



ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH RIGHTS



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INTRODUCTION

Chapter 2 of the Constitution of the Republic of South Africa, 1996 sets out the Bill of Rights, which guarantees fundamental rights and freedoms for all people living in South Africa. Importantly, Section 7 of the Constitution places a duty on the government to respect, protect, promote and fulfil these rights. In addition, the Constitution emphasises that everyone has a responsibility to respect and uphold the rights of others.

Government is therefore obligated to develop and enforce laws and policies that ensure the protection and realisation of these rights. This includes protecting all people – regardless of nationality, gender or background – from any violation of their constitutional rights.

This book focuses specifically on the sexual and reproductive health rights. It explains the legal framework that supports these rights, as well as the mechanisms available to protect individuals when their rights are violated.

THE BOOK IS DIVIDED INTO TWO PARTS:

Part One: Understanding Sexual and Reproductive Health Rights - This section outlines your constitutional rights and provides guidance on understanding changes in your body and your health.

Part Two: Understanding Sexual and Reproductive Health Violations - This section explores the dynamics of relationships, highlights what is lawful and unlawful, and explains how the law can help protect your right to bodily autonomy and integrity.

PART 1:

UNDERSTANDING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

WHAT ARE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS?

Sexual and Reproductive Health Rights (SRHR) 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

SRHR

In South Africa, SRHR are enshrined in Section 27 of the Constitution which provides that “everyone has the right to have access to healthcare services, including reproductive healthcare”. 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.

SRHR are central to people’s overall health and well-being. Over the years, work on SRHR 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 SRHR here, but we can touch on a number of issues that are important to adolescents in understanding their SRHR.

WHICH RIGHTS ARE FUNDAMENTAL TO THE REALISATION OF SRHR?

SRHR is an umbrella term for a number of important human rights that are afforded to everyone.

SRHR 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

WHAT ARE THE COMPONENTS OF SRHR?

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

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.

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.

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.

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.

KEY SRHR 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 bigender, a person who does not identify with gender is regarded as agender.

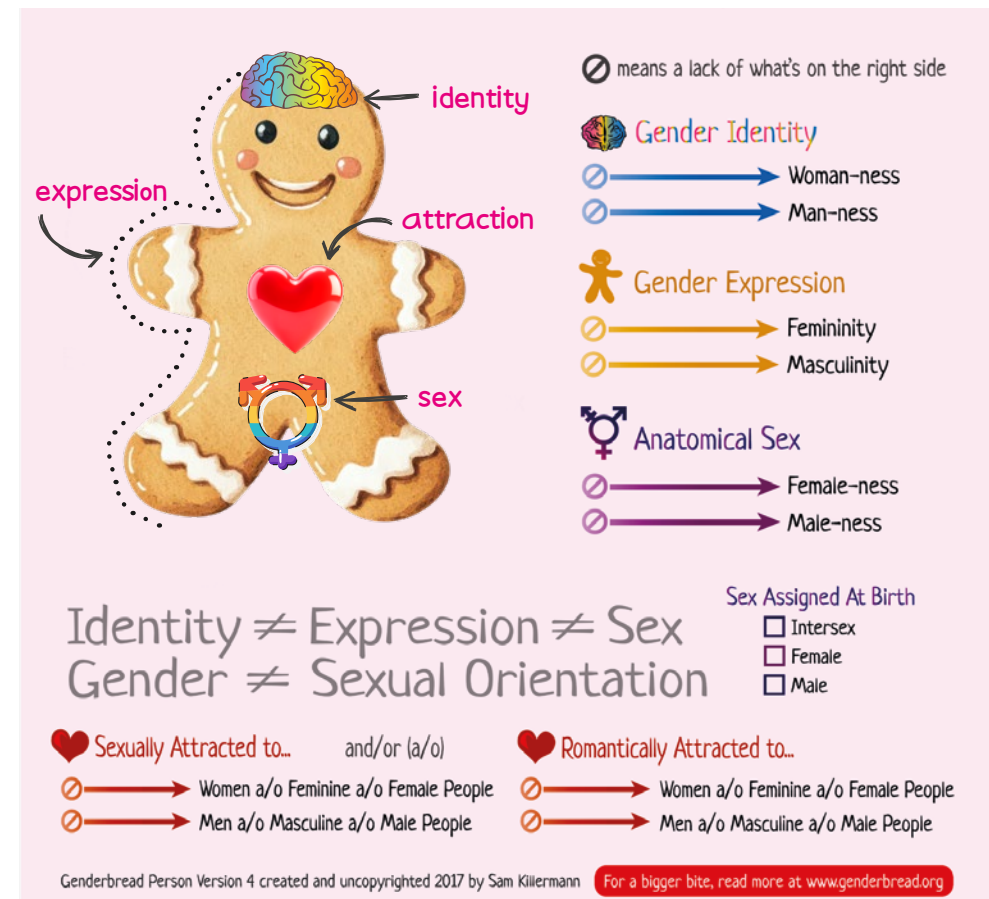
Gender expression is about how you appear to others. This is seen through interactions, dress and behaviour which is interpreted by others based on traditional gender norms. Identifying yourself as a cisgender or transgender man or woman, or a gender fluid person also does not mean that you have to conform 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. LGBTQIA+ is an inclusive term for people whose sexual orientation, gender expression and gender identity are not that of a cisgender heterosexual man or woman. LGBTQIA+ stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual. The '+' demonstrates that the term is inclusive and incorporates other forms of sexual orientation (like being pansexual), gender expressions and gender identities.

GENDERBREAD PERSON

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



From www.genderbread.org

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).

