Sexuality Education in Life Orientation

Scripted Lesson Plans

Grade 9 Educator Guide

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Department:
Basic Education
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Life Orientation

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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.

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

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Department of Basic Education, Pretoria. 2016. The Educator Guide on Comprehensive Sexuality Education, aligned to the Curriculum Assessment and Policy Statement (CAPS) – Educator Guide.

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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

Abstain: to consciously avoid doing something; See *abstinence*

Abstinence: a conscious decision to avoid certain sexual activities or behaviours

Affected: a situation when something impacts you and has resulted in some emotional or other change in your life

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*

Alcohol: colourless unstable flammable liquid which is the intoxicating agent in fermented and distilled liquors

Ambiguous: a word, phrase, or sentence is ambiguous if it has more than one meaning

Ambiguous communication: communication where the meaning is unclear to the receiver of the message

Assertive: having or showing a confident, assured, bold and decisive personality

Assertiveness: presenting what you have to say in a clear, confident way without denying the rights of others

Barriers: something that obstructs or impedes

Birth control method: see *contraception*

Brainstorming: thinking of as many ideas as possible without judging whether they will work or not

Clinic: a place or hospital department where outpatients are given medical treatment or advice

Coerce: to persuade an unwilling person to do something by using force or threats

Communication: sending or receiving information by speaking, writing, or using some other means

Community: a group of people living in the same place or having a particular characteristic, values, cultures or interests in common

Community norms: behaviours and cues within a society or group; These are the rules that a group uses for appropriate and inappropriate values, beliefs, attitude and behaviours

Concurrent sexual partners: having multiple sexual relationships during the same period of time

Condom: a flexible sheath, usually made of thin rubber or latex, designed to cover the penis or vagina during sexual intercourse for contraceptive purposes or as a means of preventing sexually transmitted diseases pregnancy

Confident: being sure of oneself or one's abilities or qualities

Confidentiality: set of rules or a promise that limits access or places restriction on the disclosure of information

Consequences: "results" or "conclusions" that follow and are a result of a previous action

Contraception: the use of artificial methods or other techniques to prevent pregnancy

Contraceptive methods: fertility control methods or devices used to prevent pregnancy

Contraceptives: the use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse

Contract: a legally binding agreement

Culture: the behaviour, beliefs, customs, languages and the way of life of a group of people that is passed from one generation to another

Decision: a choice made between alternative courses of action in any situation

Diminish: to make or to cause to seem smaller or less

Drug: medicine or chemical substance which has a physiological effect when digested or other otherwise introduced into the body

Education: The process of giving or receiving instruction in a subject or subjects with specific information or knowledge, especially at a school or university

Effectiveness: degree to which something is successful in producing a desired result

Ejaculation: the action of releasing or ejecting sperm and semen from the man's penis during orgasm

Emergency contraception: also called the "morning-after pill", this is a birth control method that can be used to prevent pregnancy in the first few days after unprotected vaginal sexual intercourse; It is intended for emergency use following unprotected intercourse, contraceptive failure or misuse (such as forgotten pills or torn condoms), rape or coerced sex

Emotional changes: during and around puberty there are also emotional changes that are experienced by boys and girls such as increased sensitivity, unpredictable moods, intense feelings and feeling self-conscious; Each boy or girl will undergo unique emotional changes

Erection: an enlarged and rigid state of the penis, typically in sexual excitement

Faithful: remaining loyal and steadfast

Family: a group of people who are related to one another, usually consisting of parents and children; A family may also consist of people who are not related but provide care and support for one another

Finance: your finances are how much money you have or get and how well you spend it or save it

Force-field analysis: a useful decision-making technique which helps you to make a decision by analysing the factors for and against a change

Gender norms: gender norms define what society considers male and female behaviour

Health worker: health professional who works in a hospital or health centre

HIV: HIV refers to the virus; HIV means Human Immunodeficiency Virus; H stands for "human"; I stands for "immunodeficiency" – HIV weakens the immune system by destroying important cells that fight disease and infection; V stands for "virus" – a virus can only reproduce itself by taking over a cell in the body of its host

Hormonal contraception: the use of pills and injections to prevent ovulation, and therefore pregnancy

Inequality: the condition of being unequal

Inequitable: not fair; unjust

Infect: contaminate with a disease-causing organism

Infected: contaminated with a disease-causing organism

Infection: the process of infecting or the state of being infected by micro-organisms such as bacteria, viruses, and parasites those are not normally present in the body

IUD: refers to *intrauterine contraceptive devices* that are inserted into the uterus, where they remain for one to ten years; An IUD prevents the fertilised egg from implanting in the lining of the uterus and thus prevents pregnancy

Latex: an artificial rubber-like substance

Legal responsibility: the legal obligation or duties imposed upon persons to care or provide for others, such as parents' duty to the child

Lubricant: an oily or slippery substance; A vaginal lubricant may be helpful for women who feel pain during intercourse because of vaginal dryness

Media: communication channels through which news, entertainment, education, data, or promotional messages are disseminated

Monogamy: engaging in a sexual relationship with only one person and, that both of you are having sex only with each other

Mutual monogamy: agreeing to be sexually active with only one person, who has agreed to be sexually active only with you

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

Ovary: a female reproductive organ in which ova or eggs are produced; The ovaries are located in the pelvis, one on each side of the uterus; They are the main source of female hormones, which control the development of female body characteristics, such as the breasts, body hair, etc; They also regulate the menstrual cycle and pregnancy

Parenthood: the state of being a parent and the responsibilities involved

Peer: an individual who belongs to the same social group as others and has similar characteristics to the social group

Penis: a genital organ of the male reproductive system used for urination and sex

Physical changes: physical changes start from about 9 or 13 years, around puberty and include: breast development; changes in body shape and height; growth of pubic, facial and body hair; the start of periods (menstruation); growth of the penis and testicles; erections with ejaculation and changes to the voice

Polygamy: the practice or custom of having more than one wife or husband at the same time

Positive attitude: an optimistic and positive approach to life

Power: the ability to do something and influence the behaviour of others or the course of events.

Pregnancy: the period or condition in which a woman carries a developing embryo and foetus in her womb

Pressure line: pressure applied from outside

Prevention: the action of stopping something from happening or arising

Professional nurse: health care professional that practises in a wide diversity of practice areas with a different scope of practice and level of prescriber authority in each area

Protective factors: conditions or attributes (skills, strengths, resources or coping strategies) in individuals or communities that help people deal more effectively with stressful events by lessening or removing risk

Rape: sexual assault involving sexual intercourse or other forms of penetration against an individual without the consent of that individual

Relationship: the way in which two or more people or things are connected

Risk factor: a thing or a behaviour that increases your chance of something bad happening.

Romantic relationship: a relationship characterised by love, passion and joy

Safe sex: sexual activity in which people take precautions to protect themselves against sexually transmitted diseases such as HIV

School: a place where people, usually children, go to learn or receive an education in something

Serial monogamy: succession of short monogamous relationships

Setting boundaries: 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

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 consent: all parties want, and freely choose to engage in, sexual activity; When someone freely chooses to engage in sexual activity they have "consented" or have "given consent"

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 limits: sexual behaviours that are acceptable or unacceptable to an individual

Sexual partners: refers to the people an individual engages in sexual activity with

Slogan: a short, striking or memorable phrase used in advertising

SMART goals: an acronym for "specific, measurable, action-oriented, realistic and time-bound" goals

Social circle: group of socially interconnected people

Social life: the time spent doing enjoyable things with friends

Sperm: the male reproductive cell responsible for sexual reproduction

Statutory rape: sexual intercourse with a minor

STI: 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

Strategies: a plan of action designed to achieve a long-term or overall aim

Techniques: a method of carrying out a particular task, especially in a systematic way

Teenage pregnancy: when a teenage girl is pregnant. See *pregnancy* and *teenagers*

Teenagers: persons aged from thirteen to nineteen years

Treatment: medical care given to a patient for an illness or injury

Uterus: a hollow, pear-shaped organ located in a woman's lower abdomen for containing and usually for nourishing the foetus during development prior to birth

Vagina: the passage leading from the external genitals (vulva) to the cervix of the uterus (womb) in women

Vasectomy: a medical procedure performed on males in which the tube that carries sperm from the testicles to seminal vesicles is cut, tied or otherwise interrupted; This means that the semen no longer contains sperm after the tubes are cut, thus fertilisation cannot occur

Verbal communication: the sharing of information between individuals using the spoken language

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 me[1]

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

TABLE OF CONTENTS

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 positive.[2]

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,

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

and to provide learners with as much support as they need to do so.
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 9. 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 E DUCATOR

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	• 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	• 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?	• 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	• 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	• 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
			• describing how unhealthy gender messages play a role in promoting unhealthy behaviours and abuse within relationships;	**1 hr.**	**1**
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	• 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	**1hr**	**1**
Development of the self in society	Peer pressure	7.7 Assertive communication	• 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	• 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	• 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 making 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	• 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
			• 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		
Development of the self in society	Concept: Sexuality	8.3 Making healthy sexual choices and knowing your limits	• 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**	**3**
Development of the self in society Health, social and environmental responsibility	Concept: Sexuality Decision-making about health and safety: HIV and AIDS	8.4 Sexuality is more than sex	• 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**	**1**
Development of the self in society Health, social and environmental responsibility	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	• 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
			• explaining the transmission of HIV; and discussing ways to prevent STIs.		
Development of the self in society Health, social and environmental responsibility	Concept: Sexuality	8.6 Your risk for STIs, HIV and AIDS and pregnancy	• 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	• defining stigma; • explaining the negative effects of stigma on both victim and perpetrator in terms of: - 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"	• 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	• 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	• identifying the different forms of hormonal contraception; • identifying the forms of hormonal contraception publically 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
			• describing the role that men can play in using hormonal contraception; and • discussing risk factors that increase the chance of developing a problem.		
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.3 Safer sex: Using condoms	• listing the benefits of using a condom; • listing the steps for using a male and female condom correctly, • dentifying 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	• identifying barriers associated with using male condoms; • identifying responses or solutions to these barriers; and • dentifying 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	• 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** **1**
Development of the self in society	Sexual behaviour and sexual health	Lesson 9.6 Using sexual and reproductive health resources in the community	• 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
			• describing the reproductive and sexual health services available in their area; and • reflecting a positive attitude toward health seeking behaviour	**1 hr**	
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?	• 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	• 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	• 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
			• 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	• 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	• setting goals for improving their life during the next year; • identifying the obstacles that unhealthy behavioural choices would present for goal attainment; • onducting 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 t**o 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' manual 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 12 to 15. 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 LEARNING ENVIRONMENT IN THE CLASSROOM

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 Grade 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 9.1

Setting goals and reaching your potential

Lesson 9.1

Setting goals and reaching your potential

Grade	9
CAPS topic(s)	Development of the self in society.
CAPS subtopic(s)	Goal-setting skills: personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices • Informed decision-making skills: positive and negative influences
Link to other subtopics in CAPS	Sexual behaviour and sexual health: • Factors that influence personal behaviour including family, friends, peers and community norms • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour
This lesson will deal with the following:	• 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.
Concepts	• goal-setting • lifestyle choices • media • environment • friends • peers • family • religion • culture • assertiveness • decision-making • confident • SMART goals • contract • communication techniques • force field analysis

Teaching Methodologies	• **individual reflection** • **small group work** • **brainstorming** • **worksheets** • **force field analysis** • **SMART goal-setting** • **setting intentions** • **content review**
Time	**60 minutes**

Brief Lesson Summary

*Lesson 9.1: Setting goals and reaching your potentia*l, begins with a review of the SMART goal-setting technique. Your learners will write a SMART goal they want to accomplish in the next year. The lesson continues with a review of the behaviours your learners choose – especially sexual behaviours – that can either support them in accomplishing their goals, or not. Your learners will practise the force field analysis technique that they first learned at the end of Grade 7 Life Orientation and later practised in Grade 8. The lesson ends with your learners writing a letter to themselves where they make a commitment to positive, goal-supporting behaviours regarding 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 get in the way of accomplishing your goals, you still have the power to make your life better.
4. There are people and resources to help you to achieve your goals.
5. Preventing HIV, other STIs and teenage pregnancy can help you to achieve your goals.
6. Making 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
- easel
- Koki pens (various colours)

- tape/prestik
- watch or cell phone for time-keeping
- *Educator resource 7.1.1: Explaining SMART goals*
- *Educator resource 7.8.1: Activity plan for Lesson 7.1: Setting goals and reaching your potential, Activity 1*
- *Worksheet 7.8.1: Review of SMART goal criteria (Worksheet 1 in your learners' books)*
- *Worksheet 9.1.1: Write a letter to your future self (Worksheet 2 in your learners' books)*
- *Poster 7.1.1: SMART goals*
- *Poster 7.8.1: An example of a "force field" analysis (Resources 1 in your learners' books)*
- *Poster: 9.1.1: Second example of a "force field" analysis (Worksheet 3 in your learners' books)*

NOTE TO THE EDUCATOR

This lesson contains review of knowledge and skills that learners learned in Life Orientation *Lesson 7.1: Setting goals and reaching your potential, Lesson 7.8: Revisiting your goals and moving forward and Lesson 8.1: Setting goals and reaching your potential*

