



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

#Asiyifuni
Leaders for GBV-Free schools



Learner-Leader Guide • for GBV-Free Schools





Introduction

Programme background

The School Related Gender-Based Violence (SR-GBV) Prevention through a Sexual Reproductive Health and Rights (SRHR) Initiative for adolescents is a project that aims to support the joint efforts of the Department of Basic Education (DBE) and Partners for Prevention (PfP) in preventing SR-GBV through the promotion of SRHR education. This initiative seeks to integrate SRHR education into GBV prevention through activation of learner-led school based advocacy campaigns.

This initiative aligns with the Partnerships for Prevention of Gender-Based Violence in Southern Africa (PfP) – a GIZ program, which adopts a comprehensive approach involving government, the private sector, and civil society to address GBV on a larger scale. PfP focuses on context-specific initiatives to prevent all forms of GBV.

Context

South Africa, as evidenced by recent demographic studies, has a predominantly youthful population, with a significant proportion under the age of 30. However, the country faces a troubling and deeply entrenched issue of gender-based violence (GBV) rooted in its institutions, cultures, and traditions.

To effectively prevent and address GBV, especially among the youth, interventions must prioritize investment in their sexual and reproductive health and rights (SRHR). The overarching vision of the GBV Prevention through the promotion of SRHR initiative is to create a South Africa where all adolescents, including parents, have the knowledge, information, agency, and support needed to prevent GBV, enabling them to reach their full potential.

Agape Youth Movement NPC (AYM) supports the Partnerships for Prevention (GIZ PfP) and the Department of Basic Education's endeavours to prevent school-related gender-based violence (SR-GBV) among learners in South African schools. This support involves capacity-building workshops for learners (Representative Councils of Learners), educators and parents (SGBs) and school based and learner-led advocacy campaigns.

This initiative primarily targets increasing awareness of harmful cultural and socially accepted practices that perpetuate school-related GBV within communities, and understanding sexual and reproductive health and rights.

It is with this background that Agape Youth Movement (AYM) in partnership with GIZ PFP will collaborate with DBE to implement school-related GBV prevention programmes with links to SRHR education.

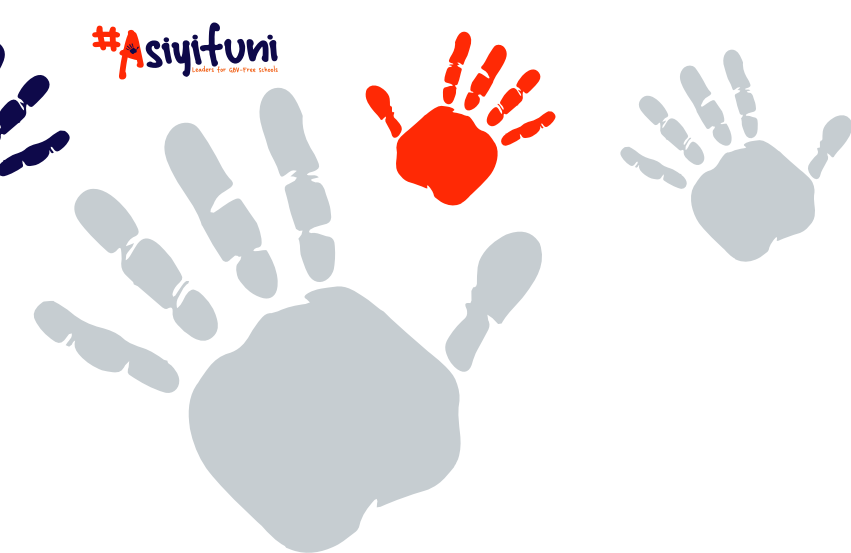


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A Comprehensive Glossary of Terms

HIV status: whether or not you are infected with HIV

HIV transmission: act of transferring HIV from one person to another

Homosexual: an individual who is sexually and emotionally attracted to a person of the same sex (synonym for gay)

Individuality: the quality or characteristic that distinguishes a person from others

Intimacy: a close, familiar, and usually affectionate personal relationship with another person, sometimes used to refer to warm feelings and sexual relations

Non-verbal communication: communication without the use of spoken language

Obstacles: things that prevent one from succeeding or achieving a goal, or stand in the way of getting to those goals

Passive communication: individuals avoid expressing their opinions or feelings, but may show how they feel through their posture, expression or other non-verbal means

Perception: awareness or understanding of something by means of the sense or of the mind

Perpetrator: a person who commits any wrongdoing

Prevention of STIs: process of eliminating the risk of contracting STIs

Rights and responsibilities: rights are the basic prescribed rules about what is allowed of people or owed to people; Your rights are balanced by your responsibilities towards others

Risk: the possibility that something bad may happen

Sex: refers to biological characteristics that define humans generally as female or male; In ordinary language the word is often interpreted as referring to sexual activity

Sexual and reproductive health services: defined as the methods, techniques and services that contribute to sexual and reproductive health and well-being through preventing and solving reproductive health problems; This includes services for family planning; prevention of unsafe abortion and post-abortion care; diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer; and the promotion of sexual health, including sexuality counselling

Sexual behaviour: sexual actions or activities

Sexual health: absence of sexual diseases or disorders, but also a capacity to enjoy and control sexual behaviour without fear, shame, or guilt; For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled

A Comprehensive Glossary of Terms

Sexual identity: an individual's sexual orientation, preferences, gender roles, and how they define their individual sexuality

Sexual lifestyle: individual's sexual behaviour pattern in terms of partners, sexual orientation and activities

Sexual orientation: your sexual orientation is who you are naturally romantically and sexually attracted to. If you are sexually attracted to someone of the opposite sex, your sexual orientation is heterosexual. Current terms for other sexual orientations include lesbian, gay, bisexual, transgender, queer, questioning and intersex people (LGBTQI). An intersex person does not fit into a distinctly male or female body. An intersex person could, for example, be born with both male and female sex organs

Sexuality: how we feel about ourselves and our relationship with others. It includes our sexual thoughts, experiences, feelings, ideas and values

Stereotypes: a fixed or simplified idea about a type of person or thing

Stigma: a process through which an individual attaches a negative social label of disgrace, shame, prejudice or rejection onto another person, because that person is different in a way that the individual finds undesirable

Stigmatise: holding discrediting or offensive attitudes towards another person on the basis of some feature that distinguishes the other such as colour, race or HIV status

STIs: Sexually transmitted infections (STIs) are spread from person to person through sexual contact. These diseases can be passed through any contact between the genitals of one person and the genitals, anus or mouth of another person. Symptoms vary depending on the type of infection, although some people may not develop symptoms at all. HIV is a particularly serious STI

Support: to provide comfort, encouragement or assistance to someone in need

Victim: a person that suffers harm from some adverse act

Violation of human rights: to deny people what is owed to them

Young people: Youth between ages of 15 and 24 years

Consent: Agreeing to something willingly and freely, without being forced. For example, in South Africa, the law says a child under 12 can never agree to sex, and it's always considered rape. Between 12 and 16, they can agree, but there can be legal consequences if the other person is over 18

Gender: Ideas about how men and women should behave and what roles and responsibilities they should take in life

Gender stereotypes: Fixed ideas about how men/boys and women/girls behave. Such stereotypes are not true

A Comprehensive Glossary of Terms

LGBTQI: Lesbian, gay, bi-sexual, transgender, questioning or intersex. This is also referred to as sexual orientation, gender identity and expression (SOGIE)

Morning-After Pill (MAP): An emergency contraceptive pill that may prevent pregnancy if taken as soon as possible, and within 72 hours (3 days) after sex

Perpetrator: A person who does something bad/wrong/illegal, e.g. uses violence against someone

Post-exposure prophylaxis (PEP): A treatment that is used after sexual abuse to reduce the risk of HIV infection. This treatment should be taken as soon as possible, and within 72 hours (3 days) after the incident

Problem tree: A tool to help understand causes and consequences (results) of a problem issue (e.g. violence)

Rape: Any sexual act, or attempted sexual act, that involves someone putting a penis or a finger or any object into the mouth, anus or vagina of someone else against their will

School safety committee: A group that has been selected to look at safety in a school and has the duty to take disciplinary action against violence at school; it should include learner representatives such as a member or members of the school safety team

School safety team: A group of learners who are committed to working together to take action against violence in their school

SOGIE: This is also referred to as sexual orientation, gender identity and expression

School-related GBV: Violence that happens in or around schools because of gender stereotypes (set ideas about how boys and girls should act) and power differences between people

Sugar daddy/mommy: An older man or woman, who gives money or gifts to a younger person in return for sexual favours

Victim: A person who is harmed because of something bad that happens to them e.g. violence/crime/sexual abuse. We can also call this person a survivor, to show that they have power to get over the bad experience and heal

Victim Empowerment Programme (VEP): A programme put in place by SAPS to support victims/survivors of sexual abuse when they report the incident

Violence: When we use (or threaten to use) power or force to cause physical and/or psychological harm to ourselves or others; violence is intentional (done on purpose)

**note*: definitions are as per the prevent violence manual and the grade 8 scripted lesson plans*

About the Learner Guide

This guide includes comprehensive lessons or activities that will help you to understand the concepts, content, values and attitudes related to school related Gender Based Violence and Sexual Reproductive Health and Rights.