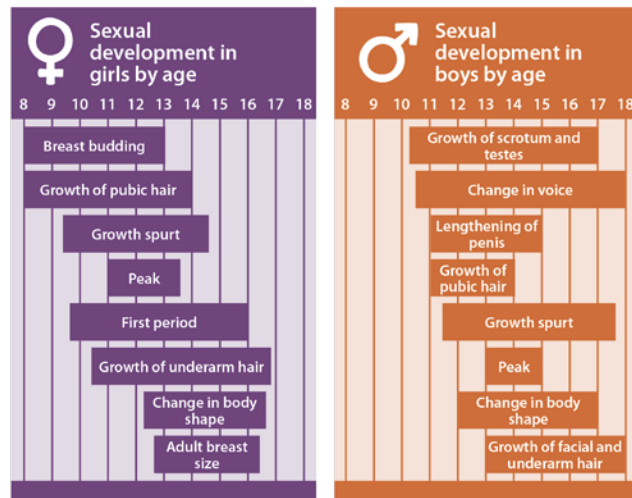
The brain begins to send hormonal signals to the gonads (ovaries in girls or testes in boys). In response to the signals, the gonads produce hormones that stimulate growth and changes in the brain, skin, blood, muscles, breasts and sex organs.

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 physical differences between boys and girls are just 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.

Menstruation and ejaculation are normal parts of the growth and development.



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

PUBERTY EXPERIENCES FOR TRANSGENDERED PERSONS

Transgender individuals may experience "gender dysphoria," which is the discomfort or distress that arises when their gender identity doesn't align with their assigned gender at birth. While this can start in childhood, it sometimes doesn't emerge until after puberty or later in life.



During puberty, transgender youth might take several steps to express their gender identity, by:

- ✓ Choosing a new name and set of pronouns;
- ✓ Telling friends and family;
- ✓ Joining sports teams that match their gender identity;
- ✓ Dressing or doing other things like binding breasts or tucking back male genitalia to present more in line with their gender identity;
- ✓ Social transitions, like changing names and pronouns, are often a critical part of affirming one's identity. However, many also feel the need for physical changes to feel fully comfortable.

NEXT STEPS FOR TRANSGENDER YOUTH

Medical Options

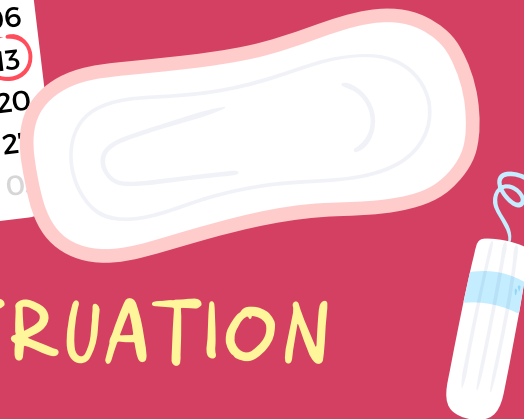
For those who start experiencing early puberty, hormone blockers are usually the first medical step. These act as a "pause button" on puberty's physical changes and are safe, well-researched, and reversible. If one discontinues the hormone blockers, puberty resumes based on the individual's sex assigned at birth. This pause allows time to explore gender identity and build social support.

After puberty has started or finished, prescribed hormones can help align one's body with their gender identity. Estrogen can block testosterone effects, leading to breast development, reduced hair growth, and a more typical female body shape. Testosterone can deepen voices, promote facial hair growth, and result in a more typically male body shape. Some may also use medication to stop menstruation temporarily. Treatments are personalised, as not everyone identifies strictly as masculine or feminine.

Health risks from hormone therapy are minimal, but it's important to understand them. Some effects of hormone therapy are partially reversible, while others, like voice deepening or the growth of facial hair or breasts, are more permanent. Hormones can affect fertility, so being informed about these risks is crucial.

The Final Step

The most permanent step is gender-affirming surgery, which can alter genitals, chest, breasts, and facial structure. These surgeries are not easily reversed, and it's essential to fully comprehend the implications of this decision.



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.

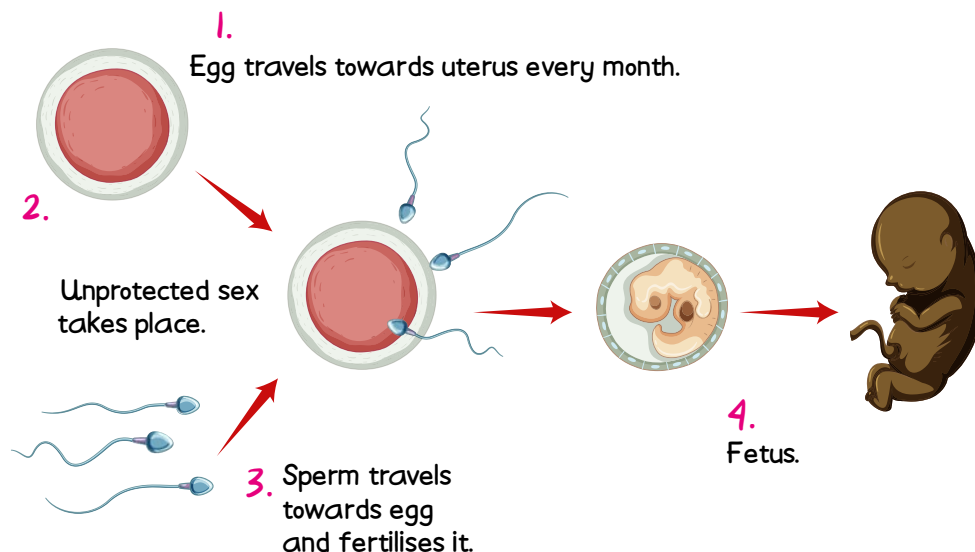


PREGNANCY

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 nine 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 healthcare 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.



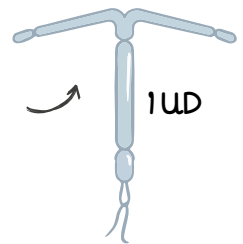
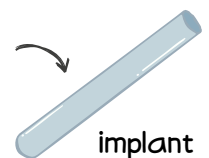
CONTRACEPTION

In South Africa, your SRHR are protected by the Bill of Rights, specifically in Section 27 of the Constitution. It clearly states that "everyone has the right to access healthcare services, including reproductive healthcare." If you're over 12 years old, you can get contraceptives from a public health facility without needing consent from parents, guardians, or a sexual partner.

1. Long-acting reversible contraception (LARC)

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 do not 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.