If you have not taught these lessons you should familiarise yourself with them using a copy of the Grade 7 and Grade 8 CAPS. *Educator resource 7.1.1: Explaining SMART goals and Educator resource 9.1.1: Activity plan for Lesson 7.1: Setting goals and reaching your potential, Activity 1 are provided at the end of this lesson to help with the review.*

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Prepare *Poster 9.1.1: Second example of a "force field" analysis* and display it on the board or a large sheet of newsprint. If you think it will be difficult for all learners to see a single poster, make more than one, or photocopy the poster to provide as handouts for groups of your learners to share.
4. Prepare and display a large-sized version of *Poster 7.1.1: SMART goals* on the board or a large sheet of newsprint.
5. On the board or flip chart, draw four boxes. Inside each box write one of the following themes: family, school, friends, and health.
6. On the board or flip chart write the definition of a goal and the key points related to that definition. See Activity A.1 in this lesson plan for context and related content.
7. On the board or flip chart write the key points about the relationship between behaviour and goal attainment. See Activity 2.A in this lesson plan for context and related content.
8. Make sure that the following are in your learners' workbooks:
   a) *Worksheet 1: Review of SMART goal criteria*
   b) *Worksheet 2: Write a letter to your future self*
   c) *Worksheet 3: Second example of a force field analysis.*

ACTIVITIES

A.1 Review of goal-setting

Introduction to the activity

1. Explain to your learners that they are going to start the new unit in Grade 9 Life Orientation looking at their goals in life and looking at how their choice of behaviours in relation to their health – especially around sex – can either help them to achieve their goals or get in the way of those goals.
2. Remind your learners that healthy behaviours can be difficult to engage in, depending on the circumstances in our lives and what we allow to influence us.
3. Direct your learners to the definition of a goal written up on the board. Review the definition and key points about goals with your learners:
4. 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.
5. Remind your learners of the following key points:
   a) Goals help us to plan our lives, give us direction and achieve what we want.
   b) Goals can either be short or long-term.
   c) Long-term goals can be broken down into short-term ones. For example, if you have the long-term goal of finding a job, short-term goals that would support that long term goal would be:
      - writing down a list of places that might be hiring;
      - meeting and talking to people who work at those places to learn about their work and find out about job openings; and
      - outlining and practising what you would say when talking to someone working at those places who is in a position to hire you.
6. Ask your learners if they have any questions about this definition and the key points. Answer any questions that your learners have. Put aside any other types of questions for another time.

NOTE TO THE EDUCATOR

Arrangements for group work and instructions for learners need to be clear and practical. You have to make sure that that your learners understand the task.

A.2 Review of SMART goal-setting

1. Ask your learners to turn to *Reading 1: SMART goals, Worksheet 1: Review of SMART goal criteria and Worksheet 2: Write a letter to your future self. In their workbooks*
2. Direct your learners to the poster about 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 to write a SMART goal. Use the examples on the resource or those made when preparing for teaching the lesson.

A.3 This year's goal

1. Direct your learners' attention to the four squares containing the themes family, school, friends, and health that you drew on the board.
2. Ask your learners to spend four or five minutes writing a SMART goal for something they want to achieve in one of these areas in the next 12 months on *Worksheet 1: Review of SMART goal criteria* in their workbooks.
3. Remind them of the steps for using the worksheet.
4. Ask your learners to write their goal at the top of the chart.
5. Let your learners evaluate how well they have drafted their SMART goals using the criteria in the five rows of the worksheet.
6. Let your learners rewrite their goals in the space provided at the bottom row of the worksheet. They should focus on improving its qualifications as a SMART goal by incorporating suggestions from the evaluation of the draft goal, using the criteria.
7. Ask your learners if they have any questions about how to complete the assignment and clarify the assignment as needed.
8. Let your learners work on the activity. Allow 5-6 minutes for them to complete the assigned task. While learners are working on the task, move around the room offering assistance, supervising their progress and helping them manage their work time.

A.4 Force field analysis

The relationship of behaviour choices to accomplishing goals (1 minute)

1. Remind your learners that in order to accomplish their goals they have to take action – the "A" in SMART. Remind learners that "behaviour" is another word for action and to review the relationships between behaviour and goal achievement using the following points:
   a) behaviours can be the specific actions we pursue, to accomplish our goals; AND
   b) alternatively, behaviours can support what we need to do to accomplish our goals.
2. However, negative behaviours can also get in the way of us accomplishing our goals.
3. Note that at their age, choices they make regarding sexual behaviour can impact their ability to accomplish important short and long-term goals.

A.5 Review of the "force field" analysis technique

NOTE TO THE EDUCATOR

By Grade 9, many learners may have practised doing force field analyses two, three or even four times. Thus, the need for this review may be very low and you may be able to make it very brief. However, keep in mind that you may have learners who came to your school in Grade 9 and have never seen this curriculum before. For them, the "review" is the first time they are learning this skill, therefore, it is important.

1. Explain that the next activity reviews a technique they may have learned in Grade 7 and practised in Grade 8 called a "force field" analysis.
2. Remind your learners that a force field analysis is used to look at behaviours and assess whether these behaviours will help them to accomplish their goals, or not.
3. Direct your learners to *Poster 9.1.1: Second example of a force field analysis.*
4. Together with your learners review the example on the poster:
5. Point out how the analysis starts with a SMART goal.
6. Show your learners where the example has generated two brainstorm lists:
   a) Behaviour choices that will *help to* accomplish goal.
   b) Behaviour choices that will *get in the way* of accomplishing the goal.
7. Show your learners how the example brings one's behaviour that can help with accomplishing a goal down into the box to focus on it. Point out:
   a) What is in the box is written as a behaviour and should *always* be written as a behaviour in this step of the process.
   b) The behaviour chosen for the box SUPPORTS ACCOMPLISHING THE GOAL which is ultimately what they want.
   c) The example uses a sexual behaviour and they should too!
8. Show your learners the part of the analysis that identifies factors or influences that can support the BEHAVIOUR, which in turn SUPPORTS THE GOAL.
9. Show your learners the part of the analysis that identifies factors that hinder or inhibit the BEHAVIOUR or lead to other, negative/unhealthy behaviours, which in turn become AN OBSTACLE TO ACHIEVING THE GOAL.
10. 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 they could brainstorm that might help or hinder the achievement of their goal.

HOMEWORK

This activity will consolidate the practice of the force field analysis.

1. Ask your learners to spend five minutes conducting a force field analysis of their SMART goal.
2. Ask your learners to turn to Worksheet 3: Second example of a *"force field" analysis, which is* a blank version of *Poster 9.1.1: Second example of a "force field" analysis*, and fill it in as they conduct their analysis.
3. Ask them to come up with at least one sexual behaviour, in their lists of behaviours AND to choose a SEXUAL behaviour to put in the box to analyse.
4. 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.
5. Let your learners work on the task. While learners are working on the task, move around the room offering assistance, supervising their progress and helping them manage their time.

CONSOLIDATION

Key points

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

Write a letter to yourself

1. Explain to your learners that that it is time for them to commit to behaviour choices that will support the goal they set at the start of the lesson.
2. Ask your learners to turn to *Worksheet 2: Write a letter to your future self.*
3. Acknowledge to your learners that it can be challenging to feel like goals are important because the benefits of achieving them always come later, in the future. In the "now", goals not only have no benefits or provide no pleasure but also involve *work*.
4. Explain to your learners that one way for them to remember that goals are important is to realise that someday, soon, they will be "in the future", when the benefits of the achieved goals are experienced, or the negative consequences of not having pursued their goals are experienced instead.
5. Explain that on this worksheet they are going to write a letter to their future selves; the version of themselves at the end of this unit in Life Orientation, or at the end of this school year when the goal they are setting today should either be accomplished or that they should be well on their way to accomplishing.
6. Spend a few minutes going over the worksheet with your learners.
7. Show them the chart on the first page. Explain that the chart contains positive, healthy, and success-promoting behaviours that are based on knowledge, attitudes and skills they learned studying this same Life Orientation curriculum in Grade 8.
8. Tell them to write today's date in the space provided on the letter outline.
9. Show them where to write their name in the letter's salutation. Remind them that they are writing a letter to their future self.
10. Show your learners where they should describe to their future self some of the things that are going on right now that they will want to be reminded of.
11. Examples might include:
    a) events in family members' lives;
    b) people you are interested in, romantically;

c) activities that you are enjoying;
d) things you are thinking a lot about;
e) ways you are feeling; and
f) things you are looking forward to doing or experiencing in the next few weeks.

12. Identify the space where your learners should write something reminding their future self why, today, they think it is important to avoid, HIV, other STIs and teenage pregnancy.
13. Indicate where they should write in the SMART goal they set today. Point out that there is space they should use to explain to their future self why they chose the goal they set.
14. Show how, in the next section, they have to choose one or more behaviours that will support their goal and promise their future self that they will act according to these choices. Show your learners where they should explain why they chose each behaviour to their future self, who will be looking back on and evaluating, these choices.
15. Point out that there is a place for them to ask their future self to thank them for choosing success and health-promoting behaviours. Examples might include:
    a) continuing to choose positive, healthy behaviours;
    b) continuing to work hard to accomplish goals and achieve success; and
    c) taking special care of close friends and family.
16. Indicate where, in the last few lines of the letter, to offer some advice to their future self.
17. Show your learners where they can add to the letter's closing. Tell them they can write "love", "have fun", "be well" or whatever positive feeling they have about themselves that they want to communicate to their future selves.
18. Ask your learners to sign their letter at the bottom as is traditional with a letter.
19. Ask your learners if they have any questions about their assignment. Answer and clarify the questions and put aside any other types of questions for another time.

NOTE TO THE EDUCATOR

If you have the time it could be helpful to write these steps up on the board for learners to follow as they are completing the assignment.

20. Let your learners work on the task. While they 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 10 minutes to complete the assignment.
21. If you have extra time ask 1-3 learners to volunteer to read their letters to their future selves.
22. When the activity is over, collect your learners' worksheets for credit and grading or have them store them in their portfolios.

NOTE TO THE EDUCATOR

The completed letters to learners' future selves are used in Lesson 9.11: Consolidating intentions for Grade 9

ASSESSMENT

Recommended assessment strategies

Use the activity on *Worksheet 9.1.1 as an assessment task*. Learners can share their goals with a partner and peer assessment can be conducted in this regard. Provide the appropriate responses to learners for the task

Test your knowledge

Ask your learners to answer 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. How are you going to overcome the obstacles and barriers that can hinder you from achieving your goals?
6. How does your choice of behaviours affect your ability to achieve your goals?
7. How do your choices around sexual behaviours affect your ability to achieve your goals?
8. How do circumstances and influences affect our behaviour choices?
9. What are the positive and negative influences and circumstances in your life that affect your ability to achieve your goals?
10. What is the definition of a contract?
11. What does your contract with yourself look like? What are you committing to doing – and NOT doing – in order to get rewards later that these commitments will bring?

RESOURCES

POSTER: 9.1.1: SECOND EXAMPLE OF A "FORCE FIELD" ANALYSIS

NOTE TO THE EDUCATOR

This is a completed example. The worksheet in your learners' books is blank and they must fill in the sheet as the learners conduct their analysis.

SMART goal: In order to get at least a 90 in my math class, I will study math for an hour a day outside of class until the end of the term and I will find a tutor within the next week that can help me.

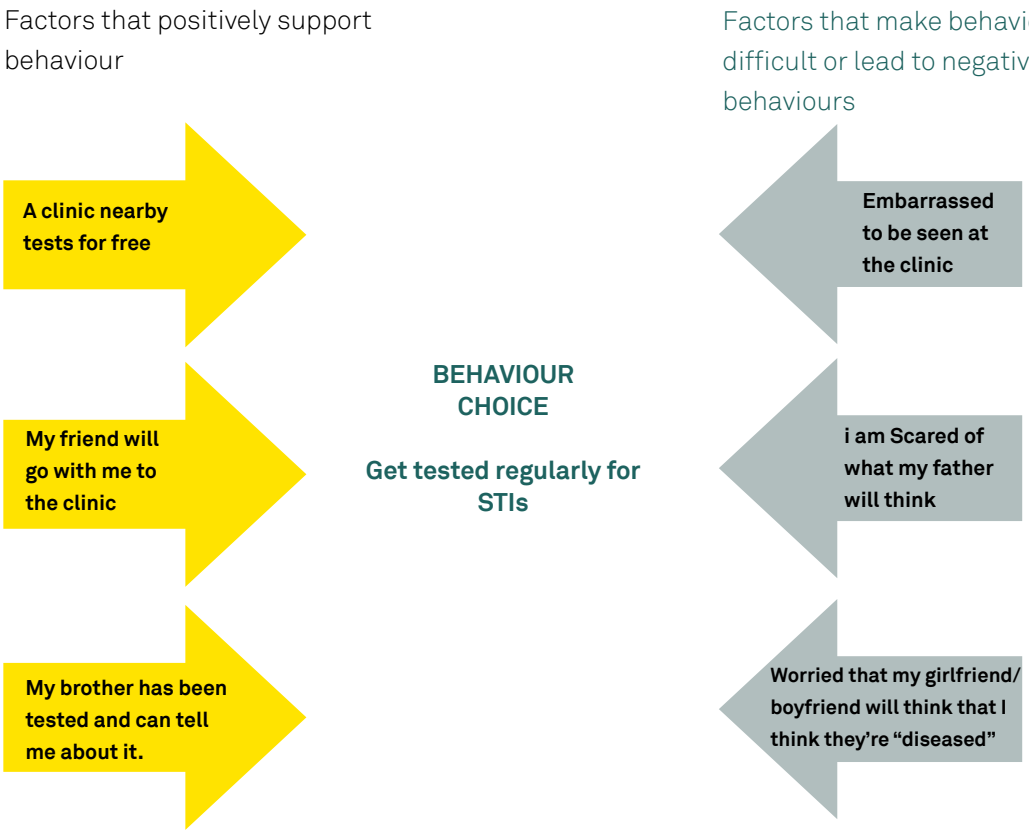
1. Things that would get in the way of accomplishing my goal or behaviours:

a) If I leave my math book in class I cannot study.
b) If I do not write down my homework assignments I will not remember to do my homework.
c) If I have sex with my boyfriend/girlfriend, it would distract me.
d) If I contract an STI I would be too embarrassed to see my tutor.

