

HEALTHY LIFESTYLE CHOICES FOR TEENAGERS LEARNER'S WORKBOOK




- 3** ENTREPRENEURSHIP
- EMPLOYABILITY
- EDUCATION

Playful Project-based Learning | Life Orientation | TERM 3



basic education
Department:
Basic Education
REPUBLIC OF SOUTH AFRICA



GRADE **11**



Using three circle maps, explain or define the following concepts

In this box write HOW you know this information.

Write down what you know about healthy lifestyles

Healthy Lifestyle

In this box write HOW you know this information.

Write down what you know about risky behaviour

Risky Behaviour

In this box write HOW you know this information.

Write down what you know about risky situations

Risky Situations

Worksheet 2



In groups of four, study the pictures below and answer the questions that follow.

Picture 1



Photo by Maico Pereira on Unsplash

Picture 2



Photo by Fred Moon on Unsplash

Picture 3



Answer these questions about the three pictures on the previous page:

1. Identify **risky situations** from the 3 scenarios and explain why you think they are risky:

2. Identify **risky behaviour** from the 3 scenarios and explain why it is a risky behaviour:

3. Why might a teenager behave this way?

4. How might you prevent or reduce cases like this?

Worksheet 3



Fill in the survey on risk behaviours and risk situations below, using a tick for YES and X for NO.

QUESTIONS	YES ✓	NO X	
1. I enjoy watching movies more than going to a night club			
2. My favourite form of relaxing is going out with my friends to have a few drinks			
3. My favourite snack is a McDonald's burger and chips			
4. I drive with my friend who does not have a driver's license			
5. I ask for permission from my parents before going out at night			
6. I do exercises every morning for 15 minutes			
7. I drink 8 glasses of water every day			
8. It is very dangerous to walk alone at night			
9. I enjoy the company of strangers as long as we are having drinks			
10. It is cool to have more than one sexual partner			



Read the article below and discuss the following questions in groups.

Changing Youth behavior in South Africa

Globally, youth risk behaviours, including risky sexual behaviour, drug abuse and violence, is a public health concern, and South Africa is no exception. A range of behaviours place youth – and in the context of this study, South African youth – at risk. Although numerous interventions have been conducted to mitigate risk-taking, young people continue to practice unsafe sex, binge drink and use illicit drugs, and are involved in violence. The latest South African survey on youth risk behaviours reports that adolescents initiate alcohol use prior to the age of 13 years, and that men were more likely than women to use alcohol, engage in binge drinking, to have driven or walked under the influence of liquor and engaged in physical fighting (Burton & Leoschut [2013a](#); Shisana et al. [2015](#)). Furthermore, in South Africa, although the human immunodeficiency virus (HIV) infection rate is decreasing, youth are severely affected by HIV, violence and unplanned teenage pregnancy (District [2012](#); National Department Health [2012](#); Mkhwanazi [2010](#)). It is also widely acknowledged that the high prevalence of HIV and other sexually transmitted infections and rate of teenage pregnancy are fuelled by high-risk behaviours (Harrison et al. [2010a](#)).

Evidence shows that substance abuse has detrimental consequences for youth (Scott-Sheldon et al. [2013](#); Yach et al. [2015](#)). The results of the South African national violence survey reported that of the 47% learners who smoked marijuana at school, 31% reported witnessing learners who were high and 27% reported knowing learners who were drunk at school (Burton & Leoschut [2013a](#)). This is undesirable in a teaching and learning environment and particularly concerning, as alcohol abuse has been associated with violent behaviour (Peltzer, Davids & Njuho [2011](#)). The prevalence of violence in South African schools has been reported to be high (Schuld [2013](#)). One in four learners reported knowing learners who brought weapons such as firearms, knives and other sharp objects to schools (Burton & Leoschut [2013a](#); Ward et al. [2012](#)). These learners may carry weapons to initiate or threaten other students, or for self-defense. The prevalence rates of students reported carrying weapons vary across the country (Burton & Leoschut [2013a](#)). Learners from KwaZulu-Natal province were aware of learners who had brought a weapon to school, and 8.2% stated that they were threatened whilst at school (Burton & Leoschut [2013a](#)).