The activities are practical, interesting and have suggested assessments for you to try. The activities are done individually and in groups so that you can share information and have discussions with your peers. Use these activities to reflect on the content you have learned and on the skills you have practised. You can do them on your own or with a friend or in groups.

The following have been selected as KEY MESSAGES to be reinforced throughout the activities. Use these messages to remind you and your peers of what you should know about choosing a safe and healthy sex life. Use them on postcards, bookmarks, posters, bumper stickers, etc. to raise awareness and show what you choose to do!

1. The safest choice is not to have sex.
2. You have the right to say no to sex in any situation.
3. If you choose to have sex, use a condom every time.
4. Stay faithful to one partner at a time to protect yourself, your partner and your community.
5. If you are having sex, get tested for HIV and other STIs regularly.
6. Both men and women are responsible for preventing pregnancy, HIV and other STIs.

The facilitator guide has 4 comprehensive modules with sub topics and is complemented by a learner guide.

Module 1: Understanding School Related Gender Based Violence (SR-GBV)

Module 2: Understanding Sexual Reproductive Health and Rights (SRHR)

Module 3: The Intersection! Where SR-GBV and SRHR meet

Module 4: Take Action

Setting the ground rules

Ground rules are rules and guidelines about the way people in a group agree to behave when working together. When you join the group and accept the ground rules, it shows that you are committed to this behaviour and agree to follow them in the workshop and at school. Always welcome the learners and go through the ground rules.

Preventing violence is partly about all of us showing respect, friendliness and tolerance to each other at all times.

Group Rules

Discuss the suggested ground rules below and add those that are important to you that are not on the list below:

G**R****O****U****P****S**

GIVE other's a chance to speak;
Don't interrupt

RESPECT everyone;
No judgments

OPENNESS and honesty

USE "I" statements;
Speak from your own experience

PASSING is; "O.K"

SAFE ZONE; This is a confidential space!

Working together co-operatively means respecting the other members of the group and their views, even if they are different to your own.

Remember that others may see and feel things differently from you. Share your responses openly and honestly, and respect everyone's views! This is one reason why it is important to commit to ground rules.

What do you see?



We don't see things the same way!!!!!!



House rule:

This image shows a blank sheet of white paper with horizontal ruling lines. In the top-left corner, there is a light blue, irregularly shaped graphic element resembling a cloud or a splash. The rest of the page is empty except for the horizontal lines.

LET'S START

Module 01: Understanding School Related Gender Based Violence

Outline

In this module we will take time to:

1. Define violence
2. Identify the different types of violence that occur in schools
3. Understand gender-based violence
4. Unpack how gender stereotype pave a way for gender-based violence
5. How to Prevention of SR-GBV?

Ice Breaker Activity

BINGO!

Getting to know you Bingo! Get to know your fellow participants...

Instructions:

- Find one person in the room who matches the description in each box and then write their name in the box.
- You may not fill in the same person's name twice.
- Once you have a name for each of the questions, shout BINGO!!!!

Getting to know you Bingo!

Has more than 2 siblings	Name:
Has been elected into the RCL for the first time	Name:
Is wearing something blue	Name:
Who's name starts with the letter L	Name:
Knows the meaning of TLO	Name:
Knows the name of 1 member of the School Governing Body	Name:
Knows what DBE stands for	Name:

Defining Violence

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, poor development or deprivation.

World Health Organisation (WHO) 2002

There are different types of violence and it is important to understand that it is not always physical.

Psychological violence is violence that hurts people's minds and feelings rather than their bodies. It also does great harm, and it often develops into physical violence. Less serious forms of violence such as insults often develop into more serious forms, such as forced sex. All these types of violence affect people's ability to feel confident and positive about themselves, to trust others, and to cope with their lives.

Now let us look at the types of violence that can take place in a school environment:

Bullying

Bullying happens when someone uses their physical strength, their position (e.g. prefect, teacher, team captain) or emotional force and influence over others, to hurt or frighten another person. They will usually do this repeatedly (over and over again) to make that person feel bad about themselves.

Forms of bullying	Definition
Verbal or written abuse	Name-calling or jokes; posters that make people feel upset or angry; written messages, letters or graffiti that are hurtful; showing pictures that hurt a person's feelings or make other people think badly of them.
Social bullying	Gossiping; telling stories about people that aren't true; leaving people out and breaking up friendships.
Homophobic bullying	<p>Any form of bullying (e.g. disrespect, discrimination, harassment) against learners who are seen as different in their sexual orientation (which sex they are attracted to) or their gender identity (which gender – men/boys or women/girls– they identify with and express themselves as). This bullying targets learners who are:</p> <ol style="list-style-type: none"> 1. Lesbian (girls) or gay (boys) : attracted to people of their own sex 2. Bisexual : attracted to both males and females 3. Transgender : identify with the opposite gender– boys who feel, behave and/or dress like girls, or girls who feel, behave and/or dress like boys 4. Intersex : their bodies are not clearly male or female.
Gang/ Physical violence	Organised gangs may even use weapons to bully outsiders or younger members.
Sexual bullying	unwanted sexual jokes, sexually insulting pictures, calling out sexual insults, following people with unwanted sexual
Cyber-bullying	Invitations, and spreading sexual rumours. It can also involve uninvited touching and forced sex. Using the internet, mobile phones or other electronic media to insult or harass people, or to spread rumours; videos and pictures that hurt people and harm their reputation.

Bullying

Corporal punishment

The Convention on the Rights of the Child defines corporal or physical punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light, by a person in authority. At school, corporal punishment includes:

- hitting (smacking, slapping, caning) learners, with a hand or an implement, such as a whip, stick, belt, shoe or wooden spoon
- kicking, shaking, throwing, burning or scalding learners
- pinching, scratching, biting, pulling hair or boxing ears
- forcing learners to do strenuous physical exercise or stay in uncomfortable positions for long periods of time.

****remember that corporal punishment is illegal in South African schools!!!***

Psychological abuse

Some forms of correction or punishment don't use physical force but are just as harmful as corporal punishment because they also humiliate and degrade learners (make them feel small and worthless) and harm them emotionally.

This kind of abuse includes any corrective action that belittles, humiliates, threatens, scares or ridicules a child. Often, the perpetrator scapegoats a child: this means that the child is blamed unfairly and made responsible for something bad that they didn't do. This kind of treatment harms children's minds and spirits. For example, most of us have heard statements like the following from teachers when giving back work: You're stupid and useless! I don't know why you're here. Detention for you.

Gender Based Violence

Gender-based violence (GBV) happens because there is unequal power between men and women (and also between boys and girls) in society. Also, many people have fixed ideas about how men and women / boys and girls should behave. They enforce these differences and inequality between the genders. GBV is often used to mean the same as violence against women and girls, but it is broader than that.

GBV takes different forms:

Form of GBV	Definition
Physical	For example, when someone is beaten by their partner for saying or doing something the partner doesn't like.
Sexual	For example, when a "trusted" adult such as an uncle forces a child
Psychological	For example, when a strong and assertive girl is shamed for speaking up for herself; or when a gay or lesbian person is told that being gay or lesbian is a sickness.
Economic	For example, when someone who has financial power and control coerces (forces) a girl or boy into having sex by depriving them of food, clothing or money.

