres in all nine provinces.

Website: www.sancanational.org

Department of Social Development's Substance Abuse Line: 0800-12-13-14

National toll-free helpline offering support, guidance and help for people addicted to drugs and alcohol, as well as their families.

SA Depression and Anxiety Group

Suicide crisis line: 0800-567-567

(8am - 8pm, seven days a week)

Help line: 011-262-6396

(8am - 8pm, seven days a week)

Offers support, education and assistance to the public, patients with mental health problems and their families.

Website: www.sadac.org

Family and Marriage Association of SA: National office: 011- 975-7106/7

FAMSA supports families through stressful situations: offers counselling and education to strengthen marriage and other relationships in the family.

Website: www.famsa.org.za

Diabetes South Africa:

011- 886-3765 or 0861-222-717

A non-profit organisation that advocates for people with diabetes.

Website: www.diabetessa.co.za

The Heart and Stroke Foundation: Heart and Stroke Health-line:

0860 – 4-3278 (0860-HEART)

A non-profit organisation that plays a leading role in the fight against preventable heart disease and stroke, with the aim of seeing fewer South Africans suffer premature deaths and disabilities.

Website: www.heartfoundation.co.za

CANSA: 0800-226-622

CANSA is a non profit organisation that enables research, educates the public and provides support to all people affected by cancer.

Website: www.cansa.org.za

National Association of People with AIDS (NAPWA): Helpline: 082-233-0494

NAPWA advocates on behalf of all people living with HIV and AIDS in order to end the pandemic.

Website: www.napwasa.org

Treatment Action Campaign (TAC):

National Office: 021-422-1700

TAC is a non profit organisation that advocates for the rights of people with HIV, and for making treatment for AIDS more accessible.

Website: www.tac.org.za

You should find out what organisations are working in your area and can offer help and assistance.

THE THUTHUZELA CARE CENTRES (TCCs)

TCC Mamelodi Mamelodi Hospital

Tel: 012-801 2717 • **Fax:** 012-841 8384

Contact Person: Ms Refiloe Bahula

TCC Natalspruit Natalspruit Hospital

Tel: 011-909 1002/3/6/9 • **Fax:** 011-909 2929

Contact Person: Mr Jerry Ramashaba

TCC Soweto, Gauteng Nthabiseng Thuthuzela Chris Hani Baragwanath Hospital

Tel: 011-933 1229 / 3346 • **Fax:** 011-933 1140

Contact Person: Ms Julia Rachitanga

TCC Libode, Umtata: Eastern Cape St Barnabas Hospital

Tel: 047-568 6274 • **Fax:** 047-568 6004

Contact Person: Ms Themba Msuthu

TCC Mdantsane, East London: Eastern Cape

Cecilia Makiwane Hospital

Tel: 043-761 2023 • **Fax:** 043-761 6277

Contact Person: Ms Nosisi Nangu

TCC Mannenberg, Western Cape GF Jooste Hospital

Tel: 021-691 6194 • **Fax:** 021-691 7962

Contact Person: Ms Mandisa Nongonongo

TCC Mafikeng Mafikeng Hospital

Tel: 018-383 7000 • **Fax:** 018-383 7000

Contact Person: Ms Takalani Makhado

TCC Umlazi

Prince Mshiyeni Hospital

Tel: 031-907 8496 • **Fax:** 031-906 1836

Contact Person: Ms Lusanda Khumalo

TCC Phoenix Crisis Centre Mahatma Gandhi Hospital

Tel: 031-502 2338 • **Fax:** 031-502 2372

Contact Person: Ms Thenjiwe Mthembu

Useful websites for more information on some of these topics

Websites with games and icebreakers:

Contra Costa Health Services (2013) *Icebreakers, Energizers & Team-building Activities*. Available at: <http://cchealth.org/tobacco/pdf/activities.pdf>

Resident Assistant (2013) *Games and icebreakers*. www.residentassistant.co/games

Training Games (2013). *40 Free ice-breakers*. www.training-games.com/pdf/40FreeIceBreakers.pdf

There are many other manuals and ideas freely available on the internet with games and icebreakers that you can use or adapt to suit your workshops.

Websites with useful information on HIV and AIDS topics:

www.napwa.org.za

www.zazi.org.za

www.aidslink.org

www.healthlink.org.za

www.thebody.com

www.unaids.org.za

www.avert.org

www.unicef.org

www.who.int

www.unaids.org

