



Sexuality Education in
Life Orientation
Scripted Lesson Plans

Grade 8 Educator Guide



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Foreword

Since 2000, the Department of Basic Education (DBE) has been offering HIV prevention and Sexuality Education (SE) through the Life Orientation (LO) curriculum, HIV and AIDS Life Skills Education Programme and co-curriculum activities. However, the high rates of learner pregnancy and HIV infection indicate that there has been no change in the behaviour of learners and many educators feel uncomfortable teaching sexuality education.



In 2011, the DBE initiated a process to strengthen its SE programme. One of the key steps was a review of the LO curriculum against International Technical Guidance on Sexuality Education (ITGSE); an evidence-informed approach for schools, teachers and health educators (ITGSE, 2009) from the United Nations Educational, Scientific and Cultural Organisation (UNESCO), as well as a meta-analysis of characteristics of effective sexuality education programmes internationally.

The DBE has developed Scripted Lessons Plans (SLPs) for Grades 4 to 12 through a collaborative and consultative process, including a writing team of curriculum and sexuality education experts, as well as a review team from the DBE and provincial structures.

SLPs are designed to assist educators to teach SE within the CAPS Life Skills and Life Orientation curricula in the classroom. This will be complemented by appropriate Learning and Teaching Support Material (LTSM) and teacher training and development programmes to facilitate optimum teaching and learning. An educator's guide is intended to assist educators with the provision of content, effective teaching methods and tools for measuring what learners have absorbed. This guide will ensure that engagement with learners on SE is age-appropriate and relevant to each grade.

The DBE strongly advocates abstinence among young people. As the first defence against teenage pregnancies and sexually transmitted diseases, learners are encouraged to delay engaging in sexual activities. In addition, the Basic Education Sector is committed towards contributing to the prevention and management of HIV, sexually transmitted illnesses (STIs), and Tuberculosis (TB) by ensuring that learners, educators, officials and parents are informed and equipped to decrease risky sexual behaviour and gender-based violence (GBV) among young people.

The DBE is grateful to the United States Agency for International Development (USAID) for providing the financial support that made the development of this guide and the related SLPs possible.

A handwritten signature in black ink, which appears to read 'Motshekga'.

MRS A M MOTSHEKGA, MP
MINISTER: DEPARTMENT OF BASIC EDUCATION
DATE: MAY 2019

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The Educator Guide will be updated periodically. As such, comments and suggestions are welcome and should be sent to: The Director General, Department of Basic Education, for the attention of the Health Promotion Directorate, Private Bag X895, Pretoria, 0001.

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GLOSSARY OF TERMS

Abstinence: sexual abstinence is a conscious decision to avoid sexual activity or sexual behaviours

Aggressive communication: expressing your feelings and opinions in a way that violates the rights of others

AIDS: the late stage of HIV infection, when an HIV-infected person's immune system is severely damaged and has difficulty fighting the disease; **AIDS means Acquired Immunodeficiency Syndrome: A** stands for "acquired" – AIDS cannot be inherited but can be acquired during or any time after birth; **I** stands for "immuno" – which refers to the body's immune system, including all the organs and cells that fight off infection or disease; **D** stands for "deficiency" – AIDS occurs when the immune system is not working properly; **S** stands for "syndrome" – a syndrome is a collection of symptoms and signs of disease

Assertive communication: present what you have to say in a clear, confident way without denying the rights of others

Bacterial infections: infection caused by germs that can cause disease; The growth of many disease-causing bacteria can be stopped by using antibiotics, which can be prescribed by a doctor

Behavioural change: change in human behaviour, typically towards good

Biological sex: the biological and physiological characteristics that define men and women

Bisexual: an individual who is sexually and emotionally attracted to men and women

Blood transfusion: transfer of blood from one person (donor) into the bloodstream of another person (recipient)

Discrimination: the acting out of unjust or unfair treatment of different categories of people, especially on the grounds of race, gender or religion

Emotional scars: the lasting effect of grief, fear, or other emotion left on a person's character by an unpleasant experience

Gay: describes a man who is sexually and emotionally attracted to other men (also called homosexual)

Gender: the economic, social and cultural attributes associated with being male or female; It may also refer to a person's biological, social, or legal status as male or female

Gender identity: a person's private sense, and their own experience, of their gender; Most people develop a gender identity that corresponds to their biological sex, but some do not

Gender stereotypes: generalisations about gender characteristics, differences, and roles of individuals and/or groups

Gender-based violence: any acts of violence that result in, or are likely to result in, physical, sexual or psychological harm, coercion or suffering of girls or women; occurring in public or private life

Goal: identifying what you want to accomplish, having a plan to achieve this and how and when you will carry out your plan

Goal attainment: the achievement of your goals

Harmful gender messages: messages about the distinct roles and behaviours of men and women that give rise to gender inequalities and stereotypes, and have harmful consequences; See *unhealthy gender messages*

Healthy gender messages: messages about the distinct roles and behaviours of men and women that do not give rise to gender inequalities and stereotypes

Healthy relationships: when two people develop a connection based on mutual respect, trust, honesty, support, separate identities and good communication

HIV: HIV refers to the Human Immunodeficiency Virus; AIDS refers to the late stage of HIV infection: when an HIV-infected person's immune system is severely damaged and has difficulty fighting the disease

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

Masturbation: the self- sexual stimulation of the genitals for sexual arousal or other sexual pleasure

Monogamous relationship: engaging in a sexual relationship with only one person, that is both partners are having sex only with each other

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

Personal achievements: achieving personal goals

Personal limits: guidelines or boundaries that a person creates to identify what are reasonable, safe and permissible ways for other people to behave around them and how they will respond when someone steps outside those limits

Positive self-talk: an encouraging internal conversation with yourself, which influences how you feel and behave; Positive thoughts help you achieve goals and be more successful in everyday life

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

Refusal skills: set of skills designed to help children say no to harmful situations and to avoid participating in high-risk behaviours

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

Role play: a learning technique in which members play characters in a particular dramatic situation

Self-concept formation: how you see yourself and what you feel about yourself

Self-esteem: self-respect and confidence in your abilities

Self-image: describing yourself and how you feel about yourself

Self-motivation: believing in your abilities and being inspired to do things that interest you without giving up or needing encouragement from others

Sensuality: refers to the fulfilment of the senses or bodily appetites, and sometimes describes expression of physical or sexual pleasure

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

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 intimate relationships 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

Transgender: is a broad term, generally used to include any person who feels their sex does not completely or adequately reflect their internal gender identity; This includes a group of people who are inclined to cross gender lines, including transsexuals, cross-dressers and other gender non-conforming individuals

Unhealthy gender messages: messages about the distinct roles and behaviours of men and women that give rise to gender inequalities and stereotypes, and have harmful consequences

Unhealthy relationships: one person controls the other with threats or violence

Uniqueness: being the only one of its kind

Victim: a person that suffers harm from some adverse act

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

Viral infections: an infection caused by a virus and cannot be treated with antibiotics

Young people: Youth between ages of 15 and 24 years

Zero probability: something that is unlikely to happen

NOTE TO THE EDUCATOR

This poem serves as an introduction, to remind you of the important role you play in the lives of your learners. You are instrumental to giving your learners the knowledge, skills, values and attitudes that will enable them to survive life. You need not share this poem with your learners.

You taught me¹

You taught me the names of the cities in the world
BUT
I don't know how to survive in the streets in my own city
You taught me about the minerals that are in the earth
BUT
I don't know what to do to prevent my world's destruction.
You taught me to speak and write in three languages
BUT
I don't know how to say what I feel in my heart.
You taught me all about reproduction in rats
BUT
I don't know how to avoid pregnancy.
You taught me how to solve math's problems
BUT
I don't know how to solve my own problems.
Yes, you taught me many facts, and I thank you,
I am now quite clever
BUT
Why is it that I feel I know nothing?
Why do I feel I have to leave school to learn about coping with life?

1 Rooth, E. 1999. Introduction of Life Skills. Hands-on approaches to life skills education. Education for life Series. Cape Town. Via Africa

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A. GUIDE FOR TEACHING SEXUALITY EDUCATION IN CAPS THROUGH SCRIPTED LESSON PLANS (SLPs)

1. INTRODUCTION

The estimated overall HIV prevalence rate of the total population in South Africa is approximately 11,2%. The total number of people living with HIV is estimated at approximately 6,19 million in 2015. For adults aged 15–49 years, an estimated 16,6% of the population is HIV positive²

HIV presents one of the biggest challenges to the health and well-being of young people in South Africa. Through their study on early sexual debut and associated risk factors among young males and females, Chirinda, Peltzer and Ramlagan (2012)³ . found that the rate at which learners enter into sexual relations is low, typically occurring before age 15. Sexual experience rapidly increases by age 16, where more than half of the female sample (53.8%) reported having sex by age 16.

Young people continue to report high-risk sexual behaviour, despite sound knowledge of sexual health risks (Reddy et al, 2009; Shisana et al, 2009). HIV prevalence among children aged 2–14 years is 2.5% while prevalence among 15–24 year olds is 8.6% (Shisana et al, 2009). The National Strategic Plan for HIV, STIs and TB 2012–2016 (NSP) has identified young people as a key population for preventive interventions.

Between 2010 and early 2011, newspapers reported 3248 learner pregnancies in four provinces of South Africa, namely Limpopo, Mpumalanga, Gauteng and KwaZulu-Natal (Mclea, 2011; Mngoma, 2010; Moselakgomo, 2010). In Limpopo Province, 15 pregnancies were reported at one school, while Mpumalanga reported 70 at another school. In Gauteng, 3127 pregnancies were reported at 366 schools, while the province of KwaZulu-Natal reported 36 pregnancies at 25 schools.⁴

The Department of Basic Education (DBE) has developed the Integrated Strategy on HIV, STIs and TB, 2012–2016, in response to the National Strategic Plan on HIV, STIs and TB, 2012–2016, as well as global and local thinking on HIV, STIs and TB. One of the key components of the strategy is to increase HIV, STIs and TB knowledge and skills among learners, educators and officials; decrease risky sexual behaviour among learners, educators and officials; and decrease barriers to retention in schools, particularly for vulnerable learners.

The Curriculum and Assessment Policy Statement (CAPS) for Life Orientation (LO) for Grades 7, 8 and 9 includes concepts, knowledge, values and attitudes that deal with sexuality education and reproductive health. These grades were chosen because there is a strong body of evidence available on sexuality education for this age group, which shows that the biggest challenge to decreasing risky sexual behaviour in this age group is the lack of teaching opportunities, created in the classroom, for learners to engage on issues that will encourage them to change their behaviour and their decisions regarding their sexual debut, and to provide learners with as much support as they need to do so.

2 <https://www.statssa.gov.za/publications/P0302/P03022015.pdf>, Retrieved 06 June 2016

3 Chirinda, W., Peltzer, K., Ramlagan, S., Louw, J., (2012). Early Sexual Debut and Associated Risk Factors Among Male and Female Youth in South Africa. *Journal of Psychology in Africa* 22, 601–610.

4 <http://www.scielo.org.za/pdf/saje/v34n4/05.pdf>. Retrieved 06 June 2016

Scripted lesson plans (SLPs) have been prepared for educators to facilitate their teaching of content specifically related to sexuality education (SE) in CAPS.

NOTE TO THE EDUCATOR

Please find more detailed information and background reading in Annexure A at the end of this guide.

2. PURPOSE OF THE SLPS (GRADES 7 TO 9)

The scripted lesson plans (SLPs) have been aligned to the CAPS outcomes, topics and subtopics, and the content you need to teach for the year across Grade 8. Please see the table on the next page.

The purpose of providing the SLPs is that all lesson planning and preparation has been done for you, to support you in teaching comprehensive sexuality education (CSE) content. The SLPs are comprehensive lessons with activities and assessment tasks that help you to teach in line with your LO Annual Teaching Plans (ATPs).

Activities are detailed, practical and time-bound; include suggested assessments and provide you with all relevant handouts for your learners to facilitate discussions and consolidate knowledge. This allows for your learners to internalise what they have learned, take it home and share with their parents the importance of behaviour change and good decision-making regarding their sexual health.

NOTE TO THE EDUCATOR

1. Below is a breakdown of the CAPS topics with the associated content from the SLPs, and how each topic and its content can be taught across the year.
2. Each SLP has been developed to be covered in ONE HOUR. Schools have different time tables. The indication of time given here for the SLPs will allow you to fit the SLPs into the total amount of time allocated for Life Orientation in your timetable.
3. Remember that the SLPs for Grade 7 are to be taught across all four terms, as a part of the CAPS content dealing with the specific sexuality education content included in the SLPs.

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society Health, social and environmental responsibilities World of work	Concept: self-image Substance abuse Common diseases. Value and importance of work in fulfilling personal needs and potential	7.1 Setting goals and reaching your potential	<ul style="list-style-type: none"> • identifying the learners' personal qualities; • identifying their personal interest, abilities and potential; • learning what SMART goals are; • learning how to set SMART goals; and • understanding how unhealthy behaviour and choices can be an obstacle to reach your goal. 	1 hr.	1
Development of the self in society	Concept: Self-image	7.2 Appreciation and acceptance of self and others	<ul style="list-style-type: none"> • explaining the changes that occur in boys and girls, where learners are shown the importance of accepting themselves and others as they are; • defining the word "values" and give several examples of important values related to sexual health; • clarifying personal values about gender, relationships and sex; • discussing the importance of having clear values and behaving in accordance with one's values; and • discussing negative stereotypes associated with men/boys and women/girls and identify ways to redefine these stereotypes. 	1 hr.	1

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society	Peer pressure	7.3 Is There a difference between gender and sex?	<ul style="list-style-type: none"> describing how peer pressure may influence an individual's behaviour: use of substances, crime, sexual behaviour, bullying and rebellious behaviour; explaining the difference between the terms sex, gender and sexual orientation; identifying at least two gender messages that girls and boys receive within their community; distinguishing between characteristics and attitudes that are determined by our sex, and those determined by our gender; and explaining how harmful gender messages can affect health and well-being. 	1 hr.	1
Development of the self in society	Changes in boys and girls: puberty	7.4 Understanding puberty – physical, social and emotional changes	<ul style="list-style-type: none"> identifying 4 to 6 internal and external physical changes that occur during puberty for girls and boys; defining and describe the process of menstruation; defining and describe the processes of erection and ejaculation; and describing how to care for oneself during puberty. 	1 hr.	1
Development of the self in society Health, social and environmental responsibility	Concept: self-image Common diseases: TB, diabetes, epilepsy, obesity, anorexia, HIV and AIDS	7.5 Healthy and unhealthy relationships	<ul style="list-style-type: none"> explaining how peer pressure can influence an individual; understanding how peer pressure affects teenagers; responding appropriately to peer pressure: assertive and coping skills; identifying characteristics of healthy and unhealthy relationships; identifying abusive behaviours and the five categories of abuse: 	1 hr.	1

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society Health, social and environmental responsibility	Concept: self-image peer pressure Common diseases: TB, diabetes, epilepsy, obesity, anorexia, HIV and AIDS	7.6 Making decisions about sex	<ul style="list-style-type: none"> describing how unhealthy gender messages play a role in promoting unhealthy behaviours and abuse within relationships; understanding the concept of a relationship non-negotiable point; identifying which healthy behaviours are most important in relationships, as well as identifying personal “deal-breakers”; and describing parents, or other trusted adults’ ideas about what constitutes a healthy relationship. Reviewing: “Appreciation and acceptance of self and others”; describing the seven-steps of the “CLARIFY” decision-making model presented in this lesson; applying the “CLARIFY” decision-making model to make decisions about sex for characters in a case study; discussing how personal values influence decision-making; employing the steps of decision-making for a personal decision and accepting others 	1 hr.	1
Development of the self in society	Peer pressure	7.7 Assertive communication	<ul style="list-style-type: none"> defining non-verbal communication; explaining the importance of non-verbal communication matching verbal communication; describing three approaches to communication: passive, aggressive and assertive; and explaining how inequitable gender norms may affect boys’ and girls’ ability to communicate assertively. 	1 hr.	1

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
REVIEW	REVIEW	7.8 Revisiting your goals and moving forward	<ul style="list-style-type: none"> explaining how setting goals will help them to realise their potential; formulating SMART goals; reciting a SMART goal that describes something they feel is important to accomplish this year; identifying the obstacles that unhealthy behavioural choices would present for goal attainment; and conducting a force field analysis of factors and influences that encourage or inhibit healthy behaviour. 	1 hr	1
Development of the self in society	Concept: Self-concept formation and self-motivation	8.1 Setting goals and reaching your potential	<ul style="list-style-type: none"> Explain why every human being has worth Explain the importance of reaching one's potential Set long-term goals Create a plan for meeting those goals Identify possible barriers to reaching goals and strategies to overcome those barriers Talk to parents (or other trusted adults) about reaching future goals and how acquisition of HIV would make reaching these goals more challenging Review key points, messages and skills learned during Grade 7 Make a commitment to engage in healthy behaviour and work toward future goals (review again at end of Lesson 8.8) 	1 hr	4
Constitutional rights and responsibilities	Concept: Gender equity	8.2 (A) and (B) Healthy and unhealthy messages about our gender	<ul style="list-style-type: none"> Describe how inequitable, rigid gender norms can affect the health and well-being of girls and boys (women and men) especially with regard to reproductive and sexual health 	1 hr	1

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society	Concept: Sexuality	8.3 Making healthy sexual choices and knowing your limits	<ul style="list-style-type: none"> Propose alternative gender norms that are healthy and equitable for men and women Challenge inequitable gender norms in a safe way Identify human rights and South African laws and policies that protect gender equality 	1 hr	3
Development of the self in society	Concept: Sexuality	8.4 Sexuality is more than sex	<ul style="list-style-type: none"> identifying your own personal limits regarding sexual behaviour; describing the personal feelings that impact sexuality; understanding the influence of friends and peers on one's sexuality; listing sexually transmitted infections; discussing sexual choices; and knowing your limits. 	1 hr	1
Development of the self in society	Concept: Sexuality Decision-making about health and safety: HIV and AIDS	8.5 What young adults need to know about STIs and HIV and AIDS	<ul style="list-style-type: none"> explaining the difference between the concepts of "sex" and "sexuality" and provide examples of sexuality from their social context; identifying the difference between love and related emotions; and discovering ways to show love and affection in a relationship without engaging in high-risk sexual behaviour. 	1 hr	3
Development of the self in society	Concept: Sexuality Decision-making about health and safety: HIV and AIDS	8.5 What young adults need to know about STIs and HIV and AIDS	<ul style="list-style-type: none"> identifying the names of common STIs; describing how STIs are transmitted; listing common symptoms of STIs with no symptoms; explaining the importance of getting tested regularly for STIs if sexually active; 	1 hr	3

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society Health, social and environmental responsibility	Concept: Sexuality	8.6 Your risk for STIs, HIV and AIDS and pregnancy	<ul style="list-style-type: none"> explaining the transmission of HIV; and discussing ways to prevent STIs. identifying the high level of risk for becoming pregnant or causing a pregnancy by having unprotected sex; identifying the low risk of getting pregnant and acquiring HIV and other STIs through the correct use of contraception and condoms; identifying zero probability of becoming pregnant or causing a pregnancy if an individual abstains from sexual intercourse; and differentiating between facts and myths regarding the risk for pregnancy and infection with HIV and other STIs. 	1 hr	1
Health, social and environmental responsibility	Decision-making about health and safety: HIV and AIDS	8.7 HIV and AIDS and stigma	<ul style="list-style-type: none"> defining stigma; explaining the negative effects of stigma on both victim and perpetrator in terms of: <ul style="list-style-type: none"> feelings and self-esteem; and giving examples of how stigma violates human rights and the danger thereof. 	1 hr	1
Development of the self in society Health, social and environmental responsibility	Decision-making about health and safety: HIV and AIDS Relationships and friendships Decision-making about health and safety: HIV and AIDS	8.8 The art of saying “No, thanks”	<ul style="list-style-type: none"> Identify the strategies one can use to refuse unwanted or unprotected sex Use refusal strategies in scripted and unscripted role-play Identify challenges to using refusal strategies and ways to over those challenges Discuss how inequitable gender norms can affect a boy's or girls ability to refuse unwanted or unprotected sex 	1 hr	3

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society	Goal-setting skills: Personal life style choices	Lesson 9.1 Setting goals and reaching your potential	<ul style="list-style-type: none"> formulating SMART goals; reciting a SMART goal that describes something they feel is important to accomplish this year; explaining the relationship between behaviour and goals and identifying that some behaviours can assist in accomplishing their goals and others that cannot; conducting a force field analysis of factors and influences that encourage or inhibit engaging in healthy behaviour; identifying several goal-supporting behaviours they have chosen, to make a commitment in the upcoming year to support accomplishing their goals; and articulating their commitment to specific behaviours that will support them in achieving their goals and help them to prevent HIV, AIDS, STIs and teenage pregnancy. 	1 hr	1
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.2 Safer sex: Hormonal contraception	<ul style="list-style-type: none"> identifying the different forms of hormonal contraception; identifying the forms of hormonal contraception publicly available in South Africa; describing how each hormonal method works to prevent pregnancy; describing how each hormonal method is used; describing the benefits of using hormonal contraception, if sexually active; listing places where teenagers can obtain hormonal contraception; 	1 hr	3

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.3 Safer sex: Using condoms	<ul style="list-style-type: none"> describing the role that men can play in using hormonal contraception; and discussing risk factors that increase the chance of developing a problem. listing the benefits of using a condom; listing the steps for using a male and female condom correctly; identifying places in the community where teenagers can obtain male and female condoms; using a male and female condom correctly; and dispelling myths about condoms. 	1 hr	1
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.4 Barriers to condom use	<ul style="list-style-type: none"> identifying barriers associated with using male condoms; identifying responses or solutions to these barriers; and identifying how alcohol or drug use can affect one's ability to use a condom. 	1 hr	1
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.5 One partner at a time	<ul style="list-style-type: none"> identifying at least two reasons to be faithful to one partner if having sex; identifying at least one gender norm that accounts for differences between women's and men's reasons for choosing mutual monogamy and multiple concurrent sexual partners; and identifying at least two ways to overcome or diminish some of the reasons they might have for wanting multiple concurrent partners if having sex. 	1 hr	1
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.6 Using sexual and reproductive health resources in the community	<ul style="list-style-type: none"> identifying where to access information and services related to contraceptives, and prevention and treatment of STIs and HIV; 	1 hr	1

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
Development of the self in society	Sexual behaviour and sexual health Goal-setting skills: Personal lifestyle choices	Lesson 9.7 Are you ready for parenthood?	<ul style="list-style-type: none"> describing the reproductive and sexual health services available in their area; and reflecting a positive attitude toward health seeking behaviour listing ways in which their lives would be affected by pregnancy and parenting; identifying how boys and girls might experience parenthood similarly and differently; and discussing ways to postpone parenthood until they are ready. 	1 hr	1
Health, social and environmental responsibility	Health and safety issues related to violence	Lesson 9.8 Sexual consent	<ul style="list-style-type: none"> defining consensual sex; identifying what clear sexual consent sounds like and looks like; clarifying sexual consent that sounds, looks and feels ambiguous; and discussing how unhealthy gender norms play a role in not giving, getting and accepting sexual consent. 	1 hr	1
Health, social and environmental responsibility	Health and safety issues related to violence	Lesson 9.9 Power and control in relationships	<ul style="list-style-type: none"> defining power; identifying four ways that power can be used; describing ways that power and control can play a role in romantic relationships; describing how harmful and/or controlling uses of power in relationships contribute to STIs, HIV acquisition and teenage pregnancy; identifying warning signs that a sexual partner may be uncomfortable and wanting to withdraw consent even if s/he has not communicated this clearly or explicitly; and 	1 hr	3

CAPS subtopic	CAPS subtopic	SLP lesson	Content	Time allocated	Annual teaching plan term
			<ul style="list-style-type: none"> listing 1-3 phrases they might use to communicate to a partner that s/he respects a partner having set sexual limits/boundaries. 		
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.10 Condoms: Being assertive and staying protected	<ul style="list-style-type: none"> interpreting non-verbal communications clues; communicating assertively; identifying commonly used "pressure lines": phrases others use to coerce; and describing how inequitable gender norms can influence boys' and girls' ability to negotiate condom use. 	1hr	1
REVIEW	REVIEW	Lesson 9.11: Consolidating intentions for Grade 9	<ul style="list-style-type: none"> setting goals for improving their life during the next year; identifying the obstacles that unhealthy behavioural choices would present for goal attainment; conducting a force field analysis identifying factors and influences that encourage engaging in healthy behaviour, as well as factors and influences that inhibit healthy behaviour choices; conducting an advanced force field analysis, identifying strategies to maximise factors and influences that promote healthy behaviours. 	1hr	3

3. OUTCOMES

The SLPs are not a stand-alone curriculum. They have been mapped against and aligned to the Life Orientation learning outcomes and content. The CSE content in the SLPs has been aligned to the Life Orientation CAPS topics.

There are 27 SLPs provided for Grades 7, 8 and 9. These have been given as a package so that Grade 7 educators can see the progression from Grade 7 to Grade 8 that is expected from their teaching, and Grade 9 educators can see what content has been taught in the previous grades.

The SLPs are not to be taught consecutively but will be taught across the whole year, where they can be taught appropriately with content from the LO CAPS. It is ideal, though, if lessons are built on the knowledge and skills learned in previous lessons. This way they continue to systematically build their knowledge and skills, e.g. you don't want to start with HIV prevention before you have talked about puberty.

The assessment provided will form part of the assessment programme for each grade, as specified by your Annual Teaching Plans in the CAPS. For this reason, no extra time for teaching is expected. Many activities encourage your learners to do their own reflections and discussions outside the classroom. This encourages peer relations and the building of healthy friendships. It is intended to build a safe environment in which learners will feel open to positive influences.

4. STRUCTURE OF THE SLPs

The SLPs use a format that facilitates the planning and preparation of teaching, learning and assessment against the topics and subtopics in the CAPS. The SLPs are structured as follows:

4.1 CAPS TOPICS AND SUBTOPICS

All the SLPs have been aligned to and link to the topics and subtopics in the CAPS. Some activities deal with more than one topic and subtopic. If so, these topics and sub topics are indicated in the lesson plan of that SLP.

4.2 CONCEPTS

All the relevant, specific content knowledge and concepts for comprehensive sexuality education and reproductive health have been provided in the activities. The concepts have been selected to ensure that age-appropriate learning and application of knowledge happens for all learners. The concepts are directly linked to what you need to teach, and what your learners will know at the end of the activity.

The concepts are listed, at length, so that you can use them to consolidate your teaching and check your learners' understanding of the concepts at the end.

Your learners can also use the concepts to test their own understanding throughout the lesson. For each grade, a detailed concept map has been provided. The topics for the CAPS are linked to the concepts for comprehensive sexuality education for all the SLPs. A comprehensive glossary of terms that includes the definitions of the concepts is included in this guide.

4.3 KNOWLEDGE, VALUES AND ATTITUDES

The SLPs are designed to increase knowledge as well as to change behaviour. In order to change behaviour and build confidence to make healthy decisions, it is important that knowledge is acquired together with positive values and attitudes. At a personal level, your learners will be challenged to make positive life

choices. The implicit outcome of this is that those healthy choices find their way back into the home where choices regarding sexual behaviour are both necessary and challenging. The intention is to build a critical mass of learners in the community who are able to model healthy behaviour and choices for their peers.

4.4 TEACHING METHODOLOGIES

Recommended teaching approaches and methodologies are included in all the activities found in the SLPs. The activities should be taught as they have been scripted. The methods and approaches have been selected to ensure that practical discussions and engagements can happen in the time allocated to each SLP.

If your learners are not familiar with the suggested teaching approaches, you must first explain what they are expected to do, know or show, using that particular technique.

Some methodologies and approaches can be time-consuming if not managed well. It is important that you feel comfortable using the suggested methodology. If not, feel free to use an approach you are comfortable with, as long as it still encourages participatory learning and allows your learners to engage fully.

4.5 TIME ALLOCATION

Each SLP has been written to cover one hour (1hr). This has been done to accommodate a variety of timetabling methods used across schools for each period. For example, timetables structured on a thirty minute period can be accommodated by teaching one SLP over two periods. You can fit the SLPs into your own timetables.