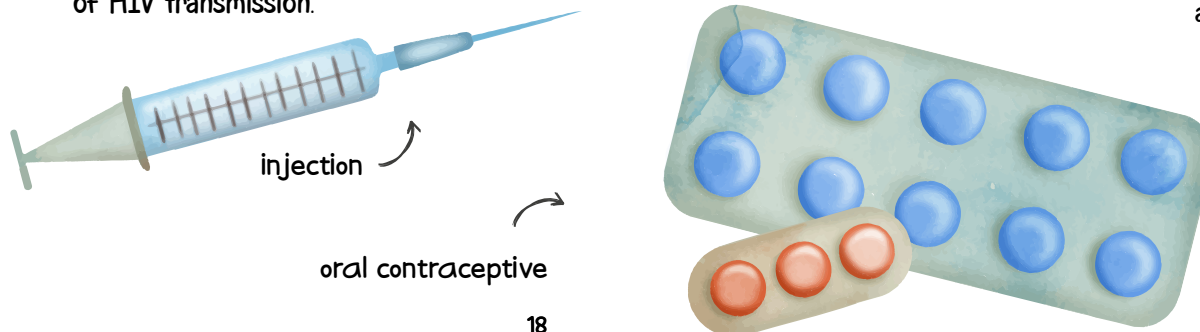
There are two types of pill:

- 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 progestin into the blood stream over a period of eight to twelve weeks. There are two types of injections – 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.

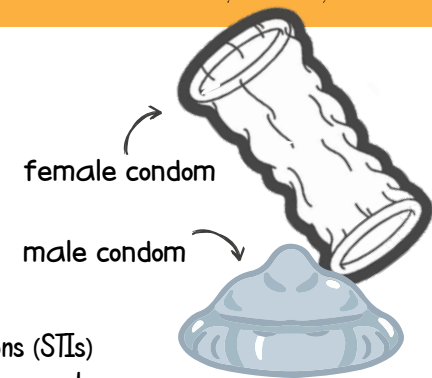


3. Barrier methods

Barrier methods stop sperm from entering the vagina.

The two barrier methods are:

- ☑ Female condoms
- ☑ Male condoms



Condoms protect against sexually transmissible infections (STIs)

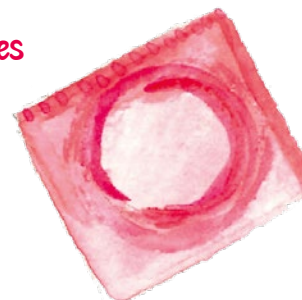
– including HIV – as well as unintended pregnancy. You can get male or female condoms free of charge from any public health facility. You can also buy male condoms over the counter. According to the Department of Basic Education National Policy on HIV, TB and STIs, learners should have access to HIV 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.

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.

4. Sexual Abstinence or Restraint

Sexual abstinence, or choosing not to engage in sexual activity, can be for medical, psychological, emotional, moral, religious, or other personal reasons. It's different from asexuality, which is when someone experiences little or no sexual attraction. Abstinence is about being safe and careful, having control over your own body, and making personal choices about your life. Only you have the power to decide what happens to your body and how you want to live your life.

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.



TERMINATION OF PREGNANCY (ToP)

ToP 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 ToP services at a price. Any pregnant girl or woman - regardless of age - can consent to an ToP. 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, ToP can occur under the following circumstances:

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

In South Africa, everyone has the right to reproductive healthcare services, including ToP.

If you want a ToP, go to a health facility to ensure that the ToP is safe. Street pole advertising and pamphlets for "quick abortions" are advertising services that may be unsafe and are not legal.

Unsafe ToP is performed by a person or people lacking the necessary skills, or permission from the government, or in an environment lacking minimal medical standards, or both. An unsafe ToP 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 ToP can lead to the death 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 ToPs 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

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 of HIV 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.

Mother-to-child transmission of HIV can be easily prevented using antiretroviral therapy (ART).

Undetectable equals Untransmittable, or U=U, is a simple but important concept. It means that if someone with HIV takes their ART every day as their doctor recommends, and they maintain an undetectable viral load, they can't pass the virus to others through sex. This holds even without the use of condoms or PrEP (Pre-Exposure Prophylaxis).

HIV cannot be cured but it can be managed through taking ART daily for as long as you live. People on ART can live long, healthy lives.

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 into 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 a 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.

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.

U=U

Undetectable equals Untransmittable, or U=U, is a simple but important concept. It means that if someone with HIV takes their antiretroviral therapy (ART) every day as their doctor recommends, and they maintain an undetectable viral load, they cannot pass the virus to others through sex. This holds even without the use of condoms or PrEP.

TESTING

The only way to know if you have HIV is to get tested. Not everyone shows symptoms when they're infected with HIV, and some may live for years without knowing they have the virus. Early diagnosis allows for earlier treatment, which helps in leading a long and healthy life. Starting ART soon after diagnosis has significant benefits. ART lowers the viral load, reduces HIV-related illnesses, and prevents passing the virus to others. Maintaining an undetectable viral load through prescribed ART means there's no risk of transmitting HIV to sexual partners. It's important to test every 6 months or whenever you have a new sexual partner.

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.

Human papillomavirus (HPV)

EXPLANATION

HPV is a virus that spreads through close skin-to-skin contact. You can catch HPV by having anal, vaginal, or oral sex with someone who has the virus. There are over 100 types of HPV, and about 40 of them can be passed on through sexual contact. These types 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.

SYMPTOMS

Some types of the virus can cause warts, while others may increase the risk of cancer. These effects might not show up until years after the first infection.

Syphilis⁷

EXPLANATION

A highly contagious sexually transmitted bacterial infection characterised by a painless sore on the genitals, rectum or mouth. Syphilis can also be transmitted through oral sex.

SYMPTOMS

Primary Syphilis

The first sign of syphilis is usually a small, painless sore known as a chancre. This sore shows up where the syphilis bacteria entered your body. While most people get just one chancre, some might have several.

You will typically see the chancre about three weeks after exposure to the bacteria. It's common for people not to notice it because it doesn't hurt and might be hidden inside the vagina or rectum. The good news is that the chancre heals by itself in three to six weeks.