2. Things that would help me to accomplish my goal or 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: AN EXAMPLE OF A "FORCE FIELD" ANALYSIS



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.

	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

WORKSHEET 9.1.1: WRITING A LETTER TO YOUR FUTURE SELF

Instructions: On this worksheet, write a letter to your future self. In the letter, make a promise that your future self will choose healthy, positive behaviours now, so that your life is going in the right direction by the time your future self reads the letter. Choose AT LEAST THREE of the behaviours you learned in Grade 8 Life Orientation from the table below. Complete the letter (starting on page two of this worksheet) by committing to those behaviours and filling in the other sections of the letter outline.

Behaviour	Behaviour
I will NOT let gender norms cause me to have sex before I am ready or to have unprotected sex.	**I will STAY FAITHFUL to one sexual partner at a time and protect myself, my partner and my community.**
I will speak up when I hear comments that support negative gender norms.	**I will use good judgment about whom I show love and affection.**
If I choose to have sex I will USE A CONDOM EVERY TIME.	**I will get help from others to change negative gender norms in my community.**
If sexually active, I will get tested for HIV and other STIs regularly.	**I will actively discuss my thoughts and feelings with adults that I trust.**
I will look out for "sex-possible" situations.	**I will NOT treat people as sex objects.**
I will NOT let gender norms limit my emotions or keep me from expressing them.	**I will use "ACE" by looking Ahead, spotting Challenges and following a plan, Every time, to stick to my personal limits.**
I will treat other people, men and women, with respect.	**I will make the SAFEST choice and NOT have sex.**
I will work hard to succeed in school.	**I will take AT LEAST a 3-month break between sexual partners.**
I will avoid or leave friendships or relationships where the other person mistreats or abuses me.	**I will not treat people as "less than me" or make fun of them because of their gender, looks or lifestyle.**
I will use the CLARIFY decision-making process to make sure I think things through.	**I will use "SOUND or walk away" to refuse sex and other activities NOT in line with my values and personal limits.**
I will always be aware that the rates of HIV in South Africa are of epidemic proportions.	**I will keep my sperm/eggs apart from other people's eggs/sperm!**

Behaviour	Behaviour
I will believe that I can acquire HIV and STIs or that I can be a part of an teenage pregnancy.	**I will get help from friends and family with sticking to my personal limits.**

..... (date)

Dear Future.....(your name),

Do you remember what it was like to be me; the "you" of weeks or months ago? Let me jog your memory. Some of the things that are going on right now and that are important to me are:

1) .....

2.....

.....

and, 3)

It is the beginning of the Grade 9 Life Orientation lessons dealing with preventing HIV, teenage pregnancy and other STIs. This is important to our future because:

.....

.....

.....

I just set a goal for us. What I want to achieve this year is:

.....

.....

.....

because

.....

.....

.....

.....

.....

By the time you are reading this, that goal should be achieved; or hopefully you are well on your way to achieving it.

I hope that when you read this letter you are happy and healthy. If you are, know it is because today I am making you a promise. I am committing to choosing positive, healthy behaviours that will help us to achieve our goals. I promise you that I will:

1).....

because .....

.....

.....

2).....

.....

because .....

.....

and

3).....

.....

.....

because

.....

.....

You can thank me later; by being successful and .....

.....

I have to go, but before I do, here is some advice: .....

.....

See you later and..... (closing)

..... .(your signature)

EDUCATOR RESOURCE 7.8.1: ACTIVITY PLAN FOR LESSON 7.1: SETTING GOALS AND REACHING YOUR POTENTIAL – ACTIVITY 1

Introduction to the activity

1. Tell your learners that today you are going to talk about setting goals. Ask your learners:
   a) What does the word "goal" mean to you?
   b) What do you know about goal-setting?
2. Record their answers on the board or on newsprint.
3. Summarise their answers and elaborate, as needed, to cover the main points below:
   a) 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.
   b) Goals help us to plan our lives and to achieve what we want.
   c) Goals can be short or long-term. For example, a long-term goal would be something like "I want to be a lawyer when I have finished studying" and a short term goal would be something like "I want to pass my Maths exam with at least 70% in Grade 7".
   d) Long-term goals can be broken down into short-term ones. 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 7, (b) finding out how much it costs to study for a law degree, (c) speaking to your parents about planning to finance your studies.
   e) Without goals, we will have no direction in life.
   f) We need to set goals for the different areas of our life: family, friends, health, work etc.
   g) Setting goals will help us to make the best of our lives.

B. SMART goals for SMART people

1. Ask your learners to turn to Reading 1: SMART goals and of *Worksheet and Homework 1: SMART goal criteria, in their workbooks.*
2. Direct your learners to the poster about SMART goals that you have displayed in the room.
3. Explain to your learners what a SMART goal is using *Educator resource 7.1.1: Explaining SMART* goals as a guide. Use the examples on the resource or the ones you have made up during your preparation for teaching the lesson.

EDUCATOR RESOURCE 7.1.1: EXPLAINING SMART GOALS FOR A SHORT-TERM GOAL

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 9.2

Safer sex: Hormonal contraception

Lesson 9.2

Safer sex: Hormonal contraception

Grade	9
CAPS topic(s)	Development of the self in society.
CAPS subtopic(s)	Sexual behaviour and sexual health: • Risk factors leading to unhealthy sexual behaviour • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour
Link to other subtopics in CAPS	• Appropriate responses to influences on personal lifestyle choices o Informed decision-making skills: positive and negative influences o Assertiveness skills: confident and firm decision-making
This lesson will deal with the following:	• identifying the different forms of hormonal contraception; • identifying the forms of hormonal contraception publically 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; • describing the role that men can play in using hormonal contraception; and • discussing risk factors that increase the chance of developing a problem.
Concepts	• sexual behaviour • sexual health • teenage pregnancy • sexual transmitted infections • HIV • AIDS • peers and community • strategies • abstinence • protective factors • consequences • risk factors
Teaching Methodologies	• brainstorming • brief lectures • classroom discussions • problem-solving activities • simulations • small-group work • worksheets • other: reading for content and content review
Time	60 minutes

BRIEF LESSON SUMMARY

During Lesson 9.2: Safer sex: Hormonal contraception, your learners begin by participating in an interactive simulation that highlights the risk of teenage pregnancy due to unprotected sex. The lesson provides a general explanation of hormonal methods of contraception. It then leads your learners through a detailed examination of seven specific types of hormonal contraception. The lesson ends with a discussion of how unhealthy gender norms have traditionally labelled contraception as "a woman's responsibility", and how men can play an active role in a sexually active couple's in choice and use of hormonal contraception.

KEY POINTS

1. Having unprotected sex is likely to result in pregnancy; 9 out of 10 fertile adults will become pregnant as a result of unprotected sex.
2. The SAFEST choice is NOT to have sex. Abstinence is the only 100% effective method for preventing pregnancy.
3. If you choose to have sex, using contraception correctly can greatly reduce the chances of a pregnancy occurring.
4. Hormonal contraceptives are a highly effective and very convenient means of preventing teenage pregnancy.
5. **If you choose to have sex, USE A CONDOM EVERY TIME for protection against HIV and other STIs, EVEN if you are using a contraceptive to prevent pregnancy.**
6. **BOTH men and women have a responsibility to prevent teenage pregnancy and the spread of HIV and other STIs.**

RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- easel
- thick magic markers (various colours)
- tape
- watch or cell phone for time-keeping
- six pieces of paper numbered one through six
- a cup, bag or hat from which to draw the numbered pieces of paper
- *Poster 9.2.2: Ovulation, fertilisation and embryosis (Resource 1 in your learners' books)*
- *Educator resource 9.2.1: True or false – answer key*
- *Educator resource 9.2.2: Illustrations of hormonal contraceptives (Resource 2 in your learners' books)*
- *Poster 9.2.1: Hormonal contraception – What it is and what it isn't (Reading 1 in your learners' books)*
- *Reading 9.2.1: Hormonal contraception methods at-a-glance (Reading 2 in your learners' books)*
- *Worksheet 9.2.1: True or false? (Worksheet 1 in your learners' books)*

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Prepare six small pieces of paper, each labelled with numbers 1-6. Put these numbers inside a bag, cup, box or hat from which to draw them unseen, at random.
4. Prepare a large-sized version of *Poster 9.2.1: Hormonal contraception* – what it is and what it isn't by copying it onto the board or a poster-sized sheet of paper from the resource provided at the end of this lesson plan.
5. Display *Poster 9.2.2: Ovulation, fertilisation and embryosis* in the classroom, in a position where all your learners can see it clearly.

ACTIVITIES

A.1 Pregnancy risk

1. Remind your learners that abstinence is the only 100% sure way to prevent pregnancy, HIV and STIs so the SAFEST choice is NOT to have sex.
2. Ask your learners what they think the chances are that they would get pregnant or cause a pregnancy when they are sexually active and not using any "protection" or birth control. Ask your learners to give you their guesses as a percentage or as a probability ratio with 10 as the denominator, e.g. 2 in 10, which can easily be converted to a percentage, i.e. 20%. Take a few responses from volunteers.
3. The correct percentage is 90%. Identify the correct percentage if it was given by a volunteer or write it up on the board if it wasn't. Emphasise to your learners that studies show that on average, they have a 90% chance of becoming a pregnant or causing a pregnancy as a result of unprotected sexual activity.
4. Explain that "on average" means that – because of variables such as frequency of sex, fertility of both partners, and where a woman is in her cycle when she has sex – an actual sample of couples might produce a pregnancy rate lower than 90%. However, also emphasise that "on average" also means the pregnancy rate could be *higher* in an actual sample.
5. Emphasise to your learners that it is also possible that a couple can get pregnant the VERY FIRST time they have unprotected sex! Emphasise risks factors leading to unhealthy sexual behaviour.
6. Explain to the class that they should now pretend that they are ALL having unprotected sex. Emphasise to them that this is VERY UNREALISTIC. The reality is that a large percentage of young people their age are NOT having sex. They are *pretending* for the purpose of this demonstration.
7. Ask your learners to pick a number from 1 to 6 and to write that number on a piece of paper. Tell your learners not to share this number with anyone.

NOTE TO THE EDUCATOR

Men and women who are fertile, and having unprotected sex over the course of a year are about 90% likely to become or cause a pregnancy. Men and women who are fertile, and having unprotected sex over the course of a month have a 1 in 6 chance (17%) of getting pregnant. The simulation activity below attempts to demonstrate the monthly chance.

8. Draw a number from the cup and read it out aloud. Ask all the learners with that number to stand and to *remain standing*. Inform them that they or their female partners, if they are male, have become pregnant *that month*. For example, if you pick the paper with the number "4" on it, ask all the learners who wrote "4" on their paper to stand up.
9. Learners who have stood up should remain standing. Return the number you picked to the cup, shake the cup, and draw a number again. If it is a number different from the first draw, ask all the learners with that number to stand up and to *remain standing*. Inform them that they, or their female partners if they are male, have become pregnant *that month.*

NOTE TO THE EDUCATOR

When male students begin standing in this activity – indicating that they are getting female sex partners pregnant, it is a good time to remind the class of one of this curriculum's core messages: *BOTH men and women are responsible for preventing pregnancy, HIV and STIs.*

10. If the number is the same as the first draw, simply ask the learners, who are already standing, to remain standing. Point out to the class though, that it is possible to experience a second pregnancy within the same year.
11. Repeat the process for a total of 6-8 draws/months. The goal in the activity is to get the majority of the class standing up. Ask your learners to take note of the large number of learners who are "pregnant" or have caused a pregnancy.
12. Ask your learners to sit down. Remind them that becoming pregnant is the product of choices about behaviours. Point out to them that they can choose behaviours that increase their chances of becoming pregnant, or they can choose behaviours that decrease their chances of becoming pregnant.
13. Ask your learners to identify the choices that they can make to decrease the chances that they, or their female partners, will become pregnant once they choose to become sexually active. Take a few responses from the class. Responses should include:
    a) choose not to have sex;
    b) use a condom, correctly and consistently, every time when having sex; and
    c) use other forms of birth control, which are also called contraception.