The SLPs do not cover all the time allocated for LO per week. That is because there are more topics and subtopics that are not about comprehensive sexuality education that still need to be taught in CAPS. Remember that the SLPs are done across the four terms and not consecutively.

4.6 BRIEF LESSON SUMMARY

The brief lesson summary gives you a synopsis of what is contained in the lesson, its activities and teaching methodologies. You can see, at a glance, what the SLP deals with and what the main aim of that lesson is.

4.7 KEY POINTS

The key points give a summary of what the main points in the lesson are, the core knowledge that is being targeted and emphasises what is essential to the SLP.

4.8 RESOURCES/MATERIALS

A list of the resources and other materials to be used for teaching and learning is provided. The understanding is that these are SUGGESTED resources; this does not mean that teaching cannot be done without these resources. The resources consist of what can be found in any functional classroom. Schools and classrooms are resourced differently and you may have other resources available to assist you. Use them confidently to make the activity a unique experience for your learners. The SLPs are there help you **to facilitate and guide discussions**.

A perceived lack of resources should not retard or prohibit good teaching with the SLPs. The resources suggested are easily obtainable. Where resources like models are used, a note has been included to ask the local clinic to assist by loaning theirs for use in the classroom.

4.9 NOTES TO THE EDUCATOR

The scripting of the lessons means that a higher level of engagement happens with you through the SLPs. The notes may prompt and alert you to important aspects of the activity, and may flag issues related to how

the activity can be improved. The expectation is that you will feel supported and be able to break through some of your current constraints when teaching difficult or unfamiliar concepts.

The SLPs have been designed to introduce concepts progressively to your learners. Knowledge is built up across all the activities and often, prior learning is used to introduce new concepts or skills. In many of the SLPs, the note to the educator will make reference to what has already been taught as well as what is still to follow. You need to go through both the preceding and the following activities when preparing to teach an activity so that all the links are understood.

4.10 ASSESSMENT

Assessment tasks have been designed for each SLP. The assessment is used for self-, peer- or group assessment, and this is indicated against the assessment task. You will work with your learners to assemble a portfolio of evidence (POE) by collating all the assessment tasks as indicated in the SLPs.

The portfolio of evidence (POE) will serve as an assessment record of what your learners have learned, how well they have internalised the content, how their behaviour and attitudes have changed and what content has been most challenging for them.

As behaviour change is experienced and recorded from activities, you can use the learners' POE to assess how well learners have met the activity outcomes. Behaviour change, building attitudes and acquiring good values is a process, which can be tracked through the POE. Use this to encourage or acknowledge how much your learners have achieved.

Use the POE to encourage learners to reflect on their own thinking and behaviour.

In many of the SLPs, assessment strategies have been recommended for you to include when you develop your own assessment tasks. These strategies have been selected to help you develop tasks that best assess the content in those SLPs.

4.10.1 INFORMAL ASSESSMENT TASK

The approach to the new content and knowledge for comprehensive sexuality education is one that encourages learners to apply what they learn, re-apply the knowledge in different situations, internalise what they have learned and make the changes to their behaviour their own. This is a formative process. The assessment tasks help to make the learning process formative and developmental. It is more important that the assessment drives effective learning, than for it to be recorded formally. As such treat the assessments as part of the informal assessment done in other lesson plans.

4.10.2 FORMAL ASSESSMENT TASKS

The CAPS is very prescriptive about the number of formally recorded tasks for each term and for each topic. You need to keep to this requirement but you may link the informal tasks to the formally recorded task so that you are able to assess how learning in the SLPs contributes to the performance of your learners on the formal tasks.

4.10.3 ASSESSMENT TASKS FOR THE LEARNERS

For tasks that have been set aside for learners to do on their own, encourage your learners to share their answers and experiences. It need not be classroom- bound or even only in the LO subject classroom, but can be used in other subjects. In schools where educators plan together, some tasks can be used in an integrated way across subjects.

Most SLPs have a set of exemplar test questions provided. Let your learners use these as self-test questions. They are then also good questions for you to select for inclusion in class tests that are to be given during the term. The answers to these have been provided in the activities.

4.10.4 TEST YOUR KNOWLEDGE QUESTIONS

A list of possible test questions has been included in the assessment section of each SLP. These are ideal questions that your learners can use to test their understanding of the content dealt with during the lesson. You may want to give it as a test to your learners to assess how well they have consolidated their understanding of the content.

4.10.5 FINAL GRADE ASSESSMENT TASK

Each grade has the last activity set for 'setting goals'. This activity requires a comprehensive look at what has been done over all the other SLPs, culminating in one activity that will show how well your learners have assimilated and consolidated the content dealt with across all the topics. Let your learners work consistently over the weeks to put together the evidence asked for in this activity. This portfolio of evidence can be carried by the learners from grade to grade. They will be able to assess their own progress and improvement, using the SLPs.

4.11 LESSON RESOURCES

Readings, resources and worksheets have been prepared for the consolidation of content knowledge for your learners. These are included in the learners' book for the SLPs. The readings and worksheets are structured to encourage independent learning and consolidation of knowledge in your learners. It is not expected that any significant behaviour change will happen as a result of the discussions or activities in class. Peer support and an enabling environment are equally necessary. Encourage your learners to work individually and where necessary, with their peers to practise the changes encouraged in the SLPs. Posters are also included in your educators' guide and the lesson plan will indicate when these posters are required for the lesson.

4.12 GLOSSARY

A glossary of terms has been drawn up for each SLP. This will ensure common understanding of concepts that may be less familiar or completely new to both you and your learners. With a glossary at hand, your learners will feel more comfortable to learn and use the terms. You may want to encourage the use of these terms in the class whenever there is an opportunity. A comprehensive list can be found at the front of both Educator Guide and Learner Book.

4.13 BIBLIOGRAPHY

The bibliography is about encouraging you to read more about some of the information included in the SLPs. This is a good way of broadening your own understanding and knowledge in a structured and directed way.

5. THE SIX CORE MESSAGES TO BE INTEGRATED THROUGHOUT THE CURRICULUM

The following have been selected as KEY MESSAGES to be reinforced throughout the SLPs. In the SLPs, the messages have been included in the focus of the activities. Use the messages; put them up in the classroom; insert them in newsletters to parents etc., so that your learners hear and see them constantly.

YOU, THE SOUTH AFRICAN YOUTH KNOW:

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.



6. SCRIPTED LESSON PLANS FOR GRADES 7, 8 and 9

A brief summary of what each SLP in Grades 7, 8 and 9 deals with in the activities, is provided to guide you in your planning. See Annexure B

B. CLASSROOM MANAGEMENT TO SUPPORT IMPLEMENTATION OF THE SLPs

Some of you may find it challenging to teach comprehensive sexuality education. This section provides you with some tips on how best to manage your classroom and your learners, to create an environment conducive to learning. The main focus is facilitating the new content for sexuality education, which is often challenging and uncomfortable for some, and strengthening how you will teach and assess each of the activities.

1. MAINTAINING YOUR ROLE AS EDUCATOR

The activities are varied and engaging, thus learners are expected to engage with the content of the activities either individually or in a group. The assessment tasks are structured to give you an indication of whether your learners have grasped the concepts being taught. Your role, as the educator, is critical in the delivery of the SLP content and in creating an environment conducive to learning.

Here are some tips to help you:

- a) Help your learners feel comfortable to talk about difficult and sometimes embarrassing topics.

- b) Build trust amongst your learners to keep the confidences of their peers.
- c) Ensure that discussions do not cross boundaries to issues that may be unacceptable for parents, younger learners and others who are not part of the discussions.
- d) Decide how much 'complexity', related to comprehensive sexuality education, your learners are ready to talk about and engage on with each other.
- e) Initiate but also end topics of conversation in a respectful, open but trusting manner.
- f) Maintain professionalism even when challenged by your learners who may not have all the relevant and appropriate information for them to make good decisions regarding their sexual and reproductive health.
- g) And most importantly, you need to remind yourself to be non-judgmental, unbiased, caringly critical and open to the difficulties that your learners experience regarding sex, sexuality and the adoption of safe behaviours, that will reduce their risk of acquiring HIV. You need to remind yourself, constantly, that some of your learners and/or their family members may be HIV-positive.

The following inputs are meant to assist you to create an open, safe and trusting-inspiring environment in the classroom, and foster healthy discussion and relationships on the playgrounds and even in the home. In each of these settings, your learners deal with issues arising in comprehensive sexuality education. These materials aim to help your learners to make informed choices and adopt healthy behaviours related to content presented in the SLPs.

1.1 FEELING CHALLENGED BY NEW CONTENT

The SLPs for each grade will be taught across the four terms and according to your plan for their use within the Life Orientation lessons. An indication of where the SLPs can be taught **throughout the year** is given above on pages 11 to 13. You may want to find your own appropriate links to the LO learning outcomes in the work schedule. Then, use the table referred to above to guide your planning.

To increase your confidence in teaching the new content found in the SLPs, be as thoroughly prepared for each activity in the SLP as possible.

You may not feel confident to teach content that may be new to you in the SLPs. The new content may also raise questions and challenges from your learners because they too are not familiar or comfortable with the content. Building trust, ensuring confidentiality and a respectful relationship with and between your learners is necessary and useful for creating the best environment for engagement with content by you and your learners.

The content in the SLPs is reliable, age-appropriate and well linked to the content in the Life Orientation CAPS. If information that is not in the CAPS has been included in the SLPs, the content is well-researched, simply presented and explained clearly.

It may help to discuss your lessons beforehand with your colleagues and share with each other what activities and approaches are to be followed for the week.

You are not expected to deal with issues and concerns raised by your learners that should be referred to more professional practitioners like nurses, counsellors etc. The activities suggest where professionals may be consulted to deal with content which you may not be equipped to handle.

1.2 CREATING A COMFORTABLE AND CONDUCIVE CLASSROOM ENVIRONMENT

Building good values and attitudes can be more challenging than teaching new or unfamiliar content or topics

Many activities suggest teaching and learning aids like models of the physical anatomy or explicit posters of harmful diseases, amongst others, in activities dealing with the relevant content. You may feel culturally,

religiously or ethically challenged when teaching some of the content. However, your learners may have similar feelings. The most important consideration **MUST** be how important it is for your learners to know and understand the content, and how they may be disadvantaged more from not knowing the specific content. Again, you are encouraged to share this with your colleagues or local clinic professional resources. Values and attitudes are not tangible qualities, which you can observe and measure immediately. You may consider allowing your learners to express what they would like to see in the classroom. You need not feel threatened by strong opinions or views from your learners. If activities are set up to do this, let your learners work together to find their comfort zones. None of their responses are right or wrong. It is about the level at which learners internalise the content and are able to show a change in behaviour. Activities and messages are given to create a positive experience in the classroom.

The classroom often extends into the home

To ensure that positive learning is reinforced at home, it is important that parents understand what is being taught and why. You know when parents should be included in what is being shared with your learners in the classroom. Parents can be kept abreast of what is being taught. The school management team (SMT) has a crucial role in communicating with the parent body about why the content is included in the school curriculum. Make parents feel comfortable and trust what you are teaching in the classroom.

1.3 MANAGING DISCUSSIONS IN THE CLASSROOM

Classroom discussions are contextualised in the activities

Classroom discussions are controlled, stimulated and encouraged through activities. You need not feel unsupported or at a loss about what needs to be taught. All relevant and appropriate content is provided. Some learner activities encourage learners to do their own research or find out more about certain content. You need to provide a sense of safety in the classroom, so that discussions are valuable, healthy and beneficial to all learners.

Use group activities, practical approaches and self-reflection to facilitate discussion

Some activities ask learners to keep a journal of their experiences, decisions, challenges, fears and strengths in relation to what is being learned. You will be able to monitor learners' responses through their writing with ease.

1.4 MONITORING PEER DISCUSSIONS AND INTERACTIONS

In the SLPs, you are supported to **facilitate and guide discussions** and to understand how learners relate to and with each other. You are encouraged to be unobtrusive and unimposing while peer discussions are happening. In these discussions, peers are building relationships and trust with each other. Allow that to happen in an unthreatening manner.

The activities require your learners to do tasks. The tasks will reflect what and how discussions have taken place. You can intervene in or support these tasks based on what is picked up from learners' responses to tasks. Where necessary, make referrals to relevant professional services.

2. BUILDING THE CONFIDENCE OF LEARNERS

2.1 DEVELOPMENTAL STAGE OF THE LEARNERS

Here are some useful characteristics to consider for this developmental stage:

INTELLECTUAL

- thrives on arguments and discussions
- increasingly able to memorise and relate to stories; to think, logically, about concepts; to engage in reflection and introspection; to probe own thinking; to think realistically about plans for the future
- needs to feel important amongst peers

PHYSICAL

- **girls:** gradually reaching physical and sexual maturity
- **boys:** beginning to mature physically and sexually
- much more concerned with appearance
- increased likelihood of acting on sexual desires

SOCIAL

- withdraws from parents and sees them as old-fashioned and ignorant of new social practices
- **boys:** usually resist any show of affection
- **girls:** show more interest in opposite sex than boys do
- rebellious and feels parents are too restrictive
- starting to move away from family companionship and interaction
- has less intense friendships with those of the same sex, boys usually have whole gang of friends

EMOTIONAL

- frequently sulks
- directs verbal anger at authority figures
- worries about grades, appearance, and popularity
- is withdrawn, introspective

MORAL

- happy to make own decisions
- knows difference between right and wrong
- is concerned about fair treatment of others
- is usually reasonably thoughtful

2.2 FACTORS THAT IMPACT LEARNER PARTICIPATION

Use the following mind map to think about and be guided by factors that impact on learner participation.



3. MANAGING DIVERSITY

The SLPs have taken an inclusive approach to strengthen teaching, learning and assessment for sexuality education. This is done by modelling good teaching approaches for new content and providing exemplar assessment tasks. The SLPs also support educators to drive behaviour change and good decision-making about sex, sexuality, HIV and other STIs and reproductive health.

A number of considerations are important for accommodating and responding to some of the barriers to teaching and learning that educators may encounter in the classroom:

3.1 CREATING AN INCLUSIVE CLASSROOM

Your classroom needs to remain inclusive of all learners. The following set of questions will remind you of how best to strengthen their teaching to manage diversity:

- a) Will learning and engaging with each other in activities lead to building social skills, encouraging respect and tolerance of different views and fostering empathy?
- b) Is the learning context promoting interaction equally for all learners?
- c) Is learning promoting effective communication, including assertiveness and informed decision making?
- d) What can you do to ensure empathy for those who are affected by the issues covered by the SLPs?
- e) Do activities foster collaboration and learning together?
- f) Are the backgrounds, cultural views and experiences of all learners valued?
- g) Are opportunities provided to your learners with barriers (emotional, intellectual, social, physical, etc.) to full participation?

3.2 DIFFERENT AGES AND EXPERIENCES

The SLPs have been designed to gradually introduce the content knowledge at a level that is appropriate for each grade, taking into consideration the different experiences that your learners may have on an individual basis.

- a) All teaching and learning needs to be age-appropriate, and given at the level that learners are ready to receive it. You will be able to use the SLPs within and across the three grades to assist with correct pitching of the content.
- b) Your learners' experiences and knowledge about comprehensive sexuality education will impact your teaching and discussions.
- c) The home influences the experiences and thinking regarding the sexuality of learners. You can use the SLPs to create a safe context for learners to deal with challenging sexuality education concepts for themselves.
- d) Remember that there is room for diverging points of view; you need to ensure that the environment remains respectful and safe for open discussion.
- e) Remember that parents need to feel confident that you are teaching these difficult concepts and dealing with divergent feelings of learners.
- f) The practical approach to teaching taken in the SLPs will help you bring learners of different ages and experience into a common learning space. The practical approach aims to address the needs of your learners who vary in maturity and readiness.

3.3 LANGUAGE

The activities in the SLPs have been written to speak to your learners at their level of understanding. Pitching it at an individual learner's language level is not possible. The language competency levels of your learners are too diverse to be able to do this. You will need to facilitate these activities as you would do all other subject lessons so that your learners participate fully.

Many of the SLPs have included suggestions for linking SLPs to other subjects.

What your learners write and the journals they are encouraged to keep may be used as part of the language written work.

4. PARENTAL INVOLVEMENT AND CONSENT

In the context of learning about the effects of HIV and AIDS and other STIs, it is necessary to consider that many homes may have no parents and that child-headed- homes are a reality in many of our communities. The household situation of each learner is an important consideration when planning to teach CSE.

Some activities require that learners engage with their siblings and / or parents at home. Many parents may have their own views or prejudices about their children dealing with some of the content in the SLPs. For this reason, the SLPs have been linked, very clearly, to the content of the Life Orientation CAPS. A separate outreach to parents and other communities has been planned as part of the roll-out of the CSE SLPs

The school management team (SMT) play a crucial role in sharing what the SLPs are about and their purpose within the Grades 7, 8 and 9 CAPS. Use the six core messages to share with parents about what learners will learn in the comprehensive sexuality education SLPs.

The POE will demonstrate to parents how well their children are coping with understanding and expressing on their own sexuality.

All educators and learners should treat discussions as confidential. If points are shared beyond the classroom, it should be with permission, and without disclosing who said what. The exception to this is when a learner may be in danger, and the best interest of the child requires action.



Lesson 8.1

Setting goals and reaching
your potential

Lesson 8.1

Setting goals and reaching your potential

Grade	8
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	<p>Concept: self-concept formation and self-motivation</p> <ul style="list-style-type: none"> Positive self-talk, individuality and uniqueness; and personal achievements
Link to other subtopics in CAPS	<p>Concept: self-concept formation and self-motivation</p> <ul style="list-style-type: none"> Factors that influence self- concept formation and self -motivation: media, environment, friends and peers, family, culture, religion and community
This lesson will deal with the following:	<ul style="list-style-type: none"> understanding the development of self in society and the influence of others; appreciating their unique characteristics and abilities; developing goals that are SMART; explaining the relationship between behaviours and achieving one's goals; recognising factors and influences that encourage or inhibit healthy behaviours; and identifying commitments and actions they can take to ensure they reach their goal for the coming year self-concept formation
Concepts	<ul style="list-style-type: none"> positive self-talk individuality HIV STI Pregnancy self-motivation uniqueness personal achievements obstacles risks support
Teaching Methodologies	<ul style="list-style-type: none"> brainstorming brief lectures individual reflection force field analysis worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

Lesson 8.1: Setting goals and reaching your potential begins with a review of the concept and relevance of goal-setting. Your learners will review the technique of SMART goal-setting and write a SMART goal that they want to accomplish in the next year. The lesson continues with a review of the ways that the behaviours learners choose – especially sexual behaviours – can either support them in accomplishing their goals or get in the way of reaching their goals. The force field analysis technique will be introduced and applied, building on to the decision-making analysis model that they learned in Grade 7. The lesson ends with learners making a commitment to positive, goal-supporting behaviours related to health and sex.

KEY POINTS

1. Success can happen if you plan for it using SMART goals.
2. Setting goals will help you to reach your potential.
3. Though obstacles and people can act as barriers, you can still achieve your goals.
4. There are people and resources that can help you to achieve your goals.
5. Avoiding unhealthy relationships, HIV, STIs and teenage pregnancy can help you achieve your goals.
6. Making a commitment to positive and healthy behaviours is a key to achieving your goals.
7. **I am strong, smart and in charge of my future!**



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- *Poster 7.1.1: SMART goals (Reading 1: SMART goals in your learners' books)*
- *Educator resource 7.1.1: Explaining SMART goals*
- *Worksheet 7.8.1: Review of SMART goal criteria (Worksheet 1 in your learners' books)*
- *Poster 7.8.1: Example of a force field analysis*
- *Worksheet 7.8.2: "Vote" for behaviours that support your goals (Worksheet 2 in your learners' books)*

NOTE TO THE EDUCATOR

This lesson reviews knowledge and skills that your learners learned in Life Orientation Lesson 7.1: Setting goals and reaching your potential. If you have not taught this lesson you should familiarise yourself with it using a copy of the seventh grade curriculum. Educator resource 7.1.1: Explaining SMART goals is provided at the end of this lesson to help with the review.

Beyond the content in Grade 7, this lesson plan will allow learners to revisit their goals, reflect on them, review them, identify challenges and then set new goals for the next year. You may decide to follow the process as in Grades 7 and 9, where the review of goals was left to be done at the end of the year or term.

Remind your learners throughout the term or year to consider how they will set new goals for themselves based on their reflection of their current goals



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in the front of this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. This lesson needs a very imaginative approach to bring the content alive.
3. Study the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
4. Prepare and display Poster 7.8.1: Example of a force field analysis, on the board or a large sheet of newsprint. If you think it will be difficult for all your learners to see a single poster, make more than one poster to post around your classroom.
5. Prepare and display a large-sized version of Poster 7.1.1: SMART goals, on the board or a large sheet of newsprint.
6. On the board or flip chart draw four large squares and label each one with one of the following headings: family, school, friends, and health.
7. On the board or flip chart write the definition of a goal and key points related to that definition (see lesson plan below for content).
8. On the board or flip chart write the key points about the relationship between behaviour and goal attainment. See Activity A.2 in the lesson plan for the content.
9. Ensure that the learners' books have the following worksheets:
 - a) *Worksheet 1: Review of SMART goal criteria*
 - b) *Worksheet 2: "Vote" for behaviours that support your goals*



ACTIVITIES

A.1 Introduce concepts to your learners on a chart

1. Explain to your learners that this lesson looks at their goals and considers how their choice of behaviours, especially concerning relationships and sex, can either help them to achieve their goals or get in the way of those goals.
2. Explain that healthy behaviours can be more difficult to engage in – or less difficult – depending on the circumstances in our lives and what we allow to influence us.
3. Explain that they are going to set goals today and then practise the technique they learned in seventh grade called the “force field analysis” to identify behaviours that will help them to achieve their goals.
4. Explain that the lesson will end with them making a commitment to themselves, to engage in a set of behaviours that will support them in accomplishing their goals.

Introduction to the activity

1. Direct your learners to the definition and key points about goals that you have written up on the board. Review the definition and key points about goals with your learners.
2. **Definition:** A goal is a specific thing that we want to achieve. We all have the ability to make the best of ourselves and goal setting helps us to do that.
 - a) Goals help us to plan our lives and get what we want.
 - b) Goals can be short-term or long-term.
 - c) Long-term goals can be broken down into short-term ones.
3. For example, if you have the long-term goal of becoming a lawyer, short-term goals that would support that long-term goal would be:
 - a) passing every subject with more than 70% in Grade 8;
 - b) finding out how much it costs to study a law degree; and
 - c) speaking to your parents about planning to finance your studies.
4. Goals give us direction in life. Setting goals will help us to make the most of our lives.
5. Ask your learners if they have any questions about this definition or the key points. Answer any questions that your learners may have. Put aside any other types of questions for another time.

A.2 Review of SMART goal-setting

1. Direct your learners to their workbooks where they will find *Worksheet 1: Review of SMART goal criteria* and *Worksheet 2: “Vote” for behaviours that support your goals*.
2. Direct your learners to the poster about SMART goals (*Poster 7.1.1: SMART goals*) that you have displayed in the room.
3. *Using Educator resource 7.1.1: Explaining SMART goals* as a guide, review with your learners how a goal is written as a SMART goal. Use the examples on the resource or ones you have made up during your preparation for teaching the lesson.
4. Spend 1-2 minutes reviewing how to use *Worksheet 1: Review of SMART goal criteria*.
5. Ask your learners if they have any questions about this definition and key points. Answer any questions that require you to clarify the instructions and put aside any other types of questions for another time.

This year's goal

1. Ask your learners to copy, onto a piece of paper, the four squares with the headings: family, school, friends and health that you have drawn on the board.
2. Ask your learners to spend three minutes writing down as many things they can think of that they want to accomplish in *each* of these areas *during the next 12 months*.
3. After your learners have filled the four boxes, ask them to choose one thing that they wrote down that is the *most important* to them and develop a SMART goal version of it on *Worksheet 1: Review of SMART goal criteria*. Remind them of the steps for using the worksheet:
 - a) Write out your goal at the top of the chart.
 - b) Evaluate how well your draft is written for each of the five parts of a SMART goal using the criteria in the five rows on the worksheet.
 - c) Rewrite your goal in the space provided at the bottom row of the worksheet. Improve its qualifications as a SMART goal by incorporating suggestions from the evaluation of the draft goal using the criteria for a SMART goal.
4. Ask your learners if they have any questions about how to complete the assignment and clarify as needed.
5. Ask your learners to work on the assignment on their own. There should be 5-6 minutes for them to complete their work. While your learners are working on the task, move around the room offering assistance, supervising their progress and helping them to manage their time.

A.3 Force field analysis

Relationship of behaviour choices to accomplishing goals

1. Remind your learners that in order to accomplish our goals we have to take Action – the “A” in SMART. Remind your learners that “behaviour” is another word for action and review the relationship between behaviour and reaching our goals using the following points:
 - a) Behaviours can be **the specific actions** we take to pursue and accomplish our goals, (e.g. I will use a condom every time I have sex, so that I can prevent pregnancy and STIs).
 - b) Behaviours can **support** what we need to do to accomplish our goals, (e.g. I will not go out alone with a boy/girl, and it is safer to go out as a group of friends than going out alone).
 - c) However, negative behaviours can also **get in the way** of us accomplishing our goals (e.g. underage drinking when you are at a party is harmful to your health).
 - d) The choices we make concerning sexual behaviour can have an impact on our ability to accomplish important short-term and long-term goals (e.g. if you drink a lot, you might end up having unprotected sex; if you choose to go to your boy/girlfriends house when no one else is in, you might end up having unplanned and unprotected sex, or you might be forced into having sex).

Review of the “force field” analysis technique

Explain that the next activity is called a “force field analysis” and is a technique for looking at the behaviours they choose and assessing whether these behaviours will help them to accomplish their goals or get in the way of accomplishing their goals.

1. Direct your learners to *Poster 7.8.1: Example of a force field analysis*.

2. Walk the class through the example on the poster:
 - a) Point out how the analysis starts with a SMART goal.
 - b) Show your learners where the example has then generated two brainstorm lists:
 - behaviour choices that will *help* to accomplish goal; and
 - behaviour choices that *will get in the way* of accomplishing the goal.
 - c) Show your learners how the example brings one behaviour that can help with accomplishing a goal, down into the box to focus on it. Point out that :
 - what is in the box is written as a behaviour and should always be written as a behaviour in this step of the process;
 - the behaviour chosen for the box SUPPORTS ACCOMPLISHING THE GOAL, which is ultimately what they want; and
 - the example uses a sexual behaviour and they should too.
 - d) Show your learners the part of the analysis that identifies the factors or influences that can support the BEHAVIOUR, which in turn SUPPORT THE GOAL.
 - e) Show your learners the part of the analysis that identifies the factors or influences that hinder or inhibit the BEHAVIOUR or lead to other, negative or unhealthy behaviours, which in turn become AN OBSTACLE TO ACHIEVING THE GOAL.
3. Point out that this example only looks at one behaviour. Explain to your learners that they could do a force field analysis on EVERY behaviour, that they can brainstorm, that might help or hinder their achievement of their goal.

Practising force field analysis

1. Ask your learners to spend five minutes conducting a force field analysis on their SMART goal.
2. Have them reproduce a blank version of *Poster 7.8.1: Example of a “force field” analysis*, on a sheet of paper and fill it in as they conduct their analysis.
3. Ask them to come up with at least one sexual behaviour, on their lists of behaviours, and to choose a SEXUAL behaviour to put in the box to analyse. Inform them that their analysis should identify at least two factors or influences that encourage the positive behaviour they write in the box and at least two factors or influences that hinder it, or lead to other behaviour choices.
4. Set your learners to work on the task. While your learners are working on the task, move around the room offering assistance, supervising their progress and helping them to manage their time.

A.4 Making a commitment to behaviour choices

1. Point out to your learners that they now know how to:
 - a) write a SMART goal;
 - b) identify behaviours that will support them, in accomplishing their goals; and
 - c) identify factors and influences that will encourage or hinder healthy behaviours.
2. With this knowledge it is time for them to commit to behaviour choices that will support the goal they set at the beginning of the lesson.
3. Ask your learners to turn to *Worksheet 2: “Vote” for behaviours that support your goals in their workbooks*.
4. Remind your learners that when they get older they will vote in elections, choosing people to run the government and accomplish the goals of their town, or the nation. Explain that when someone casts a vote for someone running for office it is called “committing to a candidate”.