Secondary Syphilis

While the initial chancre is healing or shortly after, you might develop a rash.

This rash

- > Usually doesn't itch;
- > Can appear rough and red or reddish-brown;
- > Might be so light that it's barely noticeable.

It often begins on the body's trunk - the chest, belly, pelvis, and back - and can spread to the arms and legs, including the palms and soles.

Other symptoms that may accompany the rash include:

- > Wart-like sores in the mouth or genital area;
- > Hair loss;
- > Muscle pains;
- > Fever;
- > Sore throat;
- > Fatigue;
- > Weight loss;
- > Swollen lymph nodes.

These secondary syphilis symptoms might fade on their own, but without treatment, they can reappear intermittently over months or years.

Gonorrhoea

EXPLANATION

A bacterial STI that is easily passed on during sex or oral sex. About half of women and one in 10 men with gonorrhoea don't experience any symptoms and are unaware that they're infected.

SYMPTOMS

Gonorrhoea in women can lead to discomfort, such as a burning feeling when peeing, and may produce a vaginal discharge that's watery or yellow-green. Women might also feel pain in their lower belly during or after sex, experience bleeding during or after sex, or notice bleeding between their regular periods. In some cases, it can cause heavier than usual menstrual flow. When symptoms do occur, they may include unusual urethral and vaginal discharge.

Common symptoms in men include pain or burning when urinating, discharge from the penis and sometimes pain in the testes.

Chlamydia

EXPLANATION

Passed on during sex. Most people don't experience any symptoms, so they are unaware they're infected.

When symptoms do occur, they may include unusual urethral and vaginal discharge. This is similar to how Genital herpes are explained.

SYMPTOMS

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. When symptoms do occur, they may include unusual urethral and vaginal discharge. This is similar to how Genital herpes are explained. It can also cause heavy periods.

Common symptoms in men include burning sensation when urinating, discharge from the penis, pain in the testicles.

Genital herpes

EXPLANATION

A common infection that is 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.

SYMPTOMS

Small, painful blisters or sores usually develop, which may cause itching or tingling, or make it painful to urinate.

Urinary Tract Infection (UTI)

This is an infection that can happen in any part of your urinary system. Your urinary system is made up of the kidneys, ureters, bladder, and urethra. Most of the time, these infections affect the lower parts - your bladder and urethra.



PART 2: UNDERSTANDING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS VIOLATIONS

POWER DYNAMICS — GROOMING

WHAT IS SEXUAL GROOMING?

Sexual grooming is when an adult builds a relationship with a young person to gain their trust, and pave the way for sexual abuse. This process can happen slowly and might start with giving compliments, gifts, or special attention. Grooming can happen both online and offline.

WHY IS SEXUAL GROOMING A PROBLEM?

Sexual grooming is a serious violation of your rights. It's harmful even if it doesn't involve physical contact right away. The goal of grooming is to make it easier for the adult to exploit or abuse the young person later.



SEXUAL GROOMING

Your Rights Against Sexual Grooming

In South Africa, there are strong laws protecting you from sexual grooming and abuse. Here's what you need to know:

- **Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007:** This law expanded definitions of sexual offences and provides strengthened protection to complainants of sexual violence.

COURT CASES ON SEXUAL GROOMING

There have been several important court cases in South Africa that deal with sexual grooming by educators. Here are some examples:

- > **LE ROUX V S:**
An educator was convicted for misusing his position to groom a student for a sexual relationship.
- > **S V RC:**²
This case resulted in an educator's conviction for grooming and abusing a learner.
- > **SADTU OBO SOBRANTE MAXWELL JULY AND NORTHERN CAPE DEPARTMENT OF EDUCATION:**³
This case highlighted the issue of grooming in schools.



1. (A & R 25/2018) [2021] ZAECGHC 57 (13 May 2021).
2. S v RC 2016 1 SACR 34 (KZP)
3. SADTU obo Sobantu Maxwell July and Northern Cape Department of Education PSES 610-18/19 NC (14 May 2019)

- > **GAUTENG DEPARTMENT OF EDUCATION AND FD MODIBA:**⁴
An educator was dismissed for initiating a sexual relationship with a learner after grooming them.
- > **SADTU OBO V RAMPHAL AND GAUTENG DEPARTMENT OF EDUCATION:**⁵
This case emphasized the seriousness of grooming by educators, leading to the dismissal of the educator involved in an inappropriate relationship with the learner.
- > **GAUTENG DEPARTMENT OF EDUCATION AND S RASEKHULA:**⁶
An educator was dismissed for engaging in a sexual relationship with a learner, which included grooming the learner.

THE RELATIONSHIP BETWEEN EDUCATORS AND LEARNERS

Schools should be places of safety. Educators must look after their students and always act in their best interests. However, this trust can sometimes be taken advantage of by those who engage in grooming. Here's why learners might be at risk:

- **Trust Relationship:** Learners trust their educators, which can be exploited by those with bad intentions.
- **Power Dynamics:** Educators have authority over students, which can be misused.
- **Access to Learners:** Educators spend a lot of time with learners, sometimes unsupervised.
- **Access to Personal Information:** Educators can access learners' details and use this information to groom them.



4. Gauteng Department of Education and FD Modiba PSES720-19/20GP (24 February 2020)
5. SADTU obo V Ramphal and Gauteng Department of Education PSES442-17/18GP (10 May 2019)
6. Gauteng Department of Education and S Rasekhula ELRC 990-21/22GP (25 April 2022) (Rasekhula arbitration) paras 15, 16, 19

THE IMPACT OF GROOMING

Sexual grooming has serious and long-lasting effects on victims.

Betrayal of Trust

When a trusted adult takes advantage of a young person, it can deeply damage their ability to trust others later.

Emotional and Psychological Damage

Victims of grooming often experience trauma, including feelings of powerlessness, self-blame, and low self-esteem.

Difficulty in Forming Relationships

Victims who have been groomed might find it challenging to build healthy relationships in the future.

Stigmatisation

Being treated unfairly or looked down upon can lead victims to feel ashamed and even blame themselves for the abuse.