A.2 The basics of hormonal contraception

1. Direct your learners to *Poster 9.2.2: Ovulation, fertilisation and embryosis* on display in the room. Your learners can also refer to *Resource 1 : Ovulation, fertilisation and embryosis* if they cannot see the *poster clearly.*
2. Using to the poster, review what your learners have learned in Grades 7 and 8 about how pregnancy

occurs in the female body in *Lesson 7.4: Understanding puberty – physical, social and emotional changes.*

3. After reaching puberty, a woman ovulates about every month. During ovulation an egg moves from the ovary into the fallopian tube.
4. If the egg is not fertilised by sperm, it dissolves and the uterus sloughs off the lining that it developed to receive a fertilised egg in a process called menstruation or what is called a woman's "period".
5. If a man ejaculates sperm into a woman after ovulation, the egg may be fertilised, becoming an embryo and lodging itself in the wall of the uterus where it will grow into a fetus.
6. Contraception – the methods for preventing pregnancy – all operate on the same principle: preventing sperm from meeting and fertilising an ovulated egg in the woman's fallopian tube.
7. Explain to your learners that one way to keep the egg and sperm apart is by using condoms. Explain that another way is to use what is called hormonal contraception.
8. Direct your learners to *Poster 9.2.1: Hormonal contraception – what it is and what it isn't*. Review the information with your learners:
   a) Hormonal contraception:
      - is a highly effective form of birth control that can only be used by women;
      - is a contraceptive that administers a hormone into the bloodstream. The hormone makes the body think it is already pregnant which stops the release of eggs from the ovaries, and thickens the mucus in the cervix making it more difficult for sperm to enter the uterus;
      - is obtained from a medical practice (e.g. public health department or health clinic);
      - is best chosen by talking with a health care professional who can take into consideration a person's personal health profile; and
      - may have side effects, though they are usually minor. A health care professional can help identify an available method with few side effects and help you choose the available method that will be the most convenient and easiest to use consistently.
   b) Hormonal contraception is not:
      - protection against STIs or HIV and should NOT eliminate the need to use a condom for the prevention of these infections; and
      - a form of abortion: taking birth control as prescribed will not cause an abortion.
9. Prepare the learners that in the next activity – the main activity of the lesson – they are going to learn about seven types of hormonal contraception.

A.3. Learning about hormonal contraceptive methods

Informational reading

1. Ask your learners to turn to Reading 2: Hormonal contraceptive methods at-a-glance in their workbooks and read through it.
2. Let your class know that you are available to answer any questions they have about the information in the reading.

NOTE TO THE EDUCATOR

There are several different ways to have your learners go through the informational reading. You can have them each read individually, you can pair them up and have them read the together, you can read the information out to them and have them follow along in their workbooks, and/or call on a few of your learners to read out portions of the reading. Choose the approach that you think will work best for your class, taking into consideration the literacy skills of your class and the amount of time available for the activity.

3. While your learners are reading, ask them to refer to *Resource 2: Illustrations of hormonal contraceptives* so that they can see what these contraceptive methods look like.

NOTE TO THE EDUCATOR

If possible, obtain a birth control kit from your local health department or an NGO that provides family planning services. The birth control kit will have actual samples of birth control methods that your learners can examine. However, we recognise that this might not be possible for some schools and thus created Educator resource 9.2.2: Illustrations of hormonal contraceptives so that your learners can at least see illustrations of what the methods look like.

4. While your learners are going through the information in the reading, move around the room observing their progress and answering questions. Give your learners a warning when they are halfway through the twelve minutes allocated for reading, another warning when they have three minutes left and a final warning, one minute before they need to move on to the next part of the lesson.

CLASSROOM ACTIVITY

Contraceptive facts scavenger hunt

1. Ask your learners to turn to *Worksheet 1: True or false?* in their workbooks. Ask your learners, in pairs, to spend five minutes completing the worksheet based on the information they went through in the reading on hormonal contraception.
2. While your learners are completing the worksheets, move around the room observing their progress and answering any questions they may have. Give your learners a warning when they are halfway through the five minutes allocated for this part of the activity, another warning when they have one minute left and a final warning 10 seconds before they need to move on to the next part of the activity.
3. Ask your learners to swap worksheets with another pair. Ask the pairs to review the worksheets given to them and mark any responses they think are incorrect. After each pair has reviewed the other's worksheet they are to discuss any responses marked as incorrect and come to an agreement on which one is the correct answer. Tell your learners to ask for your help if they cannot agree on which answers are correct on the worksheets.

4. While your learners are reviewing each other's worksheets, move around the room observing their progress and helping with disagreements. Give your learners a warning when they are halfway through the six minutes allocated for this part of the activity, another warning when they have two minutes left and a final warning 30 seconds before they need to return their attention to you.

CONSOLIDATION

1. Conclude the activity by stating the following key points:
   a) Having unprotected sex is likely to result in pregnancy: 9 out of 10 fertile adults will become pregnant as the result of unprotected sex.
   b) The SAFEST choice is NOT to have sex: abstinence is the only 100% effective method for preventing pregnancy.
   c) If you choose to have sex, the correct use of contraception can greatly reduce your chances of pregnancy.
   d) Hormonal contraceptives are a highly effective and very convenient means of preventing teenage pregnancy.
   e) If you choose to have sex, USE A CONDOM EVERY TIME, for protection against HIV and STIs, EVEN if you are using a contraceptive to prevent pregnancy.
   f) BOTH men and women have a responsibility to prevent teenage pregnancy and the spread of HIV and other STIs.
2. Tell your learners that during the next lesson they will be discussing condoms, in detail, and how to use them.

Classroom discussion

NOTE TO THE EDUCATOR

When leading a question-and-answer-style discussion keep the conversation moving along. Encourage your learners to be brief in their responses and move on to the next question after your learners have offered two or three good responses to a question.

Lead a quick question-and-answer-style discussion using the following questions:

1. What do you think keeps young adults in South Africa from using hormonal forms of birth control?
   a) Are the seven methods that we just learned about all used by women?
   b) How can a heterosexual woman's male partner support her in the use of these methods?

   Answers might include:
   - going with their partner to a health care provider;
   - reminding their partner to use contraception (e.g. taking the pill every day, taking out the ring on the fourth week, making an appointment to get the injection etc.);
   - contributing to the cost of the contraceptive method chosen;

- asking their partner how they feel about using the contraceptive methods and providing support; and
- using a condom every time they have sex.

2. Whose responsibility is it to use contraception?

NOTE TO THE EDUCATOR

The goal with the last two discussion questions is to have your learners realise that unhealthy gender norms have characterised contraception as the woman's responsibility. In a society with gender equity, contraception should be everyone's responsibility. Your learners should recognise that they can create gender equity in their own relationships by sharing responsibility for contraception with their sexual partner(s).

Risk factors can increase the chance of developing a problem. They can be related to how a person behaves or to the environmental conditions that a person is exposed to, unhealthy sexual behaviour, sexual actions, or activities that have harmful results.

Let your learners do the following activity in pairs, on risk factors, and rate themselves out of 10 to evaluate how risky the specific factor is in their own lives after the discussion.

Instructions

1. In pairs read the statement below:

"Young people who use alcohol and/or smoke cigarettes are 2-3 times more likely to be sexually active."

a) Do you agree or disagree with this statement? Explain your reasoning.

b) Explain why a teenager may choose to take part in unhealthy sexual behaviour?

Individual factors	Family factors	Environmental factors
• low self-esteem • needing to fit in with peers • negative peer group behaviour • no dreams or vision for the future • depression • being in a romantic relationship • involved in drinking, drugs and smoking	• poor communication between parents and children • no advice from adults • difficulties in the family • parents not supervising their children • family not being supportive • parents taking part in risky behaviours	• negative school environment • poor neighbourhood • negative relationships with adults in the community, such as educators

Use the following rating system to evaluate your risk:
High risk: 0 – 3
Average risk: 4 – 7
Risk free: 8 – 10

ASSESSMENT

Recommended assessment strategies

1. Written task
   (e.g., multiple choice, true or false, matching, open-ended questions)
2. Report (using criteria)
3. Oral presentation (using criteria)
4. Project (using criteria)

Test your knowledge

Ask your learners to answer the following questions:

1. What is the probability that a heterosexual couple will become pregnant during a year of unprotected sex?
2. How does a woman become pregnant? What happens within her reproductive system?
3. How does hormonal contraception work?
4. What are the two forms of hormonal contraception publically available at low cost or no cost in South Africa? Where can you obtain these?
5. What role can men play in using hormonal contraception within a sexual relationship?
6. What are the obstacles or barriers to learners using hormonal contraception in South Africa? How can learners overcome these obstacles or barriers?

RESOURCES

EDUCATOR RESOURCE 9.2.1: TRUE OR FALSE – ANSWER KEY

1. Birth control pills must be taken twice a day – one in the morning and once before going to bed
   FALSE. One birth control pill is taken once per day. A pack of pills typically comes with placebo pills (a placebo is a pill with no active ingredients/medicine in them) so the user has a pill to take every day even though there is a period of time every month where the hormone is not administered.
2. An injection is the only form of hormonal contraception that also provides protection against HIV and other STIs
   FALSE. NONE of the hormonal methods provide protection against HIV or STIs.
3. A woman must receive an injection every three months in order to protect against pregnancy
   TRUE.
4. Hormonal contraception works by inhibiting the release of eggs from the woman's ovaries
   TRUE.
5. An IUD is inserted under the skin of a woman's upper arm
   FALSE. An IUD, or "intrauterine device" is inserted through a woman's vagina and positioned in her uterus.
6. It's a good idea to check with your health care provider before using any method of hormonal contraception
   TRUE. A health care provider can help a woman find a method that is most convenient to use given the woman's lifestyle as well as help her find a method with the least chance of side effects given her health history.
7. Birth control pills may not prevent pregnancy before a woman has taken a month's worth of the one-a-day pills
   TRUE. A woman must take a full month's worth of pills, one per day, before she can expect the method to provide the full 99%+ effectiveness at preventing pregnancy (if taken correctly).
8. The injection is 100% effective at preventing pregnancy as long as the woman receives her injections on schedule
   FALSE. None of the hormonal birth control methods is 100% effective. The only 100% effective method of birth control is abstaining from sex. Used correctly, ALL hormonal birth control methods are highly effective and the injection has proven 99.9% effective (if used correctly) – about as close to 100% as you can get.
9. The implant will prevent pregnancy indefinitely, as long as it remains implanted in a woman
   FALSE. Implants, like Implanon®, expire after three years and must be replaced with a new implant.
10. Emergency contraception does not cause an abortion
    TRUE. Emergency contraception prevents fertilisation of the egg similar to other hormonal birth control methods. It also prevents attachment of a fertilised egg to the wall of the uterus. It does not abort a foetus.

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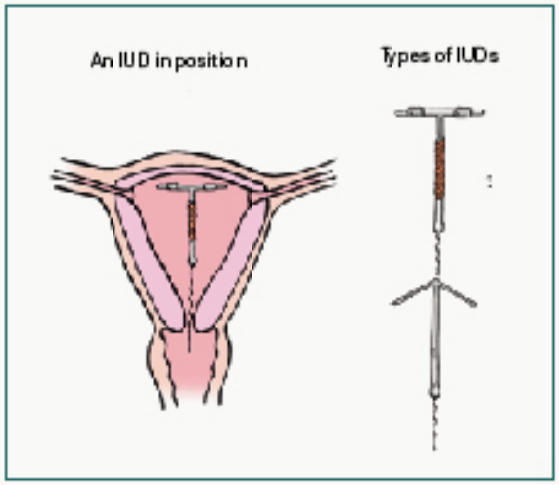
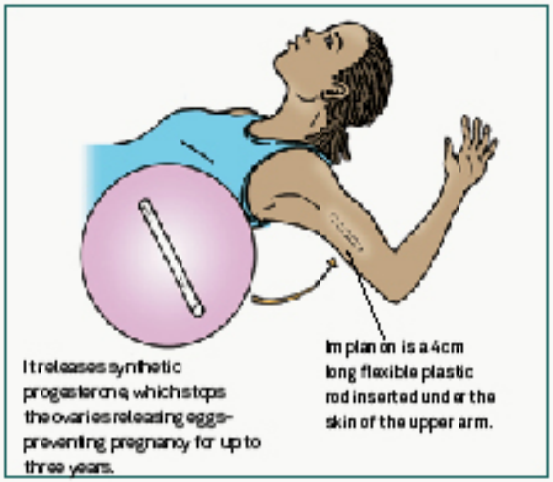
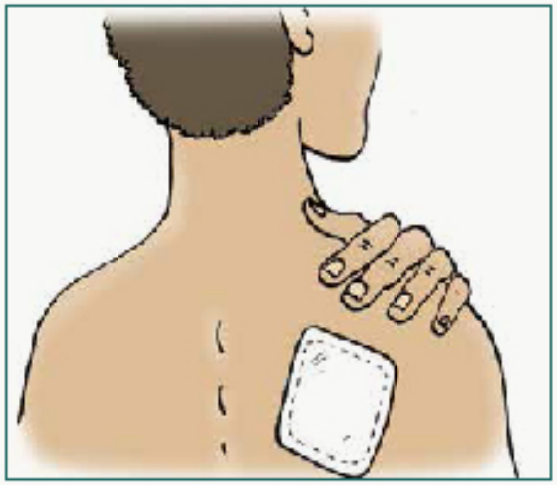
EDUCATOR RESOURCE 9.2.2: ILLUSTRATIONS OF HORMONAL CONTRACEPTIVES



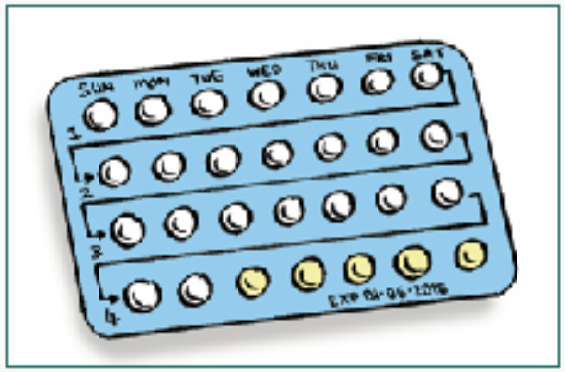
THE INTRAUTERINE DEVICE (IUD)
The South African government is now making IUDs AVAILABLE at low or no cost



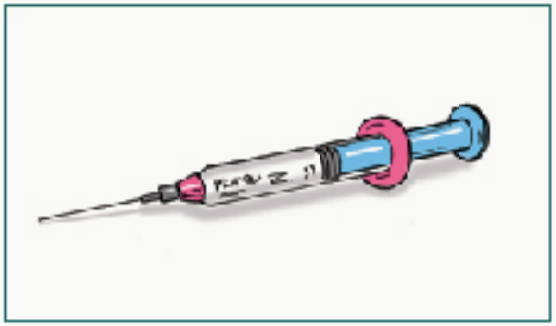
THE IMPLANT
Implants are NOT commonly available for low- or no cost in public clinics in South Africa.