5. Explain that on this worksheet they are going to cast imaginary votes for **behaviours** and **commit** to those behaviours so they can better accomplish their goal.
6. Spend a few minutes going over the worksheet with your learners:
 - a) Tell them to write their name on the sheet.
 - b) Show them where to write the SMART goal that they wrote earlier in the lesson.
 - c) Review the chart: it presents the positive, goal-supporting behaviours they learned in seventh grade Life Orientation.
 - d) Point out the box in the chart next to each behaviour where they will “vote” for that behaviour.
 - e) Explain that their task is to commit to one or more behaviours that will support their goal, by marking votes in the boxes next to each behaviour that they are committing to.
 - f) Explain that they have six votes they can cast. Explain that they cast a vote and commit to a behaviour by making a check mark in the box to the right of the behaviour on the chart.
 - g) Explain that they may cast more than one vote for the same behaviour. Explain that casting multiple votes for the same behaviour indicates that they think the behaviour is very important to accomplishing their goal. Explain that it also indicates a higher level of commitment on their part to behaving that way, during the next twelve months.
 - h) Also show your learners where they need to write a few sentences explaining how they expect these behaviours to help them to accomplish their goal.
 - i) Show your learners where they need to identify people who can help them keep their commitment to positive, goal-supporting behaviours.
7. Ask your learners if they have any questions about their assignment. Answer any questions they may have and put aside any other types of questions for another time.
8. Set your learners to work on the task. While your learners are working on the task, move around the room offering assistance, supervising their progress and helping them to manage their time. They should have about five minutes to complete the assignment.
9. After your learners have completed Activity 3, collect your learners' SMART goals or have them store them in their notebooks or portfolios of evidence.



HOMework

1. Activity A.3 is to be completed as a homework assignment.



CONSOLIDATION

1. Summarise the key points of the lesson for your learners:
 - a) Success can happen if you plan for it using SMART goals.
 - b) Setting goals will help you to reach your potential.
 - c) Though obstacles and people will get in the way of you accomplishing your goals, you still have the power to make your life better.
 - d) There are people and resources that can help you achieve your goals.
 - e) Avoiding HIV, STIs and teenage pregnancy can help you to achieve your goals.
 - f) Making a commitment to positive and healthy behaviours is a key to achieving your goals.
 - g) I am strong, smart and in charge of my future!

2. Let your learners know that during the next two lessons, they are going to explore the messages they receive about how to behave as a boy and a girl in our community. You will look at how some of these messages can be harmful to our health and well-being and how we can challenge those messages.



ASSESSMENT

1. Journal or self-reflection
 - a) Ask your learners to make a journal entry, every day for the next four days, and apply the force field analysis in their lives. Also ask them to note how they can apply the SMART goal-setting technique to set up their own goals
2. Ask your learners to design and make a poster that clearly outlines their goals for this year. They can use pictures to illustrate.

Test your knowledge

.....
Ask your learners the following questions:

1. What is the definition of a goal?
2. What does the acronym “SMART” stand for?
3. What is one (or more) goal(s) you are determined to achieve in the next six months?
4. What obstacles or barriers are you experiencing in your efforts to achieve your goals?
5. What is the definition of “behaviour?”
6. How does your choice of behaviours affect your ability to achieve your goals?
7. How are your choices concerning sexual behaviours affecting your ability to achieve your goals? How do circumstances and influences affect our behaviour choices?
8. How do you conduct a force field analysis?
9. What is the definition of a commitment?
10. What commitments have you made to yourself or your family that embody your personal values or limits?





RESOURCES

POSTER 7.8.1: EXAMPLE OF A “FORCE FIELD” ANALYSIS

NOTE TO THE EDUCATOR

This is a completed example. You will need to draw a blank one for your learners' reference. A copy has been included in the learners' book.

SMART goal: In order to get a job as a shelf packer for the December holidays, I will apply to three supermarkets and have these applications submitted by October 15.

Things that would get in the way of accomplishing my goal or behaviours:

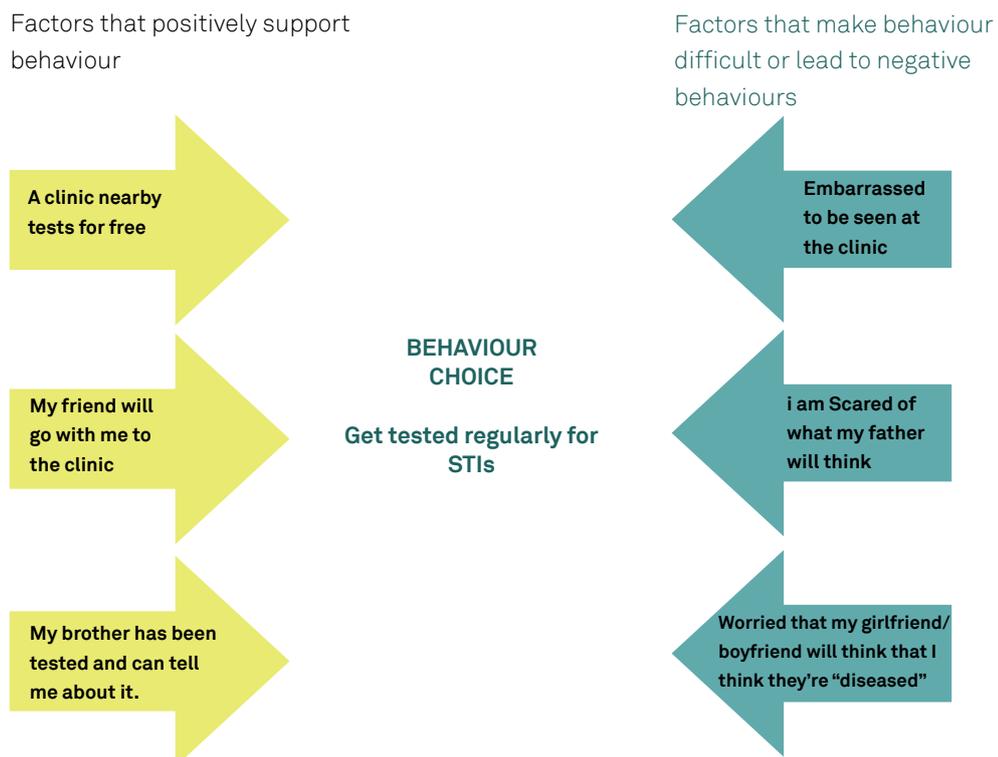
1. If I do not get good grades my parents will not let me have a job.
2. If I have bad references they will not give me a job.
3. If I had a baby I would not have time to apply.
4. If I acquired HIV I could be too sick to work.

Things that would help me to accomplish my goal/behaviours:

1. Spending more time studying math.
2. Volunteering to help clean up the park.
3. Abstaining from sex until I finish school.

POSTER 7.8.1

EXAMPLE OF A “FORCE FIELD” ANALYSIS



WORKSHEET 7.8.2

“VOTE” FOR BEHAVIOURS THAT SUPPORT YOUR GOALS

Name:

SMART Goal: Positive, goal-supporting behaviours you learned in this Life Orientation unit:

Behaviour	# Votes	Behaviour	# Votes
Keep a clear set of positive values in mind.		Actively discuss my thoughts and feelings with trusted adults.	
Stand up for gender equality.		Abstain from sex.	
If sexually active, I will use a condom AND contraception EVERY TIME I have sex.		STAY FAITHFUL to one partner to protect myself, my partner and my community.	
If I'm having sex I will get tested for HIV and other STIs regularly.		Take good care of my health through diet, exercise and rest.	
Take on new responsibilities that come with becoming an adult.		Use an assertive, clear and respectful communication style.	
Work hard to succeed in school.		Believe in myself.	
Use good judgment in choosing friends.		Use good judgment about whom I show love and affection.	
Put effort into helping my family.		I will take AT LEAST a 3-month break between sex partners, if I choose to have sex.	
Avoid or leave friendships or relationships where the other person mistreats or abuses me.		Maintain constant awareness of the high risk of pregnancy or HIV and other STIs involved in having sex.	
Use the CLARIFY decision-making process to make sure I think things through.		Create a list of “must-haves” and “deal-breakers” and use that list to evaluate potential romances.	

I(your name) am committing to the behaviours I have checked above because they will help me to accomplish my goals.

Description of how these behaviours will help me accomplish my goal:

.....

.....

.....

Three or more people who will help me commit to these behaviours are:

.....

.....

.....

Your signature

.....

POSTER 7.1.1: SMART GOALS

SMART goals help us achieve success. A SMART goal specifies exactly what someone is trying to accomplish, enabling that person to know, concretely, when the goal has been achieved.

A SMART goal is:

Specific: States exactly what you want to do.

Answers the question: What?

Measurable: The success toward meeting the goal can be measured.

Answers the question: How much? How well?

Action-oriented: The goal contains an action word that will help you to do something to reach your goal.

Answers the question: What will you do to accomplish it?

Relevant and Realistic: The goal is something that will fit in with your larger plans. It requires things you are already able to do or are able to learn in order to accomplish the goal.

Answers the question: Why is this the right goal for you?

Time-bound: SMART goals have a clearly defined time frame including a deadline or due date.

Answers the question: When?

WORKSHEET 7.8.1: REVIEW OF SMART GOAL CRITERIA

Instructions: Use the table below to construct your goal and to evaluate if it is SMART.

Draft of goal:.....

	Criteria	Goal	Criteria Met?
S	Smart: What exactly do you want to achieve?		
M	Measurable: You must be able to know when you have attained your goal. Does it answer the questions how much/how many/how well?		
A	Action-oriented: What action(s) are you going to take to achieve the results you have specified?		
R	Realistic: It must be something that you can do with your current skills or resources available to you.		
T	Time-bound: You need to set a specific date by when the goal will be attained		

Rewritten goal that meets SMART criteria

EDUCATOR RESOURCE 7.1.1:

EXPLAINING SMART GOALS (FOR SHORT-TERM GOALS)

SPECIFIC

This allows you to decide exactly what you would like to do or achieve.

Examples:

Not specific: I want to find a job to earn money.

Specific: I want to volunteer in a community clinic to get experience so that I can study to become a nurse.

MEASURABLE

This makes sure that you know when you have attained your goal. Put a measure of success in place that is as specific as possible.

Examples

Not measurable: I want a job.

Measurable: I want to find a job for the December school holidays.

ACTION-ORIENTED

The goal must contain an action.

Examples:

Not action-oriented: want to find a job

Action-oriented: I want to apply to 5 supermarkets for a job as a shelf-packer.

REALISTIC

The goal must be something that is feasible for you to achieve with the knowledge, skills and resources you have and can apply to the process of achieving the goal.

Examples:

Not realistic: I want to obtain a managerial position in a supermarket.

Realistic: I want to obtain a job as a shelf-packer in a supermarket.

TIME-BOUND

Your goal should have a specific deadline by which it must be met.

Examples:

Not time-bound: I want to find a job as a supermarket shelf-packer.

Time-bound: I want to apply a job as a shelf-packer by 15 October 2016.

Thus, based on the criteria that have been explained above, a complete SMART goal example would be as follows:

In order to get a job as a shelf packer for the December holidays, I will apply to 5 supermarkets and have these applications submitted by October 15th.



Lesson 8.2A

Healthy and unhealthy
messages about our gender

Lesson 8.2A

Healthy and unhealthy messages about our gender

Grade	8
CAPS topic(s)	Development of the self in society Constitutional rights and responsibilities
CAPS subtopic(s)	<p>Concept: Self-concept formation and self-motivation</p> <ul style="list-style-type: none"> Factors that influence self-concept formation and self-motivation: media; environment; friends and peers; family; culture; religion and community <p>Concept: Sexuality</p> <ul style="list-style-type: none"> Influence of friends and peers on one's sexuality Family and community norms that impact sexuality Social pressures including media that impact sexuality
Link to other subtopics in CAPS	<p>(From topic: Constitutional rights and responsibilities)</p> <p>Concept: Cultural diversity in South Africa</p> <ul style="list-style-type: none"> Influence of cultural norms and values on individual behaviour, attitude and choices: cultural expectations; practices and traditions Respect difference, culture, religion and gender
This lesson will deal with the following:	<ul style="list-style-type: none"> describing the difference between sex and gender; identifying common gender messages that boys and girls receive in their communities; identifying at least two messages for each gender that are harmful; identifying at least one way in which harmful messages contribute to increasing the risk for teenage pregnancy and other problems that young women and men may face; identifying common gender stereotypes; listing gender stereotypes; and identifying harmful gender messages
Concepts	<ul style="list-style-type: none"> gender sex gender stereotypes
Teaching methodologies	<ul style="list-style-type: none"> brainstorming brief lectures classroom discussion small-group work worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During Lesson 8.2A: Healthy and unhealthy messages about our gender, your learners will revisit important definitions related to gender that they learned in Grade 7. Your learners then work in small groups to explore some of the harmful and unhealthy messages that exist in society about how boys and girls should behave. In Lesson 8.2B: Healthy and unhealthy messages about our gender, your learners will work to change harmful and unhealthy gender messages into healthy ones.

KEY POINTS

1. Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are completely fine. However, some messages may be unhealthy and harmful.
2. Harmful gender messages contribute to social problems like teenage pregnancy, HIV and other STIs and gender-based violence.
3. BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.
4. Ultimately, YOU get to decide how you want to act as a man or woman.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- easel
- thick marker pens (various colours)
- tape
- watch or cell phone for time-keeping
- *Educator Resource 8.2.1: Sample brainstorm of common male gender messages*
- *Educator Resource: 8.2.2: Sample brainstorm of common female gender messages*
- *Poster 7.3.1: Definitions (Reading 1 in your learners' books)*
- *Reading 8.2.1: Gender messages – male group (Reading 2 in your learners' books)*
- *Reading 8.2.2: Gender messages – female group (Reading 3 in your learners' books)*
- index cards (or cut printer paper into two pieces to create 100 pieces of paper); you may need more if you have a larger class



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Prepare Poster 7.3.1: Definitions, and display it on the board or wall. Content for this poster is found at the end of the lesson plan for Lesson 7.3: Is there a difference between gender and sex?
4. Ensure that the learners' books have the following readings:
 - a) Reading 2: Gender messages – male group for all the male learners in the group.
 - b) Reading 3: Gender messages – female group for all the female learners in the group.



ACTIVITIES

A.1 How gender influences our health

1. Explain to your learners that today you are going to talk about gender and the influence gender can have on our health and well-being: especially our sexual and reproductive health.
2. Do a baseline assessment to establish whether your learners remember the following concepts that were dealt with in Grade 7: sex, gender and sexual orientation.
3. Ask the group if they can share what they remember about these concepts.
4. Take a few responses and then share the definition written on Poster 7.3.1: Definitions

A.2 Brainstorming gender messages

1. Explain to your learners that you are going to unpack the underlying meanings of the messages that they receive about being a girl/woman or boy/man.
2. Divide your learners into two groups: one with male learners and one with female learners.

NOTE TO THE EDUCATOR

In preparation make sure you are familiar with all the terminology used in this lesson.

If your class is too large, you can divide the group into two or three groups of girls and two or three groups of boys.

Each group should be no greater than 10-12 learners. If you still think your class is too large, consider doing this activity in small groups of boys or girls at their desks.

3. Refer your learners to their learners' books where they will find Reading 1: Gender messages – male group for the male group/s and Reading 2: Gender messages – female group for the female group/s. Also give each group a stack of 50 index cards (or cut up pieces of printer paper).

4. Ask each group to go through the reading assigned to their group. For each of the five categories listed, ask the groups to brainstorm gender messages that men or women receive. Your learners should write each idea on an index card or on a separate piece of paper (a piece of printer paper cut in half is fine).

NOTE TO THE EDUCATOR

It is important to emphasise that most of us receive mixed messages about gender. Families in the same culture may have different ideas about gender, just as individuals within the same family may have different ideas about how men and women should behave. Despite this diversity, some common gender messages persist. The purpose of this activity is to identify these common gender messages and decide whether we want to listen to them.

If you think that your group is too large to answer all five categories of questions in 10 minutes, assign only one or two categories to each of the small groups (girls and boys). Make sure that all the categories are assigned.

If you think that your group is too large to answer all five categories of questions in 10 minutes, assign only one or two categories to each of the small groups (girls and boys). Make sure that all the categories are assigned.

A.3 Sharing and examining male and female gender messages

1. Reconvene as a large group. Ask someone from the boys' group to come to the front of the room and put up the group's index cards/pieces of paper, one by one, on the wall under a heading titled "Gender messages for men". After each card is placed, ensure that the message on the card is understood by the group. If it is not, try to rephrase it on a new card so that it makes sense to everyone and then post it on the wall.
2. Ask your learners to look at all of the messages on the wall. Ask the boys' group:
 - a) What do you think about the messages?
 - b) Which of the gender messages for men could be particularly harmful? Why?

Sample response:

- Men should not show emotion.
 - Men should have sex with many partners,
 - Men should not ask for directions when they are lost.
 - Men should use violence to resolve conflict.
 - Men should take risks by using drugs or alcohol.
3. Ask someone from the girls' group to come to the front of the room and put up the group's index cards/papers on the wall with a heading titled "Gender messages for women".
 4. After each card is placed, ensure that the message on the card is understood by the whole class. If it is not, try to rephrase it on a new card so that it makes sense to everyone and then post it on the flip chart or board.
 5. Ask your learners to look at all of the messages on the wall. Ask the female learners:
 - a) What do you think about the messages?
 - b) Which of these gender messages for women could be particularly harmful?
 - c) Why?

Sample response:

- Women should be submissive and behave like ladies all the time.
- Women should let men make decisions on their behalf.
- Women should not discuss sex.
- Women should agree to unprotected sex to prove that they love their partners.
- Women should not drink or smoke like men.

NOTE TO THE EDUCATOR

You must save all the cards/pieces of paper with gender messages generated by your learners during this lesson. You will need these again for the next lesson – Lesson 8.2B: Healthy and unhealthy messages about gender – a continuation of this lesson



HOMEWORK

Encourage your learners to review work done in class by doing more work on the activity sheet given in this lesson.



CONSOLIDATION

1. Conclude the activity by stating the following key points:
 - a) Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are fine. However, some messages may be unhealthy and harmful.
 - b) Harmful gender messages contribute to social problems like unplanned or teenage pregnancy, STIs and violence.
 - c) BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.
 - d) Ultimately, YOU get to decide what it means to be a man or a woman.
2. Tell your learners that the next lesson will focus on gender messages and how we can change harmful gender messages into healthy ones.



ASSESSMENT

1. Written activity

Ask your learners to answer the questions below:

- a) Describe the difference between sex, gender, and sexual orientation.
- b) Identify two common gender messages that boys and girls receive in their communities.
- c) Identify at least two messages for each gender that are harmful.
- d) Identify at least one way in which harmful messages contribute to increasing the risk for teenage pregnancy.
- e) Identify common gender stereotype messages.
- f) What is a healthy relationship?
- g) What are differences between gender and sex?
- h) What is sexual orientation?
- i) What is meant by gender stereotypes?
- j) What are harmful gender messages?



RESOURCES

POSTER 7.3.1: DEFINITIONS

Sex: Our sex tells us if we are male or female. It is determined by our biology.

Gender: Our gender is the set of behaviours and characteristics that are deemed appropriate for girls and boys by a given society.

Sexual orientation: Our sexual orientation tells us who we are attracted to physically and whom we want to build a life with. We can be heterosexual, homosexual or bisexual.



READING 8.2.1: GENDER MESSAGES – MALE GROUP

Instructions

1. As a group, think about the messages and expectations that men receive from society, media, peers and family about what it means to be a man. Read the following categories to help you to brainstorm your list. Write each message that you receive on an index card.
2. How are men expected to behave regarding:

Feelings?	Which feelings are men not allowed to show? Which feelings are acceptable for men to show?
Sex, sexual activity and risk-taking?	What messages do men receive about sex? How are men expected to treat a partner when comes to sex? What other messages do men receive about risk-taking behaviours (e.g., alcohol, drugs, driving)?
Physical appearance?	What pressures and expectations are put on men regarding their physical appearance and how their bodies should look?
Relationships with women?	What messages do men receive about how they should interact with women? How is men's treatment of women portrayed in music videos, movies, television, etc.?
Role in the family?	What are the main roles that men are expected to play in the family? What roles are men discouraged from playing in the family?

READING 8.2.2: GENDER MESSAGES – FEMALE GROUP

Instructions

1. As a group, think about the messages and expectations that women receive from society, media, peers and family about what it means to be a woman. Read the following categories to help you to brainstorm your list. Write each message that you receive on an index card.
2. How are women expected to behave regarding:

Feelings?	Which feelings are women not allowed to show? Which feelings are acceptable for women to show?
Sex, sexual activity and risk-taking?	What messages do women receive about sex? How are women expected to treat a partner when it comes to sex?
Physical appearance?	What pressures and expectations are put on women regarding their physical appearance and how their bodies should look?
Relationships with men?	What messages do women receive about how they should interact with men? How is women's treatment of men portrayed in music videos, movies, television, etc.?
Role in the family?	What are the main roles that women are expected to play in the family? What roles are women discouraged from playing in the family?

EDUCATOR RESOURCE 8.2.1 SAMPLE BRAINSTORM OF COMMON MALE GENDER MESSAGES

- Do not cry.
- Be tough – all the time.
- Be strong – all the time.
- The use of violence is okay.
- Have sex with a lot of people.
- Brag about sex to your friends.
- It is OK for you to cheat on your partner.
- Demand sex, and pressure others to have sex.
- Take advantage of women or “play” women.
- Be in control and control others.
- Be the head of the family.
- Do not take care of children.
- Do not do housework.
- Do not ask for help and do not seek health care.
- Drink alcohol or do drugs.
- Take risks.
- Do not use condoms.

EDUCATOR RESOURCE 8.2.2 SAMPLE BRAINSTORM OF COMMON FEMALE GENDER MESSAGES

- Do not get angry or cause conflict.
- Have a boyfriend.
- Do not be single.
- Be responsible for making a relationship work, even if it is unworkable. Be quiet, be seen not heard.
- Put other people’s needs before yours.
- Go along with your partner’s decisions about sex.
- Stay in a relationship, even if your partner cheats on you.
- Do not talk about sex.
- Be sexy.
- Be a virgin until marriage.
- Control men by giving and withholding sex.
- Make the goal of sex to please your partner.
- Believe that looks are what matters most.
- Defer to men.



GLOSSARY

- gender
- stereotypes
- gender stereotypes
- sex
- gender-based violence
- sexual orientation
- healthy relationships



Lesson 8.2 B

Healthy and unhealthy
messages about our gender

Lesson 8.2B

Healthy and unhealthy messages about our gender

Grade	8
CAPS topic(s)	Development of the self in society Constitutional rights and responsibilities
CAPS subtopic(s)	<p>Concept: Self-concept formation and self-motivation</p> <ul style="list-style-type: none"> Factors that influence self-concept formation and self-motivation: media; environment; friends and peers; family; culture; religion and community <p>Concept: Sexuality</p> <ul style="list-style-type: none"> Influence of friends and peers on one's sexuality Family and community norms that impact sexuality Social pressures including media that impact sexuality
Link to other subtopics in CAPS	<p>(From topic: Constitutional rights and responsibilities)</p> <p>Concept: Cultural diversity in South Africa</p> <ul style="list-style-type: none"> Influence of cultural norms and values on individual behaviour, attitude and choices: cultural expectations; practices and traditions Respect difference: culture; religion and gender
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying healthy gender messages to replace unhealthy gender messages for men; identifying healthy gender messages to replace unhealthy gender messages for women; describing the kind of gender messages that promote healthy and unhealthy behaviours including behaviours that prevent teenage pregnancy, HIV and other STI's; understanding gender messages better; turning harmful gender messages into healthy ones; and explaining how gender messages contribute to social problems.
Concepts	<ul style="list-style-type: none"> harmful gender messages healthy gender messages
Teaching Methodologies	<ul style="list-style-type: none"> brief lectures individual reflection classroom discussions worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During Lesson 8.2B: Healthy and unhealthy messages about gender, your learners continue their discussion about healthy and unhealthy messages about gender from the previous lesson. In Lesson 8.2B, the focus is on having your learners think about new ways to define unhealthy gender messages and the behaviours and characteristics associated with them, into healthier, more equitable ones.

KEY POINTS

1. Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are completely fine. However, some messages may be unhealthy and harmful.
2. Harmful gender messages contribute to health or social problems like unprotected sex that leads to teenage pregnancy, HIV and other STIs, and violence.
3. BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.
4. I am strong, smart and in charge of my future!
5. I get to decide what being a man or a woman means to me.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- gender messages written on index cards from Lesson 8.2A: Healthy and unhealthy messages about gender
- index cards or pieces of printer paper cut in half
- Worksheet 8.2.3: How I choose to be a man (Worksheet 1 in your learners' books)
- Worksheet 8.2.4: How I choose to be a woman (Worksheet 2 in your learners' books)



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Post the gender messages generated by your learners during Lesson 8.2A: Healthy and unhealthy messages about gender – on the wall.

4. Ensure that the learners' books have the following worksheets :
 - a) Worksheet 1: How I choose to be a man (Worksheet 1 in your learners' books)
 - b) Worksheet 2: How I choose to be a woman (Worksheet 2 in your learners' books)



ACTIVITIES

A.1 Gender messages

1. Explain to your learners that the lesson today is a continuation from the last lesson on gender messages and how they affect our decisions, especially our decisions about sex.
2. Explain to your learners that this lesson is going to look at how we can turn harmful gender messages into healthy ones.
3. Ask your learners to tell you what they remember from the last lesson. Take a few responses.
4. Make the following key points to your learners:
 - a) Our gender is formed by the messages we receive about being a man or a woman from society. We are not born with our gender; we learn about gender issues as we grow.
 - b) Some gender expectations are harmless. Others can put our health and well-being at risk.
 - c) Ultimately it is YOU who gets to decide how you want to be a man or how you want to be a woman.
5. Review the gender messages that were developed by your learners during the last lesson and have been posted on the wall. Ask the class if they have any questions about the messages posted on the wall. Answer questions as required.

A.2 Exploring alternative definitions of gender

1. Explain to your learners that there are many ways in which young people can define what it means for them to be man/boy or woman/girl. In fact one of the key points of the last lesson and today's lesson is that they get to decide what being a man or woman means to them. This means that they do not have to buy into any of the harmful messages that you explored during the last lesson. Today, they will have the chance to come up with some new and possibly different ideas about what it means to be a man or a woman.
2. Refer your learners to Worksheet 1: How I choose to be a man, for the male learners and Worksheet 2: How I choose to be a woman, for the female learners in their learners' books. Ask each learner to take five minutes to complete the worksheet on their own.
3. After they have completed their worksheets, ask the male learners to share some of their responses to the statements on Worksheet 8.2.3: How I choose to be a man. Write each description of the type of man they want to be on an index card (or piece of paper) and place it on the blackboard or wall with a title, "New messages to men".
4. When you have completed reviewing responses to Worksheet 8.2.3: How I choose to be a man, ask the your learners:
 - a) How are these messages different from the ones we created during our last lesson?

5. Next, ask the female learners to share some of their responses to the statements on *Worksheet 8.2.4: How I choose to be a woman*. Write each description of the type of woman they want to be on an index card or piece of paper and place it on the wall or blackboard with a heading, “New messages to women”.
6. When you have completed reviewing responses to *Worksheet 8.2.4: How I choose to be a woman*, ask your learners:
 - a) How are these messages different from the ones we created during our last lesson?

A.3 Group discussion

1. Now compare the two new lists, i.e. the list of gender messages created from the previous lesson and the list of gender messages created from today’s lesson. Keep in mind the key points of this activity (see above), and lead a group discussion, using the following questions:
 - a) How are the two lists different from each other?
 - b) What makes it hard to live by these new messages that we created?
 - c) Do you know of any men who do live by these new messages? Who? Tell us about what they do to demonstrate these messages? Is it hard for them?
 - d) Do you know of any women who do live by these new messages? Who? Tell us about what they do to demonstrate these messages? Is it hard for them?