It can include the following:

- Sexual abuse: includes sexual harassment, sexual violation and rape. These are explained below.
- Sexual trafficking: abducting girls or women or boys to be sex workers.
- Domestic violence: for example, a man beating his wife or child because he thinks that a man is the boss of the family and has the right to do this.
- Intimate partner violence: occurs when one partner does violence - either physical, sexual or psychological (mind, feelings, spirit) - to the other partner.
- Traditional practices such as early and forced marriage.

Sexual abuse is the most common type of GBV that takes place in schools and this includes sexual harassment, sexual violation and rape. Now let's look at the difference between these types of sexual abuse:



sexual harassment:

In schools where there is lots of bullying amongst learners and where educators bully learners, sexual harassment is also common. When learners and teachers accept this as normal, it can easily develop into more serious forms of GBV such as rape. You are sexually harassed if someone:

- talks to you about sex when you don't want them to
- touches, pinches or grabs parts of your body you don't want touched
- sends you sexual notes, SMSs or pictures from a cell phone (called sexting)
- writes rude graffiti about you, or spreads sexual rumours about you
- makes sexual comments or jokes
- follows you against your wishes and won't stop inviting you for sex
- calls you rude names, like bitch, isitabane, moffie, slut, etc.
- demands sex in return for a bribe, like higher marks.

Sexual violation:

Sexual violation is when someone touches your genitals (sex parts), breasts, anus, or another part of your body in a sexual way with their mouth, another part of their body or an object shaped like a sex part; or makes you touch them in a sexual way; or puts an object shaped like a sex part into your mouth.

Rape:

Rape is any sexual act, or attempted sexual act, that involves someone putting a penis or a finger or any object into the mouth, anus or vagina of someone else against their will. This means that someone uses their body part (for example their penis, finger, tongue) or an object (for example a broomstick) to penetrate the vagina, anus or mouth of another person and that person is a child, or has not consented (agreed) to this sexual act. Both sexes can therefore commit rape or be the victim of rape.

****It is important for us to understand sex and gender, in order for us to see how gender stereotypes can prepare a way for gender based violence.****

Activity

Look at the following pictures and identify which type of violence is depicted and whether it can take place in school or not:



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Understanding sex and gender

Many people think that sex means the same as gender , so they say gender-based violence (GBV) is the same as sexual violence. But sex and gender are not the same, as the table below shows:

Sex	Gender
Is the physical FACTS about male and female bodies and the differences between them.	Is about IDEAS (not facts) about how men and women should behave and what roles they should play in life.
We are born with our sex.	We are not born with ideas about gender. These ideas are learned from day to day through relationships and experiences in our family, friends, school and community.
<p>The basic biological facts of sex stay the same.</p> <p>Example:</p> <p>Only women can give birth.</p>	<p>Ideas about gender are different from culture to culture and can change over time.</p> <p>Example of positive ideas about gender:</p> <p>Women can do traditionally male jobs as well as men can.</p> <p>Example of negative ideas about gender:</p> <p>Men are all violent, that is how they are; it's part of being a man.</p>

Sex:

Refers to the biological and physiological characteristics that define men and women.

VS

Gender:

Refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for man and woman.

What are gender stereotypes?

Gender stereotypes influence how we behave towards others and how they treat us. They are messages parents, friends, teachers, colleagues, leaders and the media give us early in life, messages that follow us into adulthood.

Many of these messages are untrue or one-sided, or negative and damaging. Let's look at the different gender stereotype messaging for boys and

Messages for girls	Messages for boys
1. Be ladylike - always obedient and well-behaved.	• You must be strong - not a cry-baby or sissy.
2. Don't push yourself forward.	• Take risks and prove yourself.
3. You are going to be a wife and mother first and foremost.	• Aggression is natural for men - be ready to attack.
4. You need to attract men in order to be a success and feel good about yourself.	• You are a sexual being - show the girls and other boys that you are a real man.
5. You are less intelligent and weaker than boys.	• You will lead your family and take the important decisions in future.
6. Leave the important decisions to men.	• Yes, you're naughty, but boys will be boys.

How gender stereotypes prepare the way for gender-based violence

When we expect men and boys to dominate and we see women and girls as weaker and less intelligent, there will be unequal power between men/boys, and women/girls. Women and girls generally suffer most from this inequality. When women and girls are seen as inferior (lower) and are expected to do as men/boys say, it becomes easy for men/boys to control and bully women/girls. They can also keep women/girls out of decision-making at work, in the community and in the home.

If we think it is okay for men to be aggressive and expect them to look for sex with lots of women, we are helping to put women and girls in danger! Men then think that they have the right to have sex whenever they want and with anyone they choose. Women find it difficult to stand up for their rights to say no to sex or insist on safe sex. Sexual bullying becomes normal in many communities and schools, as it is in South Africa now. Also, HIV spreads more easily and threatens lives.

Gender-based violence is all those kinds of violence that come from gender inequality and keep gender inequality going: disrespect, discrimination, sexual bullying, sexual violation and rape. GBV is therefore not just about individual men who are angry or have bad tempers. It is about men in society keeping control over women.

*A learner can be sexually abused by another learner, an educator, or another adult in the school or community. **Men, women, boys and girls can all be victims or perpetrators of sexual abuse. These violations can occur anywhere, like the classroom, playground home or church!!!!**

Group Activity

Think about some of the statements that you have heard that enforce gender stereo types and add them in the boxes below.

The girl box

Pink is a colour for girls

Group Activity

The boy box

Boys don't cry

How to report School related gender based violence

Now that you know the different types of violence, you might know of learners at your school who are suffering from violence. Once you start speaking out against violence in your school, some of these learners may come to you for help. It is important for you to know that:

Reporting is important. It sends a message to perpetrators that violence is not okay at school. If violence (including sexual harassment) gets reported and dealt with, bullies will know that they can't get away with it.

People who have experienced abuse often keep silent because they fear that if they report it they will:

- be attacked by the perpetrator again
- be rejected or punished by others who blame them for what has happened
- lose someone they love and/or who supports them financially (for example, if the abuser is a family member).

Follow-up is important when a learner has disclosed violence and abuse

It's not easy to report, if nothing is done, one can easily lose faith in reporting and will lose hope in getting support. If you experience rape or bullying, it can be frightening and dangerous to see the perpetrator everyday at school, especially if the perpetrator knows that you reported them and no action has been taken.

Follow-up is important when a learner has disclosed violence and abuse. You are not a professional counsellor. Show empathy and support for abused learners who speak to you, but do not try to deal with it yourself. Take the learner to a trusted adult like a teacher who is qualified to give counselling or can find a counsellor for them. They will need expert help to deal with fear, anger, trust and confidence issues, and depression.

Treat information confidentially. You must tell a trusted adult. The learner must agree that you talk to an adult about it. Don't tell anyone else.

Do not judge the abused learner. Abuse can happen to anyone and it's not their fault. This is not always clear, for example, girls who have affairs with teachers or sugar daddies and eventually get pregnant are often judged harshly and have to deal with all the consequences alone. The abusers may not face any consequences. It is important to remember who has the power and who is old enough to know better. The law says the adult is criminally responsible.

Do not assume that incidents must be reported at school, to a teacher or the principal. In some schools, a teacher or the principal may be the perpetrator. Similarly, an incident may not take place at school and it is always important in the case of rape for example, to report and get medical attention as soon as possible.

Reporting sexual abuse at school

The National Department of Education has clear guidelines within their protocol for the management and reporting of sexual abuse and harassment in schools. A protocol is a set of rules and guidelines. It is a plan that explains the correct behaviour that must be followed in a particular situation. This protocol, explains how to identify and deal with issues of sexual abuse and harassment. All schools must use these guidelines.

The protocol:

- Describes the roles and responsibilities of everyone in the school community if and when sexual abuse and/or harassment happen
- Explains how to respond to reports
- Makes sure that reports are managed carefully and sensitively
- Clearly explains what action must be taken against the perpetrator, this includes learners, educators or anyone employed by a South African school.
- Tells people where to get help outside the school community

Violence can take place:

- On the school premises
- Off the school premises (at home, or at a friend's home)
- During school time
- During the holidays
- During organised school camps
- In the past, even many years before

Creating a safer space is the responsibility of all within the school community. This means the DBE, the provincial department, the District Based Support Team (DBST), the School Based Support Team (SBST), Principals, the SGB, the educators, the learners, as well as the parents and caregivers.

