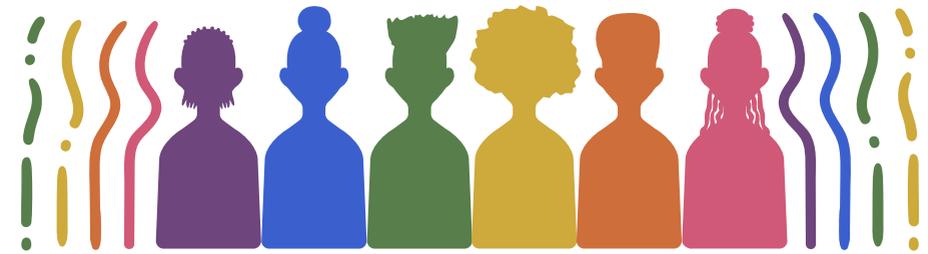


ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

+SECTION27
catalysts for social justice



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WHAT ARE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)?

Sexual and Reproductive Health Rights mean “a state of physical, emotional, mental and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity.”¹

1. From *Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission*, 2018



In South Africa, Sexual and Reproductive Health Rights are enshrined in section 27 of the Constitution which provides that “everyone has the right to have access to health care services, including reproductive health care”. Everyone in South Africa has a right of access to services and the freedom to make free and responsible decisions and choices about their own body.

Sexual and Reproductive Health Rights are central to people’s overall health and well-being. Over the years, work on Sexual and Reproductive Health Rights has been focused on increasing access to contraception, improving infant and maternal health and HIV/AIDS. However, many fundamental issues, including some of huge importance to adolescents, have been neglected. Neglected areas include access to safe abortion, menstrual health, gender-based violence, and sexuality among others. We cannot possibly cover all the issues related to Sexual and Reproductive Health Rights here, but we can touch on a number of issues that are important to adolescents in understanding their Sexual and Reproductive Health Rights.

EXERCISE 1: QUIZ

Please respond with a YES or NO to the four statements below (Give a reason):

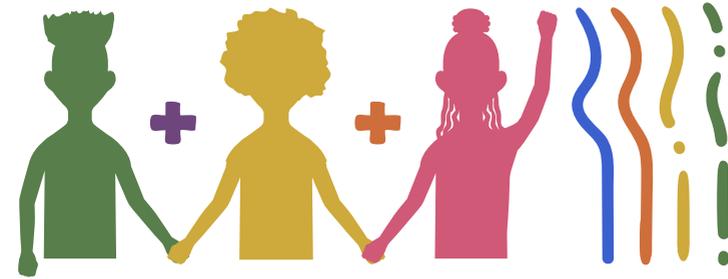
1. Y or N If your boyfriend/girlfriend beats you up, it means that s/he loves you?
2. Y or N Cat calling a girl is the best way to show her that she is beautiful?
3. Y or N A 14-year old girl can get contraceptives from any local clinic?
4. Y or N My parents have a right to choose my life partner?

Answers on page 21.



WHICH RIGHTS ARE FUNDAMENTAL TO THE REALISATION OF SRHR?

Sexual and Reproductive Health Rights is an umbrella term for a number of important human rights that are afforded to everyone.



Sexual and Reproductive Health Rights include the following²:

- Right to **define** one's sexuality
- Right to **choose** one's partner
- Right to receive confidential, respectful and high **quality services**
- Right to **equality** and **non-discrimination**
- Right to **life, liberty** and **security**
- Right to be **free from torture** and cruel, inhuman or degrading treatment or punishment
- Right to be **free from all forms of violence** and coercion
- Right to **privacy**
- Right to the highest attainable **standard of health**, with the **possibility** of pleasurable, satisfying and safe sexual experiences
- Right to enjoy the benefits of **scientific progress** and its application
- Right to **information**
- Right to **education** including comprehensive sexuality education
- Right to **enter, form and dissolve marriage** and similar types of relationships based on equality and full consent
- Right to decide whether to have **children**, the number and spacing of children, and to have the information and means to do so
- Right to **participate** in public and political life
- Right to access to **justice**, remedies and redress

2. From *Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission*, 2018



WHAT ARE THE COMPONENTS OF SRHR?

SRHR is made up of four components: sexual health, sexual rights, reproductive health and reproductive rights.

EXERCISE 2: SCENARIO

Lebo is a 13-year old girl doing grade 7. She recently realized that she is attracted to girls. She has romantic feelings for Thandi. However, she doesn't know how Thandi feels about her. Lebo is worried that Thandi will reject her and other people will find out and start judging her.