Loss of Childhood Innocence

Grooming can disrupt a child's natural growth and their understanding of relationships and sexuality.

Remember, grooming is never your fault.
You have the right to feel safe and secure at school.
There are laws in place and people ready to help if you ever feel uncomfortable or unsafe. Stay informed and don't hesitate to speak up!

SCHOOL'S RESPONSIBILITY

Schools must ensure they provide a safe environment and protect children from sexual abuse.

**PREVENT OPPORTUNITIES
FOR GROOMING**
Schools reduce the chances of grooming by:

- ☑ Establishing and implementing clear policies on grooming and power dynamics to help everyone recognise abuse;
- ☑ Teaching learners about grooming, its various forms, and how to report it;
- ☑ Raising awareness by including information on grooming in subjects like Life Skills (LS), making these lessons interactive and learner-focused to both educate and support a safe environment;
- ☑ Investigate and Address: When abuse is reported schools must conduct thorough investigations and tackle any behaviors or practices that might have allowed grooming to occur;
- ☑ Follow Guidelines: The Department of Basic Education should provide guidelines to assist schools in understanding and preventing grooming.

CONSENT



In South Africa, there are laws and guidelines in place to protect young people when it comes to sexual activity, which is broadly defined as "any physical penetration of the genital organs or anus of another person". These laws ensure learners' safety and well-being. Let's explore what the age of consent means and what it entails.

UNDERSTANDING CONSENT

Consent is when someone agrees to sexual activity willingly and voluntarily. Silence doesn't equal consent. It must be given freely, without any pressure or force. Even if a child seems willing, the law states that anyone under 12 cannot legally consent because they're not mature enough to make that decision.

AGE OF CONSENT

In South Africa, the law is clear: a child under 12 cannot consent to any sexual activity. Also, a person aged between 12 and 16 may agree to sexual activities only if their partner is under 18. However, if someone between 16 and 18 has consensual sex with someone younger than 16, it's considered statutory rape due to the age difference.

SEXUAL OFFENCES

Sexual offences include more than rape or sexual assault. They also cover situations where someone is pressured into consenting, deceived, or involved in sexual activity while intoxicated or unable to understand due to mental challenges. Any sexual activity without consent is a crime.



WITHDRAWAL OF CONSENT

It's important to know that consent can be taken back at any time during sexual activity. If someone says "stop" or shows they want to stop, the other person must stop immediately.

BULLYING

WHAT IS BULLYING?

Bullying is when someone is repeatedly mean to another person on purpose. It can be physical, (like hitting), verbal, (like name-calling), or written, (like sending nasty texts, comments, or social media posts). It can also include making unkind gestures. Bullying can happen one-on-one or in a group.





Your Rights Against Bullying

In South Africa, the Constitution gives you rights that can protect you from bullying. These rights mean that bullying is not just wrong; it's against the law!

These are some of the rights you have:

- > **Equality (Section 9):** Everyone deserves equal and fair treatment. You can't be bullied for being different in any way;
- > **Dignity (Section 10):** You have the right to respect. Bullying takes away your right to dignity because it can hurt your self-esteem and can make you feel bad about yourself;
- > **Freedom and Security of the Person (Section 12):** You have the right to feel safe and be protected from violence, torture, and cruel or degrading, inhumane treatment;
- > **Protection Against Maltreatment, Neglect, Abuse, and Degradation (Section 28):** Children have special rights that protect them against any kind of harm and abuse;
- > **Best Interests of the Child (Section 28(2)):** Your best interests are the most important thing when it comes to decisions about your life and well-being.

Laws Protecting You from Bullying



South Africa has laws to keep you safe from bullying, whether it happens face-to-face or online. Here are the key ones:

-  **The South African Schools Act 84 of 1996:** This law makes sure schools are safe for all students. It requires schools to act against bullying and keep students safe;
-  **The Protection from Harassment Act 71 of 2011:** Under this law, you're protected from harassment, including bullying. If you're bullied, the law can help to protect you;
-  **The Children's Act 38 of 2005:** This law provides for the care and protection of children. It ensures that children are safe from abuse and neglect;
-  **The Cyber Crime Act 19 of 2020:** This law deals with online bullying or cyberbullying. It protects you from people who try to hurt you through the internet;
-  **The Child Justice Act 75 of 2008:** Bullying is a crime. In cases where bullying is of criminal conduct such as crimen injuria, assault or extortion, this law will ensure that children are treated fairly by the justice system.



WHAT TO DO IF YOU ARE BEING BULLIED?

If you find yourself being bullied, know that it's not your fault and you deserve help. Here are some practical steps to take.

- ✓ **Tell Someone:** Talk to a trusted adult, like a parent, teacher, or school counsellor. They can help you figure out what to do next;
- ✓ **Keep Records:** If the bullying is happening online or through messages, keep screenshots or copies of the messages. This can help when you report bullying;
- ✓ **Stand Up for Yourself:** If you feel safe, firmly tell the bully to stop. Bullies often back off when confronted;
- ✓ **Report It:** Report the bullying to your school. Schools have policies to deal with bullying and can take action to stop it;
- ✓ **Seek Legal Help:** If the bullying doesn't stop or is severe, consider contacting the police, a lawyer or SECTION27. They can help to protect you using the laws we talked about earlier.

GENDER-BASED VIOLENCE

WHAT IS GENDER-BASED VIOLENCE (GBV)?

Gender-based violence, or GBV, is defined by the United Nations as any harmful act aimed at an individual based on their gender. This includes physical, sexual, and psychological harm, as well as threats, coercion, and economic control. It can occur anywhere, such as at home, school, work, or within the community.

TYPES OF GENDER-BASED VIOLENCE

GBV can take many forms. Here are some examples:

Physical Abuse: Hitting, punching, slapping, or using weapons.

Sexual Abuse: Rape, attempted rape, and sexual harassment.

Emotional and Psychological Abuse: Insults, threats, and controlling behaviour.

Economic Abuse: Controlling someone's money or property.

Intimidation and Harassment: Threatening behaviour or repeatedly following someone.

Stalking: Unwanted, persistent attention that makes someone feel unsafe.

Damage to Property: Breaking or damaging belongings.