Roles and Responsibilities

The protocol has clear guidelines for the entire school management team which the facilitator will touch on. What is important is for you as a learner, to know your role and it is outlined below:

Duties of learners according to the protocol:

Report any incidents or suspected incidents of sexual abuse and/or harassment to the Principal, Grade Head, member of the SMT, an educator or any other person they feel comfortable talking to. They can also report to SACE directly

Only talk about the incident to someone else with the permission of the victim

Through their Representative Council of Learners (RCL), support and encourage each other for learner empowerment through awareness raising on the contents of this protocol

Reporting guidelines

Disclosure

A learner who has been sexually abused and/or harassed may decide to tell an educator or another staff member about it. This is called disclosure. The learner might also tell another learner or an adult who is not an educator what happened. In this case, the person needs to report what they heard to an educator or a member of the SMT

The reaction of the person a learner discloses to for the first time makes a big difference to the healing process. It is important to handle the disclosure process with care and kindness to avoid making the situation worse for the victim.

If the person talking to the learner is an educator:

- The interview must take place in a safe space, and the educator must make sure that the victim will not come into contact with the alleged perpetrator
- The educator is not allowed to question the learner to find out if they are telling the truth. Their role is to listen to the learner's story and report directly to the Principal or a member of the SMT
- In the case of a level 4 offence, only the SAPS is allowed to interview the victim

The educator must not tell the victim's story to anyone other than the Principal or SMT member

If the perpetrator is an educator or staff member, he or she will be contacted by the labour relations officer. The person the victim spoke to first must not try to confront the alleged perpetrator.

If the learner has been raped or sexually violated, the person to whom the incident has been reported must advise the learner not to drink or eat anything or wash their mouth or shower or take any medication until the doctor has examined them, especially if they have been raped or forced to perform oral sex.

Comprehensive guidance is available in the Protocol for the reporting of sexual abuse and harassment in schools.

Activity

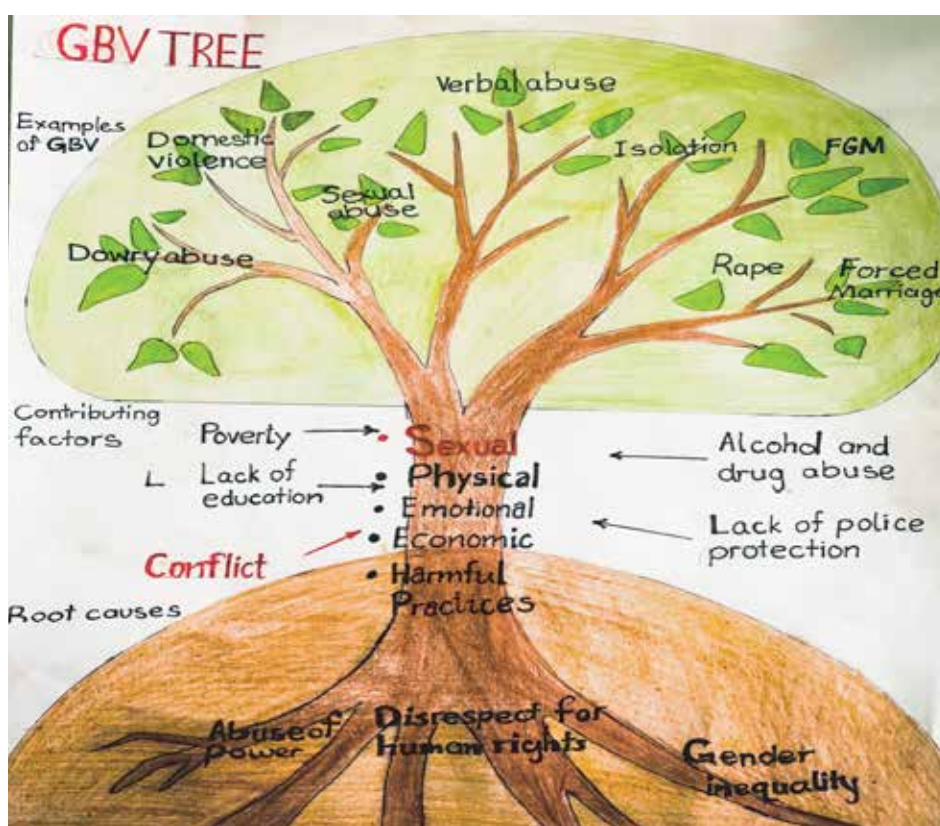
Tick on the table below which statements are true/false

Statement	True	False
1. Should someone disclose to you, always refer to a trusted adult		
2. You cannot report a violation that happens at home to your teacher		
3. If someone discloses to you, it's ok to tell your best friend as long as she promises to keep it a secret		
4. You cannot report violence at school if the perpetrator is a teacher or the principal		
5. The first thing you should do after being raped is take a bath		

How to prevent SR-GBV

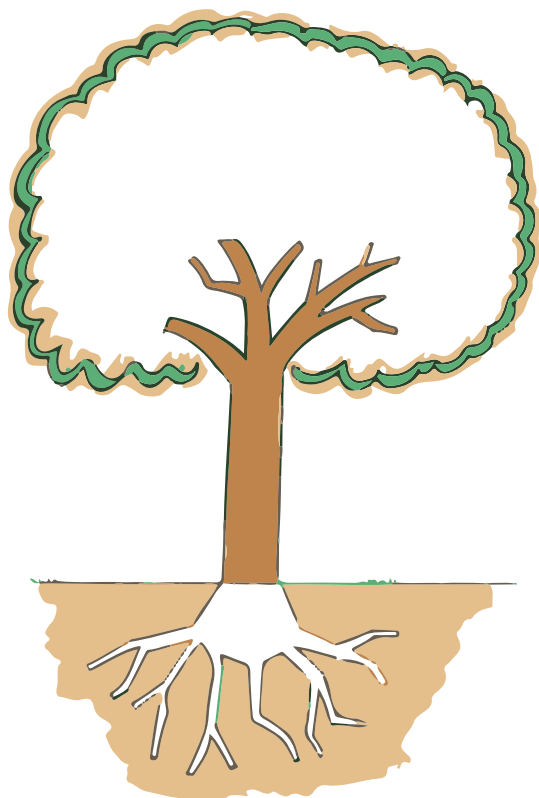
The problem tree is a useful tool to help you to understand the type of violence that takes place in YOUR school, first:

1. Write the main issue on the tree-trunk: as shown in the example below
2. Collect ideas about the causes of the problem. Write these in the roots of the tree.
3. Then collect ideas about the consequences (results, effects). Write these in the branches and leaves. Use the example below to guide you:



Use questions like the following to help you to come up with causes:

- Where does sexual bullying/harassment happen in this school? Why do you think it happens?
- Which traditions in your community could encourage sexual harassment and GBV generally?
- Who do you think is more likely to be sexually harassed/bullied? Why do you think so?
- Who in your community sees GBV as a problem? Who thinks there's no problem?
- What is being done about it?
- What do you think stops people from doing something about it?



Now that you understand the type of violence that takes place in your school, it is now important to identify where they are most likely to take place in the school. The following exercise will help to map the safe and unsafe spaces in your school and immediate surroundings in the community.