Another concern is the lack of contraceptive use (Bhana et al. [2010](#); Catalano, Gavin & Markham [2010](#)). In the third South African Youth Risk Behaviour Survey (SAYRB [2011]), learners reported condom use (45.1%) as the main method to prevent pregnancy; this was followed by contraceptive injections (7.0%) and use of pills (4.7%) as other birth control methods. Gender-based violence, especially amongst female students (Harrison et al. [2010a](#)), is a particular concern as some of them are dating older men (Dellar, Dlamini & Karim [2015](#); Haberland & Rogow [2015](#)). Evidence shows that they are unable to negotiate condom use because their male partners are older and tend to have many casual partners (Onoya et al. [2012](#); Potgieter et al. [2012](#)).

South Africa has responded through numerous interventions, including condom distribution programmes (Dellar et al. [2015](#); Prinsloo [2007](#)) and HIV education (Harrison et al. [2010a](#)). There have also been a number of well-publicised HIV awareness campaigns using a variety of media, including Khomanani, Love Life, Soul City and Soul Buddy (Bekker et al. [2015](#); Chandra-Mouli et al. [2015](#)). The 2012 National Communication Survey on HIV/AIDS evaluated these national campaigns and found that they were having a positive effect, particularly on students aged 15–24 years, with an increase in condom usage, HIV testing, counselling and male circumcision (Peltzer et al. [2012](#)). However, research interventions, which included large trials, have shown mixed results with regard to the reduction of risk behaviour (Harrison et al. [2010a](#)). Students aged 15–24 years in South Africa continue to have poor health outcomes because of their high-risk behaviour (Harrison et al. [2010a](#); National Department Health [2012](#)). There is an urgent need to find interventions that may prevent and reduce youth risk behaviour.

1. Name 4 youth risk behaviours mentioned in this article:

2. Why are men more likely to drink alcohol than women?

3. Name 3 consequences of risk behaviours that affect South African youth the most:

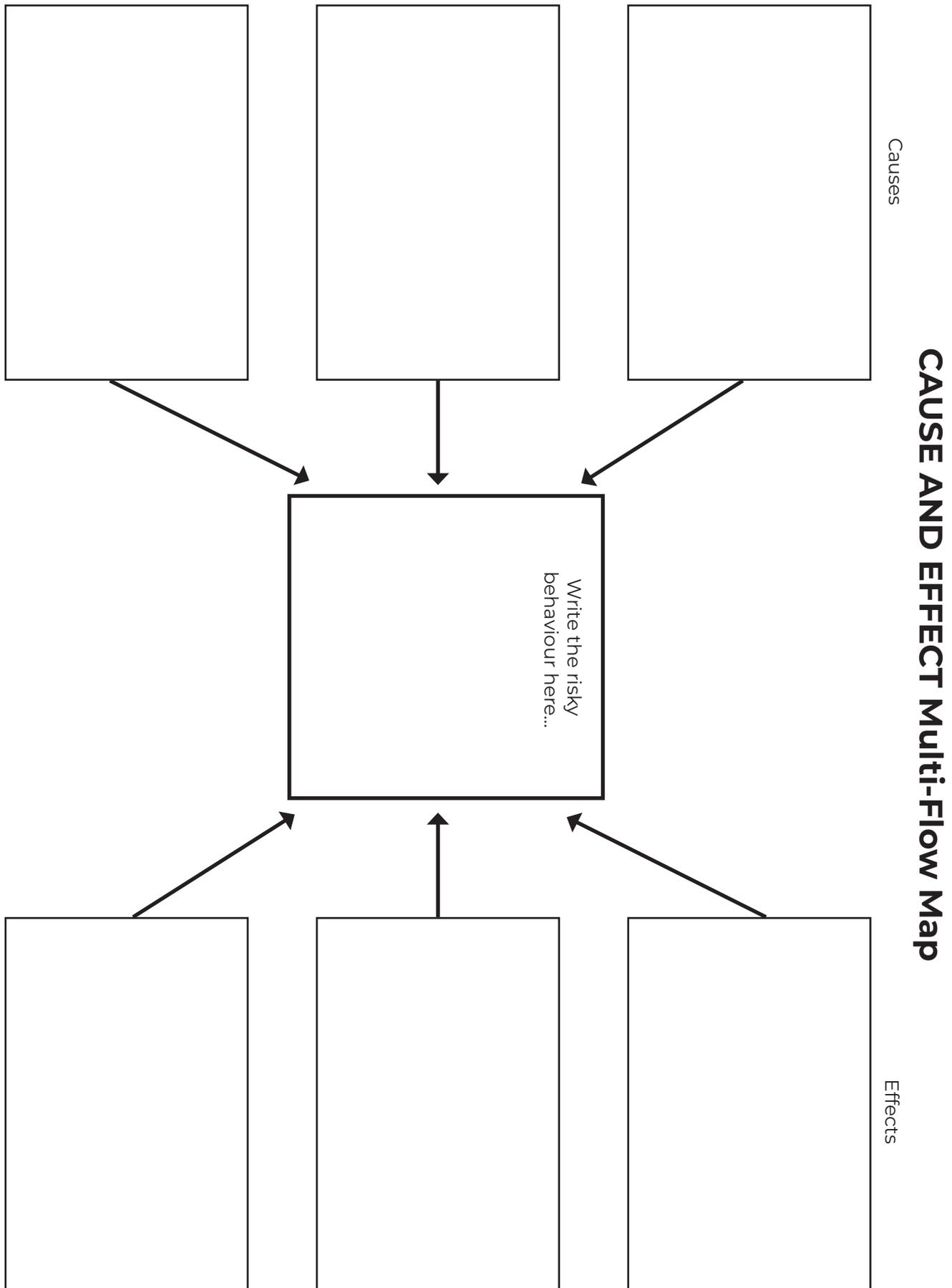
4. HIV awareness campaigns were successfully conducted through which media?