Unauthorised Entry: Entering someone's property without permission.

Femicide: Intentional murder of women because they are women, but broader definitions include any killings of women or girls.



IF YOU OR SOMEONE ELSE IS BEING SUBJECTED TO GBV

Support and Help: If a friend or family member is experiencing GBV, offer your support and encourage them to seek help.

Help is not limited to a specific gender; men also get abused so encourage your friend or family member to seek help!

Speak Up: If you're experiencing abuse, don't stay silent. Reach out to a trusted friend, relative, teacher, spiritual leader, or counsellor.

Get Professional Help: Don't suffer in silence. Contact organisations like TEARS, Childline, The Teddy Bear Foundation and POWA for support. (Their contact details can be found on the Contact List page)

Report to the Police: File a criminal case against the abuser.

DEALING WITH THE POLICE



Initially, you'll only need to give a brief statement.

Always read your statement thoroughly before signing it.

You can provide more details later if necessary.

If you're worried about retaliation or threats from the perpetrator, let the police know. You can request that they don't grant bail to the perpetrator, or you can seek a protection order.

When you're at the police station, remember

- ☒ You have the right to make your statement in a private room;
- ☒ If available, you can make your statement to a female officer;
- ☒ You can make your statement in your preferred language;
- ☒ It's okay to have a friend or family member with you for support.

Always ask for a copy of your statement, which is your legal right. Write down the name of the investigating officer, the case number, and the police station's phone number so you can follow up on your case. Remember, you are not alone! If you need help in making a statement, make sure you have someone there to support you.



Initially, you'll only need to give a brief statement;

Always read your statement thoroughly before signing it;

You can provide more details later on if necessary.

Apply for a Protection Order: Go to your nearest Magistrate's Court to get a Protection Order. This legal document prevents the abuser from committing more acts of violence against you or anyone else.

Remember, abuse can happen to anyone, not just women.



UNDERSTANDING THE DOMESTIC VIOLENCE ACT OF 1998

To apply for a Protection Order, under the Domestic Violence Act, you must be or have been in a domestic relationship with the abuser. This includes:

- ✓ Being married or previously married;
- ✓ Living or having lived together;
- ✓ Being the parents of a child;
- ✓ Being related by blood, adoption, or affinity;
- ✓ Being engaged, dating, or in a customary relationship;
- ✓ Sharing or recently shared the same residence.

UKUTHWALA

Ukuthwala is a traditional practice among some indigenous Southern African communities where someone takes a marriage partner, sometimes by force. It's crucial to understand ukuthwala, its reasons, and its impact, particularly on girls and young women.

WHAT IS UKUTHWALA?

Ukuthwala often bypasses the usual marriage customs due to issues like arranged marriages, parental disapproval, lack of dowry (lobola), or peer pressure to marry quickly. Sometimes both partners agree to it; other times, the girl may not consent. Originally, it was a solution for couples facing barriers, but it has been misused at times.

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.

EXAMPLES OF UKUTHWALA

Circumventing an Arranged Marriage

Thabo loves Zinhle, but Zinhle's parents have arranged for her to marry someone else. Thabo and Zinhle decide to elope (run away and get married).

Countering Parental Opposition

Lerato's parents don't approve of her boyfriend because they have promised her to another family. Lerato and her boyfriend plan to be together despite this.

Fast-Tracking Marriage Negotiations

If Nomsa is pregnant, her boyfriend's family might quickly take her away to ensure they get married before the baby is born.

FORCING PARENTAL CONSENT

If Sipho is too poor to afford the dowry price (lobola), he might take his girlfriend with the hope that her parents will agree to the marriage afterwards.

RESPONDING TO PEER PRESSURE

Thandi feels pressured by her friends who are all getting married, so she agrees to be taken by her boyfriend to speed up their marriage.

THE IMPACTS OF UKUTHWALA

While ukuthwala can sometimes help young couples, it often leads to serious problems, especially when it is done without the girl's consent.



HERE ARE SOME OF THE NEGATIVE IMPACTS:

Forced Marriages: Girls may be forced to marry someone they don't love or even know;

Dropping Out of School: Many girls are forced to leave school, missing out on education;

Abuse and Violence: Girls can face physical, emotional, and sexual abuse from their "husbands" and their families;

Health Risks: Marrying at a young age increases the risk of health problems, including pregnancy complications and sexually transmitted infections.

SAFEGUARDS AGAINST ABUSE

Traditionally, there were rules to protect girls:

- The groom's family had to inform the girl's family immediately;
- There would be no sexual intercourse before the marriage is agreed upon;
- The girl would be cared for by the groom's female relatives until the families agreed on the marriage;
- However, these rules are often ignored, leading to abuse and exploitation.

Ukuthwala is deeply rooted in some Southern African cultures. In the past, it might have been seen to unite young couples. However, today it often results in harm, particularly to young girls. It's vital to understand your rights and seek help if this practice affects you or someone close to you. Remember, everyone has the right to decide on their life and future.

GLOSSARY

ASEXUAL

Someone who doesn't experience sexual attraction or has little to no desire for sexual activity. Asexuality varies from person to person, and some may have conditional sexual attraction.

BIOLOGICAL SEX

This term refers to the bodily differences among males, females, or intersex individuals. It's usually determined at birth by examining features such as genitalia and chromosome makeup.

BISEXUAL (OFTEN CALLED "Bi")

Refers to individuals who are attracted to both their own sex and different sexes. This is about who you're attracted to, not your gender identity or physical traits.

CISGENDER

Often shortened to 'cis', refers to people whose gender identity matches the sex they were assigned at birth.



DEMISEXUAL

A person who needs a strong emotional bond, often in the form of a romantic relationship, before feeling sexual attraction. They typically form a deep friendship first before any sexual feelings develop.

FEMICIDE

The killing of women or girls based on their gender identity, whether in a domestic partnership or interpersonal relations, or by intimate partners, which is tolerated by the State.

GAY

Refers to a person who is sexually or romantically attracted to others of the same sex or gender. While it often pertains to men attracted to men, women and nonbinary individuals may also use this term.