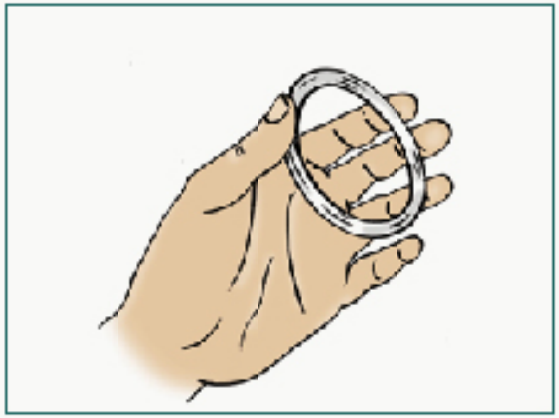
THE PATCH
The patch is NOT available for low- or no cost in clinics in South Africa.



THE PILL
Birth control pills – generally Microval®, Triphasil® and Bafasil® - are AVAILABLE - often at no cost - in public clinics in South Africa.



THE INJECTION
The injections Nur Istrate® and Depo Provera® are AVAILABLE – often at low- or no cost - in public clinics in South Africa.



THE RING
The ring is NOT available for low- or no cost in public clinics in South Africa.

READING 9.2.1: HORMONAL CONTRACEPTION METHODS AT-A-GLANCE

WHAT IS IT?	HOW DO YOU USE IT?	MORE INFORMATION: DETAILS, EFFECTIVENESS, ETC.
The pill or "birth control pill" comes in a plastic or foil package of 28 pills.	A woman takes one pill, orally, at the same time every day. Once she has finished the entire 1st pack of pills, the woman is protected as long as she continues taking pills daily as directed.	The birth control pill is more than 99% effective at preventing pregnancy if taken every day and if the user uses another form of birth control during the first month of taking the pills (before they've taken effect). For many women the pill is convenient and allows for spontaneous sex. While taking the pill, some women's periods are lighter, shorter and more regular with less cramping. The pill may protect a woman from other problems such as pelvic inflammatory disease and ovarian and endometrial cancer. Three types of birth control pills – Microval®, Triphasil ®and Bafasil ®- are widely available at low- or no cost in clinics and health centres in South Africa.
The IUD (Mirena® or ParaGard®): There are two types of intrauterine devices (IUDs). Both are small T-shaped devices; for example the Mirena is 32mm (1.26") across the (top of the T), and 36mm (1.42") vertically	An IUD is inserted into a woman's uterus by a health care provider After insertion, no further action is needed until the IUD expires in either five or 12 years.	Mirena® is a hormonal IUD which releases hormones to prevent ovulation. ParaGard® is a copper IUD. Copper produces ions which act like a spermicide, destroying, damaging or inhibiting the movement of sperm so they cannot join with - and fertilise - the egg. IUDs are more than 99% effective at preventing pregnancy. Mirena® (hormonal) provides protection for five years and the ParaGard® (copper) provides protection for 12 years. Some women prefer to use the IUD because after it is inserted they don't have to think about it for several years. It can be removed by a health care provider at any time and woman rapidly returns to her previous level of fertility after removal. The ParaGard® IUD can be used as emergency contraception if inserted by a health care provider within 120 hours (five days) after unprotected intercourse. It is 99.9 % effective, even on day five, and can be left in as ongoing birth control for as long as you want. The government is making copper IUDs more available at low- or no cost in clinics and public health centres.
The injection is an injectable synthetic hormone.	Women are given their first injection during the five days of a normal menstrual period. An additional form of contraception is required for two weeks after this first injection as a precaution. A new injection is required every 2-3 months.	The injection prevents pregnancy with three effects: a) it inhibits ovulation by suppressing hormone levels in the woman, b) it inhibits the development of the endometrium, a lining of the uterus that is necessary for an egg to implant in the uterine wall, and c) it contributes to development of a thick mucus in the cervix that makes it difficult for sperm to enter the uterus.

WHAT IS IT?	HOW DO YOU USE IT?	MORE INFORMATION: DETAILS, EFFECTIVENESS, ETC.
		The injection is extremely effective at preventing pregnancy – more than 99.9% - as long as the woman receives her injections on schedule. A woman can use the injection without the knowledge of her partner. Some women have reported modest weight gain and irregular or unpredictable periods and a decrease in the amount of mineral stored in the bones (a possible risk factor for osteoporosis). A woman should check with her health care provider about any side effects or complications that she may experience given her personal health profile. Two types of injections - Nur Istrate® and Depo Provera® are available at low- or no cost in clinics in South Africa.
The patch is a thin plastic square that can worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not the breasts).	A new patch is applied each week for three weeks. No patch is used on the fourth week.	The patch is more than 99% effective in preventing pregnancy when used correctly. A woman must remember to change the patch every week for three weeks, not to wear the patch during the fourth week and remember to start the cycle again. Thus, the patch is convenient and allows for spontaneous sex, although it requires more care to use correctly than the pill, for many women. The patch can lessen the bleeding and cramping of heavy or painful menstrual periods. While the patch may be available in some clinics and health centres in South Africa, it is not common and must be purchased whereas other methods of hormonal contraception can be obtained for low or no cost.
The ring is a soft flexible ring (about 5 centimetres in diameter) that a woman inserts into her vagina.	The ring stays in place for three weeks. In the fourth week, the woman takes the ring out for a week. She inserts a new ring after the end of the fourth week. The ring is not removed during sex.	The ring is more than 99% effective in preventing pregnancy when it is used correctly. A woman must remember to take out the ring after three weeks and insert new one after the fourth week. Although it requires more care to use correctly than the pill, for many women it is convenient and does not interfere with spontaneity in a sexual relationship. The ring can reduce the bleeding and cramping of heavy or painful menstrual periods. The ring is not yet widely available in South Africa. While the ring may be available in some clinics and health centres in South Africa, it is not common and must be purchased whereas other methods of hormonal contraception can be obtained for low or no cost.

WHAT IS IT?	HOW DO YOU USE IT?	MORE INFORMATION: DETAILS, EFFECTIVENESS, ETC.
The implant or Implanon® is a three-year method of birth control. A tiny rod of artificial hormone is put under the skin of the upper arm by a health care provider.	An implant is a thin, flexible rod about the size of a matchstick. It is inserted inside the upper arm through a small incision after the patient is given a local anaesthetic. After the implant is inserted no further action is needed to prevent pregnancy until the implant expires after three years.	A birth control implant like Implanon® is more than 99% effective at preventing pregnancy and provides protection for three years. Some women prefer to use an implant because it is always in place and they don't have to remember to take a pill each day or go on and off the method as with the patch and ring. An implant can be removed by a health care provider at any time and woman rapidly returns to her previous level of fertility after removal. Some women report irregular periods, spotting or no periods while using an implant such as Implanon®. A woman should check with her health care provider about any side effects or complications that she may experience given her personal health profile. While the implant may be available in some clinics and health centres in South Africa, it is not common and must be purchased whereas other methods of hormonal contraception can be obtained for low or no cost.
The emergency contraceptive is used AFTER sex when other birth control methods may have failed, e.g. a condom breaks or a woman realises she forgot to take a birth control pill. or a woman realises she forgot to take a birth control pill.	There are two forms of emergency contraception: a hormone pill taken orally, or a copper IUD (See IUDs, above for more details).	Emergency contraception is exactly that – something to use in an emergency. It should not be used as a regular form of birth control. The emergency contraceptive hormonal pill is 85% or more effective taken within five days of unprotected sex. These pills are slightly more effective if taken within three days of unprotected sex. Emergency contraception is birth control - it does not cause an abortion and it is not the same as the abortion pill. It can take up to six days for the sperm and egg to meet after having sex, which is why pregnancy can be prevented even after unprotected sex. Emergency contraception pills keep a woman's ovary from releasing an egg for longer than usual and pregnancy cannot happen if there is no egg to join with sperm. It is normal for a woman's next menstruation period after taking an emergency contraceptive pill to be different from usual. A copper IUD can be used as emergency contraception if inserted by a health care provider within 120 hours (five days) after unprotected intercourse. An IUD used as emergency contraception can be left in as ongoing birth control for as long as the woman desires, up to 12 years.

POSTER 9.2.1: HORMONAL CONTRACEPTION – WHAT IT IS AND WHAT IT ISN'T

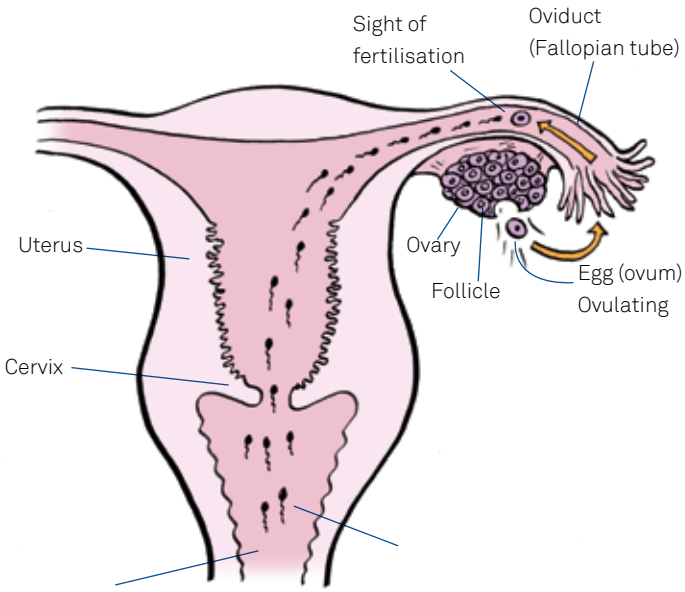
Hormonal contraception is:

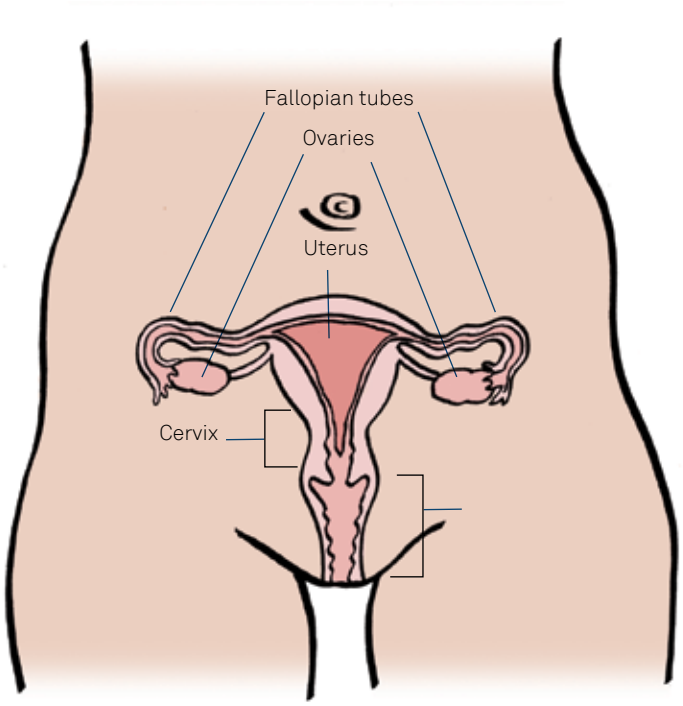
- a highly effective form of birth control that can only be used by women;
- a contraceptive that administers a hormone into the bloodstream. The hormone makes the body think it is already pregnant which stops the release of eggs from the ovaries and thickens the mucus in the cervix making it more difficult for sperm to enter the uterus;
- obtained from a clinic of doctor;
- best chosen by talking with a healthcare professional who can make take into consideration a person's personal health profile; and
- a contraceptive method that may have side effects, although they are usually minor. A health care professional can help identify an available method with fewer side effects and help you choose the available method that will be the most convenient and easiest to use consistently.