She confides in you and wants your advice on how to handle the situation. Give advice to Lebo.

Answers on page 21.



1. SEXUAL HEALTH suggests that everyone has access to:

- Counselling and care related to sexuality, sexual identity and sexual relationships.
- Services for the prevention and management of sexually transmitted infections including HIV/AIDS.
- Human papillomavirus vaccination for young girls and women.



3. REPRODUCTIVE HEALTH implies that everyone is able to:

- Receive accurate information about their reproductive system and services needed to maintain reproductive health.
- Manage menstruation in a hygienic way, in privacy and with dignity.
- Access multi-sectoral services to prevent and respond to GBV.
- Access safe, affordable and acceptable methods of contraception.
- Access antenatal healthcare services.
- Access safe abortion services including post abortion care.



2. SEXUAL RIGHTS are human rights and include the right of all persons, free of discrimination, coercion, and violence to:

- Achieve the highest attainable standard of sexual and reproductive health services.
- Receive comprehensive evidence-based sexuality education.
- Seek, receive and impart information related to sexuality.
- Have their bodily integrity respected.
- Choose their sexual partner.
- Decide whether to be sexually active or not.
- Choose who to marry.
- Engage in consensual sexual relationships.



4. REPRODUCTIVE RIGHTS rest on the recognition of human rights of all people to decide freely and responsibly the number and timing of their children and the right to attain the highest standard of reproductive health, including:

- Right to make decisions concerning reproduction, free from discrimination, coercion and violence.
- Right to privacy, confidentiality, respect and informed consent.
- Right to mutually respectful and equitable gender relations.

From *Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission*, 2018



KEY SEXUAL AND REPRODUCTIVE HEALTH RIGHTS ISSUES FOR ADOLESCENTS

Sex, Gender and Sexual Orientation

Often the three concepts of sex, gender and sexuality are confused and are seen to be overlapping. It is easy to see why this is so. We hope that by reading this section you will be able to distinguish between the differences of these three terms.

When people refer to someone's sex (also called biological or physical sex) they are talking about the biological characteristics that identify you as male, female or intersex at birth. Biological characteristics include reproductive organs (e.g. uterus, testicles, vagina, and penis), genes and hormones. Intersex is when someone is born with biological characteristics that are ambiguous, meaning such characteristics are not distinctly or typically female or male.

Your biological sex is not the same as your gender identity. Society expects people to look, feel and act a certain way depending on the biological sex assigned at birth. So, if you have a vagina, for example, society expects you to identify as a woman. This is regarded as being cisgender – your genitals match your gender identity. It is not always the case that a person's genitals match their gender identity. Someone with a penis may identify as a woman, and vice versa. Because gender is a social construct, how we interpret our hormones and where we consider ourselves placed within our society may be different from societal expectations.

There are more gender identities than just as a man or a woman. These include transgender and gender non-binary (also called gender-fluid or gender queer). Transgender is an umbrella term for persons whose identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth. Gender non-binary is a category for someone with gender identities that shift between feeling like a man or a woman. Where someone closely perceives themselves as both a man and a woman is regarded as bi-gender, a person who does not identify with gender is regarded as agender.

Gender expression is about how you appear to others. This is seen through interactions, dress and behaviour which is interpreted by others based on traditional gender norms. Identifying yourself as a cisgender or transgender man or woman, or a gender fluid person also does not mean that you have to conform to the traditional gender roles that people in these categories are expected to fit into. A person does not have to cook and clean and do whatever their partner tells them because they are the feminine (mostly associated with women) one in the relationship. A transgender person does not have to dress a certain way.

Every person is entitled to express their gender in their own way. We will often encounter people who are feminine, masculine, gender-neutral or androgynous (which is where your gender expression is not clear to others i.e. whether they consider you to be feminine or masculine). Our gender expression is always changing depending on what we are doing, how we do it and how we look at the time.

Sexual orientation also is not the same as biological sex or gender. Sexual orientation is about who you are emotionally, spiritually, romantically and sexually attracted to. For most people, who they are attracted to depends on someone's sex or gender. Depending on whether you are attracted to someone of the same or opposite sex, we call that being homosexual (gay or lesbian) or heterosexual (straight). For some people, sexual attraction is more fluid so they

are attracted to other people regardless of sex or gender. Such people may self-identify as pansexual. People who self-identify as bisexual are attracted to females and males. LGBT+ is an inclusive term for people whose sexual orientation, gender expression and gender identity are not that of a cisgender heterosexual man or woman. LGBT+ stands for Lesbian, Gay, Bisexual and Transgender. The '+' demonstrates that the term is inclusive and incorporates other forms of sexual orientation (like being pansexual), gender expressions and gender identities.