HOMework

Encourage your learners to review work done in class by continuing to work on the worksheet given in this lesson.



CONSOLIDATION

Conclude the activity by stating the following key points:

1. Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are fine. However, some messages may be unhealthy and harmful.
2. Harmful gender messages contribute to social problems like unprotected sex which leads to teenage pregnancy, HIV, STIs and violence.
3. ***BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.***
4. ***I am strong, smart and in charge of my future!*** I get to decide what being a man or a woman means to me.
5. Tell your learners that, in the next lesson, you are going to discuss healthy sexual choices and personal limits.



ASSESSMENT

1. Journal or self-reflection

- a) Ask your learners to make a journal entry and write unhealthy gender messages that are common amongst their peers at school.
- b) On the second day they must make a journal entry and turn the unhealthy messages into healthy messages.

2. Written task

- a) The “test your knowledge” questions can be used to consolidate what has been covered in this lesson plan.

Test your knowledge

Ask your learners the following questions:

- 1. Give an example of a common gender message for boys/men that you disagree with. Explain why you disagree with this message. Write an alternative and better gender message for men.
- 2. Give an example of common gender message for girls/women that you disagree with. Explain why you disagree with this message. Write an alternative, better gender message for girls.
- 3. Give an example of a gender message that you think contributes to teenage pregnancy. Explain why you think it contributes to this problem.



RESOURCES

WORKSHEET 8.2.3: HOW I CHOOSE TO BE A MAN

Take a moment to think about how you want to define yourself as a man, in each of the following roles and complete the sentences below:

As a man:

The type of son I want to be is:

.....

.....

The type of brother I want to be is:

.....

.....

The type of father/caregiver I want to be is:

.....

.....

The type of friend I want to be is:

.....

.....

.....

The type of lover or romantic partner I want to be is:

.....

.....

The type of learner I want to be is:

.....

.....

WORKSHEET 8.2.4

HOW I CHOOSE TO BE A WOMAN

Take a moment to think about how you want to define yourself as a woman, in each of the following roles and complete the sentences below:

As a woman:

The type of daughter I want to be is:

.....

.....

The type of sister I want to be is:

.....

.....

The type of mother/caregiver I want to be is:

.....

.....

The type of friend I want to be is:

.....

.....

.....

The type of lover or romantic partner I want to be is:

.....

.....

The type of learner I want to be is:

.....

.....



GLOSSARY

- harmful gender messages
- healthy gender messages



Lesson 8.3

Making healthy sexual choices
and knowing your limits

Lesson 8.3

Making healthy sexual choices and knowing your limits

Grade	8	
CAPS topic(s)	Development of the self in society	
CAPS subtopic(s)	<p>Concept: sexuality</p> <ul style="list-style-type: none"> Understanding one's sexuality: personal feelings that impact on sexuality Influence of friends and peers on one's sexuality Family and community norms that impact on sexuality Cultural values that impact on sexuality Social pressures including media that impact on sexuality Problem-solving skills: identity formation and development. 	
Link to other subtopics in CAPS	<p>Sexual behaviour and sexual health (Linkage to Grade 9 CAPS)</p> <ul style="list-style-type: none"> Risk factors leading to unhealthy sexual behaviour Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS, low self-image and emotional scars Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour 	
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying your own personal limits regarding sexual behaviour; describing the personal feelings that impact sexuality; understanding the influence of friends and peers on one's sexuality; listing sexually transmitted infections; discussing sexual choices; and knowing your limits. 	
Concepts	<ul style="list-style-type: none"> harmful gender messages healthy gender messages sexuality self -image 	<ul style="list-style-type: none"> emotional scars abstinence behavioural change personal limits
Teaching Methodologies	<ul style="list-style-type: none"> brainstorming brief lectures individual reflection 	<ul style="list-style-type: none"> classroom discussions small group work worksheets
Time	60 minutes	

BRIEF LESSON SUMMARY

During *Lesson 8.3: Making healthy sexual choices and knowing your limits*, your learners will explore safe and unsafe choices regarding sexual behaviour. Your learners will learn about “personal limits” and three important steps they can take to protect their personal limits and avoid unsafe sexual choices. Later in the lesson your learners will further explore their personal limits and how to stick to them.

KEY POINTS

1. The best way to avoid pregnancy and STIs, including HIV is NOT to have sex. **The SAFEST choice is abstinence.**
2. **For teenagers who choose to have sex, they must use a method of contraception and a condom every time they have sex.** This is a safer choice.
3. It is important to identify your personal relationship limits and think about ways to stick to these now, even if you don't yet have a boyfriend or girlfriend.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- *Educator Resource 8.3.1: Avoiding unsafe choices: examples of each step*
- *Poster 8.3.1: Avoiding unsafe choices – ACE*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Prepare *Poster 8.3.1: Avoiding unsafe choices – ACE*, and display it on the board or wall. Content for this poster is found at the end of this lesson plan.



ACTIVITIES

A.1 Personal limits

1. Explain to your learners that today's lesson is about ways to prevent sexually transmitted infections, including HIV and pregnancy. Acknowledge that the safest way to do this is abstinence. For those teenagers who choose to have sex they need to use a method of contraception and/or a condom every time they have sex.
2. Share with your learners that many teenagers who get pregnant or get an STI say that they didn't protect themselves because they didn't expect to have sex. In fact this is the number one reason that teenagers do not use protection – they say that they weren't planning to have sex and, "It just happened!"
3. Explain that in order to prevent pregnancy and STIs, people must understand the situations that could lead to sex, know their personal limits regarding sex, ahead of time, and have a plan for ways to stick to those limits.

Personal Limits

1. Ask your learners to think about something they would never do, i.e. something they feel so strongly about that they would never budge, no matter what. Tell your learners that they can think of something big or something simple, such as never lying to a friend, never bunking school or never stealing something. Ask them to keep their thoughts to themselves and write them in their journals.
2. Once your learners have a picture in their minds, ask them to think about why they would never do this thing. Again, remind them to keep this to themselves and to write their thoughts in their journals
3. Tell your learners that they have just been thinking about one of their "personal limits". Explain that everyone has different limits in a lot of different areas.
4. Ask your learners: What do you think is meant by "personal limit"?
 - a) Be sure that your learners' explanations include things like: a boundary you set for yourself; a line you draw for yourself; a line you would never cross a place where you want to stop etc.
5. Ask your learners: What do you think "personal limits" means in terms of boy/girlfriend relationships and sex?
 - a) Be sure your learners' explanations include: knowing what a person will or will not do sexually and knowing where a person draws the line or wants to stop in a relationship.
6. Emphasise that people may have different limits regarding relationships and sex. A person's limits can be based on many factors such as personal and family values, past experience, age, the length of a relationship etc.
7. Ask your learners to brainstorm a list of examples of personal limits that teenagers might choose regarding relationships and sex. Write the examples on the board.
8. Some examples of limits might include:
 - a) kissing but not going any further;
 - b) touching above the waist but not going any further;
 - c) dating only one person at a time;
 - d) waiting until one is older, or married, before having sex; and
 - e) refusing to have sex without using a condom.

9. Ask your learners why it might be important to set personal limits with relationships and sex. Re-emphasise that personal relationship limits help people to think about what they will and will not do in terms of sexual behaviour, that is, where they draw the line.

A.2 Avoiding unsafe choices

Personal limits

1. Tell your learners that for the remainder of the class and during the next class, they will be talking about how to set and stick to personal limits and to avoid making unsafe choices, such as having sex when they do not want to, or are not yet ready; or having sex without protecting themselves from HIV and/or other STIs.
2. Review the three steps for avoiding unsafe sex on Poster 8.3.1: Avoiding unsafe choices – ACE and explain the importance of each step (see below). Tell your learners that they can remember these three steps by thinking of the acronym “ACE”.
3. Know your personal limits Ahead of time.
 - a) By setting personal relationship limits ahead of time, people can avoid the added pressure of having to make decisions in the heat of the moment.
 - b) If you let your friends and partners know your limits, they can support you instead of pressuring you.
 - c) Do not let unhealthy gender messages affect your personal limits. Make sure your personal limits are really YOUR personal limits.
4. Watch for signs or situations that might Challenge your limits.
 - a) If you look out for things that will challenge your limits, it will be easier to avoid or get out of those situations.
5. Have a plan to your stick to your limits Every time.
 - a) Plan ahead: you will be more likely to stick to your limits even in a difficult situation.
 - b) Avoid the use of drugs or alcohol. Drugs and alcohol can make you forget your limits and make it more difficult to stick to them.

A.3 Brainstorm

Scenario 1

1. Tsheliso and Vuyelwa are planning to bunk the Life Orientation period because Tsheliso has not completed the project that is supposed to be submitted today. Vuyelwa has completed the project and has promised herself that she will never bunk school, but because she loves her friend she is prepared to bunk the period
 - a) Ask your learners to brainstorm in their groups why it is hard for Vuyelwa to keep to her personal limits.
 - b) Ask your learners for examples of what made it hard to stick to their limits.
 - c) Ask your learners if, considering Vuyelwa’s decision to bunk the period, they think it will be easy for her to say no to other advances.
2. Explain that there are many situations that might make it hard for people to stick to their personal limits regarding relationships and sex and that these situations make having sex, or having sex without a condom, more likely. Tell your learners that they can think of these times as “sex-possible” signs or situations. Emphasise that they should begin to think about “sex-possible” signs or situations now before they actually encounter one.

3. Ask your learners to brainstorm a list of signs or situations that might challenge their personal limits regarding relationships and sex. Write the examples on the board. If your learners have trouble generating examples, refer to *Educator Resource 8.3.1: Avoiding unsafe choices: examples of each step* to get them started.
4. Now ask your learners to brainstorm a list of ways that teenagers can stick to personal relationship limits. Write the examples on the board. If your learners have trouble generating examples, refer to *Educator Resource 8.3.1: Avoiding unsafe choices: examples of each step* to get them started.
5. Emphasise that your learners need to think about ways to stick with their personal relationship limits now, even if they don't yet have a boyfriend or girlfriend.
6. As a summary, ask one of the your learners to:
 - a) Summarise why it important to think about personal limits and ways to stick to those limits.
 - b) Name the three steps for avoiding unsafe choices.



HOMEWORK

1. Encourage your learners to review the work done in class by summarising why it is important to think about their personal limits.
2. Ask your learners to name the three steps for avoiding unsafe choices.



CONSOLIDATION

1. Conclude the activity by stating the following key points:
 - a) The best way to avoid pregnancy and STIs, including HIV, is abstinence. **The SAFEST choice is NOT to have sex.**
 - b) Teenagers who choose to have sex need to consider prevention of both infection and pregnancy.
 - c) Planning for dual protection means planning for both infection and pregnancy: using a condom AND a method of contraception is the safest option.
 - d) It is important to identify personal limits and to think about ways to stick to your personal relationship limits now, even if you do not yet have a boyfriend or girlfriend.



ASSESSMENT

1. Journal or self-reflection
Make a journal entry and write about the consequences of having sex early. Also say why you think it is better to wait.
2. Written activity
The “test your knowledge” questions can be used to consolidate what has been dealt with in this lesson plan.

Test Your Knowledge

.....
Ask your learners the following questions:

1. What is the safest way to avoid pregnancy and STIs?
2. If someone decides to have sex, what must he/she use every time he/she has sex?
3. What is the most common reason teenagers give for not using a condom?
4. Define “personal limit”.
5. Give an example of a personal limit that someone might have with regard to sexual activity.
6. Why is it important to know your personal limits about sexual activity?
7. What does “ACE” stand for?
8. What are two examples of signs or situations that could challenge your personal limits with regard to sexual activity?
9. What are two examples of things you can do to protect your personal limits?



RESOURCES

POSTER 8.3.1: AVOIDING UNSAFE CHOICES – ACE

Step 1: Know your personal limits Ahead of time.

Step 2: Watch for signs or situations that might Challenge your limits.

Step 3: Have a plan to help you stick to your limits Every time.

EDUCATOR RESOURCE 8.3.1: AVOIDING UNSAFE CHOICES

Use these examples if learners have trouble identifying examples of each step.

Step 1: Examples of Personal Limits

- Kissing, hugging, but not going any further
- Waiting until older or married before having sex
- Using a condom every time during sex. Refusing to have sex without a condom.
- Using a condom along with another method of birth control every time if having sex.

Step 2: Examples of Signs or Situations that Might Challenge Limits

- Being alone with someone you care about or long periods of time or when parents are not home.
- Drinking alcohol or using drugs.
- Touching your partner in an intimate way.

- Planning ways to try to seduce your partner.
- Not talking with your partner about your sexual limits.
- Allowing unhealthy gender messages to influence your behaviour.
- Having negative feelings like discomfort, worry, unhappiness, etc.

Step 3: Examples of Actions to Take to Stick with Limits

- Tell your partner your limits ahead of time.
- Use clear NO messages to tell your partner you don't want to have sex or unprotected sex.
- Suggest an alternative action to get out of the sex-possible situation.
- Use delay statement or actions to break the mood or buy time to stick with your limits.
- Avoid the situation (e.g., don't be alone with partner for long periods of time or when parents are not home).
- Pay attention to your feelings, especially ones that don't make you feel good.
- Have condoms if planning to have sex.
- Do not use alcohol or drugs.

NOTE TO THE EDUCATOR

1. Use these examples if your learners have trouble identifying examples of each step.
2. Examples of personal limits are:
 - a) kissing, hugging, but not going any further;
 - b) waiting until older or married before having sex;
 - c) using a condom every time during sex or refusing to have sex without a condom; and
 - d) using a condom along with another method of birth control every time when having sex.
3. Examples of signs or situations that might challenge your personal limits are:
 - a) being alone with someone you care about for long periods of time or you're your parents or guardians are not at home;
 - b) drinking alcohol or using drugs;
 - c) touching your partner in an intimate way;
 - d) planning ways to try to seduce your partner;
 - e) not talking with your partner about your sexual limits;
 - f) allowing unhealthy gender messages to influence your behaviour; and
 - g) having negative feelings like discomfort, worry, unhappiness, etc.
4. Examples of actions to take to stick to your personal limits are:
 - a) telling your partner your limits ahead of time;
 - b) using clear NO messages to tell your partner you do not want to have sex or unprotected sex;
 - c) suggesting an alternative activity to get out of the sex-possible situation;
 - d) using delay statements or actions to break the mood or buy time to stick to your limits;
 - e) avoiding the situation (e.g., avoiding being alone with your partner for long periods of time or when your parents or guardians are not at home);
 - f) paying attention to your feelings, especially ones that do not make you feel good;
 - g) having condoms when you are planning to have sex; and
 - h) not using alcohol or drugs.



GLOSSARY

- sexuality
- self-image
- emotional scars
- abstinence
- behavioural change
- personal limits



Lesson 8.4

Sexuality is more than sex

Lesson 8.4

Sexuality is more than sex

Grade	8
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	<p>Concept: sexuality</p> <ul style="list-style-type: none"> Understanding one’s sexuality: personal feelings that impact on sexuality <p>Peer pressure (Linkage to Grade 7 CAPS)</p> <ul style="list-style-type: none"> How peer pressure may influence an individual: use of substances; crime; sexual behaviour; bullying and rebellious behaviour Appropriate responses to pressure
Link to other subtopics in CAPS	<p>Self-image (Linkage to Grade 7 CAPS)</p> <ul style="list-style-type: none"> Strategies to enhance self-image through positive actions: respect for self Strategies to enhance others’ self-image through positive actions: respect for others and respect for diversity
Link to other subtopics in CAPS	<p>Self-image (Linkage to Grade 7 CAPS)</p> <ul style="list-style-type: none"> Strategies to enhance self-image through positive actions: respect for self Strategies to enhance others’ self-image through positive actions: respect for others and respect for diversity
Concepts	<ul style="list-style-type: none"> gender identity intimacy sensuality sexual behaviour sexual health sexual identity sexual orientation sexuality
This lesson will deal with the following:	<ul style="list-style-type: none"> explaining the difference between the concepts of “sex” and “sexuality” and provide examples of sexuality from their social context; identifying the difference between love and related emotions; and discovering ways to show love and affection in a relationship without engaging in high-risk sexual behaviour
Teaching Methodologies	<ul style="list-style-type: none"> brainstorming brief lectures homework assignments individual reflection classroom discussions role-play skits/dramas small-group work
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 8.4: Sexuality is more than sex*, your learners will brainstorm the meanings behind the concepts of “sex” and “sexuality” and provide contextually relevant examples of each. They will work in small groups to distinguish love from other related emotions and consider ways to express affection in a relationship without having sex.

KEY POINTS

1. People can be attracted to the opposite sex, the same sex, or both sexes.
2. According to the South African Constitution, all people have a right to express their sexual orientation without the fear of discrimination.
3. Respect and acceptance of others’ sexuality is important step towards ending stigma, violence and discrimination.
4. Most sexual relationships begin with sexual attraction, but this does not mean that they are based on true love.
5. You can express love in a relationship without having sex.



RESOURCES /MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- *Educator Resource: 8.4.2: Definitions of sexuality*
- *Reading 8.4.1: Circles of sexuality (Reading 1 in your learners’ books)*
- *Reading: 8.4.2: The difference between love and other emotions (Reading 2 in your learners’ books)*
- *Poster 8.4.1: Sexual rights and responsibilities (Reading 3 in your learners’ books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. *Prepare Poster 8.4.1: Sexual rights and responsibilities*, and display it on the board or a wall.

4. Ensure that the following readings are in the learners' books:
 - a) *Reading 1: Circles of sexuality*
 - b) *Reading 2: The difference between love and other emotions*
5. Prepare one slip of paper for each group and write the following words on them: infatuation; romance; dating; being in love; being attracted to someone; jealousy etc.
Note: You can use words that your learners use in their everyday speech to indicate attraction/relationships.



ACTIVITIES

A.1 Understanding sexuality

Introduction to the activity

1. Explain to your learners that today you are going to talk about the difference between “sex” and “sexuality.” You will also talk about how to show affection in a relationship in ways other than sexual intercourse.
2. Ask your learners to form small groups depending on class size. You will need at least five groups.

A.2 Brainstorming sexuality

1. Write the word “sexuality” on the board or on newsprint and draw the five circles of sexuality as per *Reading 8.4.1: Circles of sexuality* with only the title of each circle. Go through the five circles with the class and make sure that they understand each of the five circles.
2. Assign one circle title to each group. If you have more than five groups, then assign each circle to two groups or more, as needed.
3. Ask the groups to take 10 minutes to brainstorm points they would put in their circle, using the following questions to guide them:
 - a) What do you think the title in the circle you were assigned means?
 - b) What examples can you give to illustrate your meaning?
4. Ask the groups to begin brainstorming. While they are working in their small groups, move around the room and offer assistance, clarification and guidance as needed.
5. Warn the groups when they are halfway through the 10-minute work period and warn them again when there is one minute of work time remaining.
6. Ask one person from each group to briefly say what their group thought the title in the circle meant and to give one example.
7. Ask your learners to turn to Reading 1: Circles of sexuality in their workbooks. Take 10 minutes to lead a brief classroom discussion on the definitions and examples of each of the five circles of sexuality in comparison to what your learners wrote.
8. During this discussion, be sure to make the following points about each of the circles. Refer to Educator Resource: 8.4.2: *Definitions of sexuality for more information.*
 - a) **Sexuality to control others:**
Sex is a pleasurable experience when done within a stable relationship between two people who both want it. Sex should never be forced, used to control another person, or make you feel

ashamed or bad about yourself.

You have the RIGHT to say NO to sex in ANY situation.

b) **Sexual health:**

Each of us is responsible for making sure we stay healthy and free from HIV or other STIs. We are also responsible for taking precautions to make sure that we do not fall pregnant or cause a pregnancy (e.g. using condoms, having regular HIV tests if we are sexually active, etc.) If you are not able to take responsibility and use condoms, get tested, etc. then you should not have sex.

c) **Relationships:**

We all need to love and be loved. We can only really love others and accept love from others when we accept and love ourselves.

d) **Sexual identity:**

Biological sex is determined at birth; gender identity is how we feel about being a man/boy or a woman/girl. Not everyone is comfortable with the gender they were assigned at birth. Depending on how individuals perceive themselves and what they call themselves, one's gender identity can be the same or different from the sex assigned at birth.

e) **Sexual orientation:**

Regardless of a person's sexual orientation, we all have the same human rights and require the same respect and protection from violence and discrimination.

A.3 The difference between love and other emotions

1. Refer to *Poster 8.4.1: Sexual rights and responsibilities*. Ask a few your learners to read it out loud.
2. Explain that we have the right to decide how we act in a relationship and to be treated with respect, but that we also have the responsibility to treat our partner with respect.
3. Ask a couple of your learners to comment; do they agree or disagree with any statement?

Love and other emotions

1. Divide students into groups of six and give each group a slip of paper that you have prepared (the words are listed in the section with the lesson preparation). On the board write: *What is the difference between love and ...?*
2. Ask the groups to insert the word on their slip of paper into the space; discuss the question and write down a response.
3. Ask one group to give their response. Use the following questions to lead a discussion:
 - a) Does anyone disagree or want to comment?
 - b) Are girls and boys equally allowed to express this feeling?
 - c) Can you give an example of what happens when this feeling is confused with love?
 - d) How can you show you like someone without having sex?
 - e) Why is it important that you work out the difference for yourself?
4. Emphasise the statement: "***I am strong, smart and in charge of my future! I know that I have the RIGHT to say NO to sex in ANY situation.***"



HOMEWORK

Ask your learners to revise what they have learned in this lesson by going through the Reading 2: *The difference between love and other emotions*.



CONSOLIDATION

1. Ask your learners to turn to Reading 2: *The difference between love and other emotions, in their workbooks.*
2. Review the key points for this lesson:
 - a) People can be attracted to the opposite sex, the same sex, or both sexes.
 - b) According to the South African Constitution, all people have a right to express their sexual orientation without the fear of discrimination.
 - c) Respect and acceptance of others' sexuality is an important step towards ending violence and discrimination.
 - d) Most sexual relationships begin with sexual attraction, but this does not mean that they are based on true love.
 - e) You can express love in a relationship without having sex.
3. Inform your learners that the next lesson will focus on how to distinguish between healthy and unhealthy relationships.

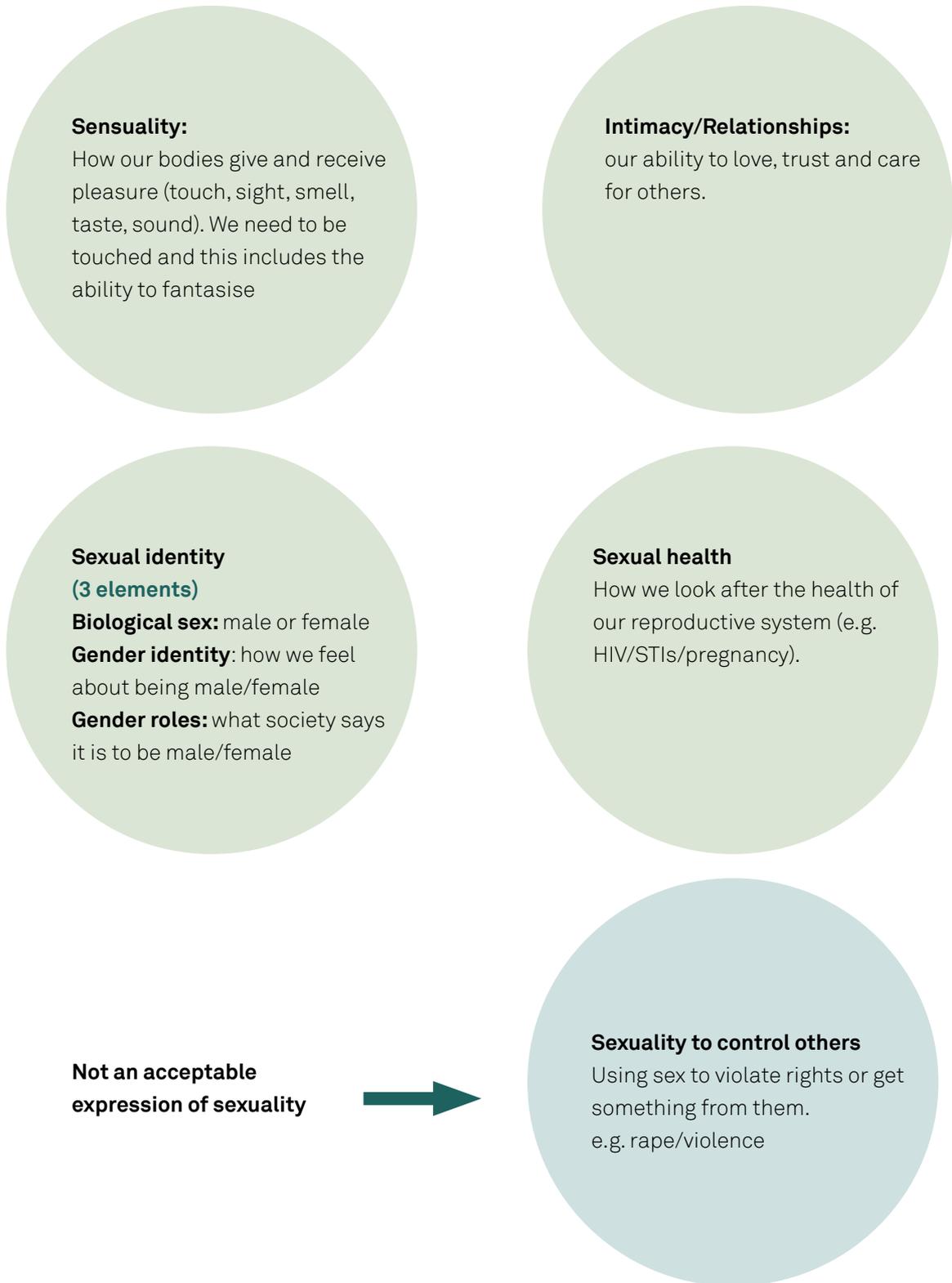


ASSESSMENT

1. **Recommended assessment strategies:**
 - a) essay (using criteria)
 - b) report (using criteria)
 - c) oral presentation (using criteria)
2. **Examples of informal assessment questions**
 - a) Explain the concept sensuality.
 - b) Explain the term sexual health.
 - c) Explain the term intimacy.
 - d) Explain briefly what "gender identity" means.
 - e) Complete this sentence:
People attracted to someone of the same sex are referred to as being _____.
 - f) List three ways that you can show love to a romantic partner without having sex.

RESOURCES

READING 8.4.1: CIRCLES OF SEXUALITY



POSTER 8.4.1 SEXUAL RIGHTS AND RESPONSIBILITIES

- It is my right to decide whether, when, and with whom I will be sexual.
- I have the right to trust my own values and decision-making about being sexual.
- I have the right to express my sexuality without experiencing violence.
- I have the right to be in control of my own sexual experience and to set my own sexual limits.
- I have the right to say “yes”. I have the right to say “no”.
- I have a right to be heard and a responsibility to listen.
- I have the right to stop sexual activity at any time.
- I have the right to express my sexual orientation.
- I have the right to sexuality that is about freedom of choice, not power.
- I have the right to my own body, space and boundaries, and the responsibility to respect others’ boundaries.

Adapted from: <http://www.yesmeansyes.com/donec-accumsan-0>.

READING : 8.4.2 THE DIFFERENCE BETWEEN LOVE AND OTHER EMOTIONS

1. **What is “falling in love”?**
 - a) Falling in love involves feelings of passion, sexual attraction and excitement.
 - b) Sometimes this feeling is called a crush, romance or infatuation.
 - c) Falling in love is often a thrilling experience, but it usually fades within six months.
 - d) A romantic relationship sometimes (although not always) involves feelings of commitment and intimacy.
 - e) Falling in love can be a one-sided experience; the object of the love may not feel the same.
 - f) Everyone can fall in love. Adults, as well as adolescents, fall in love.
 - g) People may fall in love only once, more than once, or many times in their lives.
2. **What is “true love”?**
 - a) Loving someone is caring deeply for that person and being committed to their well-being and happiness. Loving and being loved can be the source of deep joy and meaning in life.
 - b) Love is one of the most powerful emotions that people experience. It has inspired great works of art, literature and music.
 - c) There are many different ways to love somebody.
 - d) People may feel love for members of their immediate or extended family, for close friends and for their partners or spouse of the same or a different sex.
 - e) The terms “true love” or “real love” often refer to an intimate partner bond that has moved beyond the “falling in love” or infatuation stage.
 - f) Sorting out feelings of affection, romantic love, sexual desire and “true love” is often difficult and confusing.
 - g) Everyone receives messages from their culture about what love is, whom they should (or should not) love and how they should express (or not express) their love.