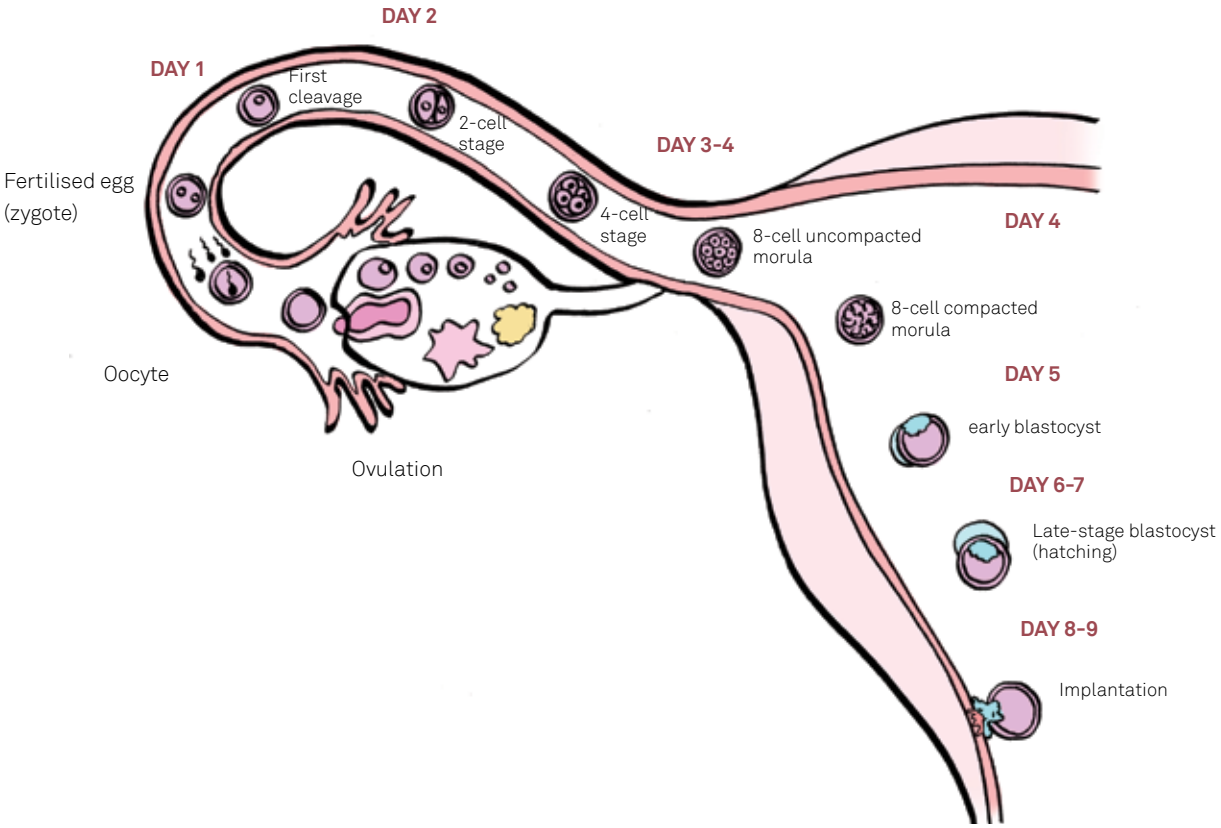
Hormonal Contraception is NOT:

- protection against STIs or HIV and should NOT eliminate the use of a condom for prevention of these infections; and
- a form of abortion. Taking birth control as prescribed will not cause an abortion.

POSTER 9.2.2: OVULATION, FERTILISATION AND EMBRYOSIS







GLOSSARY

- abstinence
- HIV
- protective factors
- sexual health
- teenage pregnancy
- community
- AIDS
- risk factors
- sexual transmitted infections
- consequences
- peers
- sexual behaviour
- strategies

Lesson 9.3

Safer sex: Using condoms

Lesson 9.3

Safer sex: Using condoms

Grade	9
CAPS topic(s)	Development of the self in society.
CAPS subtopic(s)	Sexual behaviour and sexual health • 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
Links to other subtopics in CAPS	Goal-setting skills: personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices: o Informed decision-making skills: positive and negative influences
This lesson will deal with the following:	• listing the benefits of using a condom; • listing the steps for using a male condom correctly, demonstrated on a penile model; • identifying places in the community where teenagers can obtain male condoms; • using a male condom correctly; and dispelling myths about condoms.
Concepts	• safe sex • condoms • community • penis • vagina • sperm • ovary • abstain • lubricant • latex • STI • erection • HIV • pregnancy
Teaching Methodologies	• brainstorming • brief lectures • competitive games • classroom discussions • skill demonstrations • small group work • other: content review
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.3: Safer sex: Using condoms*, your learners begin the lesson by reviewing the importance of preventing pregnancy by keeping the sperm and egg apart. The lesson continues with your learners identifying the unique benefits of choosing to use condoms, especially their effectiveness at preventing both pregnancy and STIs and HIV transmission. Learners also identify the places in their community where they can obtain male condoms. The centre piece of the lesson is an educator demonstration of the correct way to put on a male condom, using a penile model.

KEY POINTS

1. Anyone who is sexually active is at risk of acquiring STIs and/or HIV.
2. People who have STIs, including HIV, often show no signs of being infected.
3. The SAFEST choice is NOT to have sex. Abstinence is the only 100% effective way to avoid STIs, HIV and teenage pregnancy.
4. If you choose to have sex, USE A CONDOM EVERY TIME.
5. Condoms are the ONLY contraceptive method that ALSO prevents getting and spreading STIs and HIV.
6. Find out where YOU can get condoms!
7. You should learn how to use a condom BEFORE making the decision to have sex.
8. Knowing how to use a condom, does NOT mean you are ready to have sex!
9. The skill of using a condom is something you need to know BEFORE having sex but you should still abstain from sex until you have achieved your other goals and are truly READY.

RESOURCES/MATERIALS

- flip chart paper
- masking or painter's tape
- thick markers – various colours
- pencils/pens
- watch or cell phone for time-keeping
- *Reading 9.3.1: An 11-step learner guide to using male condoms correctly*
- *Reading 9.3.2: How to use a female condom*
- two or three male condoms for demonstration purposes
- hand washing station
- optional: unopened male condom that is past its expiration date
- optional: unopened male condom with wear on the package that would suggest that the contents are not safe to use during sex

NOTE TO THE EDUCATOR

The demonstration on the model of an erect penis may initially be a challenge for many educators but remember your learners need to get authentic content and need to know that their sexual safety is a priority. Setting the right context in the classroom may be aided by having an open discussion with your learners beforehand so that they understand the seriousness, importance and absolute need to be open about the issues related to the topic.

Expect to get some reactions from parents who are not comfortable with the information their children will receive. Perhaps the School Management Team could assist by raising awareness of this with parents at the School Governing Body meeting or sending a formal note to parents giving the context of how this discussion will happen with their learners.

If you feel insufficiently skilled or you have not had enough practice to perform the male condom demonstration, you can look into options for having a guest presenter, like a public health educator or a nurse from the health department or a non-governmental organization (NGO), to visit your class and perform the demonstration.

If this is not possible, you may want to have an open discussion with your learners beforehand about some of the issues that make being open about using a condom so difficult for many people, like cultural taboos, religious and personal choices, or how society still treats the use of condoms.

Male condoms are available free of charge at your local public health clinic. Learners can also obtain male condoms at non-governmental health or social service organizations, in taxis and sometimes in shebeens or public toilets (e.g. in train stations).

If penile models are not available, you and your learners can use bananas, carrots, cucumbers or even just keeping the forefinger and middle finger close together on one hand. Make it clear to your learners however that in actual use, the condom MUST be worn on the penis; there is a myth that simply putting a condom on a carrot, banana or broomstick sitting in the room prevents pregnancy.

NOTE TO THE EDUCATOR

This information should be shared with your learners. Some of your learners may have had or will have some (allergic) reactions when using condoms. They need to understand that it is the material that condoms are made of that has caused their skin to itch and that they must NOT become fearful of using condoms.

Caution regarding the handling of a latex condom

Research notes

Less than one percent of the population is allergic to latex rubber and the allergy is usually mild. Still you may have one or more learners in your class with this allergy so watch out for signs of allergic reaction among students while they are handling latex condoms:

Latex allergy symptoms

- red, itchy rash where skin has touched the latex
- swelling right around the site
- sneezing, runny nose, teary eyes
- wheezing
- trouble breathing or swallowing
- tightness in the chest

If a learner shows signs of an allergic reaction to latex, get the learner away from it right away. If the learner's skin is red and itchy at the spot where they touched latex, or their nose gets stuffy and they sneezes, those symptoms are uncomfortable but not dangerous. If available, the learner can take an antihistamine and use a soothing lotion like calamine or a 1% hydrocortisone cream. Avoid antihistamine creams or gels, which can cause a reaction.

Symptoms of a latex allergy can show up 12-36 hours after coming in contact with the latex – that's called a delayed reaction. The redness and swelling may cover more parts of the learner's body, and they may have crusted sores or blisters. Usually these symptoms are not dangerous either. Taking an antihistamine and using a hydrocortisone cream should help. If they do not work, a doctor can prescribe a stronger steroid cream or ointment

More severe reaction to latex

These symptoms can be life-threatening:

- trouble breathing or swallowing
- feeling nauseous
- chest pain
- drop in blood pressure

A learner exhibiting these symptoms needs immediate medical attention and an epinephrine shot. The learner still needs to see a doctor or emergency medical professional even if the shot works.

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Practise placing a male condom on an improvised penile model, e.g. a carrot, a banana, a broomstick or whatever is available. Make sure you can conduct a condom use demonstration with clarity and comfort. You can find short video clips of educators demonstrating the correct use of a male condom at:
   a) http://www.youtube.com/watch?v=EdSq2HB7jqU (Planned Parenthood)
   b) http://www.youtube.com/watch?v=gXlcEJhYVuc (NAF AmeriCorps)
4. Optional: apply "wear-and-tear" to an unopened male condom package to create an example of a condom that should be rejected as not safe to use (e.g., rub the package on concrete/asphalt, jab it with keys, fold and crush it a few times, etc.).
5. Optional: obtain a male condom that is past its expiration date.
6. Optional: find small prizes for learners who perform well on the review activity.
7. Set up a hand washing station. This station can consist of a sink, soap and water or anti-bacterial wipes, i.e. whatever resources are available for learners to clean their hands after handling the male condoms.

ACTIVITIES

A.1 Condoms and their benefits and concept review of contraception

1. Tell your learners that today the class is going to focus on how to use male condoms correctly. Remind your learners that the SAFEST choice is NOT to have sex: abstinence is the only 100% effective method for preventing HIV, STIs and teenage pregnancy. For those learners who choose to have sex, condoms can be very effective at preventing the sperm and egg from meeting, as well as providing prevention from STIs.
2. Divide your learners into equal-sized groups of three or four.

NOTE TO THE EDUCATOR

This activity is designed as a quick review. If dividing your class into groups of three or four is likely to take too much time, ask your learners to turn to a learner next to them and work as a pair

3. Make sure each group has a piece of scrap paper and something to write with. Ask the groups to assign one member the task of recording the group's answers on the scrap paper.
4. Write "Ways to keep sperm and egg apart" on the board or on a poster- sized piece of paper. Tell the groups that they have one minute to come up with as many of the ways to keep the sperm and egg apart as they can recall from *Lesson 9.2: Safer sex – Hormonal contraception.*
5. Ask the groups to start the activity. Warn them when they have 10 seconds left. When they are out of time, tell them to immediately stop writing and put their pens and pencils down.
6. Ask the groups to swap papers with another group.
7. Read all the answers on the reference list below. Keep in mind that not all the methods listed below are available at public health clinics in South Africa. Have the groups check the lists given to them by another group against the one you will read out.
   a) abstinence from sex
   b) contraceptive pill
   c) IUD
   d) injection, aka "The Shot"
   e) implant
   f) contraceptive patch
   g) contraceptive ring
   h) male and female condoms
8. Ask your learners to find out which groups got the most correct answers, second most correct answers, etc. Give highest-scoring pairs a small prize (e.g. apiece of candy), if appropriate.
9. Ask your learners if they have any questions and briefly answer questions if they have them.

A.2 Condoms: The benefits

1. Write "male condoms" on the board or on a poster-sized piece of paper.
2. Ask your learners to volunteer what they know about the advantages and unique aspects of using male condoms.
3. Write your learners' answers on the board or a poster-sized sheet of paper.

NOTE TO THE EDUCATOR

It is likely that your learners will ask about or assert their beliefs and myths about condoms. Do not write anything on the list that is not a benefit or advantage. Point out to learners if they are describing something that you think is a myth. You need not engage in a discussion on these myths in this activity. The next lesson, Lesson 9.4, has an activity dedicated to identifying and discussing condom myths.