People who identify as LGBT+ are often, despite the constitutional obligation to respect everyone's right to dignity and equality, on the receiving end of unfair treatment, discrimination and stigma.

Puberty

Puberty is the process whereby a child moves from childhood to adulthood. It is characterised by bodily changes which prepare a person for reproduction (to have babies).

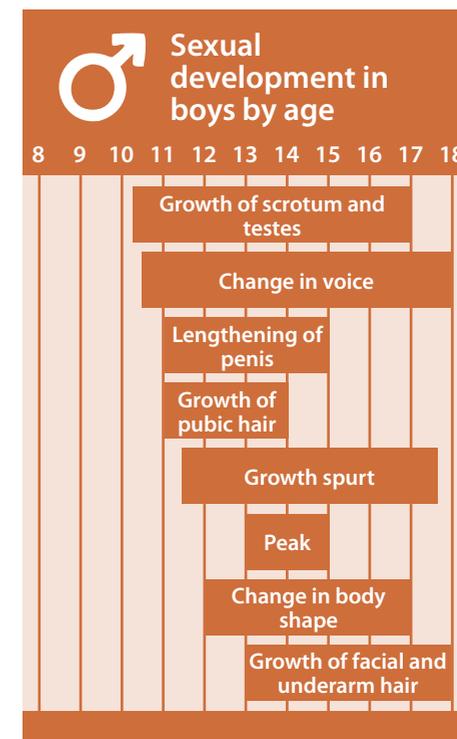
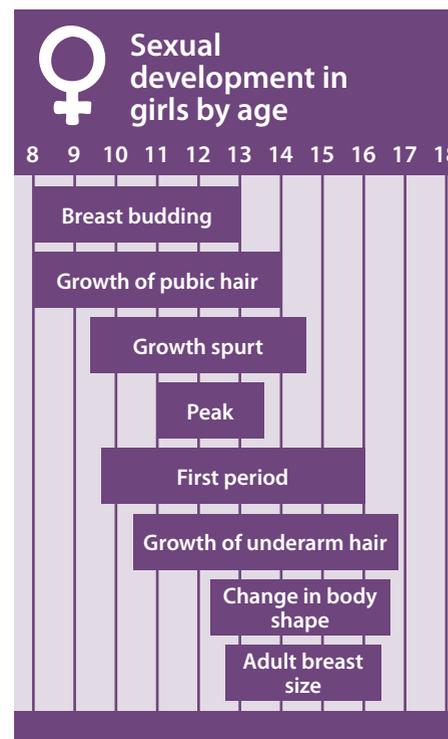
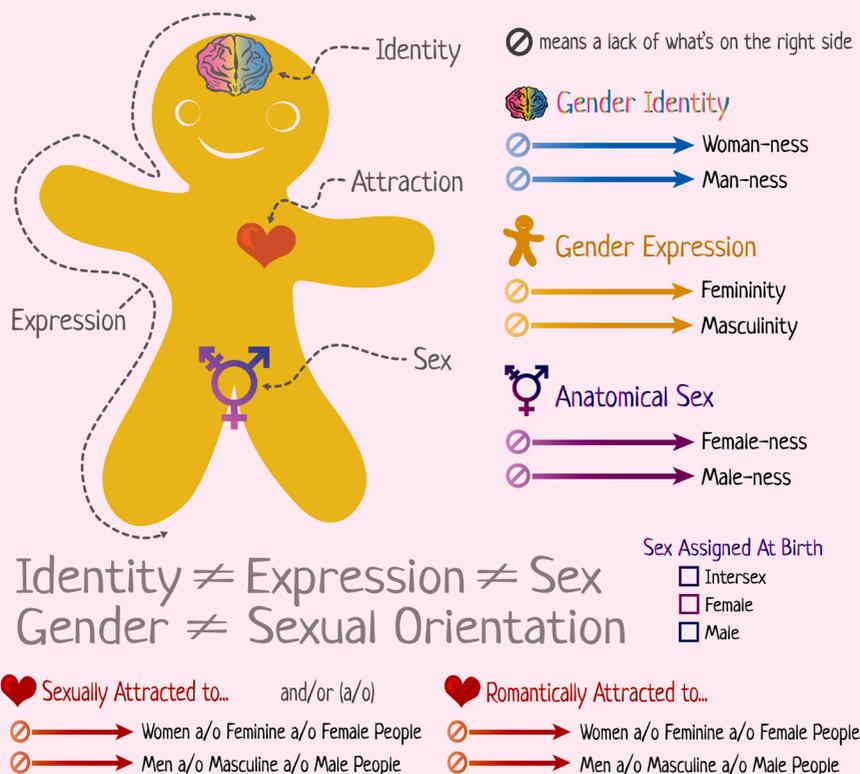
The brain begins to send hormonal signals to the gonads (ovaries in girls or testes in boys). In response to the signals, the gonads produce hormones that stimulate growth and changes in the brain, skin, blood, muscles, breasts and sex organs.