EDUCATOR RESOURCE 8.4.2 DEFINITIONS OF SEXUALITY

Sensuality

Sensuality is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell and taste. Any of these senses, when enjoyed, can be sensual.

Our body image is part of our sensuality. Whether we feel attractive and proud of our bodies influences many aspects of our lives. Our need to be touched and held by others in loving and caring ways is called skin hunger. Adolescents typically receive less touch from family members than do young children. Therefore, many teenagers satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from a teenager's need to be held, rather than from sexual desire.

Fantasy is part of sensuality. Our brain gives us the capacity to fantasise about sexual behaviours and experiences without having to act upon them.

Intimacy and relationships

Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust and care for others is based on our levels of intimacy. We learn about intimacy from relationships around us, particularly those within our families. Emotional risk-taking is part of intimacy.

In order to experience true intimacy with others, a person must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

Sexual identity

Every individual has his or her own personal sexual identity. This can be divided into four main elements:

- **Biological sex** is based on our physical status of being either male or female.
- **Gender identity** is how we feel about being male or female. Gender identity starts to form at around age two, when a little boy or girl realises that he or she is different from the opposite sex.

If a person feels like he or she identifies with the opposite biological sex, he or she often considers himself or herself to be transgender. In the most extreme cases, a transgender person will have an operation to change his or her biological sex (often called gender “re-assignment” surgery) so that it can correspond to his or her gender identity.

- Gender roles are society's expectations of us based on our biological sex. For example, in many cultures, women are expected to be nurturing and passive and men are supposed to be tough and strong. These expectations help to define their gender roles such as the caregiver (women) or the athlete (men). These traits are not biologically determined. Both men and women can be caregivers and athletes.
- Sexual orientation is the final element of sexual identity. Sexual orientation refers to the biological sex that we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man expresses traditionally feminine traits or a woman expresses traditionally masculine traits, people often assume that these individuals are homosexual. In reality, they are simply expressing their gender in a way that is different from the

norm. Their masculine or feminine behaviour has nothing to do with their sexual orientation. A gay man may be feminine, masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex behaviour and not consider himself or herself homosexual.

Sexual health

Our sexual health is related to: the sexual behaviours we engage in; pregnancy; sexually transmitted infections (STIs); the health of our reproductive organs; the pleasure or enjoyment associated with sex; the acceptance of our bodies and the history of sexual abuse.

Sexuality to control others

This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or to get something from another person. Rape is a clear example of sex being used to control somebody else. Sexual abuse, having sex in exchange for money or other goods, and forced prostitution are others. Even advertising uses sex to get people to buy products.



GLOSSARY

- gender identity
- sexual behaviour
- sexual orientation
- intimacy
- sexual health
- sensuality
- sexual identity
- sexuality



Lesson 8.5

What young adults need to
know about STIs, HIV and
AIDS

Lesson 8.5

What young adults need to know about STIs, HIV and AIDS

Grade	8
CAPS topic(s)	Health, social and environmental responsibilities
CAPS subtopic(s)	Informed, responsible decision-making about health and safety: HIV and AIDS <ul style="list-style-type: none"> Prevention and safety issues relating to HIV and AIDS
Link to other subtopics in CAPS	Informed, responsible decision-making about health and safety: HIV and AIDS <ul style="list-style-type: none"> Management with medication, diet, healthy living and positive attitude Caring for people living with HIV and AIDS
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying the names of common STIs; describing how STIs are transmitted; listing common symptoms of STIs with no symptoms; explaining the importance of getting tested regularly for STIs if sexually active; explaining the transmission of HIV; and discussing ways to prevent STIs
Concepts	<ul style="list-style-type: none"> common STIs HIV transmission prevention of STIs sexually transmitted infections
Teaching Methodologies	<ul style="list-style-type: none"> quizzes or myth vs. facts simulations small group work other: reading
Time	60 minutes

BRIEF LESSON SUMMARY

During Lesson 8.5: What young adults need to know about STIs, HIV and AIDS, your learners observe a simulation that highlights the fact that you cannot tell if someone has HIV or an STI, just by looking at them. Your learners then read a comic-book-style information booklet to learn foundational information about STIs. Your learners also test their comprehension of the information in the booklet in small groups using a competitive, head-to-head quiz. The lesson ends with a diagram-based mini-lecture that illustrates the increased risk of acquiring STIs and HIV resulting from the practice of multiple, concurrent sexual partners within a community or social circle.

KEY POINTS

1. HIV can have serious health consequences and even cause death.
2. You cannot tell if someone has an STI or HIV by looking at them to see if they “look sick”.
3. Protect your health, your partner’s health and the health of the community by taking steps to prevent the spread of HIV and other STIs as well as teenage pregnancy.
4. Avoid HIV and other STIs.
5. Do not let unhealthy gender messages keep you from doing what is right to protect yourself and your partner.
6. Choosing not to have sex is the safest way to avoid exposure to STI and HIV infection.
7. Using condoms correctly, every single time you have sex, is the next safest choice after abstinence.
8. STAY FAITHFUL to one partner at a time to protect yourself, your partner and your community from STIs.
9. If you are having sex, GET TESTED FOR HIV REGULARLY.



RESOURCES/MATERIALS

- flip chart paper
- masking or painter’s tape
- Koki pens (various colours)
- pencils/pens
- watch or cell phone for time-keeping
- small prizes for winning group in Activity B (e.g. pieces of candy)
- small card (business card size) with community resources that provide adolescent reproductive health services
- three opaque drinking cups (e.g. paper, plastic or ceramic)
- clean drinking water
- a box, hat or bag from which to blind draw Collect-a-Fact question cards
- blank paper: one sheet for every three of your learners, and a few extra sheets of paper
- *Educator Resource 8.5.1: Collect-a-Fact question cards (Resource 1 in your learners’ books)*
- *Educator Resource 8.5.2: Answers about STIs, HIV and AIDS*
- *Reading 8.5.1: Martine and Jaco talk about STIs, HIV and AIDS (Reading 1 in your learners’ books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Number the cups “1,” “2” and “3” on the bottom with a felt-tipped marker or by writing on a piece of tape stuck to the bottom. Fill all three cups $\frac{2}{3}$ full of clean drinking water.
4. Ensure that the following readings are in the learners’ books:
 - a) *Reading1: Martine and Jaco talk about STIs, HIV and AIDS*
 - b) *Resource 1: Collect-a-Fact question cards*

NOTE TO THE EDUCATOR

If you are not well-versed in sexually transmitted infections, we recommend that you do some background reading on the topic so that you feel more confident to answer the questions that may come up during this lesson. There is a lot of good information about STIs available on the internet. Websites that we recommend are listed below:
Centres for Disease Control and Prevention: <http://www.cdc.gov/std/>
Planned Parenthood: <http://www.plannedparenthood.org/health-topics/stds- HIV and AIDS -safer- sex-101.htm>
American Social Health Association: <http://www.ashasexualhealth.org/std- sti.html>



ACTIVITIES

- A.1 The “invisible” threat of HIV and other STIs: Three cups or alternative activity
1. Tell the class that you would like to do an activity with them that will remind them of their risk of acquiring HIV and other STIs.
 2. Ask for three volunteers to come to the front of the room.
 3. Give one of the three cups of water that you have in front of the room to each of your three volunteers.
IMPORTANT: Make sure that Volunteer #1 has the cup with the #1 on the bottom of it, Volunteer #2 has the cup with the #2 on the bottom of it and Volunteer #3 has the cup with the #3 on bottom of it.
 4. Ask the first volunteer do nothing but hold his or her cup of water.
 5. Ask the second volunteer to take a sip of water from his or her cup and spit some of it back into the cup.
 6. Ask the third volunteer to take a sip of water, swallow his or her sip of water and then cough (gently) over the cup.
 7. Ask your learners which of the three cups they would prefer to drink from at this point. They, of course, will choose the first cup where the volunteer has done nothing but hold the cup.

8. Take the three volunteers into a corner of the room and have them huddle shoulder-to-shoulder so that the other learners cannot see what is going on. Ask the three volunteers to switch their cups around. Then ask the volunteers go back to the front of the room and hold their cups out so everyone can see them.
9. Ask your learners to tell you which cup they think is the cup which no one has drunk from. The point here is that it will be very difficult for them to tell you which cup has water that is not contaminated by the two volunteers. You can reveal which cup has not been drunk from by looking at the marks you made at the bottom of the cups.
10. Ask the class what they think could happen if they drank from one of the cups from which a volunteer had contaminated, by drinking from it and spitting into it or coughing over it. Take a few responses from your learners. These may include: "I could get sick," or "I could catch a cold" etc.
11. Ask your learners to think of drinking from the cups as having sex with someone. Then ask them what they think could happen to them. Take responses until someone mentions STIs and/or HIV and AIDS. **IMPORTANT:** Make sure it is clear to the class that you cannot actually acquire HIV or most STIs, from sharing a cup with someone. This is a myth that you DO NOT want to perpetuate.
12. Tell the class that the cups represent people. Sometimes one can tell if someone is sick or has an infection. For example, it is relatively easy to tell if a person has a bad cold because they are blowing their nose, their voice may sound hoarse and they may be coughing. But most of the time, you CANNOT tell if someone has an infection by just looking at them. For example, you cannot tell that someone has a cold on the first day they become infected because it often takes a day or two for symptoms to show up. Another example is malaria. Unless the person becomes really sick, you can't tell just by looking at someone that they have malaria.
13. Many times, a person can have a sexually transmitted infection and you will not be able to tell, at all, because there are no outward symptoms.
14. Ask your learners what they could do to protect themselves from any negative health effects, if they were going to drink the water from one of the cups used in the demonstration.
15. The important point to have your learners understand from the demonstration is that they can, and should, do a variety of things to protect themselves from contracting STIs.
16. Emphasise the statement: **I am strong, smart and in charge of my future!**
17. They must know that:
 - a) *Choosing not to have sex is the safest way to avoid exposure to STI and HIV acquisition.*
 - b) *Using condoms correctly, every single time you have sex, is the next safest choice after abstinence.*

Example: self-respect, respect for others, trust, religious values, importance of education and career.

NOTE TO THE EDUCATOR:

The following activity can be used as an alternative to the activity in the SLP.

Is she/he or is she/he not?

Suggested time: 10 minutes

Resources/materials needed:

- two small objects that can be passed from one learner to the other e.g. a pen, paper crumpled up in a ball, a small rock or stone.

Instructions:

1. Ask your learners to describe, in pairs or buzz groups, what they think somebody that is HIV-positive would look like. Write the responses on the flip chart and tell your learners that you will give feedback to their responses later.
2. Divide your learners into two groups of equal numbers and ask them to stand very closely in two lines facing one another, with their shoulders touching.
3. Explain to your learners that each group will be given an object. Group members will pass the object from one group member to another behind their backs. Groups need to ensure that the members stand close to one another and that they sway or move while they pass the object from one to the other. The object can be passed in any direction.
4. Explain that after a short while you will ask them to stop passing the object. Each group will then need to identify which person in the opposite team is holding the object.
5. Remind your learners that it is important that they pass the object as discreetly as possible to the group member standing next to them.
6. Give each team an object and ask them to begin passing it up and down their line discreetly. If there are gaps in the line encourage the groups to stand more closely together.
7. After a couple of minutes ask both groups to stop passing the object. Ask a member from one group to identify who is holding the object in the other group.
8. Once the answer has been received, ask a second group member the same question. Then ask the opposite group the same question.
9. Everyone will soon realise that it is impossible to tell who is holding the object, just by looking at someone.
10. Ask the groups to huddle in a circle and discuss what this activity would mean if the object they passed around happened to be HIV.
11. Ask for feedback and summarise the activity by indicating that it is impossible to tell just by looking at someone what their HIV status is. Many other diseases often have common symptoms that are often attributed to HIV acquisition. Thus, the symptoms they listed in the beginning of the activity can be true for ANY other diseases OTHER than HIV.

A.2 STI Collect-a-Fact

Collect-a-Fact introduction

1. Tell the class that they are going to learn some basic information about STIs and HIV that anyone who decides to have sex needs to know.
2. Explain that they are going to go through a reading with important information about, HIV and other STIs, then they are going to break up into groups and have a competition between the groups to test how well they can recall the information.

Going through the informational reading

1. Divide your learners into groups of 4, 5 or 6 depending on the size of the class.
2. Refer your learners to Reading 1: Martine and Jaco talk about STIs, HIV and AIDS in the learner' books.
3. In their groups, ask your learners to take turns reading Martine and Jaco's dialogue.
4. Ask your learners to note down any questions that they have as they read the dialogue.
5. After they have read the dialogue, bring your learners back together and ask each group to ask the questions that they noted from the information in the reading.
6. Respond to the questions while ensuring that your responses are accurate and scientifically correct.

NOTE TO THE EDUCATOR

There are several different ways to have learners read the dialogue. You can have them each read a copy individually, you can pair them up and have them read the dialogue together, you can read the dialogue out loud to them and have them follow along in their books and/or call on individual learners to read portions of the dialogue. Choose the approach that you think will work best for your group of learners taking into consideration literacy skills and available instruction time.

Organising Collect-a-Fact competitions

1. Once the group has read the information in the reading and you have answered all their questions, ask them to close their books.
2. Explain to your learners that they are going to take part in the Collect-a-Fact game.
3. Explain the game as below:
 - a) Each group will receive three questions on a piece of paper and the cards: one for each question about the reading. Groups should keep the questions face down until they need to flip them over to start a round of the game.
 - b) You will time each round, announcing the beginning and end of each round of the game. Each question-answering period is 5 minutes long.
 - c) When you say “START,” a member of each of the groups will flip over the questions and read them to the rest of the group.
 - d) As soon as the card has been read, all the groups will write down as many answers to each of the 3 questions as they can think of. Some questions will only have one answer while others will have multiple answers. Advise the groups to work quietly so that other groups do not overhear the answers they are writing down.
 - e) When you say “STOP,” the teams should immediately stop writing. They may NOT complete an answer they are in the middle of writing if time ends before they are done.
 - f) One of the group members should then take the questions and pass them on to the next group.
 - g) You will call out “START,” for the next round of questions.
 - h) Each group will answer the questions that have been passed on to them.
 - i) The process continues until each group has answered all the questions.
 - j) After the game, ask each group to read the answers to the questions that they got during the game
 - k) As the groups give their answers, ask the rest of your learners to check their answers and where they do not agree or they have a different answer, they should say so and explain why their answer is correct.
 - l) Give correct answers and clarify any misconceptions where necessary.

NOTE TO THE EDUCATOR

To help your learners to follow the game instructions and to assist visual learners you can display these instructions/ rules on flip chart paper or on the board.

Collect-a-Fact game

1. Hand out the questions on a sheet of paper, face down.
2. Run rounds of the game.
3. After all the groups have answered all questions, ask each group to give their answers to the questions.
4. After each answer, ask your learners whether they agree or disagree with the answer. If they disagree, they should say what they think is the correct answer and why. They can refer to their learners' books for the explanation.

Review of key points

Review the answers to each of the questions using the Educator Resource 8.5.2: Answers about STIs and HIV and AIDS. Answer questions or clarify points as needed and address any misconceptions raised.

Questions for Collect-a-Fact game (Educator Resource 8.5.1)

These can be used as cut-outs for your learners to share, put into their book covers or stick in their journals.

1. Name two common STIs (Spelling does not count.)

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2. What are the sexual behaviours that can put you at risk of an STI? (The team with the most behaviours scores the point for this question.)

.....

.....

.....

3. List common symptoms of STIs. (The team with the most symptoms scores the point for this question.)

.....

.....

.....

4. True or False? It is possible to have an STI and not know it.

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5. How would you know if you have STI?

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6. List possible negative consequences related to having an STI.

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7. How does having another STI increase your risk of getting HIV?

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8. Can STIs be cured?

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.....

9. List ways of protecting yourself from getting STIs.

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10. If a young adult decides to have sex, what things should s/he discuss with her/his partner before having sex?

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.....

11. Does a young adult have to get permission from his/her parent to get tested for STIs?

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.....

12. Name places in the community / area where you live where young adults can get tested for STIs.

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13. List ways in which unhealthy gender norms can contribute to young adults getting STIs. Give as many responses as possible.

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14. How can abusing alcohol or other drugs indirectly lead to infection with STIs? Give as many responses as possible.

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15. List two ways unhealthy gender norms can contribute to young people getting an STI.

.....

.....

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Answers for Collect-a-Fact game (Educator Resource 8.5.2)

1. **What are the names of three common STIs? (Spelling doesn't count.)**

According to the National Department of Health, the most common STIs in South Africa are:

- a) Human Papillomavirus (HPV)
- b) Herpes Simplex 2
- c) Chlamydia
- d) HIV
- e) AIDS
- f) Hepatitis B
- g) Gonorrhoea
- h) Syphilis.

2. **Name one sexual behaviour that can put you at risk for an STI.**

- a) vaginal sex without a condom
- b) oral sex without a condom
- c) anal sex without a condom
- d) any (other) activity where there is an exchange of fluids between partners
- e) any (other) activity where your skin comes in contact with a sore, bump or irritation of some kind on your partner.

3. **What are two common symptoms of STIs?**

- a) unusual sores or bumps in the genital area
- b) itching or irritation in the genital area
- c) abnormal discharge from the penis or vagina
- d) pain or burning on urination, abdominal or pelvic pain in women (area below the belly button)
- e) fever
- f) NO symptoms!

4. **Is it possible to have an STI and not know it?**

TRUE! Often, a person can have an STI and have no symptoms! You cannot tell, just by looking for observable symptoms.

5. **What is the best way to know if you have an STI?**

- a) Because STIs are often asymptomatic (no symptoms), it is best to be examined at least once a year by your health care provider.
- b) You may want to be tested more often if you have multiple sexual partners. This is the only sure way to know if you have an STI are not.

6. **What are at least two possible negative consequences related to having an STI?**

- a) Infertility (inability to have children) in men and women who have untreated gonorrhoea or chlamydia.
- b) Death in men and women who have untreated HIV and AIDS or Syphilis.
- c) Cervical cancer (in women), and throat cancer in women and men, who have certain strains of Human Papillomavirus (HPV).
- d) Pain and discomfort from sores, warts, and discharge – all are possible.

7. **How can having another STI increase your risk of acquiring HIV?**

- a) Some STIs can cause open sores (e.g., herpes) and/or the skin in the genital area to become irritated. When this happens, it makes it easier for HIV to enter your bloodstream, and infect you.
- b) Ask your learners to think about taking a lemon wedge and rubbing it all over their fingers. Ask them how many of them think they would feel a burn from the acidic lemon juice? We would feel the burn from the tiny cuts we might have around our cuticles. STIs are similar, if there is a tiny cut, even a microscopic tear or abrasion, the virus or bacteria can get into our body and infect us.

8. **Can STIs be cured?**

Bacterial STIs like chlamydia, gonorrhoea and syphilis can be cured with antibiotics. Viral STIs like HPV, Herpes, and HIV cannot be cured; however there are medications that can help manage these infections.

9. **What are two ways to prevent STIs?**

- a) Choose not to have sexual intercourse.
- b) Use condoms for vaginal or anal sex (can minimise your chances but are not foolproof).
- c) Have one sexual partner at a time (having more than one partner at a time is a great way to spread STIs quickly in a community).
- d) Get vaccinated against HPV and Hepatitis B.
- e) Talk openly with your partner about prevention.
- f) If you are having sex, get tested regularly. If you have an STI, get treated.

10. **If a young adult decides to have sex, what should s/he discuss with her/his partner before having sex?**

If a man or woman decides to have sex, they should have an honest conversation with their partner about preventing STIs. If either partner has been sexually active before, they should get tested to make sure they do not have an STI.

11. **If a young adult goes to a health centre to get tested for an STI, what will the health care provider do?**

- a) Talk to her/him about the behaviours that put her/him at risk.
- b) Counsel her/him on preventing STIs in the future.
- c) Take a sample of urine and/or blood.
- d) Provide treatment if needed.
- e) Encourage her/him to talk to his partner if he positive for an STI so that she or he can also get tested and treated.

12. **Does a young adult have to get consent from his/her parents to get tested for STIs?**

No. You can be tested for STIs confidentially. Your parents do not have to know.

13. **Name one place a person your age can go to get tested for STIs in your local area.**

Pass out the business cards you created with STI testing and treatment resources at the Public Health Department printed on it.

14. **List two ways unhealthy gender norms can contribute to young people getting an STI.**

- a) For men:
 - a belief that having sex proves manhood
 - a belief that the more sex you have the more manly you are
 - a belief that men are strong and invincible and thus are immune to getting an STI
 - a belief that men who seek medical care are weak
 - a belief that strong men do not have to use condoms
 - drinking alcohol excessively which will lower inhibitions and compromise the ability to make good decisions.
- b) For women:
 - Women have to do things in ways that please their man, even if it means not using condoms or birth control.
 - As “good girls” women are not supposed to want sex, so there is no reason for them to carry condoms or birth control.
 - Women are supposed to be “demure” and “ladylike” and not speak up for themselves about safer sex.
 - Women’s bodies are “commodities”; goods that we should trade away sexually for a husband or material things, like a cell phone or nice clothes.

15. **How can abusing alcohol or other drugs indirectly lead to infection with STIs?**

- a) When using alcohol or other drugs our senses are sometimes dulled and we become less inhibited.
- b) We are unable to think as clearly or make decisions as well as when we are sober.
- c) In this state, it is possible that one can make a decision to have sex without discussing STIs with his/her partner or without using a condom.



HOMEWORK

1. Ask your learners to fill in the answers to the “Information to share” section in their workbooks using the information that they have learned through the Collect-a-Fact game.
2. Once they have completed the answers ask them to share the information with their family.



CONSOLIDATION

Summarise the lesson’s key points:

1. Some STIs, like HIV and AIDS, can have serious health consequences and even cause death.
2. You cannot tell if someone has an STI or HIV by looking at them to see if they “look sick”.
3. Do not let unhealthy gender messages keep you from doing what is right to protect yourself and your partner.
4. Choosing not to have sex is the safest way to avoid exposure to STIs and HIV acquisition.
5. Using condoms correctly, every single time you have sex, is the next safest choice after abstinence.
6. STAY FAITHFUL to one partner at a time to protect yourself, your partner.
7. If you are having sex, GET TESTED FOR HIV regularly.

NOTE TO THE EDUCATOR

In the event that your period is shorter than the prescribed 60 minutes, this a good way to end (with consolidation) the lesson and continue with this activity the next time you meet the learners again.



ASSESSMENT

1. Project
 - a) Ask your learners to collect pamphlets on HIV and AIDS and other STI’s from the community clinic.
 - b) Ask them to write out 2 paragraphs on each of the following:
 - How HIV and AIDS is managed with medication, diet, healthy living and positive attitude
 - Caring for people living with HIV.
 - c) To complete the project your learners will design and make a poster in their books about prevention and safety issues relating to HIV and AIDS.
Each poster should have enough pictures; and under each picture there should be a two sentence explanation.

Test your knowledge

Ask your learners the following questions:

1. True or False?
 - a) You can usually tell if someone has HIV by the way they look.
 - b) You can acquire HIV by sharing a drink with someone who is infected.
 - c) If you have an STI, you will definitely know because you will see signs or feel symptoms.
 - d) Not all STIs are curable.
 - e) Having sex proves that a boy has become a man.
 - f) If a person has only had sex once, they do not need to get tested for STIs.
2. What are two examples of symptoms that someone with an STI might experience?
3. What are two negative consequences of an untreated STI?
4. What is the safest way to avoid STIs?
5. If a teenager decides to have sex, what should he/she always use?





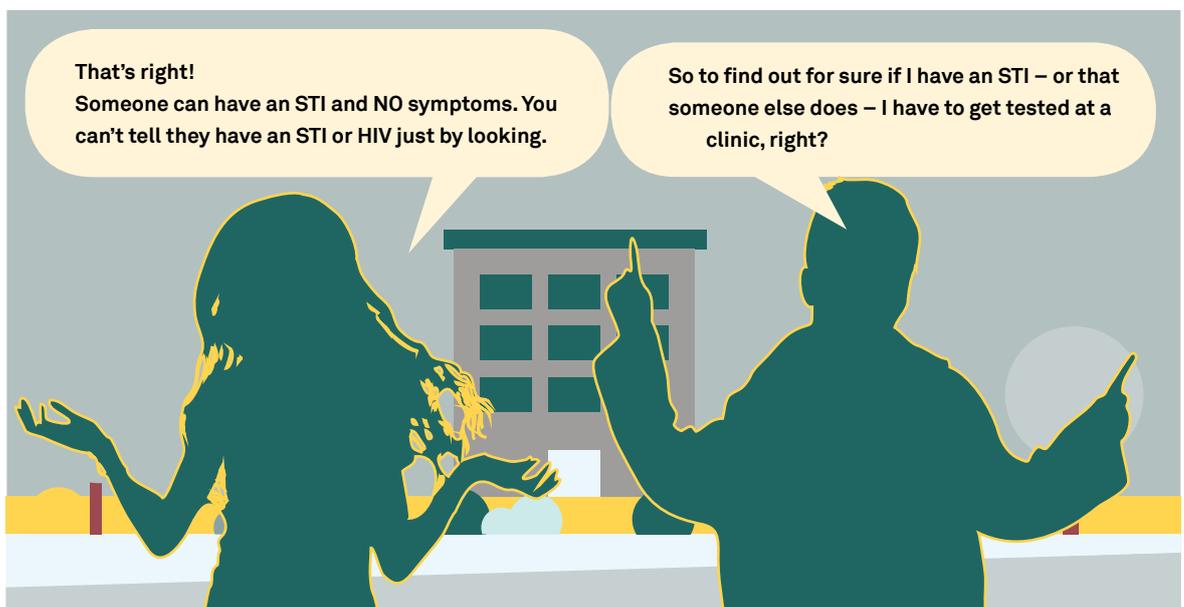
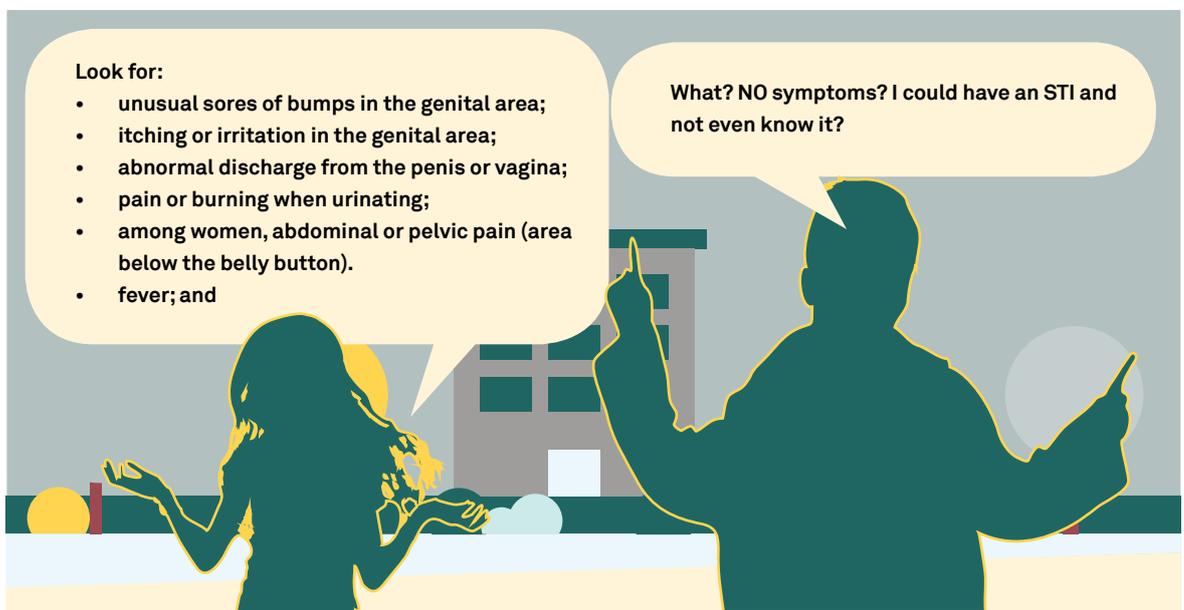
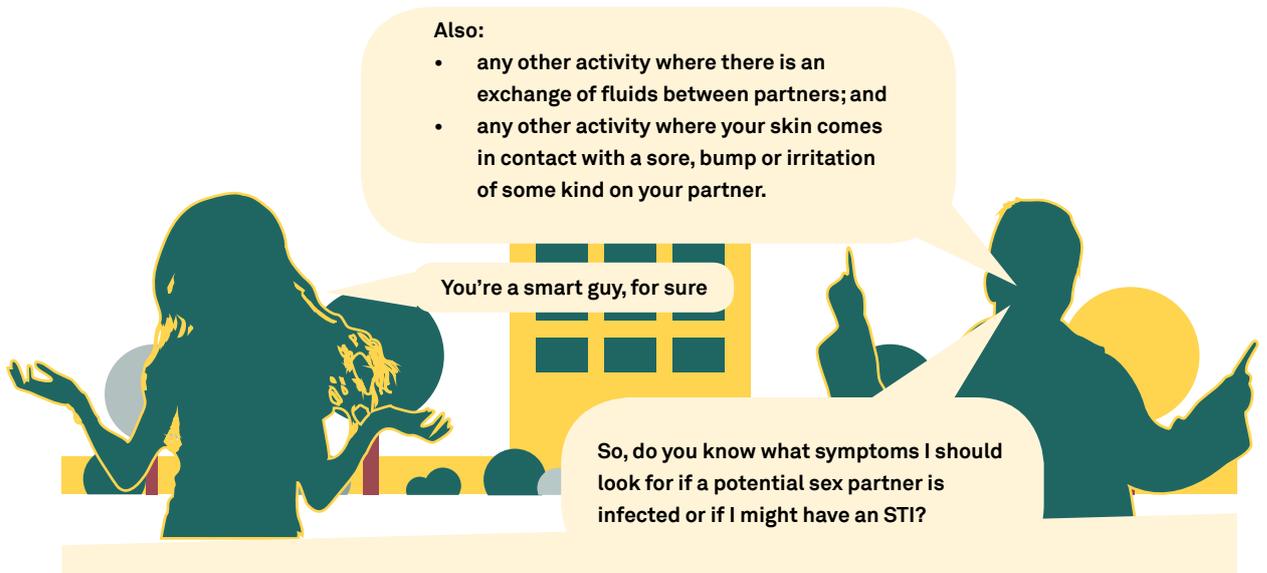
RESOURCES