- 1. On a big piece of paper, draw your school and the streets around it. Some of the places you could show in the school are:**
 - staff room
 - car park
 - learner toilets
 - playgrounds and sports fields
 - school buildings
 - libraries and other specialised classrooms
 - area just inside and outside the school gate
 - tuck shop
 - stairs
- 2. Discuss with your group the places where different types of violence happen, and also the places where you feel safe.**
- 3. Use red and green colours to label the different places. Use red to show dangerous places and green to show safe places.**

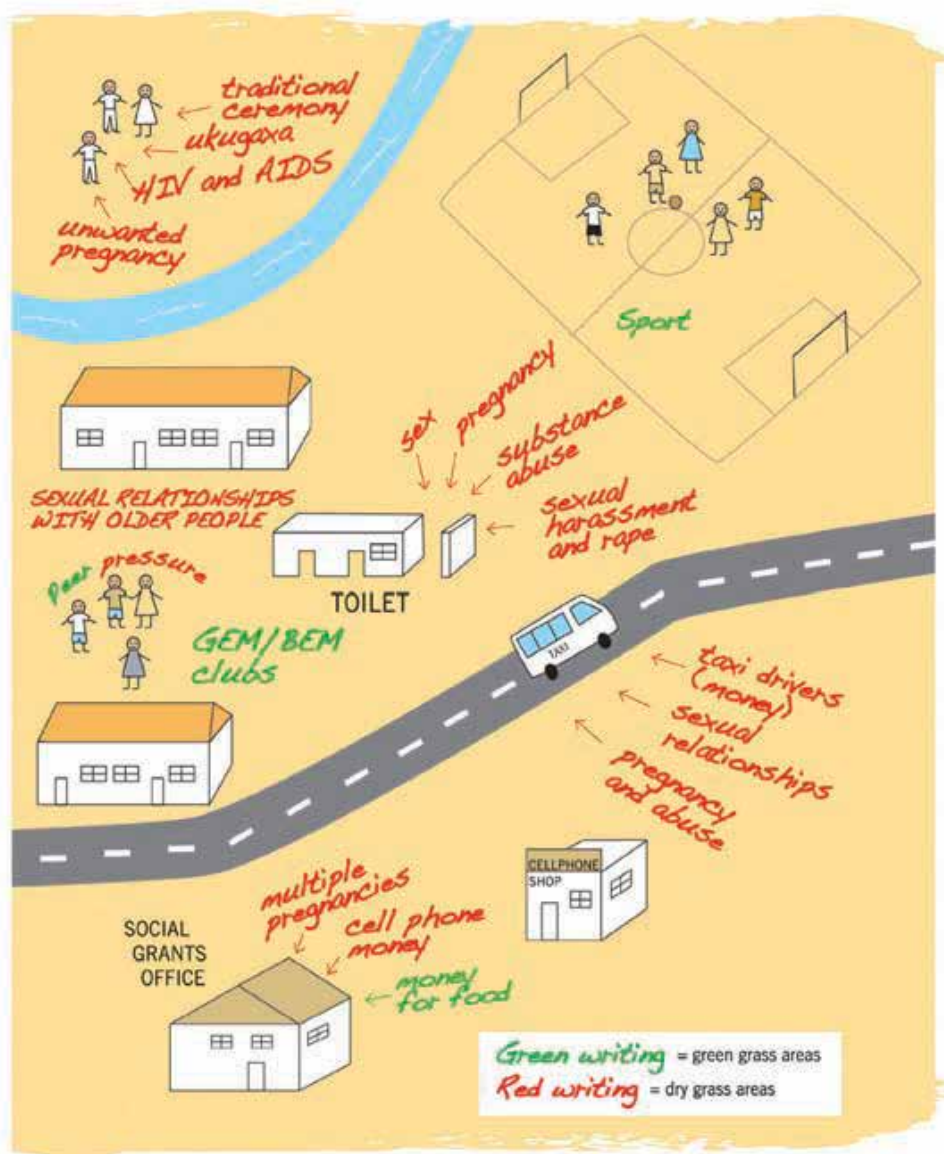


4. In the red colour unsafe places, describe:

- the type of violence that is happening (for example: bullying, sexual harassment/abuse, corporal punishment, sugar daddies)
- who the victims are
- who the perpetrators are

5. In the green colour safe places

Use the below example to guide you:



Once you have identified the challenges and where they are most likely to take place in and around your school, use the following guideline to help you TAKE ACTION!

6. Guideline to take action

Step 1: Get the support of your principal and a teacher champion. Meet with your principal and a supportive teacher to ask for their support.

Example letter of support

The Principal School

Dear Principal

We have been attending a workshop on violence in schools. We have learned about the different types of violence and their causes and consequences. We have looked at how violence affects our school and community and what we can do to prevent violence.

We, as learners, want to make sure that all the learners at our school are aware of this issue and know what they can do to put an end to it.

That is the reason we are asking for your support. In the coming months, we will organise activities at our school to prevent and respond to violence. By signing this letter, you will show that you support our action.

Thank you for supporting our efforts to prevent violence at our school.

Signed:

Learners (name of your group):

Principal:

Step 2: Identify a school safety team and investigate violence at school. Meet with other interested learners (e.g. an already existing school safety team, or members of an active school club or committee) to share what you have learned. Strengthen the school safety map and the problem tree.

Step 3: Develop a vision. With your school safety team, identify the key violence issues. Create a vision for your school as a safe and violence-free place.

Step 4: Share your findings with the principal and SGB: With your school safety team meet the principal and SGB to share what you have found out about violence issues at school (from the mapping and problem tree activities) and discuss what the school is already doing to prevent violence.

Step 5: Inform all learners at assembly and ask for support. Share your vision and findings with the other learners at assembly. Ask for their support and ideas for violence-prevention activities.

Step 6: Plan violence-prevention activities. With your school safety team choose urgent violence issues, and draw up a plan of activities to prevent violence.

Step 7: Implement violence-prevention activities. Follow the plan you drew up to make sure that the activities are a success. Keep a record for reporting purposes.

You can refer to DBE's Speak Out Campaign for guidance

Activity 1: Choose one activity and write it here. Example: a debate on bullying.

What tasks do we need to do? Tasks	By when do we need to do it? Dates	Who will do it? Responsible people	What do we need? Resources	Where will we do it? Venue	How will we know it's done?
<p>Each activity requires preparation. Think about what needs to be done for the activity to take place. Examples: asking the principal for permission, booking a venue, getting debating teams, advertising the debate.</p> <p>Write these tasks in this column. List all tasks and be precise in describing the tasks.</p>	<p>You need to be well prepared and organised for the big day so it is important to plan the time needed for each task. Be realistic!</p> <p>Write the dates for each task in this column.</p>	<p>Decide who needs to do what. Write the names of the people responsible for each task here.</p>	<p>Identify any resources that you will need for your activity. Examples: posters, flipchart, projector.</p> <p>List the resources you need for each task.</p>	<p>Identify a location where an event, activity, or gathering takes place. For a debate, the venue is where the debate will be held, opt for a venue with good acoustics to ensure clear audio and no distractions.</p>	<p>You will need to know when each task is completed successfully so that you can tick it off. For example, you will know that the venue for the debate is sorted out when the school secretary confirms that the hall is booked for the correct day and time.</p> <p>In this column, write how you will know when you have successfully finished each task.</p>

Step 8: Report on achievements. Report to your principal and SGB on what your school safety team has achieved.

Prevent Violence in Schools Activity Report

Name:..... School Safety Team

Date:.....

Names of Team:.....

1. Introduction

- Who are you?
- What do you plan to do?

2. Summary of activities

Date of event activity	Name of event activity	Number of people who attended	Comment

3. Summary on each event

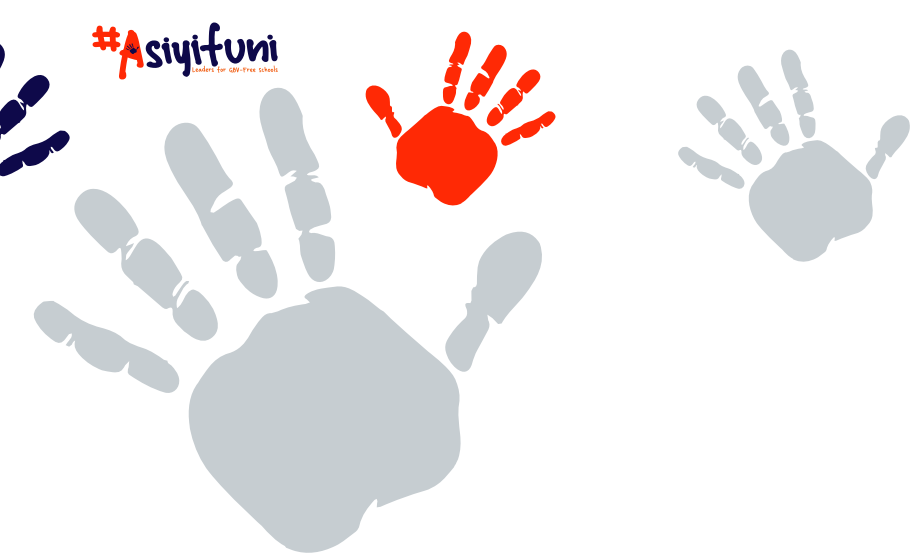
- What did you do?
- What was the purpose?
- What worked of?
- What didn't work of?
- What have you learned for future action?