GENDER

This is a set of societal expectations about behaviour, characteristics, and thoughts based on someone's sex. Each culture has its norms for how people should act according to their gender.

GENDERFLUID

A person who identifies as gender fluid may move between genders, have a changing gender identity, or not conform to a single gender category. They may also choose not to label their gender at all.

GENDER NON-BINARY

This term includes gender identities that are neither strictly male nor female. It's an umbrella category for identities outside the traditional gender binary. 'Androgynous' or 'androgyne' is sometimes used to describe people who identify this way.

HETEROSEXUAL

This term describes people who are sexually attracted to individuals of the opposite sex.

HOMOSEXUAL

A person who is romantically or sexually attracted to a person of the same sex.

HOMOPHOBIA

A negative attitude or prejudice towards gay people.

INTERSEX

Intersex people have physical, genetic, or anatomical features that don't fit standard definitions of male or female.

LESBIAN

A woman who is emotionally and/or physically attracted to other women.

PRONOUNS

Pronouns are used to refer to a person. Persons identifying as female would be referred to she/her, a person identifying as male would be he/him. A person who is gender non-binary or if a person is not aware of another's gender identity would be referred to they/them.

SEX

This is the label, male or female, given at birth based on your body's physical characteristics like genitals and chromosomes. It's listed on your birth certificate.

SEXUAL ORIENTATION

This describes who you're attracted to and who you connect with on a romantic, emotional, and sexual level.

TRANSGENDER

This describes individuals whose gender identity or expression differs from the sex they were assigned at birth. Transgender people may also challenge the fixed and binary view of gender tied to biological sex.

CONTACT LIST

SECTION27 Advice Office:

Tel: 011 356 4100. Cell/WhatsApp: 067 419 6841 / 067 012 0724

Childline South Africa:

Toll-free helpline: 0800 055 555

TEARS Foundation:

Helpline: *134*7355#

South African Human Rights Commission (SAHRC):

Tel: 011 877 3600

People Opposing Women Abuse (POWA):

Helpline: 065 868 3309

The Teddy Bear Foundation:

Tel: 011 484 4554

South African Depression and Anxiety Group:

011 234 4837 or 080 045 6789

Lifeline (mental health):

0861 322 322

Iranti (LGBTIQ+):

011 339 1468

EXERCISES

1. Exercise: Practice Dealing with Bullying

Here's an exercise to help you think about how to deal with bullying:

Scenario 1: You're being bullied at school because of the way you look (physical appearance).

- What do you think your first step should be?

- Who can you confide in?

- If it's online, how do you save the proof?

Scenario 2: You see one of your friends being bullied online.

- What can you do to help them?

- How can you support them without making the situation worse?

Scenario 3: You feel scared and don't know who to talk to about bullying.

- List three trusted adults you can talk to.

- Think about what you would say to them to explain what's happening.

Scenario 4: You see your friend bullying someone because of their physical appearance.

- What should you do first?

- Who can you tell?

- If it's online, how do you save the proof?

2 Exercise: Recognising and Responding to Grooming

Let's go through an exercise to better understand and handle grooming situations:

Scenario 1: You notice a teacher giving special attention and gifts to one learner. The learner seems uncomfortable.

- What's your first move?

- Who can you talk to about this?

- How can you support the learner?

Scenario 2: Your friend tells you they're feeling uncomfortable because an educator is asking them personal questions and making inappropriate comments.

- What advice would you give your friend?

- Who can you both go to for help?

- How can you support your friend?

Scenario 3: You feel that a teacher is giving you too much personal attention, and it makes you uncomfortable.

- What actions can you take for your safety?

- How can you report this behaviour?

- List three trusted adults you can talk to.

3. Exercise: Consent

What does consent mean when engaging in sexual activity?

What must be said or done so that it is considered as consenting to sexual activity?

Choose the option that shows you understand consent and legal age limits. In South Africa, the age of consent is 16. If someone much older than you or over 16 and more than two years older than you tries to engage in sexual activity, know that it's neither legal nor appropriate. Trust your gut and set your boundaries with respect.

Imagine you're at a party with friends. An older person starts flirting with you and suggests going to a private room. What would you do?

- ☐ Agree to go because they are older, and you feel you should follow their lead.
- ☐ Politely decline and explain that you're not comfortable with it, especially due to the age gap.
- ☐ You feel unsure but go along to avoid confrontation, even though you're uncomfortable.
- ☐ Leave the party and talk to a trusted friend or adult about it, considering the age difference.

Choose the option that shows you understand consent and legal age limits. In South Africa, the age of consent is 16. If someone much older than you or over 16 and more than two years older than you tries to engage in sexual activity, know that it's neither legal nor appropriate. Trust your gut and set your boundaries with respect.

4. Exercise: GBV

Read the following scenarios and identify the type(s) of abuse depicted. Write down your thoughts.

Scenario 1: Mpho's friend, Karabo, is always getting yelled at and called names by their partner, who also takes all the money they earn from their part-time job.

Scenario 2: Sipho's classmate, George, frequently has bruises and appears frightened when their older sibling is nearby.

Scenario 3: Akhona receives constant threatening messages from an unknown number and notices someone watching them near their home every day.

Group Discussion:

Talk about these scenarios in small groups. Identify the types of abuse. Discuss how it might affect the victims and what actions they could take.

Seeking Help and Support - Action Plan:

Imagine you or a friend is experiencing GBV. Write down the steps you would take to seek help and support.

1. Decide who to confide in first. _____

2. Choose an organisation to reach out to for help.

3. Figure out ways to stay safe or to protect your friend.

Creative Expression - Create a Poster:

Make a poster to inform others about GBV. It should highlight different forms of abuse, warning signs and contact information for assistance.

Display your poster at school or in a shared space.

Write a Letter:

Write a letter to a friend or fictional character who is experiencing GBV. Offer them support, tell them what they can do to get help and encourage them to speak up.

Share your letter with a trusted adult or peer for feedback.