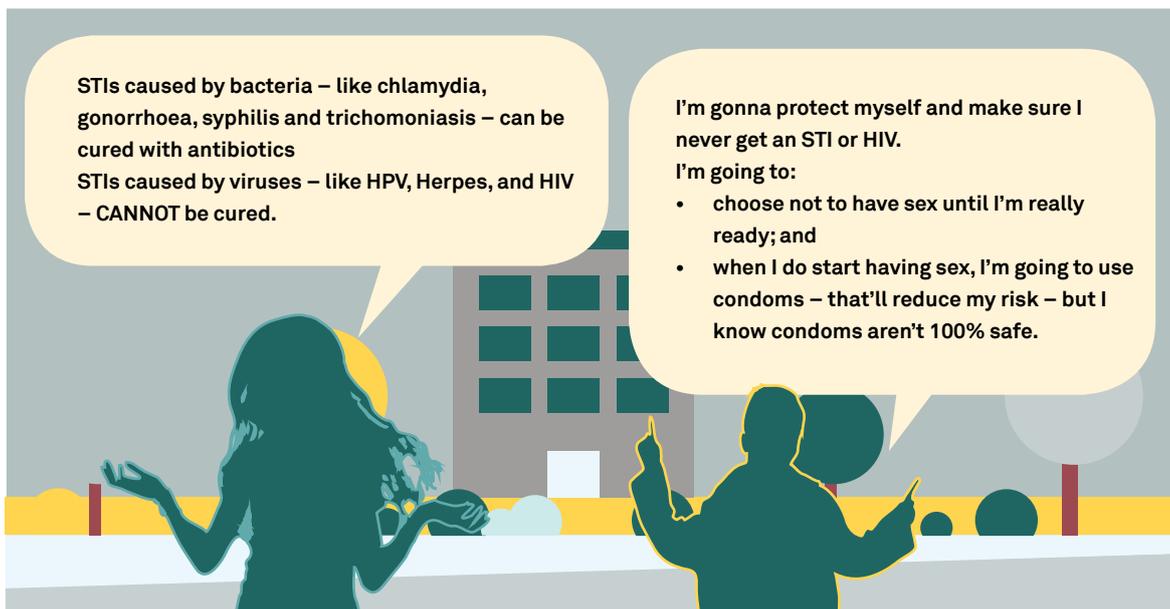
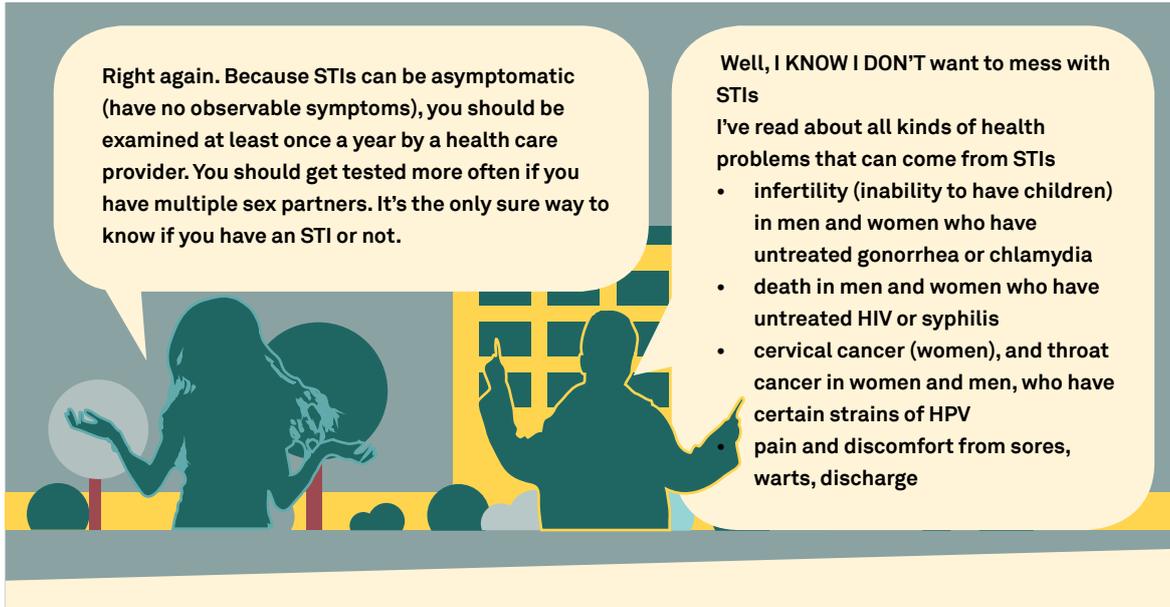
READING 8.5.1: MARTINE AND JACO TALK ABOUT STIs, HIV AND AIDS

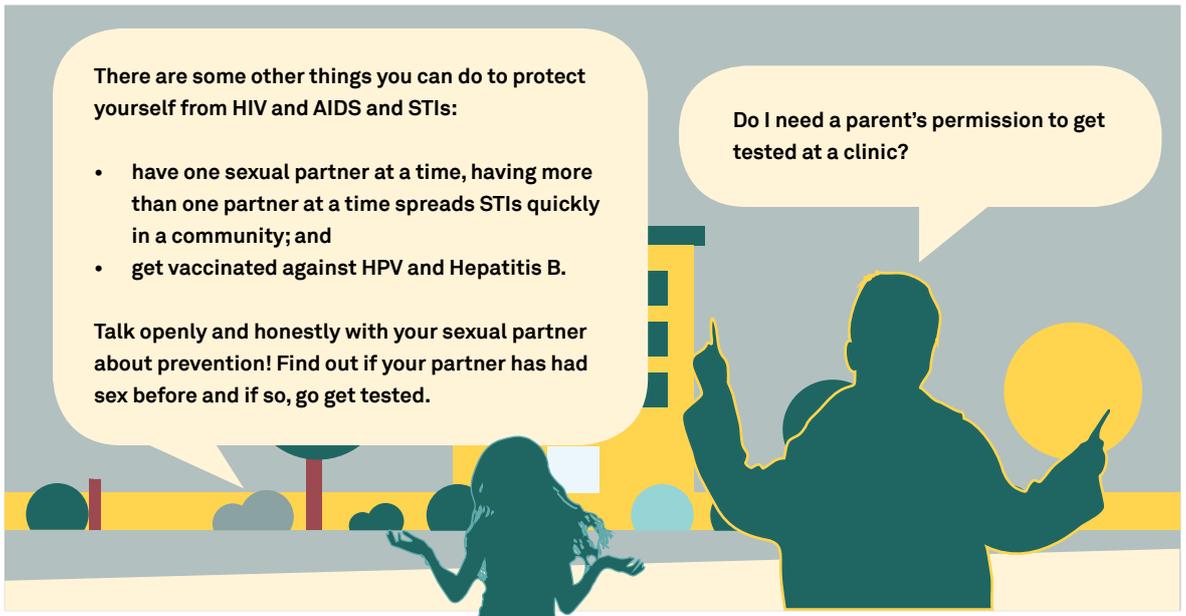
Meet Martine, a 17-year-old girl and her cousin Jaco, a 15-year-old high school learner.

Jaco is pretty bright; he knows a lot about STIs, HIV and AIDS, but he also has questions.







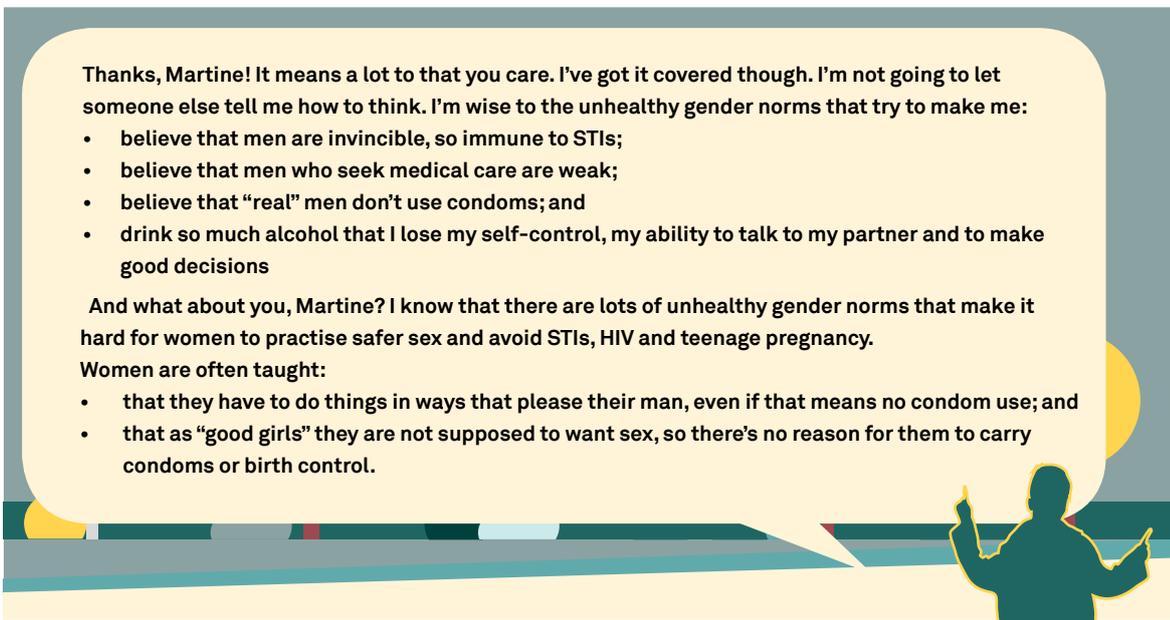




Jaco, you're smart, but I still worry about you. I know how society pressures guys to act tough, to "be a real man". This kind of pressure can lead to things you'll regret – like unprotected sex – that will give you an STI or HIV!

I'm SO relieved and proud to hear you say that. I want you to remember that you DON'T have to believe:

- that having sex proves you're a man; or
- that the more sex you have, the more of a "real man" you are.



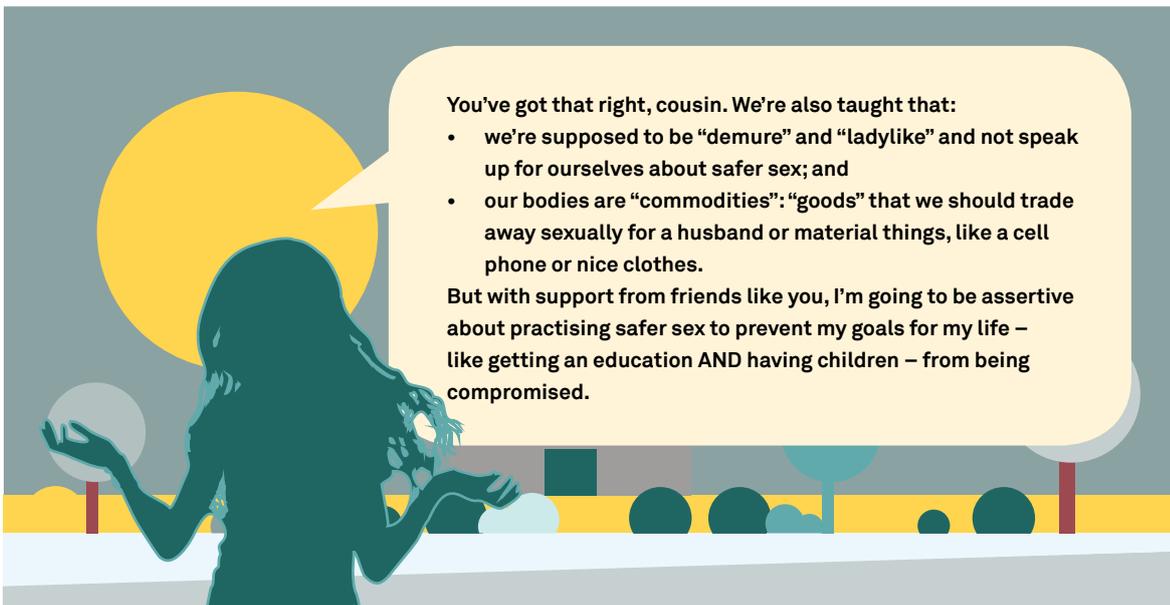
Thanks, Martine! It means a lot to that you care. I've got it covered though. I'm not going to let someone else tell me how to think. I'm wise to the unhealthy gender norms that try to make me:

- believe that men are invincible, so immune to STIs;
- believe that men who seek medical care are weak;
- believe that "real" men don't use condoms; and
- drink so much alcohol that I lose my self-control, my ability to talk to my partner and to make good decisions

And what about you, Martine? I know that there are lots of unhealthy gender norms that make it hard for women to practise safer sex and avoid STIs, HIV and teenage pregnancy.

Women are often taught:

- that they have to do things in ways that please their man, even if that means no condom use; and
- that as "good girls" they are not supposed to want sex, so there's no reason for them to carry condoms or birth control.



You've got that right, cousin. We're also taught that:

- we're supposed to be "demure" and "ladylike" and not speak up for ourselves about safer sex; and
- our bodies are "commodities": "goods" that we should trade away sexually for a husband or material things, like a cell phone or nice clothes.

But with support from friends like you, I'm going to be assertive about practising safer sex to prevent my goals for my life – like getting an education AND having children – from being compromised.



GLOSSARY

- sexually transmitted infections
- prevention of STIs
- monogamous relationship
- HIV transmission
- bacterial infections
- viral infections
- common STIs
- blood transfusion



Lesson 8.6

Your risk for STIs, HIV and
AIDS and pregnancy

Lesson 8.6

Your risk for STIs, HIV and AIDS and pregnancy

Grade	8
CAPS topic(s)	Development of the self in society Health, social and environmental responsibilities
CAPS subtopic(s)	<p>Concept: sexuality</p> <ul style="list-style-type: none"> Understanding one's sexuality: personal feelings that impact sexuality Influence of friends and peers on one's sexuality Problem-solving skills: identity formation and development
Link to other subtopics in CAPS	<p>(From topic: Health, social and environmental responsibilities)</p> <p>Informed and responsible decision-making about health and safety: HIV and AIDS</p> <ul style="list-style-type: none"> Prevention and safety issues relating to HIV and AIDS
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying the high level of risk for becoming pregnant or causing a pregnancy by having unprotected sex; identifying the low risk of getting pregnant and acquiring HIV and other STIs through the correct use of contraception and condoms; identifying zero probability of becoming pregnant or causing a pregnancy if an individual abstains from sexual intercourse; and differentiating between facts and myths regarding the risk for pregnancy and infection with HIV and other STIs.
Concepts	<ul style="list-style-type: none"> blood transfusion HIV status masturbation monogamous relationship perception risk STIs zero probability
Teaching Methodologies	<ul style="list-style-type: none"> brief lectures forced choice classroom discussions simulations small-group work worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 8.6: Your risk for STIs, HIV and AIDS and pregnancy*, your learners start out working in small groups rating the riskiness of ten sexual behaviours. Your learners then participate in an interactive simulation that demonstrates the likelihood of STI or HIV acquisition and becoming pregnant if engaging in unprotected sex. Finally, your learners will indicate, anonymously, what lifestyle choice – in terms of sexual behaviours – they plan to make in the near future.

KEY POINTS

1. BOTH men and women are responsible for keeping their romantic partners and other members of our community safe from STIs, HIV and teenage pregnancy.
2. Choosing abstinence is the only sure way to avoid exposure to STI and HIV acquisition.
3. Used correctly and consistently, condoms are highly effective at preventing the spread of STIs and HIV.
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 REGULARLY.



RESOURCES/MATERIALS

- flip chart paper
- masking or painter's tape
- Koki pens (various colours)
- pencils/pens
- watch or cell phone for time-keeping
- blank index cards, or 1/2 sheets of paper, one per learner plus a few extras
- object instruction cards
- Object 1 (coin, pebble, paper clip, etc.)
- Object 2 (coin, pebble, paper clip, etc.; must be different from Object 1)
- *Reading 8.6.1: Sexual behaviours – What level of risk? (Reading 1 in your learners' books)*
- *Worksheet 8.6.2: Sexual behaviour risk counter (Worksheet 1 in your learners' books)*
- *Poster 8.6.1: Free choice voting codes*
- *Poster 8.6.2: Sexual lifestyle vote tally*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4–6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Ensure that the learners' books have the following resources:
 - a) *Reading 1: Sexual behaviours – What level of risk?*
 - b) *Worksheet 1: Sexual behaviour risk counter*

4. Prepare the following posters and display them on the board or wall:
 - a) *Poster 8.6.1: Free choice voting codes*
 - b) *Poster 8.6.2: Sexual lifestyle vote tally*
5. Write the following on an index card: “Quietly and politely refuse to shake hands with anyone. Tell them you’re sorry, but you’ve been told not to shake hands”.
6. Prepare enough of the object instruction cards for the number of learners that will receive either Object 1 or Object 2.
7. On as many cards as there are objects, write: “Hide the object. Do not tell the other learners that you have it. Do not show this card to the other learners!”
8. Take six index cards and write the following on each: “In the second round, only shake hands with one person. When a second person tries to shake hands with you, quietly and politely, refuse to shake hands with anyone. Tell them that you’re sorry- but you’ve been told not to shake hands.”



ACTIVITIES

A.1 Risk levels of different sexual activities

1. Explain to your learners that the first activity of the day is a review of sexual activities that can lead to infection.
2. Ask your learners to divide themselves into groups of four. Direct each group to *Worksheet 8.6.2: Sexual behaviour risk counter* and a copy of *Reading 8.6.1: Sexual behaviours – What level of risk?*
3. Tell your learners that a risk counter is a device that measures risk. Tell them that too much risk is dangerous; a serious health risk. Explain that they have a worksheet with a risk counter on it, but this risk counter does not measure dangerous radioactivity, it measures risky sexual activity.
4. Ask your learners to read, in their small groups, the behaviours on *Reading 8.6.1: Sexual behaviours – What level of risk?* They must read each of the behaviours one at a time and then decide, as a group, how risky each one is in terms of the likelihood that someone engaging in that activity could acquire HIV.
5. Once they have decided on the level of risk for each behaviour they should write each behaviour in the appropriate zone on *Worksheet 1: Sexual behaviour risk counter* in their workbooks.
 - a) If the behaviour is **not at all risky**, it should be written in the green zone on the risk counter.
 - b) If the behaviour has **some risk**, it should be written in the yellow zone on the risk counter.
 - c) If the behaviour is **very risky**, it should be written in the red zone of the risk counter.
 - d) Ask your learners if they have any questions about how to complete the activity. Answer these questions.

Debrief

1. After 5 minutes of working time, call the group back to order.
2. Ask your learners if there were any behaviours they had trouble categorising.
3. Discuss the correct characterisation of those behaviours.

A.2 Where do you stand on risk?

1. Tell your learners that now that they have examined the risks of sexual behaviour, it is time for them to consider what decisions they will make concerning sex and the risks those decisions entail.
2. Pass out to your learners a small index card or a 2"x2" slip of paper.
3. Show your learners *Poster 8.6.1: Free choice voting codes*. Explain to your learners that there are five lifestyle choices listed on the poster with a two-letter code for each one written in block letters. Review the poster.
4. Ask your learners to decide which lifestyle choice they want to leave today's class committed to pursuing. Ask them to write that code down on their slip of paper.
5. Emphasise that they are free to make their own choice and that they can keep their choice anonymous by covering their paper with their hand while they write the code that corresponds to their choice; then copying the code in block letters to hide their handwriting and folding their slip of paper into quarters when they are done writing, so that no one can see what they chose.
6. Ask your learners to put their folded up free choice votes into one of several ballot boxes placed around the room.

Voting and tally

1. When all your learners have completed their free choice voting, recruit two volunteers.
2. Give each volunteer a marker and direct them to *Poster 8.6.2: Sexual lifestyle vote tally*.
3. Ask each of the volunteers to take responsibility for marking votes on one half of the poster.
4. Combine all the votes into one box and quickly read each one out loud to the group while the volunteers tally the votes on *Poster 8.6.5: Sexual lifestyle vote tally*.

Debrief

1. Once all the votes are tallied, review the results with the class. If the tally indicates that many or most of your learners are choosing the safest choice – abstinence – point this out. If the tally indicates that many or most of the students are choosing the next safest choice – a monogamous relationship with condoms used every time the couple has sex – point this out.
2. If the tally indicates that many or most of your learners are undecided, or worse yet, are choosing risky lifestyles, explore this decision using the following approaches:
 - a) Strongly encourage your learners to think carefully about these positions.
 - b) Push them to think about the potential consequences of their positions on achieving their dreams and future success. Ask them to review their dreams and goals, out loud, as part of this discussion. If they express conviction that they cannot have a positive future, express your belief that they can. Furthermore, stress their personal responsibility to protect the people they care about, whether that is an immediate sexual partner or other people who might have sex with that partner and be exposed to infection through a “sexual chain”.
 - c) If your learners state that they are in a long-term monogamous relationship and therefore they do not need condoms to prevent disease acquisition, remind them that they still need to protect against teenage pregnancy.
 - d) They should also be aware that even if they are in a long-term monogamous relationship, they need to think about whether they want to be protected from disease acquisition in the event that their partner decides at some point to “stray” and have sex with someone else “on the side”. It only takes one event of cheating by a partner to acquire an infection. They should, therefore, ALWAYS use condoms.

- e) If they say that they are using another form of contraception, emphasise the increased effectiveness of using condoms at the same time.
- f) Strongly encourage them NOT to just “take someone’s word for it”, when it comes to discovering whether that person has an STI or HIV; that person may not even know they have an STI or HIV. Tell them that they must insist that both they and their partners in a sexual relationship know their status and strongly suggest that they use condoms anyway.



HOMEWORK

1. Ask your learners to draw a mind map of all key the concepts, information and ideas they remember, from the activity today.
2. Ask your learners to visit the nearest health facility to obtain brochures on HIV, AIDS and other STIs. They should choose one STI on which they will write down the following:
 - a) all the ways it can be transmitted;
 - b) whether it is a bacterial or viral infection;
 - c) the symptoms; and
 - d) the treatment or cure.



CONSOLIDATION

1. Summarise the lesson’s key points:
 - a) BOTH men and women are responsible for keeping their partners safe from STIs, HIV and teenage pregnancy.
 - b) Choosing abstinence is the only way to avoid exposure to STIs and HIV acquisition.
 - c) Using condoms correctly, every single time you have sex, is the next safest choice after abstinence.
 - d) Used correctly and consistently, condoms are highly effective at preventing the spread of STIs and HIV.
 - e) STAY FAITHFUL to one partner at a time to protect yourself, your partner.
 - f) If you are having sex, know your HIV status.
2. Explain to your learners that the next session will talk about stigma and how stigma contributes to adolescent pregnancy and HIV.



ASSESSMENT

1. Ask your learners to design a plan of action to raise awareness about risky behaviours among Grade 8 learners.
2. The plan of action must cover the different risky behaviours and how to take control of one’s life to stay healthy. The class must set up a day when they are going to put their plan into practice to tell the other Grade 8 learners about risky behaviours.

Test your knowledge

Ask your learners the following questions:

Are the statements below true or false?

1. Oral sex poses no risk for STIs.
2. When used correctly, condoms protect you from all STIs.
3. Contraceptives, like the pill, provide some protection from STIs.
4. It is up to the woman to protect the couple from STIs.
5. A man who uses a condom is weak.



RESOURCES

READING 8.6.1: SEXUAL BEHAVIOURS – WHAT LEVEL OF RISK?