4. Plans for future

What will you do need?

Step 9: Plan a new round of action. With your school safety team look at the violence issues that have not been solved yet. Plan a new strategy and new activities to Prevent violence.

In the next module, we unpack Sexual Reproductive Health and Rights and How Violence negatively impacts the fulfilment of these rights



Module 02: Understanding Sexual Reproductive Health and Rights within the school context

Outline

In this module we will take time to:

1. Introduction to the Integrated School Health Policy
2. Define Sexual Reproductive Health & Rights (SRHR)
3. Discuss some of the key SRHR issues for young people
4. Identify barriers to young people's access to SRHR

Ice breaker activity

"I have a secret" – Snowball

- Grab a piece of scrap paper and a pen.
- Think of a secret, something that you would not tell many people or any one at all about. It can be a secret thought, or can something they may have done. **DO NOT WRITE IT DOWN!!!!**. You have 30 seconds to think of a secret.
- Think about what it would take from someone before you would be able to tell them about your secret? Now write that one word, group of words, or a phrase that tells what they would need.
- Let's stand in a circle.
- Ball up your paper and on the count of 3 everyone throw that paper at each other, and just keep throwing until you are told to stop (like a snowball fight).
- Return to your spot with the paper in your hand.
- Now read the paper.

Remember:

Sometimes people will feel really comfortable telling their secrets, while others are more cautious and private. Both are okay, but extremes on either end can be problematic.

"Bottling things up" can lead to an explosion of emotion, whereas telling everybody everything and having a lack of boundaries can leave us vulnerable.

The Integrated School Health Policy (ISHP) as a base for the provision of Sexual Reproductive Health Services in schools

The overarching objective of this policy is to guide the provision of a comprehensive, integrated school health programme which is provided as part of the Primary Health Care (PHC) package within the Care and Support for Teaching and Learning (CSTL) framework.

Specific Objectives of the Health Policy

- To provide preventive and promotive services that address the health needs of school-going children and youth with regard to both their immediate and future health
- To support and facilitate learning through identifying and addressing health barriers to learning
- To facilitate access to health and other services where required
- To support the school community in creating a safe and secure environment for teaching and learning.

The School Health Policy objectives will be achieved by means of the following



Whilst the Integrated School Health Programme (ISHP) focuses on school-going children, the school community (which includes educators, school management, school administrators and auxiliary staff, as well as parents and other caregivers) should also benefit from the programme. The school community should work in partnership with the School Health Programme in shaping, informing and sustaining the “healthy” status of learning sites.

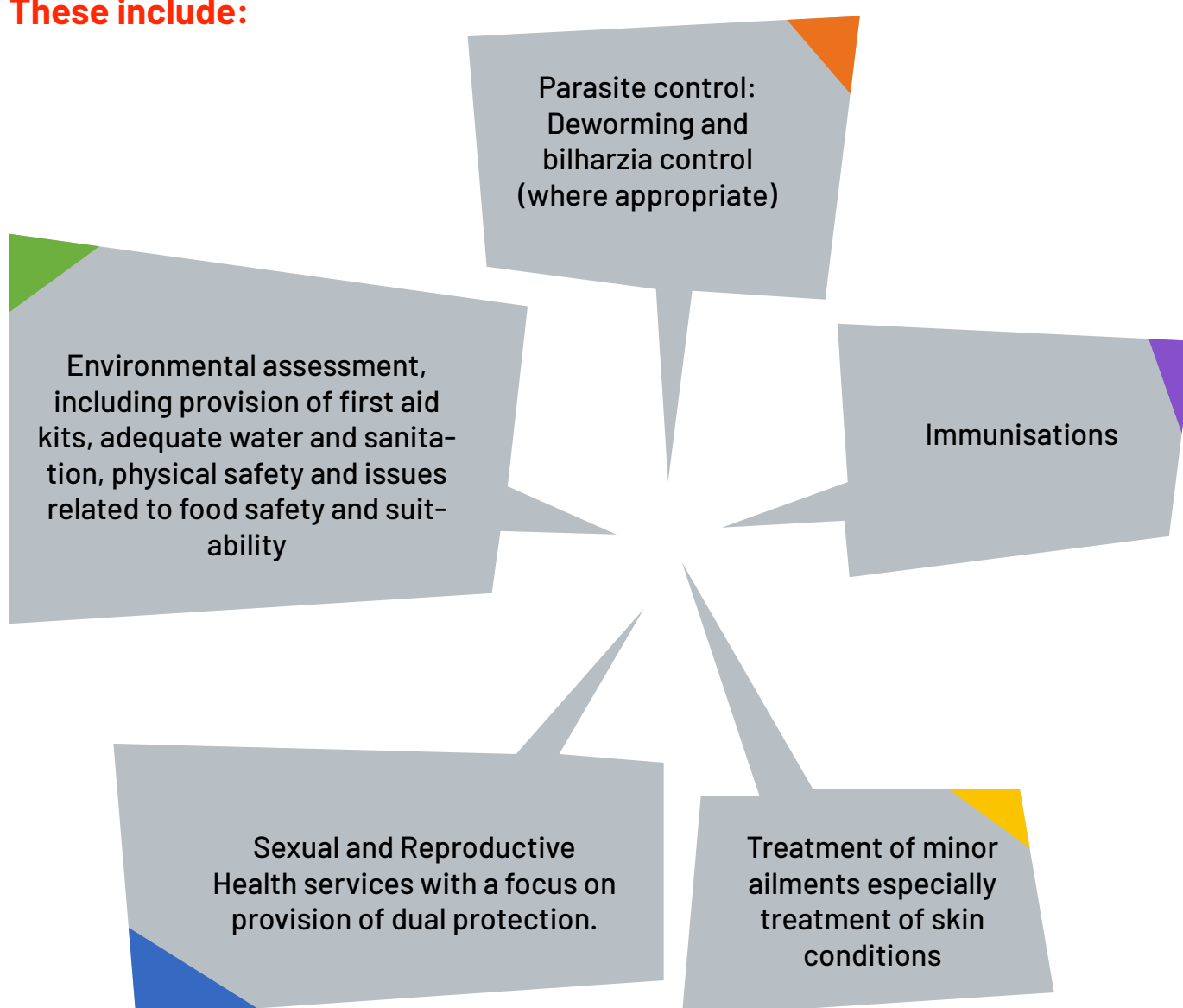
school health package of services

This section outlines the activities that make up the package of health services that should be provided as a minimum in all schools.

Health education and promotion

Health education is a critical component of the ISHP, and provides the best opportunity to impact on the immediate and long-term health behaviour of children and youth. Health education is incorporated into the school curriculum and provided through the Life Orientation learning areas and should be supplemented with other services to be provided at school.

These include:



Sexual Reproductive Health Services and Rights

Our Key Messages:

- The safest choice is NOT to have sex
- You have the RIGHT to say NO to sex in any situation
- If you choose to have sex, use a condom EVERY TIME
- Stay FAITHFUL to one partner at a time to protect yourself and your partner
- If you are having sex, get TESTED regularly for HIV & STI's
- BOTH men and women are responsible for preventing pregnancy, HIV & STIs

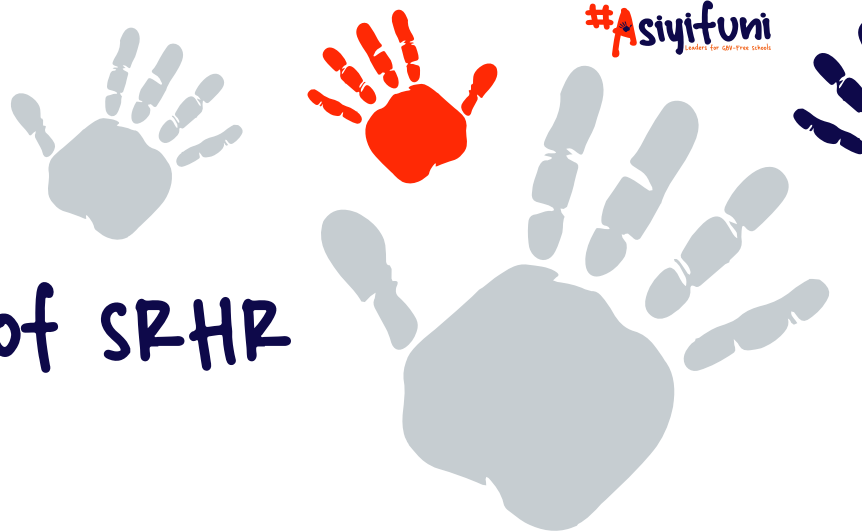
Defining Sexual Reproductive Health & Rights

"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. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right".