4. If your learners miss any of the answers below, mention them and write them on the list.
5. Male condoms:
    a) protect from BOTH STIs, HIV and pregnancy;
    b) do not require an appointment at a clinic;
    c) are affordable and accessible: condoms are available free of charge in many places;
    d) are easy to use; and
    e) are the only male-initiated method, besides abstinence and vasectomy.
6. Emphasise to your learners that condoms – made for both men and women - are the ONLY contraceptive method that prevents pregnancy and ALSO provides protection against STIs and HIV. Remind your learners they are at risk for pregnancy, STIs and HIV and if they choose to have sex they should USE A CONDOM EVERY TIME.
7. Also remind them that potential sex partners who have STIs, including HIV, may show no signs of being infected; in fact, they might look perfectly healthy. Even though a person may be in a monogamous relationship, their partner might be having sex outside the relationship, exposing both partners to risk for STIs and HIV. Or their partner might have been infected in a previous sexual relationship. Anyone who has had sex is potentially at risk. Thus, if they are sexually active, the ONLY way to protect themselves is to use condoms correctly and consistently, EVERY TIME they have oral, vaginal or anal sex.
8. Explain that because condoms are such an important method of birth control and STI prevention, this activity is going to be dedicated to learning how to use male condoms correctly.
9. Also tell your learners that female condoms are an equally good choice and are becoming increasingly available. Explain to your learners that while there is not time in the lesson to practice using female condoms, they will receive a handout that explains how to use them.
10. Ask your learners if they have any questions. Briefly answer questions as needed.

NOTE TO THE EDUCATOR

This list of benefits will be needed in Lesson 9.4: Barriers to condom use

- **Record the list and put it with that lesson plan so you'll have it when you prepare the lesson**

A.3 Condoms: Where to get them?

1. Ask your learners if they know where to get male condoms. Write your learners' answers on the board or a poster-sized sheet of paper. Answers should include:
   a) chemists and supermarkets (condoms have to be purchased);
   b) clinics (free condoms);
   c) non-governmental organisations (NGOs) focused on health or social services; and
   d) community organisations.
2. And sometimes condoms can be found in:
   a) taxis;
   b) shebeens;
   c) taverns;
   d) public toilets; and
   e) public buildings.

NOTE TO THE EDUCATOR

If your learners are too shy to answer out loud, they can write places where condoms can be found on individual slips of paper, put them in a basket and then they can pick out one to read to the class; or you can pick their answers out and read them out.

It is a good idea to keep the list the class creates of places to obtain male condoms posted in the classroom, so that learners can both refer to it and add to it throughout the year.

A.4 Condom demonstration

1. Remind your learners that the surest way to avoid acquiring or spreading HIV and other STIs is to abstain, that is the SAFEST choice is NOT to have sex. Also point out that once they decide to have sex, one of the best ways to protect themselves from HIV and STIs is to use condoms correctly and consistently; if they choose to have sex, they must USE A CONDOM EVERY TIME.
2. Caution them that condoms are not foolproof. Used correctly and consistently they are very effective at preventing pregnancy and STIs that are transmitted through the exchange of bodily fluids. Remind your learners that STIs that are transmitted from skin to skin contact are not prevented by condom use when the condom is not a barrier against patches of skin that are contagious (e.g. HPV or herpes).
3. Also emphasise that they have the right to require a sexual partner to use a condom, for the sake of both partners' sexual health.
4. Tell your class that in this activity you are going to demonstrate how to use male condoms correctly. Tell your learners that this is a very important skill to learn even if they are not yet having sex. It is likely that they will need this skill in the future.

5. Ask your learners to turn to *Reading 1: An 11-step learner guide to using male condoms correctly and Reading 2: How to use a female condom in their* workbooks.
6. Explain to your learners that you are going to review and when appropriate, demonstrate, on available models, each of the 11 steps listed on their handout about male condoms. Tell them that you will discuss the first few steps with them and then demonstrate the remaining steps using an actual condom on a penile model. Inform the class that in the next lesson they will practise putting a condom on a penis model themselves.
7. Select one or more learners to read each of the steps for using condoms correctly in *Reading 9.3.1: An 11-step learner guide to using male condoms correctly.* Ask your learners to volunteer to read just the step that is in **bold** text.
8. After each step is read, share the information below. Feel free to put this information into your own words, as long as the major points are presented.

Step 1) Remind yourself of your values and goals.

a) Remind your learners that before the need for a condom ever arises, they need to reflect on their personal values and goals and not let peer pressure or the "heat of the moment" pressure them in to having (unprotected) sex that might have negative consequences later.
b) Further remind your learners that they clarified their values regarding sex during *Lesson 7.2: Our values, our compass* in the Grade 7 portion of this sexuality education curriculum.
c) Explain to your learners that the life goals they articulated in L*esson 9.1: Setting goals & reaching your potential - 3* this year are a road map for where they want to get to in their lives and that these goals, and how they go about achieving them, reflect their values. Emphasise that they want to be clear that these goals and values are not put at risk by a decision to have sex.
d) Also emphasise to your learners that learning how to use a male condom correctly does NOT mean that they are ready to start having sex or that they should start having sex NOW. The skill of using a male condom is something they need to know BEFORE having sex but they should still abstain from sex until they have achieved their other goals and are truly READY.

Step 2) Talk to your partner about using condoms.

a) Stress to your learners how critical it is that they have a discussion with their partners, ahead of time, that produces a commitment from both partners in a sexual relationship to use condoms.
b) Insist that your learners have this discussion with their partner at a time and place that is calm, private and removed from sexual activity; NOT during sexual activity, the so-called "heat of the moment".
c) Emphasise to the class that everyone has the right to protect themselves by requiring condom use during sex.

Step 3) Get a male condom (in fact, get more than one)

a) Display a male condom in its package.
b) Remind your learners of the poster-sized list that they helped you make at the start of class about places where they can obtain male condoms.

c) Make the point that they should get condoms made of latex or polyurethane; not the ones made from animal skin.

d) Tell your learners to avoid gimmick or novelty condoms not made for health protection.

NOTE TO THE EDUCATOR

Some condoms are made from animal skin such as "lambskin" condoms, though such condoms are not common in South Africa.

NOTE TO THE EDUCATOR

Even if none of the learners in your class are allergic to latex, they could have a future sexual partner who is, so they should know that non-latex condoms are available. The most common non-latex material made into condoms is polyurethane. Condoms manufactured from polyurethane are the same width and thickness as latex condoms. Polyurethane condoms have both advantages and disadvantages over latex condoms. On the positive side, polyurethane condoms conduct heat better, are less vulnerable to heat and ultraviolet light (making them more resilient to non-optimal storage conditions), are usable with oil-based lubricants and have no odour. On the negative side, polyurethane condoms are more expensive while being less elastic (making them more likely to slip and break); they do not retain their shape as well and bunch up more than latex.

Step 4) Store condoms in a protected place where you can easily grab one.

a) Explain to your learners that they should know certain things about condom storage—namely:
- Condoms should be stored away from heat and sunlight. This kind of exposure can weaken the condom, causing it to tear or break during sex.
- Condoms should not be stored in wallets. They can suffer heat damage, wear and abrasion.
- Condoms should not be kept in a trouser pocket for a long time. They can suffer abrasion or accidentally be put into the wash.
- Condoms should not be stored in the cubby hole of a car for a long period of time. A cubby hole is likely to be subjected to periods of high heat.

b) Ask your learners for a few examples of good places to store condoms. These include:
- a jacket pocket (away from high heat);
- a handbag (away from high heat);
- a dresser drawer or night-table drawer;
- a cardboard box under the bed; etc.

c) Emphasise that a condom should be kept in place where it is easy to grab and ready to use; even if they think there is only the *possibility* that they will have sex.

d) Emphasise that if they think they are going to be sexually active, whether they are a girl or boy, carrying a condom does not mean that they are "easy" or a "slut" or a "player". It means that they are mature and concerned about their health. They must not let the ignorance and sexist comments of others prevent them from taking care of their health.

Step 5) Check the expiry date on the condom.

a) Hold up the male condom in its package, where the class can see it. Find the expiry date, show the class where you found it on the package and read the date out to the class. Ask the class to tell you whether the condom has expired or not.

NOTE TO THE EDUCATOR

If you obtained an expired condom as part of your preparation for this activity you can use it in one, or both, of two ways: (a) use it for demonstrating Step 5, above, in order to make sure that learners catch that it is expired, and/or, (b) pass it around the class so that your learners can see, first-hand, that the expiration date has passed.

Step 6) Inspect and open condom package carefully.

a) Hold up the package where the class can see it. Examine the entire package and confirm that there are no rips, tears, abrasions or staple holes. Some NGOs staple condoms to educational pamphlets; that would suggest that the condom might be damaged

NOTE TO THE EDUCATOR

If you added an unopened condom with "wear-and-tear" as part of your preparation for this activity, pass it around so that your learners can see first-hand what they should be looking for when they decide to reject a condom as unsafe for use.

b) Carefully open the package and remove the condom. Show your learners how to move the condom to one side in the package to avoid contact with it when you tear across the package.

c) Point out that not moving the condom to one side of the package, tearing open a condom package with your teeth, cutting it open with scissors or snagging the condom on jewellery or on long fingernails are all ways to damage a condom and make it unsafe to use.

Step 7) Pinch the tip of the male condom.

a) Begin to put the condom on the penis model, pinching the tip as described in the handout. Hold the condom up in the air so the entire class can see it and exaggerate the pinching action so it is easily observed by your learners.

b) Explain how, by pinching the tip, you are both preventing air from being trapped in the condom and creating room for the ejaculate (semen) to go into. Explain that this reduces the chance of breaking the condom.

Step 8) Roll the male condom down to the base of erect penis.

a) Roll the condom down over the penis model. Roll the condom down all the way to the base of the penis and stress the importance of this to your learners. Highlight that this will help to prevent the condom from slipping off.

b) Emphasise to your learners that the penis *must* be erect when you put the condom on it.

c) Explain that a male condom can only roll down one way. Stress to your learners that if they make a mistake and attempt to put a male condom on inside-out they need to throw the condom out and use a new one because pre-ejaculate will have contaminated the side of the male condom that will enter their partner.

d) Explain that male condoms stretch to fit any size penis, and that while the various brands may vary slightly in size, condoms will generally fit any size penis.

NOTE TO THE EDUCATOR

If there is time, you can demonstrate how much a male condom can stretch by sticking your whole hand into the condom or by blowing up the condom like a balloon.
It is important not to dismiss a male learner who says that male condoms are too small. Different condom brands come in different sizes. What is most important is that the user feels comfortable so that he will use them again!

e) Discuss the use of lubricants. Stress that only water-based lubricants should be used with condoms, NOT lubricants that are made with oil, including petroleum jelly, baby oil, or hand and skin creams. Identify any readily available water-based lubricants that your learners are likely to be able to obtain (e.g. KY-Jelly, Playtex, Astroglide, etc.) at the chemist or supermarket. Explain that some men like to put a drop or two of lubricant on the inside of the condom to increase pleasure and sensation.

f) Also explain that lubrication can be used on the outside of the condom; one or both partners may prefer the sensation of sex with lubricant applied this way. Explain that use of lubrication can prevent small tears in genital tissue that can result from "dry sex"; such tears increase the chances of HIV and STI transmission.

NOTE TO THE EDUCATOR

If there is time, you can demonstrate how oil-based lubricants can destroy a condom. Blow up a condom and tie it up like a balloon. Rub the condom with a bit of oil (e.g., cooking oil, Vaseline, baby oil, etc.) and then wait. Within a minute or two, the condom should burst demonstrating that an oil-based lubricant will damage the condom.

g) Insist that your learners should not put herbs or other substances into the vagina to dry it out. Not only does this increase the chance of STI transmission, it can also cause pain for the women during and after sex.

h) Caution your learners that condoms can break during sex. Emphasise that following the "steps for correct condom use" will reduce the likelihood that they will break condoms by avoiding trapping air inside or by incorrectly pulling a condom on, instead of unrolling it.

Step 9) Have sex.

a) Use your hand to represent a mouth, vagina or anus and briefly mime the penis model involved in sexual activity, keeping the model on the demonstration table.

NOTE TO THE EDUCATOR

This may evoke some uncomfortable reactions from your learners, but it is important to do in order to demonstrate the next step: the correct technique for withdrawing the penis to remove the condom.

Step 10) Withdraw penis immediately after ejaculation.

a) Hold the condom at the base of the penis model to show your learners how to ensure that it does not slip off while you slide the hand that represents a mouth, vagina or anus off the model to simulate a withdrawal motion.

b) Emphasise that the man should withdraw his penis IMMEDIATELY after ejaculating. He should NOT wait to withdraw his penis from a sex partner; doing so means the penis will start to get soft again and this will increase the chance that the condom will slip off, allowing semen to leak into his partner.

Step 11) Dispose of the condom.

a) Tie a knot at the end of the condom (so that semen does not leak out), wrap it in a tissue and throw it out in a nearby trash can. Stress to your learners that they should throw condoms away in a private place.

b) Emphasise that they should NOT throw condoms in the toilet because they can clog the toilet. Also stress that they should not throw them into or behind a bush where they become litter or where children or animals might find them.

c) Briefly direct your learners to *Reading 2: How to use a female condom* in their workbooks.

d) Explain that this lesson focuses on male condoms because they are more widely available (often for free) and easier to use and therefore the most important way of to get protection. Explain that, by contrast, female condoms have to be obtained from a clinic because their use must be demonstrated by a health care professional. Explain that female condoms are also more expensive to purchase or supply via government programs.

e) Explain that female condoms are just as effective as male condoms (if used correctly and consistently) and also have some advantages over male condoms, such as:
   - being female-initiated;
   - not requiring the male partner's erection to keep the condom in place;
   - not reducing the male partner's sexual stimulation; and
   - being usable by people who are known to be sensitive to latex (female condoms are made out of plastic).

f) Use any remaining time for the activity to answer any questions that your learners have regarding the steps you have explained.