- using a condom – correctly – every time a person has vaginal or anal intercourse
- masturbating by yourself
- two friends piercing each other’s ears with the same needle without changing it
- holding hands
- oral sex without a barrier
- receiving a blood transfusion
- intercourse without a condom between two people who have tested negative for HIV
- ongoing sexual relationships with more than one person, sometimes using condoms
- “French” kissing (deep kissing with tongue)
- sharing needles to inject drugs

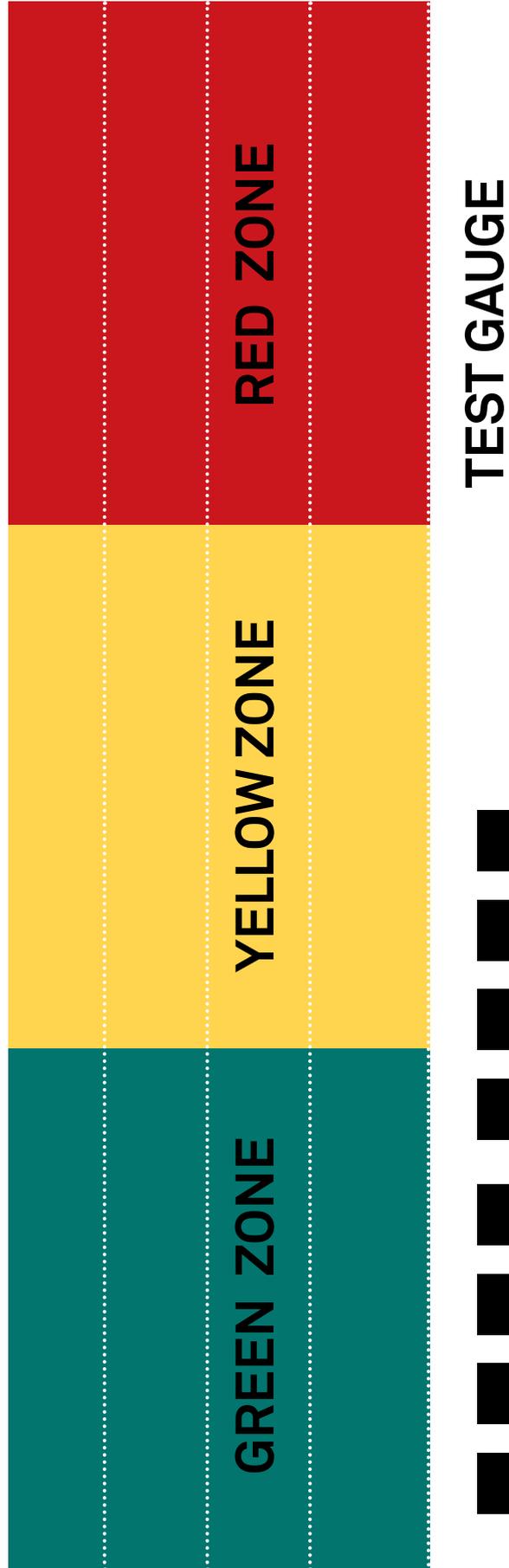
POSTER 8.6.1 FREE CHOICE VOTING CODES

Instead of codes educators may use the actual words

AB =	sexual abstinence
MC =	monogamous sexual lifestyle using condoms every time I have sex (simplify)
CN =	non-monogamous sexual lifestyle involving multiple partners but using condoms every time I have sex
MX =	monogamous sexual relationship without using condoms every time I have sex
XN =	non-monogamous sexual lifestyle involving multiple partners without using condoms every time I have sex
UD =	not yet decided what my sexual lifestyle will be going forward



WORKSHEET 8.6.2
SEXUAL BEHAVIOUR RISK COUNTER





GLOSSARY

- risk
- zero probability
- monogamous relationship
- STIs, HIV and AIDS
- masturbation
- HIV status
- perception
- blood transfusion



Lesson 8.7

HIV, AIDS and stigma

Lesson 8.7

HIV, AIDS and stigma

Grade	8
CAPS topic(s)	Development of the self in society Constitutional rights and responsibilities
CAPS subtopic(s)	Concepts: self-concept formation and self-motivation <ul style="list-style-type: none"> • Factors that influence self-concept formation and self-motivation: media, environment, friends and peers, family, culture, religion and community
Link to other subtopics in CAPS	(From topic: Constitutional rights and responsibilities) Issues relating to citizens' rights and responsibilities: <ul style="list-style-type: none"> • Respect for others' rights: people living with different disabilities and HIV and AIDS (infected and affected) (Linkage to Grade 9 CAPS)
This lesson will deal with the following:	<ul style="list-style-type: none"> • defining stigma; • explaining the negative effects of stigma on both victim and perpetrator in terms of: <ul style="list-style-type: none"> o feelings and self-esteem; and • giving examples of how stigma violates human rights and the danger thereof
Concepts	<ul style="list-style-type: none"> • victim • perpetrator • violation of human rights • self esteem
Teaching Methodologies	<ul style="list-style-type: none"> • brainstorming • competitive games • homework assignments • individual reflection • classroom discussions • simulations
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 8.7: HIV, AIDS and stigma*, your learners will participate in an experiential learning exercise about what it feels like to be a victim of stigmatisation. Your learners then critically reflect on the negative effects stigma has on a person's self-esteem and dignity. They will learn that no one is immune to stigma and the only way to stop it is to change the way we treat others and make a commitment to not tolerating stigmatising behaviour.

KEY POINTS

1. We sometimes make bad choices but we still have a right to respect and dignity.
2. Just because we make bad choices, it does not mean that we are bad people.
3. Stigma hurts both the victim and perpetrator.
4. Stigma leads to silence, which leads to worsening the situation for everybody.
5. Bad things can happen to us through no fault of our own.
6. Labelling and name-calling are very hurtful and increase stigma.
7. ***I am strong, smart and in charge of my future!*** I do not perpetuate stigma and I support those affected by HIV and AIDS.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- *Educator Resource 8.7.1: Understanding stigma*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Prepare a space in the class for the boat game, or find a place outside with enough space for your learners to play.
4. Prepare *Poster 8.7.1: Stigma is ...*, and display it on the board or wall.



ACTIVITIES

A.1 Introduction to the lesson

1. Share with your learners that today’s lesson is about stigma and how it contributes to the violation of people’s rights.
2. Write “Stigma is …” on the board. Ask your learners to complete the sentence, using examples from their own experiences.

NOTE TO THE EDUCATOR

You might need to translate the word “stigma” into the home language of your learners to make sure they understand what the term means. You can encourage your learners to give examples of stigma, rather than just a theoretical definition. For example, “stigma is when someone does not want to be your friend because you are fat”. When you have enough examples, refer to the definition for stigma that is given in the comprehensive glossary of terms on pages 4-6.

A.2 We are all in the same boat

Experiential learning exercise



1. Ask all your learners to stand up in a line facing you.
2. Select about six of your learners to serve as judges. Ask them to stand facing their peers along the line.
3. Tell your learners:
 - a) You are standing on the bank of a river.
 - b) When I say “in the river”, you should take one step forward.
 - c) However, if I say, “on the river,” you should not move.
 - d) When I say, “on the bank,” you should take one step back to your starting position on the bank.
 - e) If I say “in the bank,” you should not move.
 - f) If anyone makes a mistake, he or she will be eliminated from the game.
4. Start the game. Give the commands quickly. If anyone makes a mistake, ask that person to leave the game (ask the judges to help you with this). Play until only a few people are left in the game, then stop and debrief, while participants are still standing.

Classroom discussion

1. Lead a classroom discussion with the questions below:
 - a) Those who went out of the game – how did you feel?
 - b) Those who are still in the game – how do you feel?
 - c) Those who were in charge of seeing who made the mistake, how did you feel?
 - d) What happened when someone made a mistake?
 - e) What can we learn from the game about stigma?
 - f) What examples of stigma have you personally come across or experienced?
2. Make sure the points listed below are made during the discussion.
 - a) “We are all in the same boat.” There should be no separation between those who acquire HIV; we are all affected or people who have made a bad choices or suffered because of someone else’s behaviour
 - b) Lots of people like to laugh at and make fun of others. But one day they may also “fall into the river” and others will laugh at them.
 - c) Stigmatising others makes us feel superior to others. It makes us feel that we are right and they are wrong. Yet we are all in the same boat.
 - d) All of us are at risk, so there is no point in stigmatising or blaming those who are already infected. We could join them at any moment!
 - e) **I am strong, smart and in charge of my future!** I do not perpetuate stigma.

A.3 Stigmatising labels

Small group work

1. Divide the class into six groups and assign each group an identity (e.g. pregnant teenagers, HIV-positive people, orphans, homeless person, people who drink heavily or people with disabilities).

NOTE TO THE EDUCATOR

Choose categories according to your knowledge of the community and those that are suitable for that context. Be careful; if there are many orphans who lost their parents to HIV in your class, for example, you might want to leave out that category so as not to increase vulnerability. Tell them that these groups are fictional; you can put the category labels in a box and ask one person in each group to pull one out, so that they can see they have been randomly assigned

2. Give each group a piece of flip chart paper, a Koki pen and some sticky tape and ask them to put it on the wall.
3. Ask them to write down all the things people say about the people in their assigned group. After two minutes, shout, "Change," and ask groups to move to the next sheet of paper (due to time constraints you may only be able to call for one change).
4. After time has been called, all the groups should return to their original station.

Classroom discussion

1. Ask one person from each group to identify themselves and say: "I am a (whatever category) and this is what you say about me," and then to read out all the things written.
2. Each group representative should take a minute to do this.
3. Lead a classroom discussion using the questions listed below:
 - a) How did you feel about these names?
 - b) Why do we use such hurtful language?
 - c) What are the assumptions behind some of these labels?
 - d) What harm are we causing when we stigmatise?
 - e) How do you think stigma can contribute to teenagers having unplanned pregnancy or contracting an STI or acquiring HIV?



HOMEWORK

The consolidation activity is to be done by your learners for their homework.



CONSOLIDATION

1. Ask each learner to take out a piece of paper and write down what they think is most important thing that he/she has learnt today, and how they will apply that learning to their life, e.g. what positive behaviour change will they make? Ask three volunteers to share and then ask them all to give their papers to you so that you can assess their learning.

2. Review the key points for today's lesson:
 - a) We all take risks in life; therefore we cannot condemn others who have done so.
 - b) We sometimes make bad choices, but this does not mean that we are bad people.
 - c) Stigma hurts both the victim and the perpetrator.
 - d) Stigma leads to silence, which leads to worsening the situation for everybody.
 - e) Bad things can happen to us through no fault of our own.
 - f) Labelling and name-calling are very hurtful and increase stigma.
 - g) I am strong, smart and in charge of my future! I do not perpetuate stigma.

3. Inform your learners that in the next lesson you are going to talk about and practise effective ways to refuse unwanted sex and unprotected sex.



ASSESSMENT

1. Write an essay of one page titled, "Stigma can kill innocent people".
You may refer to newspaper articles e.g. gay women being killed due to their sexual orientation.

Test your knowledge

Ask your learners the following questions:

1. What do we mean by stigma?
2. Is stigma the same as discrimination?
3. How did stigma and discrimination against people with HIV develop?
4. What are the possible consequences of stigma related to HIV?
5. Why is it important to reduce stigma and discrimination related to HIV?



Possible answers for the “Test your knowledge” questions

1. What do we mean by stigma?

Stigma is when people attribute undesirable qualities to those who are perceived as being “shamefully different” and identifying and labelling them as deviant from the social ideal.

Stigma is an attitude that makes a person feel bad or shameful. Stigma towards someone is different from dislike.

2. Is stigma the same as discrimination?

Discrimination is an action, while stigma is an attitude. Discrimination is treating a person or group differently (usually worse) and unfairly because of who they are. Discrimination comes from stigma. Its purpose is to leave out, restrict or give preference to others based on exclusionary perceptions or structures (e.g., race, beliefs, gender).

3. How did stigma and discrimination against people with HIV develop?

Although there is no definitive answer to this question, many believe that stigma and discrimination against people with HIV are a result of ignorance about the disease and traditional and religious beliefs about sexuality, sex and sexually transmitted infections (STIs) which portray sex as sinful and STIs as punishment.

4. What are the possible consequences of stigma related to HIV and AIDS?

Stigma often leads to fear of getting tested for HIV, which worsens the problem. Stigma leads to discrimination against people with HIV in the workplace and in communities at large, which contributes to the spread of HIV. Due to stigma and HIV-related discrimination, the rights of people living with HIV and their families are often violated, simply because they are known or presumed to have HIV. The violation of rights increases the negative impact of the epidemic.

5. Why is it important to reduce stigma and discrimination related to HIV and AIDS?

Addressing the stigma and discrimination related to HIV and AIDS will help to slow the spread of HIV, as more people will get tested and inform their partners or spouses of the results. Their partners will also be more likely to get tested without fear of judgment from others. Reducing stigma and discrimination will have a positive impact on the epidemic and strengthen human rights thinking and practice and will help those affected to live with dignity, without fear of discrimination and with the support of others.



RESOURCES

EDUCATOR RESOURCE 8.7.1 UNDERSTANDING STIGMA

Stigma is a Greek word that in its origins referred to a type of marking or tattoo that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally-polluted persons. These individuals were to be avoided or shunned, particularly in public places.

Social stigmas can occur in many different forms. The most common, deals with culture, gender, race and diseases. Many people who have been stigmatised feel as though they are transformed from a whole person to a tainted one. They feel different and devalued by others.

Stigma may also be described as a label that associates a person with a set of unwanted characteristics that form a stereotype. Once people identify and label your differences, others will assume that is just how things are, and the person will remain stigmatised until the stigmatising attribute is undetected. A considerable amount of generalisation is required to create groups, meaning that you put someone in a general group regardless of how well they actually fit into that group. However, the attributes that society selects differs, according to time and place. What is considered out of place in one society could be the norm in another. When society categorises individuals into certain groups the labelled person is subjected to status loss and discrimination.

Stigma may affect the behaviour of those who are stigmatised. Those who are stereotyped often start to act in ways that their stigmatisers expect of them. It not only changes their behaviour, but it also shapes their emotions and beliefs. Members of stigmatised social groups often face prejudice that causes depression. These stigmas put a person's social identity in threatening situations, like low self-esteem.

Members of stigmatised groups start to become aware that they are not being treated the same way and know they are probably being discriminated against. Studies have shown that by the age of 10, most children are aware of the cultural stereotypes of different groups in society and children who are members of stigmatised groups are aware of cultural stereotypes at an even younger age.

Adapted from: http://en.wikipedia.org/wiki/Social_stigma



GLOSSARY

- victim
- perpetrator
- self-esteem
- violation of human rights



Lesson 8.8

The art of saying:
“No, thanks”

Lesson 8.8

The art of saying: “No, thanks”

Grade	8
CAPS topic(s)	Development of the self in society Health, social and environmental responsibilities
CAPS subtopic(s)	Informed, responsible decision-making about health and safety: HIV and AIDS <ul style="list-style-type: none"> Prevention and safety issues relating to HIV and AIDS
Link to other subtopics in CAPS	<p>Concept: self-concept formation and self-motivation</p> <ul style="list-style-type: none"> Factors that influence self-concept formation and self-motivation: media, environment, friends and peers, family, culture, religion and community Strategies and skills to extend personal potential <p>Concept: sexuality</p> <ul style="list-style-type: none"> Influence of friends and peers on one's sexuality Family and community norms that impact sexuality Cultural values that impact sexuality Social pressures, including media, that impact sexuality Problem-solving skills: identity formation and development <p>Relationships and friendships: relationships at home, school and in the community</p> <ul style="list-style-type: none"> Problem-solving skills: appropriate behaviour in a relationship Communication skills: ability to disagree in constructive ways and appropriate ways to end a relationship <p>Social factors that contribute to substance abuse including community and media</p> <ul style="list-style-type: none"> Appropriate behaviour to stop and avoid substance abuse: refusal and decision-making skills
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying strategies one can use to refuse unwanted or unprotected sex; using refusal strategies following a scripted role-play; improvising refusal strategies using an unscripted role-play; identifying challenges to using refusal strategies and ways to overcome those challenges; and identifying some of the ways that gender norms can affect a boy's or a girl's ability to refuse unwanted or unprotected sex
Teaching Methodologies	<ul style="list-style-type: none"> brief lectures classroom discussions skill demonstrations skits/dramas
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 8.8: The art of saying: No, thanks*, your learners are presented with techniques to refuse sex in general and refuse sex without using a condom specifically. A scripted role play is performed by the educator and a learner-volunteer to demonstrate the techniques.

KEY POINTS

1. No one should have sex or unprotected sex if they don't want to. **You have the RIGHT to say NO to sex in ANY situation.**
2. It is normal and perfectly okay for someone, whether they are a man or a woman, to say no to sex.
3. Use refusal techniques to say NO to unwanted sexual situations.
4. **If you do decide to have sex, you should always use a condom.** If you and your partner do not have protection, you should not have sex.



RESOURCES/MATERIALS

- flip chart paper
- masking or painter's tape
- thick markers – various colours
- pencils/pens
- watch or cell phone for time-keeping
- *Educator resource 8.8.1: Role play script – Peter and Aisha (Resource 1 in your learner's books)*
- *Educator resource 8.8.2- Activity plan from Lesson 7.7, Activity 1: Non-verbal communication*
- *Educator resource 8.8.3 - Activity plan from Lesson 7.7, Activity 3: Approaches to communication*
- *Poster 8.8.1: Techniques for Saying "No, thanks" – SOUND or walk away! (Reading 1 in your learners' books)*
- *Poster 7.7.1: Three approaches to communication from Lesson 7.7: Assertive communication (Reading 2 in your learners' books)*
- *Reading 7.7.1: Assertive, passive and aggressive communication from Lesson 7.7: Assertive communication (Reading 3 in your learners' books)*
- *Poster 7.7.2: Non-verbal communication from lesson 7.7: Assertive communication*
- *Resource 8.8.1: Learner role play script – Nadine and Zubair (Resource 2 in your learners' books)*
- *Resource 8.8.2: Learner role play script – Prince and Mbali (Resource 3 in your learners' books)*
- *Resource 8.8.3: Unscripted role play – Jana and Jordan (Resource 4 in your learners' books)*
- *Worksheet 8.8.1: Observer's checklist (Worksheet 1 in your learners' books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 8 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Prepare Poster 8.8.1: Techniques for saying "No, thanks" – SOUND or walk away! and display it on the board or wall. The content for this poster is found at the end of this lesson plan.

4. Ensure that the learners' books have the following resources:
 - a) *Resource 1: Role play script – Peter and Aisha*
 - b) *Reading 1: Techniques for saying “No, thanks” – SOUND or walk away!*
 - c) *Reading 3: Assertive, passive and aggressive communication from Lesson 7.8: Assertive communication*
2. Familiarise yourself with the demonstration role play on Educator resource 8.8.1: Role play script – Peter and Aisha. Practise the skit with a colleague or friend if need be. You should be able to play the role of Aisha without stumbling.
3. Prepare *Poster 7.7.1: Three approaches to communication* from Lesson 7.7: Assertive communication and display it on the board or wall. The content for this poster is found at the end of this lesson plan.
4. Prepare *Poster 7.7.2: Non-verbal communication* from Lesson 7.7: Assertive communication and display it on the board or wall. The content for this poster is found at the end of this lesson plan.
5. If time and scheduling allows, select a learner ahead of time to help you with the demonstration of the three approaches to communication. Choose a learner who is mature enough to handle a scripted role play with a character who is romantically interested in the character that you, the educator, will portray. It also helps if the learner you select has some acting skill, though this is less important.
6. Ask the learner to go to *Resource 1: Role play script – Peter and Aisha* in their books and to read it through a few times before the session. If time allows, practise the role play a few times with the learner. If time and scheduling do not allow for this advance preparation, a learner can be selected and quickly prepped during the session.

NOTE TO THE EDUCATOR

This lesson contains activities that review material from the Grade 7 Life Orientation curriculum. The portions of the lesson plans that cover that material are provided at the end of this lesson as separate resource sheets to help with preparation, as needed:

1. *Educator resource 8.8.2: Activity plan from Lesson 7.7: Activity 1: Non-verbal communication*
2. *Educator resource 8.8.3: Activity plan from Lesson 7.7: Activity 3: Approaches to communication*



ACTIVITIES

A.1 Review of approaches to communication and non-verbal communication

1. Explain that today they are going to learn a new communication technique called a *refusal skill* to add to the assertive communication skills they learned in previous lessons this year and in lessons from the previous year in Grade 7. Explain that refusal skills are important for being able to communicate your boundaries, specifically refusing unwanted sex or sex without a condom.
2. Explain to your learners that the first activity of the day is a review of the three communication approaches covered in Grade 7: assertive, passive and aggressive communication.
3. Remind your learners that the purpose of understanding these three communication approaches is to increase their ability to communicate clearly and to be able to interpret others' communication – including their body language – even if the other person is not a very skilled communicator.
4. Review the definitions of the three communication approaches with your learners on *Poster 7.7.1: Three approaches to communication from Lesson 7.7: Assertive communication*.
5. Review the characteristics and other details of these three communication approaches using Reading *7.7.1: Assertive, passive and aggressive communication from Lesson 7.7: Assertive communication*. Use your judgment as an educator about how to best summarise the key points, in a clear and concise manner (remember that there are only a few minutes allotted to this first activity).
6. Answer as many questions, from your learners, as time allows.

A.2 Non-verbal communication

1. Remind your learners of what they learned about non-verbal communication or “body language” in Grade 7 by reviewing *Poster 7.7.2: Non-verbal communication from Lesson 7.7: Assertive communication*. Remind your learners that in a sexual situation, if the other person's words and body language don't match up, you may not understand where the boundaries are or may decide that the person wants to be seduced or persuaded. Some people make the mistake of thinking these “mixed messages” are a valid and appropriate reason to move ahead with sex, but they are not.
2. Assert that even though a person's body language might seem to be saying “yes”, this is NOT active consent and does NOT relieve the other partner of the obligation to obtain active, explicit, verbal consent.
3. Emphasise to your learners that this means that their non-verbal communication must be CONGRUENT (or in line) with their verbal communication in order to be clear to the person they are communicating with.
4. Answer as many questions, from your learners, as time allows.

A.3 Introduction to refusal skills

1. Ask your learners for examples of refusing something they did or did not want to do, especially examples that involve peer pressure. Examples do not have to be sexual situations. They can be things like refusing a cigarette, refusing alcohol or drugs, or not letting someone copy their homework.
2. Take two brief responses. Make sure each that volunteer describes what he/she said to the person and how he/she said it when refusing.

3. Identify refusal techniques evident in learner(s) examples and compliment (deliver positive reinforcement) to your learners for using those techniques. Examples of refusal techniques that may be evident in the examples from your learners include:
 - a) saying no clearly;
 - b) asking the other person to respect a decision, a personal value, a belief or a boundary;
 - c) removing oneself from an uncomfortable situation; and
 - d) using assertive body language.

A.4 Refusal skill techniques

1. Explain to your learners that the refusal techniques evident in your learners' stories are part of a set of refusal skill techniques they are going to learn today.
2. Ask your learners to turn to *Reading 1: Techniques for saying "No, thanks" – SOUND or walk away! in their books.*
3. Present the six refusal techniques using *Poster 8.8.1: Techniques for saying "No, Thanks" – SOUND or walk away!* Show your learners how the names of the techniques, presented in the order written on the poster, create an acronym to help them remember the techniques: **SOUND or walk away!**
 - S** – Step back.
 - O** – Offer an alternative.
 - U** – Use assertive body language.
 - N** – Say "NO" and repeat it if necessary.
 - D** – Describe how being pressured is making you feel.If these techniques do not work:
WALK AWAY!

A.5 Demonstrating refusal techniques

1. Bring a pre-selected learner up to the front of the class or select a learner to help you with performing the demonstration. Ask the learner to use Resource 1: Role play script – Peter and Aisha from their book.

NOTE TO THE EDUCATOR

When choosing a learner to help you with the demonstration, choose one who is mature enough to handle a skit depicting a sexual situation. It also helps if the learner you select has some acting skill, though this is less important. The learner can be male or female as long as they understand they are playing the role of a male (Peter).

2. Give the learner who has volunteered to participate in the role play a minute or two to read over the script.
3. While this is happening, tell the group that the next steps will be showing them how to use the six **SOUND or walk away** refusal techniques; to see the techniques in use and how to practise them. Tell the group that they are going to see a skit. Explain that you are going to play the role of a young woman named Aisha, who does not want to have sex.

NOTE TO THE EDUCATOR

Even if you are a male educator, it is preferable that you play the role of Aisha in order to model the skill. An acceptable adaptation is to switch the roles of Peter and Aisha, that is, make Aisha the aggressor and Peter the person who is trying to maintain his boundaries. It is a myth to believe that men are never put in this position.

4. While the volunteer learner is reading the script for the skit, refer your learners to *Educator resource 8.8.1: Role play script – Peter and Aisha*, in their learners' books so that they can read along with the dramatisation.
5. Perform the skit demonstrating the refusal techniques with the volunteer learner.

Classroom discussion

1. After the skit, lead a quick classroom discussion with the questions below:
 - a) Which of the techniques listed on *Reading 1: Techniques for saying "No, thanks" – SOUND or walk away! did you see in the skit?*
 - b) Is there anything you would have done differently, if you were Aisha?
 - c) What did you think of Aisha's body language? What did she do well? What could she have improved?
 - d) What types of body language should one use and not use when using refusal skills? Examples may be using a strong tone of voice, facing the person directly, making eye contact, using a confident posture, etc.
2. OPTIONAL: If time allows, you may wish to run through the skit a second time with your volunteer to try to improve your depiction of the refusal skills or emphasise things that your learners did not observe the first time through.



HOMEWORK

Ask your learners to answer the questions below as a homework activity.

1. Define aggressive communication.
2. Define passive communication.
3. Define assertive communication.
4. What are two examples of body language?
5. What does SOUND stand for?
6. If SOUND does not work, what should you do?



CONSOLIDATION

1. Summarise the lesson's key points:
 - a) No one should have sex or unprotected sex if they don't want to. You have the RIGHT to say NO to sex in ANY situation.
 - b) It is normal and perfectly okay for someone, whether they are a man or a woman, to say no to sex.
 - c) Use refusal techniques to say NO to unwanted sexual situations.
 - d) If you do decide to have sex, you should always use a condom. If you and your partner do not have protection, you should not have sex.
2. Explain to your learners that during the next lesson they will have a chance to practise these skills with each other through role play.



ASSESSMENT

Use the homework questions to consolidate the concepts for this lesson plan.



RESOURCES

EDUCATOR RESOURCE 8.8.1 ROLE PLAY SCRIPT – PETER AND AISHA

Background: *Peter and Aisha are in their first year of college. They live in the same dormitory and have been dating for about a month. They have been hanging out in Aisha's room, studying.*

Aisha:

Hey, you want to go out and get something to eat?

Peter:

I think I'd rather stay here.

(Tell the audience: "Peter starts kissing Aisha." Do not actually act out the kissing!)

Aisha:

That's sweet but I really am hungry, so I don't want to do this right now. (Says no)

(Tell the audience: "Peter keeps kissing Aisha's neck while she's talking.")

Peter:

You know you want me. We can get something to eat later.

Aisha:

Peter, you know I like you, but I need to eat. Please stop pushing me to do this right now.

(Asks Peter to stop pressuring her.)

Peter:

C'mon, you know you'll like it once you get going...

(Tell the audience "Aisha stands up.")

Aisha:

I'm going to go get something to eat. Do you want to come with me?

(Makes space, offers an alternative, ready to walk away.)

Peter:

Okay, okay – let's go.

EDUCATOR RESOURCE 8.8.2

ACTIVITY FROM LESSON 7.7

Activity A1: Non-verbal communication

Definition of non-verbal communication

1. Perform a short demonstration for your learners. Perform the made-up message below, about how you feel about delivering today's lesson. When you deliver the message, use a demeanour or body language that is very flat or a little depressed; do not make eye contact. Look around at the floor instead, shuffle your papers, look at your watch or make other signs of distraction and give a big sigh at the end and say:
"Today I'm very excited to be teaching you about approaches to communication. I believe this topic is very important for you to learn, so that you can have a healthy and successful future. I want you to know that all of my focus, today, is on this topic."
End this statement with a loud sigh.
2. Change back to your normal, confident, authoritative demeanour or teaching persona.
3. Ask your learners to raise their hands to indicate their individual responses to the following:
 - a) Raise your hand if what I just said made you believe that I was excited.
 - b) Raise your hand if what I just said convinced you that I think today's topic is important.
 - c) Raise your hand if what I just said convinced you that my focus is on teaching today's topic.
4. Ask your learners that did not raise their hands to any of the statements above, why they did not believe you or were not convinced. Take a few responses from these learners.
5. Your learners' responses should indicate that your body language, attitude and demeanour did not match your words.
6. Explain to your learners that all of the non-verbal cues that we observe when someone is communicating are what we call non-verbal communication. Uncover and explain each of the elements on *Poster 7.7.2: Non-verbal communication* or ask your learners to give you examples of each, for example:
 - eye contact or engagement;
 - posture and body language;
 - gestures and movement;
 - facial expressions;
 - demeanour, mood and attitude;
 - tone of voice;
 - non-verbal expressions of emotion, e.g. sighing, crying, sweating (indicating nervousness or anxiety); and
 - closeness: the distance between the two people who are communicating.

Importance of non-verbal communication

1. Explain to your learners that research tells us that about 65% or $\frac{2}{3}$ of the meaning we take from other people's communication comes from non-verbal elements.
2. Ask your learners what they think could go wrong in a sexual/romantic situation if someone's body language or non-verbal communication does not match what they are saying. Ask them what the likelihood is that the other person will understand clearly and comply with, or listen to, their intended message.
3. End the activity by delivering the key message about non-verbal communication: matching non-verbal cues with the words you are speaking is the best way to communicate clearly and make sure the other person has a clear understanding of the message that you are giving them. This is extremely important in romantic and sexual relationships.