A comprehensive life course approach and reproductive health and rights (Source: ICPD25)

Figure 1: comprehensive definition of sexual and reproductive health and rights





Four components of SRHR



Sexual Health

This 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 Papilloma Virus (HPV) vaccination for young girls and women



Sexual Rights

These are human rights and they include the right for 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



Reproductive Health

This implies that everyone is able to:

- Receive accurate information about their reproductive system and services need to maintain reproductive health
- Manage menstruation in a hygienic way, in private 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 abortion care



Reproductive Rights

This is 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 mutual respectful and equitable gender relations.

Some of the key SRHR issues for young people

Menstruation

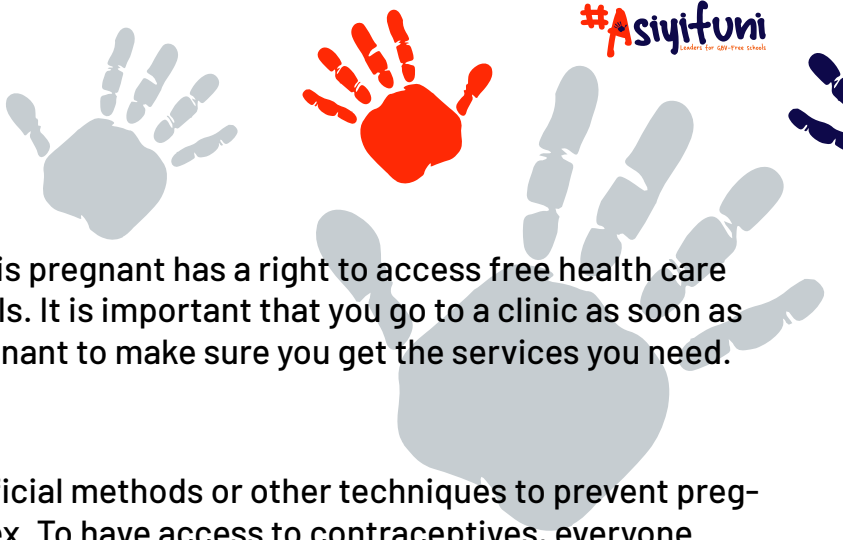
Girls produce thousands of eggs in their ovaries. When they reach puberty these eggs start to mature. Every month, one egg travels towards the uterus and the uterus lining becomes enriched with blood in preparation for pregnancy. If the egg is not fertilised, the uterus lining sheds, releasing blood 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.

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.

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. Here are some examples of the contraceptions:

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 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 injectable. **There are 2 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.

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 progestin 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, 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.

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.

HIV

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.

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

1. 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.

2. 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).

3. Pre Exposure Prophylaxis (PrEP)

PrEP is an anti-retroviral (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.

4. 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.

5. Treatment as Prevention (TasP)

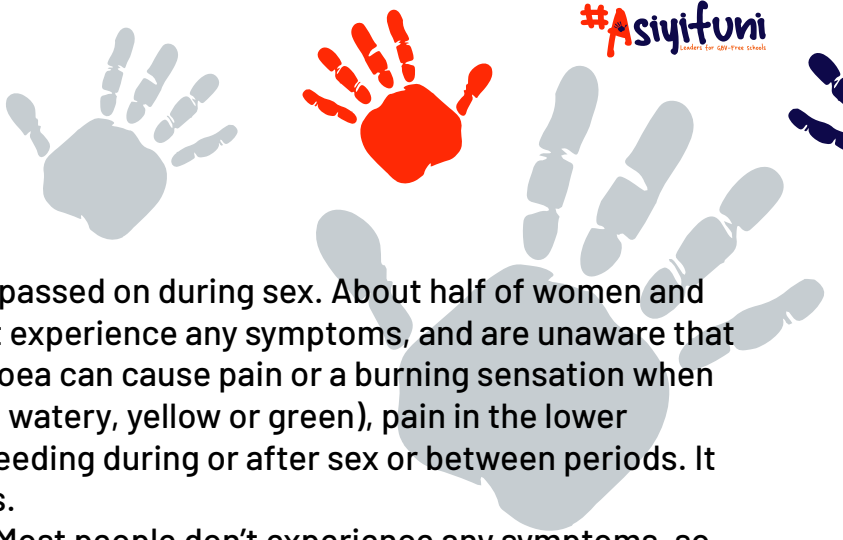
TasP refers to a process where an HIV positive person is adhering well to ART and is therefore virally suppressed and less infectious. Viral suppression means that when tested, the person's blood shows no HIV positive cells. When a virally suppressed person engages in unprotected sex with an HIV negative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

Sexually Transmitted Infections (STI)

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. 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 to get screened for STIs every year or whenever you change a sexual partner.

Child Marriage

A formal or 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.

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.

Test your knowledge: List and define some of the key SRHR issues for young people:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. In the top-left corner, there is a light blue, irregularly shaped graphic element that resembles a cloud or a stylized piece of paper. The overall appearance is that of a clean, unused notebook page.

What are the barriers to young people's access to SRHR?

A literature review undertaken by Miet Africa on youth-friendly health services reported that barriers experienced by adolescents in accessing these services were mainly related to cost, the non-youth-friendly attitude of staff, clinics not being accessible in terms of distance, and clinics not providing privacy and confidentiality (MietAfrica, 2011). The most commonly mentioned barriers are the following:

- **Operating hours and/or waiting times:** Operating hours and/or days need to be adapted to ensure that service provision is convenient for adolescent young people and possible to align with school attendance. In some studies, waiting times were also listed as a discouraging factor.
- **Treatment received from health care providers:** Some health care professionals might carry prejudices that may limit the success of the adolescent and youth friendly programming. This may result in youth not being treated with respect, or being judge by adults in the services. Cases have been reported in studies where health care workers disapprove adolescents' sexual activities and show some times reluctance in providing SRH services to adolescents who engage in sexual activities. Healthcare workers also admitted to advising adolescents to abstain from sex when they seek contraceptives, and restricted contraceptive provision to women over a particular age or married. Studies pointed to negative attitudes around sexuality of persons with disabilities, making them more vulnerable to being left behind.
- **Adolescent and youth's fear of judgement:** The above attitudes might result in discouraging young people (especially adolescents and young women) from attending the clinics. Young people from the LGBTI+ community may experience additional layers of barriers to accessing SRH care.
- **Social norms and perceptions of young people's agency and rights to SRHR:** Depending on the cultural and societal background young people might be expected to abstain from sex until they are married; and unequal gender norms, allocates more power to boys than girls.
- **Structural barriers:** Physical and communication barriers at health care facilities were also pointed as potentially hampering access of persons with disabilities.

“

Did you know? Legal ages of consent:
In South Africa, the minnum age of consent is:

16

Lerato is a grade 10 learner at Letlhabile Secondary School. Lerato is in a romantic relationship with Thabo. Thabo was born with HIV and his parents did not disclose but have been giving him treatment, he was just told that he has a chronic illness. After a hectic night out, the couple had unprotected sex, they both know that is was reckless but now require advise on what to do. Using what you now know, what would be your advise to the couple as immediate action to be taken and precautions for the future?

This image shows a full page of a document template designed for handwritten notes or essays. It features approximately 28 evenly spaced, thin grey horizontal lines across the entire width of the page. The margins are consistent on all sides, providing ample space for writing. There are no pre-printed questions, headings, or other markings on the page.