5. Mention 2 youth risk behaviours that are prevalent in your community and why.

6. In your opinion, why is it a challenge to reduce or prevent youth risk behaviours?



Make use of the multi flow map to discuss the causes and effects of risky behaviours.





Conducting interviews

1. In your opinion, what are the challenges facing youth in this community?
Why do you think that?

2. Which is the most challenging?

3. How can this be addressed?

4. Who in this community could help to support in addressing these challenges?

5. In your opinion why do you think youth engage in these behaviours?

6. What could be done to reduce these risky behaviours?



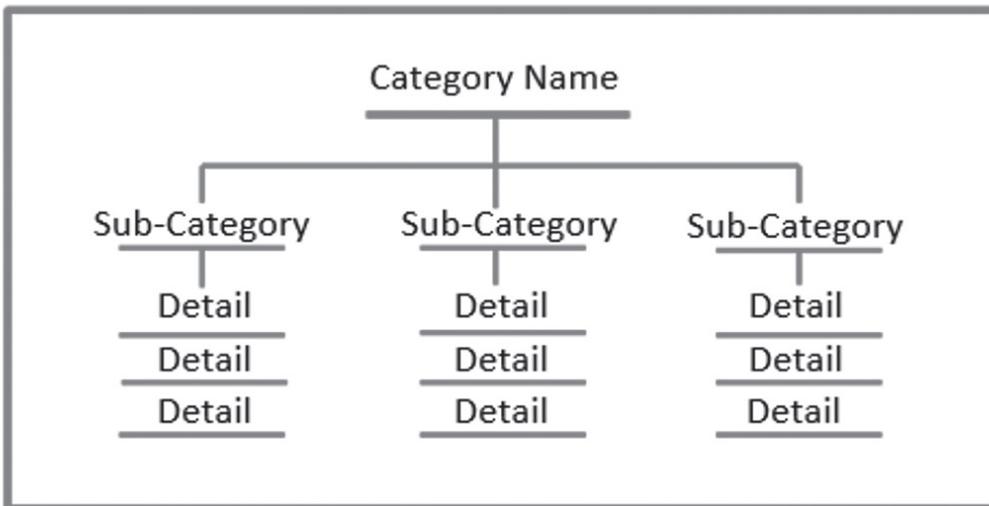
The Tree Map

Classify the information received during the interviews and during the Inquiry Stage.

- What important details do you want to add under each heading?
- How might you group the main ideas, supporting ideas and details in this topic?
- What are the key headings in project?
- Can you sort all the information you have gathered into key concepts?

Below are examples of Tree Maps, create your own with as many branches as you need.

THE TREE MAP



CLASSIFYING