EDUCATOR RESOURCE 8.8.3 ACTIVITY FROM LESSON 7.7

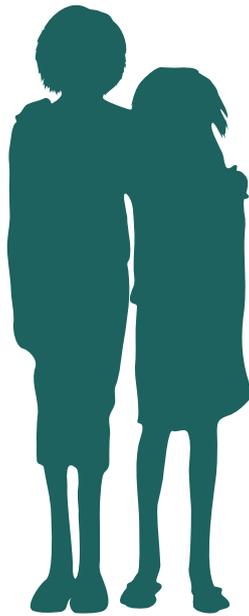
Activity A3: Approaches to communication

Defining approaches to communication

1. Explain to your learners that they will be looking at three different approaches to communicating their needs and feelings: passive, aggressive and assertive. Explain that in order to communicate clearly and to be understood by other people, in the exact way that one wants, it helps to be able to recognise and to understand the differences between these three approaches.
2. Ask your learners to turn to Reading 3: Assertive, passive and aggressive communication in the learners' books.
3. Define the terms assertive, passive, aggressive and passive-aggressive to your learners.
 - a) **When you communicate assertively:**
 - speak clearly and directly;
 - provide specific information, i.e. don't use broad generalisations like, "You ALWAYS do such-and-such...";
 - own your message by using "I-statements";
 - do not blame other people for your feelings or experiences;
 - do not try to hurt or offend the other person (though the receiver may not take it this way); and
 - acknowledge that others have different beliefs, feelings, opinions, experiences and perspectives.
 - b) **When you communicate passively:**
 - you don't express what you really feel or want; you may not say anything at all;
 - you probably look defensive, withdrawn or avoidant;
 - your non-verbal communication or body language does not line up with the words that you are speaking;
 - you are indirect;
 - you may, yourself, be unclear about what message you are trying to communicate;
 - you use words that say "yes" when your message is really "no"; and
 - you try to avoid conflict or avoid hurting the other person's feelings by not communicating the message you really want to deliver. This is driven by fear or worry about what will happen if the person you are talking to does not like what you have to say.
 - c) **When you communicate aggressively:**
 - you are hostile and forceful;
 - you are confrontational or intentionally hurtful;
 - you threaten, pressure or force another person to get your way;
 - you do not take the other person's feelings or rights into consideration;
 - you manipulate, i.e. saying or doing something to control or force the other person to doing something that you want;
 - Your verbal and non-verbal cues match up, i.e. your words AND your body language are hostile, aggressive and over-active; and
 - alternatively, your body language may be intensely defensive: arms folded, eyes glaring.
4. Ask your learners if they have any questions about the three definitions you have just given to them. Answer any questions they may have about the definitions.

Demonstrating approaches to communication

1. Demonstrate the three types of communication using the skit scenario “Loaning money to... a friend?”
2. Do not tell your learners which approach to communication you are using and feel free to mix up the order of the demonstrations.
3. Exaggerate the non-verbal cues that characterise each type of communication so that your learners see a vivid demonstration.
4. For each demonstration, ask a learner to come to the front of the room and read the part of Daniel.
5. After each demonstration, ask the participants which communication style they think that you were using and why.



Skit: Loaning money to... a friend?

Background:

Kayla and Daniel have known each other for a long time. During the last year, Kayla started to like Daniel but cannot tell if he likes her or not. He is popular with the guys but he does not say much to anyone about his interest in women. Over the past few months, Daniel has asked twice, to borrow money from Kayla. Both times he told her he would pay her back the following week and both times he referred to the fact that they have known each other for a long time as evidence that she could count on him to pay her back. He has not paid her back either time and each time he borrowed 20 Rand, so now he owes her 40 Rand, which is a lot of money for Kayla. Today, Daniel approached Kayla and after talking to her about how she is doing and her weekend plans, he asked to borrow another 20 Rand. Kayla has the 20 Rand, but she does not want to give him any more money, in fact she wants to know when he's going to pay her back for the want to because of the money he has already borrowed.

PASSIVE communication example

Stage directions

When acting out Kayla's passive response, avoid eye contact with the class, speak softly or mumble, shift your feet and hesitate or stumble over your words.

Role play

Daniel:

So Kayla, can you lend me 20 Rand - I really need the money and I promise I'll pay you back."

Kayla:

Ummm...uhhh... I might be able to lend it to you, I guess. I don't have it... I might be able to borrow it from my sister, if you really need it. I'd have to walk all the way home and ask her... She might not be home yet, I don't know...

AGGRESSIVE communication example

Stage Directions

When acting out Kayla's aggressive response, enter the "space bubble" of your group of learners, glare at them as if they were Daniel, gesticulate aggressively with your arms or hands and raise your voice as loud as you can within the boundaries of what is appropriate to your learning environment or school setting.

Daniel:

So Kayla, can you lend me 20 Rand - I'm really in a bind and I promise I'll pay you back.

Kayla:

WHAT? Did I hear you right? I can't believe you're even asking me this! Tell me that you did NOT just ask me to borrow 20 Rand. You are the biggest, BIGGEST jerk I've ever met. Don't you EVER talk to me again unless it's to tell me you've got the 40 Rand you already owe me. LOSER!

ASSERTIVE communication example

Stage Directions

When acting out Kayla's assertive response, demonstrate excellent verbal and non-verbal communication. Use a warm but firm tone, speak clearly and in a friendly manner and do not hesitate. Make eye contact with the group of your learners as if they were Daniel. If you modify the script make sure you do NOT make "I statements" into something else.

Daniel:

So Kayla, can you lend me 20 Rand - I'm really in a bind and I promise I'll pay you back.

Kayla:

Daniel, I'm really sorry but I don't feel comfortable loaning you more money when I haven't gotten paid back the loans I've already made to you. I don't have that much extra money and, to be honest, I'm worried that you won't be able to pay me back. I think you're a great guy and I don't want money to change how I think of you. I hope you feel that way too. I don't want this conversation to make things weird between us.

Discussing and clarifying approaches to communication

1. After demonstrating the three communication styles, lead classroom discussion using the questions below as a guide.
 - a) What do you think would happen next in the skit where Kayla used passive communication?
 - b) When Kayla used the passive approach, how would you expect her to feel later?
 - c) When Kayla used an aggressive communication style, what probably would have happened next?
 - d) When Kayla chose an aggressive communication style, how would you expect her to feel later?
 - e) Can we always be certain that the person we are talking to will respond positively to assertive communication? Why not?
 - f) Which one of the three approaches to communication do you think was most effective? Why?
 - g) Which of these three approaches will lead to a more respectful relationship?
2. Answer any questions that your learners have regarding the three communication styles.

POSTER 8.8.1
TECHNIQUES FOR SAYING “NO, THANKS” – SOUND OR WALK AWAY!

- **Step back**
- **Offer an alternative**
- **Use assertive body language**
- **NO: Say it and repeat it if necessary**
- **Describe how the pressuring is making you feel**
- **Or, if none of that works:**
- **Walk away!**



POSTER 7.7.1 THREE APPROACHES TO COMMUNICATION

Passive:

Not expressing what you really think, feel, want or need.

Aggressive:

Expressing yourself in a hostile manner without consideration for the other person's feelings.

Assertive:

Expressing yourself in a direct, honest, confident, and respectful way; taking ownership of your messages.



POSTER 7.7.2 NON-VERBAL COMMUNICATION

- eye contact or engagement
- posture and body language
- gestures and movement
- facial expressions
- demeanour, mood and attitude
- tone of voice
- non-verbal expressions of emotion, e.g. sighing, crying, sweating (indicating nervousness or anxiety)
- closeness: the distance between the two people who are communicating.



READING 7.7.1

ASSERTIVE, PASSIVE AND AGGRESSIVE COMMUNICATION

1. When you communicate assertively:
 - a) speak clearly and directly;
 - b) provide specific information, i.e. don't use broad generalisations like, "You ALWAYS do such-and-such...";
 - c) own your message by using "I-statements";
 - d) do not blame other people for your feelings or experiences;
 - e) do not try to hurt or offend the other person (though the receiver may not take it this way); and
 - f) acknowledge that others have different beliefs, feelings, opinions, experiences and perspectives.

2. When you communicate passively:
 - a) you don't express what you really feel or want; you may not say anything at all;
 - b) you probably look defensive, withdrawn or avoidant;
 - c) your non-verbal communication or body language does not line up with the words that you are speaking;
 - d) you are indirect;
 - e) you may, yourself, be unclear about what message you are trying to communicate;
 - f) you use words that say "yes" when your message is really "no"; and
 - g) you try to avoid conflict or avoid hurting the other person's feelings by not communicating the message you really want to deliver. This is driven by fear or worry about what will happen if the person you are talking to does not like what you have to say.

3. When you communicate aggressively:
 - a) you are hostile and forceful;
 - b) you are confrontational or intentionally hurtful;
 - c) you threaten, pressure or force another person to get your way;
 - d) you do not take the other person's feelings or rights into consideration;
 - e) you manipulate, i.e. saying or doing something to control or force the other person to do something that you want;
 - f) Your verbal and non-verbal cues match up, i.e. your words AND your body language are hostile, aggressive and over-active; and
 - g) alternatively, your body language may be intensely defensive: arms folded, eyes glaring.

4. Passive-aggressive communication combines these two approaches.

When someone is communicating using a passive-aggressive approach, she/he gives "mixed messages"; that is, appearing to agree with what the other person wants while also showing signs of hostility, resistance or resentment.

RESOURCE 8.8.1 LEARNER ROLE PLAY SCRIPT – NADINE AND ZUBAIR

Background

Nadine and Zubair are both in Grade 12 in high school. They have been friends for years but lately they have been flirting with each other quite a bit. One Saturday night they are hanging out at Nadine's house. What starts as flirting, turns into kissing.

Nadine:

This feels so good. I don't know why we didn't do this before – Zubair – I want you to be my first.

Zubair:

I'm into you too, but I don't have a condom with me.

Nadine:

You don't have to worry. I'm taking the pill.

Zubair:

I don't want to have sex without a condom. It's not safe. *(Says no)*

Nadine:

Nothing is going to happen. You've known me, like, forever. You know I don't have diseases.

Zubair:

Nadine, you're totally hot, but this arguing over the condom, it's ruining the mood. *(Asks Nadine to stop pressuring him and tells her how the pressuring is making him feel)*

Nadine:

I'll get you back in the mood.

(Tell the audience: "Nadine starts to undress Zubair").

Zubair:

(Tell the audience: "Zubair stands up.")

Nadine, this has to stop. I'm not doing this without a condom. Can we just watch TV so I can cool down?
(Makes space, says no again and offers an alternative)

Nadine:

What's wrong with you? I thought you were into this?

Zubair:

(Tell the audience: "Zubair stays standing.")

Nothing is wrong with me; I'm looking out for us. I think I'd better go home. *(Walks away)*

RESOURCE 8.8.2

LEARNER ROLE PLAY SCRIPT – PRINCE AND MBALI

Background

Prince and Mbali have gone out a few times before and now they are at a party. A lot of kids are drinking or smoking dagga and some couples are leaving the main party; perhaps to have sex in other rooms. Mbali does not want to leave the party and she does not want to have sex.

Prince:

It's too loud in here with all these people; let's go somewhere else where we can talk.

Mbali:

I'm hot. A few minutes outside might be nice but then I want to come back in and dance some more.
(Tell the audience: "Mbali and Prince go outside.")

Prince:

I'm glad you came out here; 'cause you knew... I want to get with you.

Mbali:

I wanted to come out here and get some fresh air, but after we've cooled off, I want to go back to the party; not have sex. *(Says no)*

Prince:

Girl, I've been waiting all night to be alone with you. Don't ruin it!

Mbali:

Prince, don't put this on me. You said you wanted to take me to this party and I don't like that you're turning it into some kind of a guilt trip.
(Asks Prince to stop pressuring her and tells him how the pressuring is making her feel)

Prince:

I got you into this party- I could've taken any girl – can't you show me a little appreciation?

Mbali:

(Tell the audience: "Mbali goes to the door and holds it open for Prince.")
I appreciate it, but I'm not going to "get with you". But if you really like me you can take me back to the party.

(Makes space, says no again, and offers an alternative.)

RESOURCE 8.8.3 UNSCRIPTED ROLE PLAY – JANA AND JORDAN

Background

Jana and Jordan – both sixteen years old - have been dating for about four months. They really like each other and they really like kissing, but neither one is really ready to have oral sex or sexual intercourse.

Jordan: Hey, I can tell you really like me, and I really like you. I think we're ready to take our relationship to the next level... sexually, I mean.

Jana: (Step back and say NO, assertively)

Jordan: But don't you care about me? Didn't you say the other day that you thought you were in love with me? People who are in love have sex.

Jana: (Ask Jordan to stop pressuring you and tell him how the pressuring makes you feel)

Jordan: I don't get it. If you loved me, you'd have sex with me.

Jana: (Make space; offer an alternative)

Jordan: (Improvise a piece of dialogue to pressure Jana)

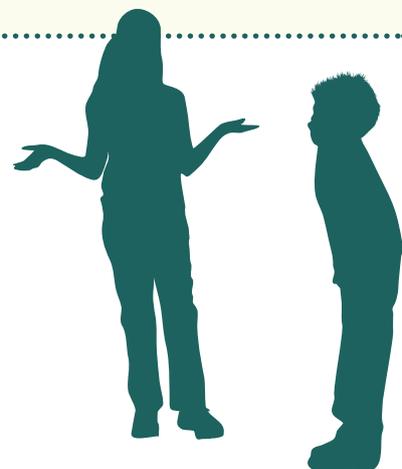
Jana: (Say NO again – assertively – and get out of the situation)

WORKSHEET 8.8.1 OBSERVER'S CHECKLIST

Instructions

1. Watch the role play skit.
2. As you watch, put a check in the box next to any refusal techniques you see being used.
3. For each box you check, write a brief note about what you saw that made you think a refusal technique was used.
4. If none of the characters in the role play use a particular technique, do not check it off.
5. When the role play is over, report what you observed.

Role play #1	Role play #2
stated, "No."	used assertive body language
described (respectfully) how the pressuring is making her/him feel	offered an alternative
made space by "stepping back"	described (respectfully) how the pressuring is making her/him feel
offered an alternative	made space by "stepping back"
walked away	stated, "No."
used assertive body language	walked away





ANNEXURES

ANNEXURE A ADDITIONAL BACKGROUND READING AND CONTEXT

HIV and AIDS in South Africa

The generalised HIV epidemic in South Africa is characterised by significant geographic and population heterogeneity. Preliminary results of the recently completed, population-based *South African National HIV Prevalence, Incidence and Behaviour Survey, 2012*, indicate that South Africa has about 6.4 million people living with HIV (PLHIV). The survey found average HIV prevalence across all age groups to be 12.3%, up from 10.6% in 2008. KwaZulu-Natal had the highest HIV prevalence at 27.6%, and Western Cape the lowest, at 9.2 %¹. Earlier surveys indicate about half of all PLHIV in South Africa live in just two of nine provinces, Gauteng and KwaZulu-Natal.

Similar to other generalised HIV epidemics, South Africa's epidemic is largely, though not entirely, driven by sexual transmission. A number of underlying individual behavioural, social, and structural factors underpin the severe HIV epidemic in South Africa. These include: low rates of male circumcision; lack of knowledge of HIV status; inconsistent and non-use of condoms; intergenerational and transactional sex; multiple and concurrent sexual partnerships; alcohol and drug abuse, and harmful gender and social norms. Internal and external migration and economic inequality together with incomplete education also fuel HIV transmission. Low marriage rates and later age at marriage, among those who eventually marry, are additional structural factors contributing to high HIV risk.

Young people and HIV

Young people in South Africa, especially young women, are at high risk of HIV acquisition. In the 2012 national survey, HIV prevalence rose from 3.1% among girls under age 14, to 5.2% among adolescent girls age 15-19, and then jumped sharply to 17.9% in young adult women aged 20-24². HIV rates continued to increase steeply until they peaked at 36.7% among women aged 30-34. HIV prevalence among young males is much lower than for their female peers: 2.2% for boys under age 14, 1.2% for boys aged 15-19, and 5.6% for young men aged 20-24³.

Some experts believe that incidence rises sharply after girls leave school owing to their lack of economic opportunities and reliance on transactional sex for financial support. Most young women initiate childbearing soon after they leave school, and some data suggest that pregnancy may be a co-factor for HIV acquisition. Nonetheless, the 2012 national survey found some positive trends in HIV among young people. HIV prevalence among 15 to 24-year-olds decreased from 8.7% in 2008 to 7.3% in 2012. The proportion of young people aged 15-24 who reported sex before the age of 15 declined, with the decline especially marked among young females. However, condom use, which increased among all segments of the population in previous surveys in 2002, 2005 and 2008, declined in almost all age groups including young males and females in 2012⁴. The proportion of young people engaging in multiple sexual partnerships also continued a steady upward trend from previous surveys.

A significant minority of young people who are either perinatally or behaviourally infected are living with HIV. For these young people, stigma, however it is felt or experienced, is still a reality and can make them feel isolated, both at school and in the community. Evidence suggests that stigma and discrimination in schools

1 South African National HIV Prevalence, Incidence and Behaviour Survey 2012. Presentation delivered at the 6th SA AIDS Conference, Durban ICC, 19th June 2013.

2 Ibid

3 Studies in Family Planning, 2008 - Pregnancy related school dropout and prior school performance in KwaZulu Natal South Africa

4 HIV/AIDS-related stigma and discrimination Module 4 R. Smart

may contribute to dropout rate among infected and affected learners.

Overall, however, infection rates are still relatively low among school-age adolescents. These youth represent a “window of hope” for the future. If they can gain the knowledge and skills necessary to make healthy choices about their sexual behaviour as they transition to young adulthood, the potentially devastating effects of the epidemic could be attenuated. Additionally, it is important to identify both perinatally and behaviourally infected young people through schools. Linking these youth to HIV testing and counselling with onward linkages to care, treatment and positive prevention can help reduce HIV transmission as they initiate sexual activity.

The education sector and HIV

South Africa has roughly 12.4 million children in 25,850 public primary and secondary schools in 9 provinces⁵. The education system is characterised by high levels of participation and completion compared to other countries in sub-Saharan Africa. The education system has equal female to male participation in primary and secondary education⁶. Thus, schools provide a platform for reaching the majority of both female and male youth with comprehensive sexuality and HIV prevention education.

As the HIV epidemic continues to mature, a growing number of learners are HIV-infected. Strong school-based programmes are needed to address both the needs of children and adolescents who are infected and/or are on treatment and care, and the need for primary prevention for the vast majority of uninfected learners. To meet the needs of all school-going children, the National Department of Basic Education (DBE) has developed an Integrated Strategy on HIV, STIs and TB, 2012–2016 to respond to the National Strategic Plan (NSP). The DBE strategy was approved by the Council of Education Ministers in November 2012. The strategy aims to achieve the following outcomes:

- increased HIV, STI and TB knowledge and skills among learners, educators and officials;
- decreased risky sexual behaviour among learners, educators and officials;
- decreased barriers to retention in schools, in particular for vulnerable learners ; and
- improved links to sexual reproductive health/family planning and HIV services and other relevant government departments.

The DBE utilises the newly approved strategy to inform and guide life skills programme implementation to improve the quality of the current programmes and introduce formally assessed targeted, age-appropriate, gender-sensitive, and culturally competent comprehensive sexuality and HIV prevention activities within the education system.

The Curriculum and Assessment Policy Statement for Life Orientation

The history, the related reviews and evaluations of the life skills programme are documented in the DBE Integrated Strategy on HIV, STIs and TB 2012 – 2016. The life skills programme has evolved with the overall DBE curriculum changes over the years and it is currently included in the Curriculum and Assessment Policy Statements (CAPS). According to the DBE National Curriculum Statement (NCS), CAPS for the Senior Phase – Grades 7, 8 and 9, Life Orientation is central to the holistic development of learners. It addresses skills, knowledge and values for the personal, social, intellectual, emotional and physical growth of learners. Life Orientation guides and prepares learners for life and its possibilities and equips them for meaningful and successful living in a rapidly changing and transforming society. Learners are guided to develop their full potential and to make informed choices regarding personal and environmental health, study opportunities and future careers. Life Orientation also helps learners to develop beneficial social interactions, and promotes lifelong participation in recreational and physical activity. The health, social and environmental

5 Education Realities 2012, Department of Basic Education.

6 Trends in Education Macro-Indicators: South Africa, Department of Education.

responsibility life skills component is the area under which HIV programmes are mainly covered⁷.

Teenage pregnancy

Data sets indicate that childbearing in South Africa begins early. The mean age at first sex in South Africa amongst young people aged 16 – 24 in 2012 was 16.9 years. Adolescent girls aged 15-19 accounted for roughly one in five of all pregnant women tested for the 2011 antenatal sentinel survey. Other data sources indicate that approximately 94,000 schoolgirls became pregnant in 2011, with about 77,000 having had abortions performed at public facilities. According to the DBE’s 2009/2010 Annual Survey for Ordinary Schools, KwaZulu-Natal and Limpopo account for about half of the total of 45,276 learners reported as pregnant in 2009⁸. In the 2011 General Household Survey, about 4.5% of all females in the age group 13–19 years were reported to be pregnant during the reference period. High levels of teenage pregnancy demonstrate that young girls are engaging in unprotected sex. Provincial education departments have started profiling schools and districts with high levels of teenage pregnancy and are developing interventions to address this issue.

The vast majority of pregnant adolescents are neither married nor in stable relationships. Many teenage girls have sex with older, sexually-experienced men who are more likely to be HIV-positive. Girls may also be less empowered to use condoms with older men, thereby increasing their risk of HIV acquisition. Once pregnant, teenage girls may be forced to drop out of school and may face motherhood unprepared, at an early age. Young women who struggle to meet immediate material needs, may engage in multiple and concurrent transactional partners and other risky behaviours⁹. In addition to contributing to school drop-out, teenage pregnancy presents immediate health challenges such as higher maternal mortality among younger adolescents. Conversely, while HIV has lifelong health, financial and social implications it is often felt less “urgently” as an issue by many adolescents. Both HIV, sexual and reproductive health, are critical to well-being and development and must be addressed simultaneously and in an integrated manner.

Sexual and gender-based violence

The official South African 2011/2012 statistics report a total of 64,514 cases of sexual offences. Children (under 18 years) represented 40% of all cases; adult women 49%; and adult men 11%. The statistics are high especially since it is likely that not all sexual offences are reported. Moreover, gender-based violence (GBV) prevalence surveys based on ANC data capture only those who attend clinics, and exclude girls who hide their pregnancies and give birth at home.

Sexual abuse of boys is not a new phenomenon. Yet, globally very little is known about the nature and extent of sexual violence against boys¹⁰. While scant, South African research has shown that sexual abuse of boys by men has serious health consequences, such as an increased risk of acquiring HIV and mental health problems, including alcohol abuse¹¹. A survey with students in the Northern Province estimate that 8.8% of males experienced sexual abuse¹². Similarly a general population survey with men in KwaZulu-Natal

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7 Curriculum and Assessment Policy Statements – Grades 7-9 Life Orientation

8 Department of Basic Education 2009/2010 Annual Survey for Ordinary Schools.

9 Young People Most at Risk of HIV: A Meeting Report and Discussion Paper from the Interagency Youth Working Group, U.S. Agency for International Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team on HIV and Young People, and FHI. Research Triangle Park, NC: FHI, 2010.

10 Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, S. (2009). Children’s exposure to violence: A comprehensive national survey. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

11 <http://www.mrc.ac.za/crime/Chapter7.pdf>, retrieved May 2016

12 Madu, S.N. (2001). *Childhood forcible sexual abuse and victim-perpetrator relationship among a sample of secondary school students in the Northern Province (South Africa).*

and Eastern Cape estimate that nearly 10% of men have been forced into sex¹³. One of the few qualitative studies, conducted in the rural Eastern Cape expanded understanding of the sexual abuse of young boys within a rural context¹⁴. The lack of adult supervision while tending to duties such as herding of livestock, places boys in remote settings, increasing the risk for young boys to be physically bullied and forced into sex. Importantly this study highlighted the context of sexual coercion by women, is markedly different. Such acts often occur in the safety of the boy's home and female perpetrators were commonly older lodgers, domestic helpers and family friends who subjected boys to unwanted touching or exposed themselves, culminating in persuasion to have sex¹⁵. The majority of such acts of abuse by men and women were not disclosed to families or friends or reported to the police¹⁶. Given the high rates of nondisclosure it is anticipated that rates of sexual assault of boys is likely to be much higher than estimated. The HIV acquisition risk for children who have experienced sexual violence is also largely unknown, because poor reporting, stigma and poverty can result in failure to provide related testing, care and support.

SGBV is still one of the key structural drivers of the HIV epidemic in South Africa. Significant gender inequalities inter-linked with traditional and cultural beliefs still impede efficient and effective integration of intervention strategies to address sexual and gender based violence. When young women are involved in relationships involving gender imbalances in power, in which men decide the conditions under which sex occurs, coerced or forced sex is often the result.

According to UNICEF, "offering girls basic education is one sure way of giving them much greater power – of enabling them to make genuine choices over the kinds of lives they wish to lead"¹⁷. Globally, key strategies to improve girls' access to education include involving parents and communities, minimising the costs to families of girls' education, and maintaining flexible school hours. Girls also do better in school when they are prepared through early childhood education. Finally, learning materials should be relevant to the girl's background, be in the local language, and avoid reproducing gender stereotypes. It is critical to identify and support strategies that address girls' needs that are most relevant to the South African context.

Poverty

In the 2011 academic year, 60% of public school learners were in no-fee schools; these are schools declared poor, located in poverty-stricken areas, and learners are exempt from paying school fees. The "No-Fee Schools" are part of the DBE policy aimed at improving education access for poor learners. Most of these schools do not provide adequate life skills programmes, and lack relevant sexuality, HIV prevention, or peer education activities. Due to the schools' locations in remote, rural and poverty stricken areas, educators lack resources and training to offer quality life skills and comprehensive sexuality and HIV prevention education programmes. In consideration of all the above challenges, adequately addressing the needs of South Africa's learners calls for a well-tailored and targeted, systemic approach to addressing comprehensive sexuality and HIV prevention education at school level. These SLPs shall assist in meeting the need for standardised, high quality lesson plans and strengthened systems to support the implementation of comprehensive sexuality and HIV prevention education as a central component of the DBE's life skills programme.

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13 Jewkes, R., Sikweyiya, Y., Morrell, R., & Dunkle, K. (2009) *Understanding men's health and use of violence: Interface of rape and HIV in South Africa*. Technical Report. Pretoria: Medical Research Council

14 Ibid

15 Ibid

16 Ibid

17 <http://www.unicef.org/sowc96/ngirls.htm>, retrieved January 2016

Institutionalisation of comprehensive sexuality education on a sustained basis is a key contributor to social change by influencing social and gender norms, which may ultimately benefit not only population-level public health indicators, but crucially the well-being and development of adolescents.

Scripted lesson plans (SLPs) have been prepared for educators to facilitate their teaching of content specifically related to comprehensive sexuality education (CSE) in CAPS.

ANNEXURE B GRADES 7, 8 AND 9 SCRIPTED LESSON PLANS AT A GLANCE

NOTE TO THE EDUCATOR

Below is a breakdown of the Grade 7, 8 and 9 Scripted Lesson Plans at a glance. This will give you the “big picture” of all the CAPS topics covered and the progression across the Senior Phase.

Grade 7	Grade 8	Grade 9
7.1 Setting goals and reaching your potential	8.1 Setting goals and reaching your potential	9.1 Setting goals and reaching your potential
7.2 Appreciation and acceptance of self and others	8.2 (A) and (B) Healthy and unhealthy messages about our gender	9.2 Safer sex: Hormonal contraception
7.3 Is there a difference between gender and sex?	8.3 Making healthy sexual choices and knowing your limits	9.3 Safer sex using condoms
7.4 Understanding puberty – physical, social and emotional changes	8.4 Sexuality is more than sex	9.4 Barriers to condom use
7.5 Healthy and unhealthy relationships	8.5 What young adults need to know about STIs and HIV	9.5 One partner at a time
7.6 Making decisions about sex	8.6 Your risk for STIs, HIV and AIDS and pregnancy	9.6 Using sexual and reproductive health resources in the community
7.7 Assertive communication	8.7 HIV, AIDS and stigma	9.7 Are you ready for parenthood?
7.8 Revisiting your goals and moving forward	8.8 The art of saying “No, thanks.”	9.8 Sexual consent
		9.9 Power and control in relationships
		9.10 Condoms: Being assertive and staying protected
		9.11 Consolidating intentions for Grade 9

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