Module 03: The Intersection! Where SR-GBV and SRHR meet

Outline

In this module we will take time to:

1. Recap on some key components of SRHR
2. Recap on the type of violence commonly takes place at school
3. The impact that SR-GBV on access to SRHR
4. How SRHR can be a catalyst for SR-GBV Prevention

Ice Breaker Activity

The human knot

1. Form groups of about 10 people each.
2. Have each group standing, facing towards each other, in a circle.
3. Instruct everyone to lift their left hand and reach across to take the hand of someone standing across the circle.
4. Have everyone lift their right and reach across to take the hand of another person standing across the circle.
5. Make sure that no one is holding hands with someone standing directly beside the person.
6. The goal is to untangle the human knot without letting go of hands.
7. If any group member lets go of a hand (breaks the chain), then the group must start from the beginning or impose a penalty/punishment for that person.

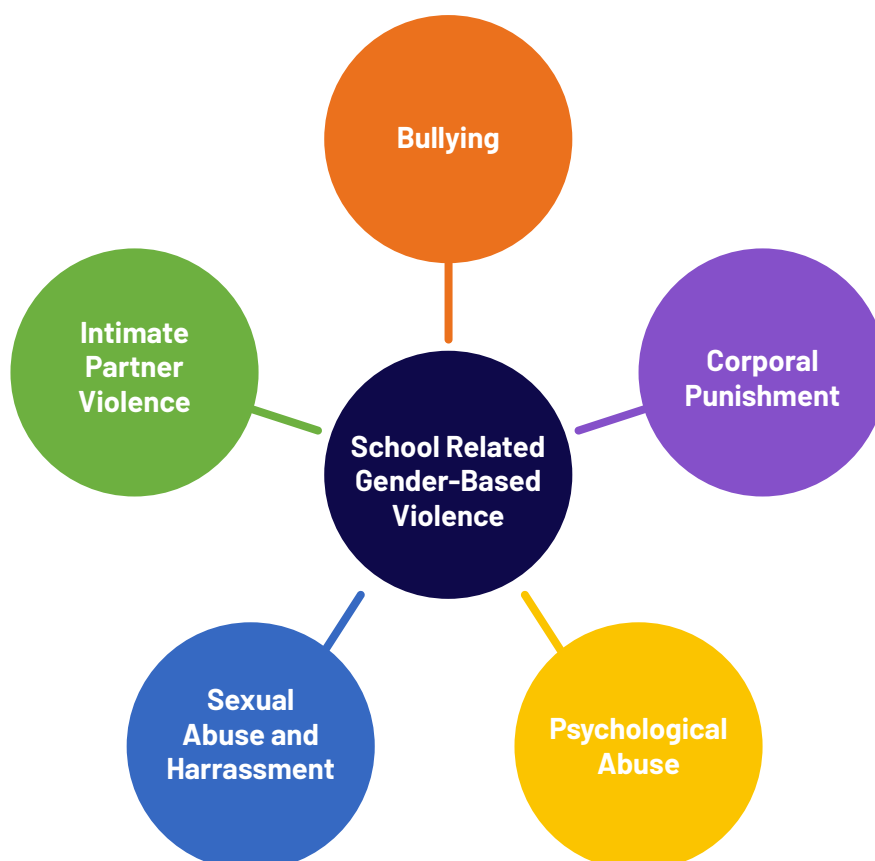
The Human Knot is a fun and engaging icebreaker activity designed to help new people work together and improve communication. The objective is to foster team building, problem-solving skills, and strengthen relationships between participants.

Let's take a look at some of the key elements of SRHR as we outlined in module 1 and 2 then zoom in to take a closer look at how the attainment of these are or can be negatively impacted by SR-GBV.

Sexual Reproductive Health and Rights

- Prevention and treatment of HIV & STIs
- Access to safe abortion services and treatment of unsafe abortion
- Antenatal, childbirth and post natal care
- Counselling services for fertility
- Detecting, preventing and managing reproductive cancers
- Counselling Services for sexual health and well-being
- Comprehensive Sexuality Education
- Counselling and services for modern contraceptives
- Detecting and preventing sexual and gender-based violence

Let's recap on some of the types of violence we said can occur in school



How School Related Gender-Based Violence affects the full attainment of Sexual Reproductive Health and Rights

In module 1, we took time to unpack violence and School Related Gender-Based Violence (SR-GBV) and in module 2 touched on the policy that supports the provision of Sexual Reproductive Health Services, defined Sexual Reproductive Health and Rights (SRHR) and further highlighted some of the key SRHR issues that young people face. In this module, we now look at how SR-GBV affects young people's full attainment of sexual reproductive health.

A report by World Health Organisation (WHO) says that ***violence against women and girls can lead to a range of severe physical, mental and psychosocial health outcomes, including negative impacts on sexual and reproductive health.***

Sexual abuse exposes the abused person to:

- Sexually Transmitted Infections (STIs), including HIV, which can put their lives at risk.
- It puts girls at risk of unwanted and early pregnancies, which can harm their own and their babies' health.
- It increases the chances that the abused person will practise risky sexual behaviour at an early age.
- Abused persons are put at risk of having unhealthy, unequal relationships in future (because of poor self-esteem). The person may become the aggressor in the relationship or may take the victim role again.
- It may result in poor attendance or school dropout: from fear of going to school (fear of further violence and/or stigma), loss of motivation, and/or pregnancy.

Often, when a person is being sexually abused, their behaviour changes. They can go from being outgoing to being withdrawn, from being full of fun to being full of fear and sadness, from being open and sharing to being secretive and closed.

Corporal punishment causes:

- Depression and anxiety,
- Aggressive behaviour and a lack of caring for others.
- Resentment and anger, which damages teacher-learner and learner-learner relationships in the classroom.

Emotional and Psychological abuse may cause:

- **Depression and powerlessness** Many people who have been abused feel sad, hopeless, powerless and betrayed by life. This makes it hard for them to recover, take action or feel happy and hopeful again.
- **Loneliness** Violence and abuse often make people feel alone. They feel they have no one to talk to about what happened to them. If someone close to them has abused them they may care about the person and not want to get them into trouble. They may feel they can't tell others about it. This is a very lonely situation.
- **Emotional pain** Emotional pain can be the result and also the cause of crime and violence. When a person is hurt emotionally, the pain and trauma can affect their behaviour negatively. This could cause them to act violently towards others.
- **Loss of self-esteem** This means that a person becomes less sure of who they are, their worth and dignity as a human being, and what they think is important – their values. They may stop looking after their health and appearance.

People who are bullied or sexually abused at home or who suffer corporal punishment often become bullies or abusers themselves. They turn to violence to solve discipline problems with their own children or relationship problems with their partners. Extreme distress resulting from violence has driven many young people to suicide.

Violence and abuse affects people's health and well-being!!!

Module 4: Taking Action!

Now that we understand what violence is and the severe impact it has on young people attainment of sexual reproductive health and in this module we will look at ways in which we can prevent violence in our schools and communities for the protection of young people's Sexual Reproductive Health Rights. We understand that the prevention of violence needs consistent efforts from a number of different stakeholders. We will use a modified version of the RESPECT framework. This is a framework from the World Health Organisation (WHO) which provides a technical package of seven evidence-based strategies and approaches with the best potential to end violence against women and girls.



Relationship skills strengthening: How do we improve the relationships amongst ourselves as learners and the broader school community for better conflict management and decision-making – refer to guidelines on building and strengthening relationships with school community (page 33)



Empowerment of women (girls): How do we build self-confidence amongst girls to negotiate power and improve knowledge on concepts such as consent – Strengthening the existing DBE “Speak Out” campaign (page 28)



Services ensured: How do we ensure that learners know where to go for legal, health and social services – Refer to ISHP and come up with ways to strengthen existing referral system through awareness creation



Poverty reduced: How do we address challenges such as hunger and period poverty) – Establishment of a learner led food garden and enhancing knowledge on the sanitary dignity framework to ensure that girls receive free pads intended for them



Environment safe: What can we do to make our schools safer – Problem tree and school safety map



Child and adolescent safe: How do we amplify existing DBE GBV programmes and prevent corporal punishment – enhancing learner knowledge on reporting pathways through innovative campaigns



Transformed attitudes, beliefs and norms: How do we engage educators and SGB on alternative means of punishment and prevent gender stereo-typing – Host debates and community dialogue that speak to norms and attitudes

Use the respect framework to work collectively to come up with strategies and campaigns to prevent violence in your school!



Emotional and Psychological abuse may cause:

Actions that I can take:

Actions that we can take:

Actions that others should take (say who):

References (URL List)

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