Growth in height and weight accelerates in the first half of puberty and is completed when an adult body has been developed. Until the maturation of their reproductive capabilities, the pre-pubertal physical differences between boys and girls are the external sex organs.

On average, girls begin puberty around ages 8-11 and end puberty around 15-17; boys begin around ages 11-12 and end around 16-17. These are just the average ages though – there is a lot of variation between individuals.

The major landmark of puberty for females is the onset of menstruation, which usually starts between ages 12 and 13. In males, it is the onset of ejaculation, which occurs on average at age 13.

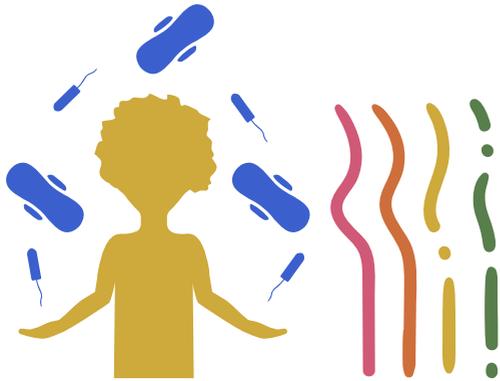
The Genderbread Person v4



Concept from: *Tell me about the changes in body: Adolescence and Puberty* by Saranne Meyersfeld, Mariëtte Slabbert and Hugo Tempelman (2011)

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann For a bigger bite, read more at www.genderbread.org

From www.genderbread.org



Menstruation

Girls produce thousands of eggs in their ovaries. When they reach puberty these eggs start to mature. Every month, one egg travels towards the uterus and the uterus lining becomes enriched with blood in preparation for pregnancy.

If the egg is not fertilised, the uterus lining sheds, releasing blood through the vagina. This bleeding is called menstruation (also known as a period). A girl can fall pregnant from her first period. Menstruation typically happens every month and can last up to seven consecutive days, although every female experiences menstruation differently. Sanitary pads, tampons or menstrual cups can be used to absorb or collect the blood during menstruation. These products can be bought from local supermarkets and pharmacies and are provided to girls for free at some schools.

Every girl has a right to manage menstruation in a hygienic way, in privacy and with dignity.

EXERCISE 3: QUIZ

1. Name the side effects associated with the use of contraceptives
2. Name the different methods of contraception that are available at the clinic near you
3. Can a contraceptive protect you from contracting HIV?