5. Exercise: Ukuthwala

Lebo is a 15-year-old girl living in a rural village in South Africa. She is a bright learner and dreams of becoming a teacher one day. Recently, her parents arranged for her to marry an older man named Mzi, who is 40 years old and wealthy. Lebo doesn't want to marry Mzi, but her parents insist it's for the best because Mzi's family is offering a significant lobola (bride price), which would help their financial situation.

One evening, after school, Mzi's relatives take Lebo to his house without her agreeing to it. Her parents knew about this and consented because of the bride price. Lebo feels frightened and trapped.

Discussion Questions:

1. What are the traditional reasons for ukuthwala, and how do they relate to Lebo's situation?

2. How does ukuthwala impact Lebo's rights and her dreams for the future?

3. What protections should exist to keep girls like Lebo safe?

Through this discussion, you've learned about ukuthwala, its effects and why it's crucial to know and exercise your rights. Remember, everyone deserves to make choices about their life and future, and some people and organisations can help if you or someone you know is facing a tough time.

6. Exercise: Sex, Gender and Sexual Orientation

1. What do you call a girl who is attracted to another girl?

POSSIBLE ANSWER: The term lesbian describes a woman who is attracted to other women, both emotionally and physically.

2. Is it normal that I like both girls and boys?

POSSIBLE ANSWER: Absolutely, there's nothing wrong with you. If you're bisexual or "bi" for short, you might find yourself attracted to people, irrespective of their gender.

3. I don't identify with a specific gender and am unsure about my preferences; how can I talk about this with my parents?

POSSIBLE ANSWER: If you're gender non-binary, you don't strictly identify as male or female. This also means your attractions aren't limited by gender.

4. My friends call me "he" because I'm a boy, but I don't want to be called that. What else can they say?

POSSIBLE ANSWER: You could ask them to use the pronouns they/them. It's a way to refer to someone without specifying gender.

5. I'm a girl with a female body, but I don't feel like a girl. How do I explain this to others?

POSSIBLE ANSWER: You might be transgender. This means your gender identity doesn't match the sex you were assigned at birth. For example, you can be born female but identify as a boy.

7. Exercise: Pregnancy

1. Can I fall pregnant the first time I have sex?

POSSIBLE ANSWER: Yes, you can get pregnant the first time you have sex. Pregnancy can happen if sperm enters the vagina during unprotected sex, regardless of whether it's your first time or not.

2. Can I fall pregnant if I have sex while I am menstruating?

POSSIBLE ANSWER: The chances are low, but it's still possible to get pregnant during your period if you don't use contraception. More on contraception in the next chapter.

3. If he pulls out, can I still get pregnant from his semen?

POSSIBLE ANSWER: It's unlikely to get pregnant if no semen gets on your vulva or inside your vagina. But it can be hard to tell if withdrawal was done in time, which is why it's not the most reliable birth control method.

4. How long can I get pregnant after my last period?

POSSIBLE ANSWER: Getting pregnant right after your period isn't common, but it can happen. It depends on your menstrual cycle and ovulation timing. Ovulation usually occurs 14 days before your next period, but this varies, especially with irregular periods. There's no "safe" time to have unprotected sex without risking pregnancy.

5. Can I have sex when I am pregnant?

POSSIBLE ANSWER: Yes, if there are no risk factors in your pregnancy, sex is okay.

6. Will the baby get hurt if I have sex while pregnant?

POSSIBLE ANSWER: Your baby is protected by the amniotic fluid and the uterus muscles. Sex won't harm the baby unless you have certain complications like preterm labour.

7. Can I have sex after giving birth?

POSSIBLE ANSWER: Doctors recommend waiting six weeks post-birth before having sex. This gives your pelvic floor muscles time to heal and your cervix time to return to its normal state, reducing the risk of infection.

8. Exercise: ToP

1. I am 8 weeks pregnant. My friend said that if I drank rat poison mixed with Coca-Cola and Jik, it would end the pregnancy.

POSSIBLE ANSWER: No laxative or homemade remedy will help you terminate a pregnancy. It does not matter how far you are into your pregnancy. You will get sick, harm the foetus and may have long-term health problems. If you want to end a pregnancy, attend a designated and registered health facility to be assisted.¹

2 I went to the hospital, but they kept postponing the date to have a ToP. I saw a poster on the road that said, "Safe Abortion - call 078 996 3470." Is this safe?

YES

☐

NO

☐

POSSIBLE ANSWER: A safe, legal termination is performed by a registered professional nurse or a registered doctor in a 'designated facility' such as a clinic. Doctors and nurses need to be registered with the Healthcare Professions Council of South Africa (HPCSA) and must have undergone special training to perform abortions. For a facility to be 'designed,' the Department of Health must accredit it to provide safe, legal abortion services.²

Terminating a pregnancy at an illegal and/or unregistered provider can lead to serious health complications, including infections that could cause very long absences from work or school, permanent infertility or, in the worst and most heart-breaking cases, death.

3. My girlfriend had an abortion 2 days ago. When can we have sex again?

POSSIBLE ANSWER: Women should wait about 2 weeks after having a ToP to have sex. The reason for this is that when the cervix is open, the risk of infection increases. ToP opens the cervix. However, for most healthy people, the opening quickly closes, and the risk of infection is almost non-existent.

4 I went to the clinic and did a pregnancy test, and I am pregnant. I went to a doctor for a scan to be sure, and it was confirmed I am 24 weeks pregnant. I don't want this baby; can I terminate it?

YES

☐

NO

☐

POSSIBLE ANSWER: ToP is LEGAL in South Africa up to the 20th week of pregnancy, as per the Choice on Termination of Pregnancy Act (amended 2008). Termination has been legal since November 1996. After 20 weeks, termination is done only if:

- The woman's life or the fetus' life is in danger;
- There are likely to be serious birth defects.

5. Will I be able to get pregnant again after an abortion?

YES

☐

NO

☐

POSSIBLE ANSWER: Yes, you can get pregnant after having a ToP. Generally, having a ToP does not affect fertility or increase a woman's risk for other health issues.

A woman will typically get her period within four to six weeks of terminating a pregnancy. However, it's possible to become pregnant even before that. That makes it important to use a reliable form of contraceptive (hormonal or barrier) if you don't want to conceive again right away.³

NOTES

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