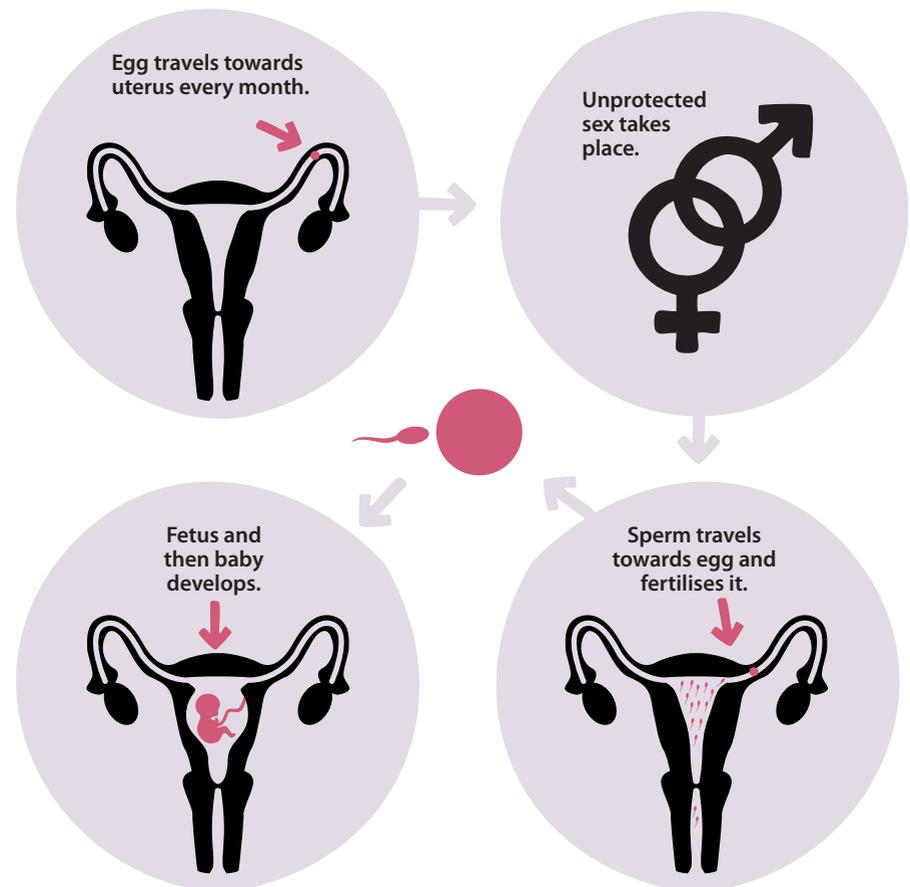
Answers on page 21.

Pregnancy

Pregnancy refers to a process where a fertilised egg inside a female's body grows from being an embryo into a full grown baby.

Fertilisation occurs when an egg (one of which is released every month) meets the male sperm following unprotected sex. Pregnancy generally lasts for up to 9 months. The female does not go through normal menstruation during this period.

In South Africa, every woman and girl who is pregnant has a right to access free health care services from all public clinics and hospitals. It is important that you go to a clinic as soon as possible after finding out that you are pregnant to make sure you get the services you need.



Concept from: *Tell me about the changes in body: Adolescence and Puberty* by Saranne Meyersfeld, Mariëtte Slabbert and Hugo Tempelman (2011)



Contraception

Contraception is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of unprotected sex.

To have access to contraceptives, everyone must have contraceptive methods available and accessible to them and must know how to use them. There are a number of effective and approved contraceptives available in both public health facilities and pharmacies.

There are three types of contraceptives: long-acting reversible contraception (LARC); hormonal contraception; and barrier methods. Only barrier methods are also effective for preventing transmission of HIV and other sexually transmitted infections.

1. Long-acting reversible contraception (LARC)

Long-acting reversible contraception (LARC) is a contraceptive that lasts for a long time. Examples of LARC include:

- The intra-uterine device (IUD) – also known as the loop – is a small device that is inserted in a female's uterus (womb) by a specially trained healthcare worker. It lasts for five years. It doesn't require the female to visit the clinic regularly. Once you have an IUD inserted inside your womb and you have had your follow-up visit to confirm its placement, you only have to return to the clinic if you want it removed.
- The implant, otherwise known as an Implanon, is a small matchstick sized rod that is implanted under the skin in a female's arm. It lasts for up to three years.



LARCs are sometimes called "fit and forget" contraception because you don't need to remember it every day or every month. LARCs are the most effective types of contraception. They are more than 99% effective at preventing pregnancy.

2. Hormonal contraceptives

Hormonal contraceptives use hormones to prevent pregnancy. Hormonal contraceptives include the pill and injectables.

There are two types of pill:

- The oral contraceptive pill is taken daily to prevent pregnancy. There are many different types of contraceptive pills. They all contain hormones, and they should be available at all healthcare facilities. If you can commit to taking a pill at the same time every day, the contraceptive pill may be an option for you. In addition



to preventing pregnancy, there are other medical indications for which your healthcare provider may prescribe a pill – for example, the pill can offer relief from painful menstrual cramps or treat acne.

- Emergency contraceptive (also known as a morning after pill) is taken within 72 hours after unprotected sex. You can either get it for free from any public health facility i.e. clinics or hospitals, or over the counter in local pharmacies. It is advisable that you do not use the emergency contraceptive as a long term contraceptive. It should only be used in the instances listed below as overuse may affect its efficacy. Emergency contraception should be used to prevent pregnancy if:
 - » you have had sex without protection (whether by choice or due to pressure / force),
 - » your normal contraception fails e.g. condom breaks,
 - » you have missed more than one contraceptive pill,
 - » you have been vomiting or had diarrhoea while on the pill, or
 - » you have missed your injection.



The injection gradually releases the hormone progesterin into the blood stream over a period of eight to twelve weeks. There are two types of injection – one you must receive every two months (e.g. Noristerat), and the other you receive every three months (e.g. Depo Provera). The injections are widely provided in the public health facilities in South Africa, but it is important to discuss possible side effects with your nurse or doctor. If you do decide to use either hormonal or LARC contraceptives, it is especially important that you use condoms when having sex, to reduce the risk of HIV transmission.



3. Barrier methods

Barrier methods stop sperm from entering the vagina. The two barrier methods are:

- Female condoms
- Male condoms

Condoms protect against sexually transmissible infections (STIs) – including HIV – as well as unintended pregnancy. You can get male or female condoms free of charge from any public health facility. You can also buy male condoms over the counter. According to the Department of Basic Education National policy on HIV, TB and STIs, learners should have access to HIV and pregnancy prevention tools from any public clinic close to school or through mobile clinics. Adolescents above the age of 12 years can access contraceptives without prior consent from their parents.

The most effective contraceptive method continues to be abstinence. Abstinence means not having sex. This method protects you from unwanted pregnancies as well as contraction of STIs, including HIV.

It is also important that when you choose a contraceptive method, you also choose a tool to prevent HIV and other STIs. The use of two interventions for prevention of both pregnancy and HIV (e.g. a condom and the pill) is called a dual method. Other than abstinence, this is the safest you can be.



Abortion

Abortion is the deliberate termination of human pregnancy. A trained healthcare provider is needed to perform a safe abortion.

There are designated hospitals and clinics that offer abortion services for free in the public health sector. There are also facilities in the private sector, such as Marie Stopes Clinic, that offer safe abortion services at a price. Any pregnant girl or woman – regardless of age – can consent to an abortion. A minor may be advised by her healthcare provider to consult her parents or guardian. However, the ultimate decision to terminate remains the right of the pregnant girl or woman.

In South Africa, abortion can occur under the following circumstances:

Circumstances and conditions under which pregnancy may be terminated

Gestation Period	Circumstances and Conditions	By Whom	Requirements
Up to 12 weeks	On the request of a pregnant woman of any age	<ul style="list-style-type: none"> Registered Nurse Registered Mid-wife with appropriate training 	Informed consent of the pregnant woman
13 to 20 weeks	<ul style="list-style-type: none"> Continued pregnancy poses a risk of injury to a woman's physical or mental health Would affect social or economic circumstances Severe physical/mental abnormalities in the fetus Pregnancy is a result of rape or incest 	<ul style="list-style-type: none"> Doctor 	Informed consent of the pregnant woman
After 20 weeks	If the pregnancy would: <ul style="list-style-type: none"> Endanger the woman's life Result in severe malformation of the fetus Pose a risk of injury to the fetus 	<ul style="list-style-type: none"> Doctor 	Informed consent of the pregnant woman; consultation with two doctors, or a doctor and a midwife

Source: Spotlight 2018

An unsafe abortion is the termination of a pregnancy by a person or people lacking the necessary skills, or in an environment lacking minimal medical standards, or both. An unsafe abortion may be an extremely dangerous life-threatening procedure if it is self-induced or induced by someone who does not have medical qualifications in unhygienic conditions. Unsafe abortions lead to the deaths of women. They can also lead to an infection in the female's reproductive organs which may have permanent consequences such as an inability to conceive in future.

Safe abortions are like any other kind of medical procedure: there are risks but every step is taken to eliminate the risk and ensure that the woman is safe.

In South Africa, everyone has the right to reproductive health care services, including abortion.

HIV

HIV, also called Human Immunodeficiency Virus, is a virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV is a sexually transmitted infection that weakens the body's immune system leaving a person vulnerable to opportunistic infections.

Non-sexual transmission can occur from an infected mother to her infant during pregnancy, during childbirth by exposure to her blood or vaginal fluid, and through breast milk. HIV can also be spread through blood transfusion or sharing of needles with someone who is HIV positive.

HIV cannot be cured but it can be managed through taking anti-retro viral treatment (ART) daily for as long as you live.

HIV can be prevented through the use of the following tools:

Condoms

Condoms are the most effective tool in the prevention of HIV and STIs when used correctly. They prevent the exchange of fluids in the genitalia during sex, which makes it almost impossible for sperm to pass through the vagina.

Voluntary Medical Male Circumcision (VMMC)

VMMC involves the surgical removal of the foreskin from a penis. The removal of the foreskin offers protection from acquiring HIV or other STIs by 60% in men. It also keeps the penis clean, free from infections that could potentially lead to cancers of the reproductive system including penile cancer (in men) and cervical cancer (in women).

Pre Exposure Prophylaxis (PrEP)

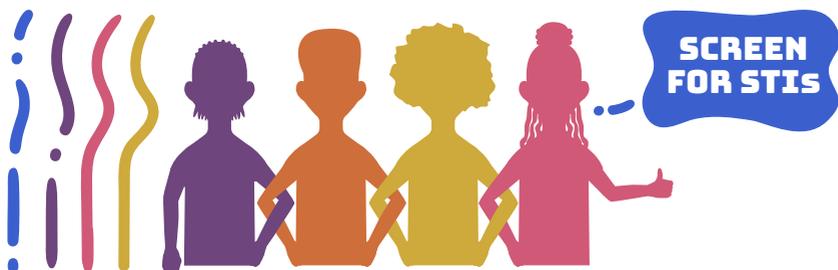
PrEP is an anti-retro viral (ARV) drug taken daily by an HIV negative person before they are exposed to HIV. It is taken by HIV negative people who are at a higher risk of contracting HIV. According to the WHO guidelines, a person on PrEP should take it for up to 21 days to reach maximum protection in their system before engaging in unprotected sex with an HIV positive person. It is advised that you continue taking PrEP daily for as long as you are exposed to HIV. In South Africa, PrEP is only available in 72 sites nationwide.

Post Exposure Prophylaxis (PEP)

PEP is an ARV drug taken by an HIV negative person after being exposed to HIV through unprotected sex with an HIV positive person or contact with HIV infected blood through sharing needles. PEP is taken within the first 72 hours of exposure to HIV. Unlike PrEP, PEP is taken daily for up to 30 days after exposure. It can be accessed from any public clinic or hospital. Alternatively, you can get PEP from a private doctor.

Treatment as Prevention (TasP)

TasP refers to a process where an HIV positive person is adhering well to ART and is therefore virally suppressed and less infectious. Viral suppression means that when tested, the person's blood shows no HIV positive cells. When a virally suppressed person engages in unprotected sex with an HIV negative person, the chance of HIV transmission is very low.



Sexually Transmitted Infections (STIs)

STIs are infections that are passed on from one person to another through sexual contact, including unprotected sex or genital contact.

There are two types of STIs – symptomatic and asymptomatic STIs. Symptomatic STIs are those that present signs on the genitalia. Asymptomatic STIs are those that remain dormant for a long time without showing any signs. Asymptomatic STIs often remain untreated.

Common STIs that affect young people in South Africa include:

- **Human papillomavirus (HPV)** is a viral infection that is passed between people through intimate skin to skin contact. You can get HPV through having anal, vaginal or oral sex with someone who has the virus. There are more than 100 varieties of HPV, 40 of which are passed through sexual contact and can affect your genitals, mouth, or throat. The Department of Health administers HPV vaccinations to Grade 4 female learners in schools. These vaccinations are carried out with the assumption that 9 year old girls are not yet sexually active. The vaccine offers young girls protection from cervical cancer in the future.
- **Genital herpes** is a common infection caused by the herpes simplex virus (HSV). There are two types of HSV: type 1 and 2. Type 1 causes cold sores on the lip. Type 2 causes genital lesions. Some people develop symptoms of HSV a few days after coming into contact with the virus. Small, painful blisters or sores usually develop, which may cause itching or tingling, or make it painful to urinate.
- **Gonorrhoea** is a bacterial STI easily passed on during sex. About half of women and one in 10 men with gonorrhoea don't experience any symptoms, and are unaware that they're infected. In women, gonorrhoea can cause pain or a burning sensation when urinating, a vaginal discharge (often watery, yellow or green), pain in the lower abdomen during or after sex, and bleeding during or after sex or between periods. It can sometimes cause heavy periods.
- **Chlamydia** is passed on during sex. Most people don't experience any symptoms, so they are unaware they're infected. In women, chlamydia can cause pain or a burning sensation when urinating, vaginal discharge, pain in the lower abdomen during or after sex, and bleeding during or after sex or between periods. It can also cause heavy periods.

It is important that to get screened for STIs every year or whenever you change a sexual partner.

Gender-Based Violence (GBV)

Gender-based violence is violence perpetrated against someone because of their gender. GBV is characterised by unequal power relationships, usually between men and women, and while GBV may be directed at men, it is generally directed at women.

Perpetrators of GBV have also targeted gay men, transgender people and lesbians on the basis of their gender identity or sexuality. The most pervasive form of gender-based violence is abuse of a woman by intimate male partners.

GBV includes battering, sexual abuse of female children in the household, early marriage, forced marriage, female genital mutilation and other traditional practices harmful to women, sexual harassment and intimidation at work, in school and elsewhere, commercial sexual exploitation, and trafficking of girls and women.

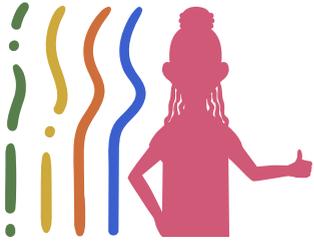
Child marriage

Child marriage is a formal or an informal union entered into by an adult and a child below the age of 18. This type of marriage comes in different forms. It can be arranged or forced, both of which violate the right of the girl to choose her life partner.

Child marriage is usually influenced by culture or religion. It is a practice that violates the sexual and reproductive health rights of girls and women including the right to basic education, health, freedom, etc.

Ukuthwala, which can result in child marriage, refers to the abduction of a single woman, including a prepubescent girl, by a man with the intention to make her his wife without her consent. This practice is common in rural KwaZulu-Natal and the Eastern Cape.

According to the Criminal Law: Sexual Offences and Related Matters Act, any adult that engages in a sexual relationship with a child below the age of 16 will be charged for statutory rape, regardless of whether the sex is consensual or not. Moreover, exposing a child below the age of 18 to pornography, videos or pictures of nudes, or touching their private parts are very serious sexual offenses.



EXERCISE 4: MIX AND MATCH

Match the terms on the left with the descriptions on the right.

MENSTRUATION	An ARV drug taken daily by an HIV negative person to prevent HIV acquisition
ABORTION	Making sexual comments that make someone feel uncomfortable
IMPLANT	A type of infection in the genitalia that you can get through sex
PrEP	The deliberate termination of a pregnancy before the embryo or foetus can survive outside the uterus
SEXUAL HARASSMENT	The abduction of a woman for the purpose of marriage without her consent
GONORRHEA	A contraceptive that lasts for up to 3 years
UKUTHWALA	Shedding of the uterus lining every month

EXERCISE ANSWERS

Exercise 1 (page 3): 1: No 2: No 3: Yes 4: No

Exercise 2 (page 6):

Ideal answers:

- Everyone has a right to define their own sexuality.
- People should not be judged.
- Encourage counselling or to speak to someone.
- Preparation in understanding that not everybody will understand and accept.
- Encourage confidence and self-acceptance.

Exercise 3 (page 12):

1. Weight gain, excessive bleeding, mood swings, irregular periods, etc.
2. Injectable, pill, condoms, IUD, implant.
3. No, contraceptives only protect against unwanted pregnancy.

Exercise 4 (page 20):

Menstruation	Shedding of the uterus lining every month
Abortion	The deliberate termination of a pregnancy before the embryo or foetus can survive outside the uterus
Implant	A contraceptive that lasts for up to 3 years
PrEP	An ARV drug taken daily by an HIV negative person to prevent HIV acquisition
Sexual harassment	Making sexual comments that make someone feel uncomfortable
Gonorrhoea	A type of infection in the genitalia that you can get through sex
Ukuthwala	The abduction of a woman for the purpose of marriage without her consent

USEFUL CONTACTS

South African Depression and Anxiety Group: 011 234 4837 or 080 045 6789

Lifeline (mental health): 0861 322 322

Irantl (LGBTIQ+): 011 339 1468

LoveLife (HIV): 0800 121 900

FAMSA (family): 011 975 7106/7

ChildLine National helpline (child abuse): 08000 555 55

ChildLine Eastern Cape: 041 453 0441

ChildLine Free State: 051 430 3311

ChildLine Gauteng: 011 645 2000

ChildLine KwaZulu-Natal: 031 312 0904

ChildLine Limpopo: 015 295 6449

ChildLine Mpumalanga: 013 752 2770

ChildLine North West: 018 297 4411

ChildLine Western Cape: 021 762 8198