CLASSROOM ACTIVITY

Condom myths

1. Explain to your learners that many people do not use condoms – and therefore do not receive their benefits – because they believe stories about using condoms that are not true. These stories are called "myths". Explain that when talking about public health, the term, myth, is used for an untrue story, about a health practice, that is spread around although there is no evidence to support it.
2. Ask the class to brainstorm stories they have heard about condoms and condom use and write these down. Encourage them to include as many stories as they can think of, even if they are not sure whether they are true or not. Have volunteers briefly share the stories they have heard.
3. Give each story a "name" and make a list of these stories on the board by writing down each name. For example, a learner might say, "I heard that the government puts AIDS on condoms to make people sick so they can't protest against the government." You can name this story, "government HIV and AIDS condoms myth".
4. Generate a written list of 3-6 condom myths depending on time available. The list could include some or all of the following, plus others that your learners might have heard:
   a) The government put HIV on condoms to get people sick.
   b) HIV can pass through tiny pores in a condom.
   c) The condom can get stuck inside the woman.
   d) The condom prevents sperm from being released and this is unhealthy.
   e) Real men do not wear condoms.
   f) It takes away the pleasure from sex – like eating a sweet with the paper on.
   g) Government condoms are not safe.
   h) In our culture we do not use condoms.
   i) Condoms are too small to fit your penis inside them.
   j) There are holes in the tip of government condoms.
   k) Sex is not enjoyable with a condom.
   l) If you use a condom with a virgin, sex will be more painful for her.
   m) Government condoms smell funny.
5. Spend 10 minutes debunking these "myths" for your learners and give your learners accurate information.

NOTE TO THE EDUCATOR

Hopefully you have the information you need to debunk all the myths that your learners have heard about condom use. However, if there are myths that learners share for which you do not have the information you need to accurately debunk them, promise your learners that you will research those stories and get back to them. Speak to someone at the local health department or check a reliable website to get accurate information. Schedule time to report back to your learners on your research in a later class.

CONSOLIDATION

1. Summarise the lesson's key points:
   a) Anyone who is sexually active is at risk for STIs and HIV.
   b) People who have STIs – including HIV– often show no signs of being infected.
   c) The SAFEST choice is NOT to have sex: abstinence is the only 100% effective way to avoid STIs, HIV and teenage pregnancy.
   d) If you choose to have sex, USE A CONDOM EVERY TIME.
   e) Condoms are the ONLY contraceptive method that ALSO prevents STIs and HIV transmission.
   f) Find out where YOU can get condoms!
   g) You should learn how to use a condom BEFORE making the decision to have sex.
   h) Knowing how to use a condom, does NOT mean you are ready to have sex.
   i) The skill of using a condom is something you need to know BEFORE having sex but you should still abstain from sex until you have achieved your other goals and are truly READY.
2. Explain to your learners that in the next lesson you will continue to talk about condoms. Your learners will all have a chance to use a condom correctly on a penile model (or something similar) as well as debunk some false information about condoms.

ASSESSMENT

Recommended assessment strategies

1. Written task

a) Write down, in a step-by-step map, the steps that are important to remember when using a condom. Use the questions below and referring to Reading 9.4.1 to remind you if you cannot recall all the steps.

b) Complete the step-by-step map:

Step 1:	**Step 2:**	**Step 3:**
.....	.....	.....

Test your knowledge

Ask your learners to answer the following questions:

1. What are 3-4 benefits of using a condom?
2. Where in your community can teenagers obtain male condoms at low or no cost?
3. What does it mean to use a condom consistently?
4. Describe how to use a male condom correctly. Can you list all 11 steps?
5. Under what circumstances or conditions should you talk to a sexual partner about using condoms?
6. What are some places where you should NOT store condoms?
7. What should you NOT do when opening a condom package?
8. What should you do just before rolling a male condom down over a penis?
9. What should you do if you discover that you are putting the condom on inside-out and it will not roll down?
10. How soon after ejaculation should a male withdraw his penis and remove the condom?

RESOURCES

READING: 9.3.1: AN 11-STEP LEARNER GUIDE TO USING MALE CONDOMS CORRECTLY

Step 1) Remind yourself of your values and goals.

a) Before you have sex think about your personal values related to sex, relationships, protecting your health and protecting your future. Remember that the health and future of your partner is also important! Make sure you are not feeling pressured to have sex and that the decision to have sex is *really* the right decision for you.

Step 2) Talk to your partner about using condoms.

a) When you start having sex you have the right to require that you and your partner use condoms. Before you have sex, discuss condom use with your partner and make an out-loud promise to protect each other by using condoms every time. This is critically important for both girls and boys.

b) Do not wait to have the discussion about condoms in the middle of sexual activity. No one's judgment is clear in the "heat of the moment". Instead bring the topic up at a time when you can both have a calm and private conversation.

c) Once you and your partner agree to use condoms both of you can carry out this decision together. Take turns buying them or buy them together, share the costs of paying for them, figure out together where to store them, and/or put them on together.

d) If your partner will not agree to this, it should be a deal-breaker. Sex without a condom is NOT a good choice.

Step 3) Get a condom (In fact, get more than one)!

a) You cannot use a condom unless you have one! Places you can get condoms include: health departments, public clinics, chemists, supermarkets, health-related NGOs and some taxis, shebeens and public toilets.

b) Condoms should be made of latex or polyurethane and not of animal skin, which does not protect you from STIs. Avoid gimmick or novelty condoms. These are usually not made for health protection.

c) Some people say that they are embarrassed to go to a chemist or supermarket and buy a condom, but you are smart enough and have the assertiveness and communication skills to get past embarrassment. You know that using a condom is the right thing to do for yourself and your partner and much more important than any embarrassment you might feel.

Step 4) Store condoms in a protected place where you can easily grab one.

a) You cannot use a condom if it is not within reach when you and your partner decide to start having sex. You are a lot more likely to actually use the condoms you have, if you can just reach for one rather than having to get up and go into the other room to get it.

b) Some of the handiest places to keep a condom are likely to damage it, for example, in your wallet. The heat, pressure and abrasion put on a condom from you repeatedly sitting on your wallet can weaken it and increase the likelihood that the condom will break when it is used.

c) Protect your condoms so they can protect you. Store your condoms in a cool, dry, protected place like a drawer in a dresser or night table, or in a box under your bed.

Step 5) Check the expiration date on condom.

a) Do not use an expired condom. The latex of an expired condom is more likely to have broken down making it more likely to break during use. It is also probable that an expired condom has been weakened by heat and wear-and-tear, making it more likely to break.

Step 6) Inspect and open condom package carefully.

a) Look over the package and make sure there are no punctures, tears, abrasions or other damage that might have affected the condom inside. When you are opening the package be careful not to rip the condom by catching it on a fingernail or a piece of jewellery. If you think a condom might be damaged, throw it out and get another condom.

b) If you use a lubricant, make sure it is water-based (e.g., KY Jelly, Playtex, Astroglide, etc.), NOT oil-based (e.g., cooking oil, Vaseline, baby oil, etc.).

Step 7) Pinch the tip of a male condom.

a) Once you have a male condom safely out of the package, pinch the tip as you position it over top of the erect penis. By pinching the tip you are making sure that no air gets trapped inside it and you are creating an empty space for the ejaculate (semen) to go into. This will reduce the chance that the condom will break.

Step 8) Roll a male condom down to the base of erect penis.

a) Roll the male condom down. Do not pull on it! Roll it all the way down to the base of the penis so that it cannot slip off during sex. A condom can only roll down one way. You will know you have it on inside out because it will not unroll easily. If this happens, throw the condom out and use a new one because some pre-ejaculate will have gotten on the side of the condom that would normally enter your partner.

Step 9) Have sex.

a) Be caring. Be safe.

Step 10) Withdraw penis immediately after ejaculation.

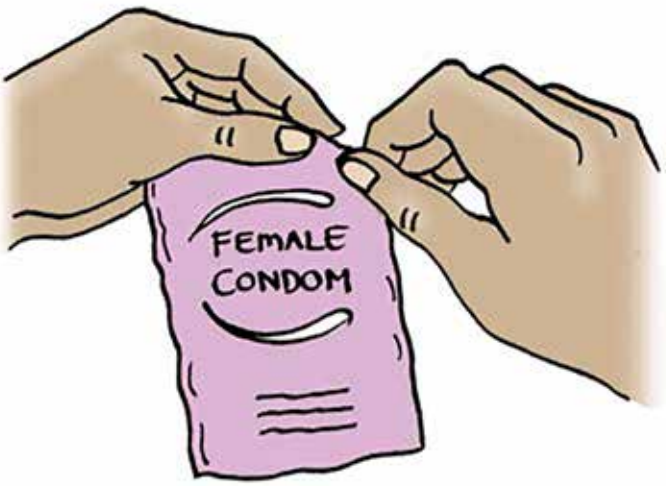
a) Hold the condom at the base of the penis while withdrawing to make sure it does not slip off and leak semen into your partner. Do not wait to withdraw your penis from your partner. When you lose your erection and your penis gets soft again, there is a much greater chance that the condom will slip off and semen will leak into your partner.

Step 11) Dispose of the condom.

a) Tie the end of the condom in a knot (so that semen does not leak out), wrap it in a tissue and throw it out in a private place. Do not throw condoms away in the toilet; condoms can clog toilets. Do not throw condoms away behind bushes or in the veld where young children might pick them up and play with them.

READING 9.3.2: HOW TO USE A FEMALE CONDOM

1

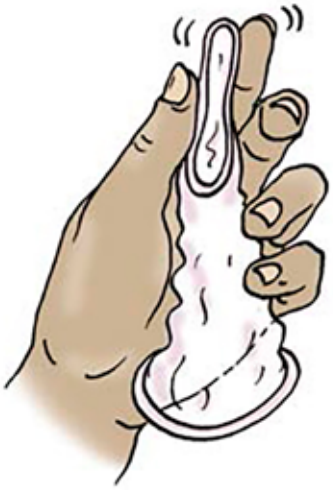


Open the package carefully; tear at the notch on the top right of the package. Do not use teeth, fingernails or sharp objects.

2

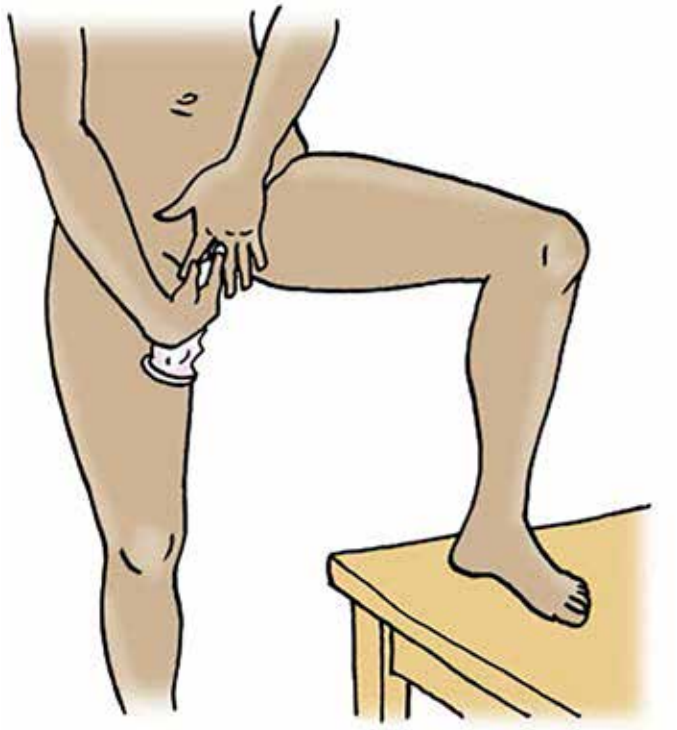
The outer ring covers the area around the opening of the vagina. The inner ring is used to put the condom in and to help hold it in place.

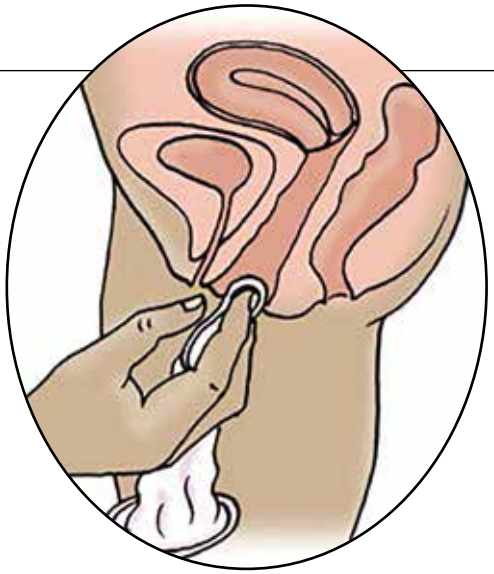
3



While holding the condom at the closed end, grasp the flexible inner ring and squeeze it with your thumb and fingers so it becomes long and narrow.

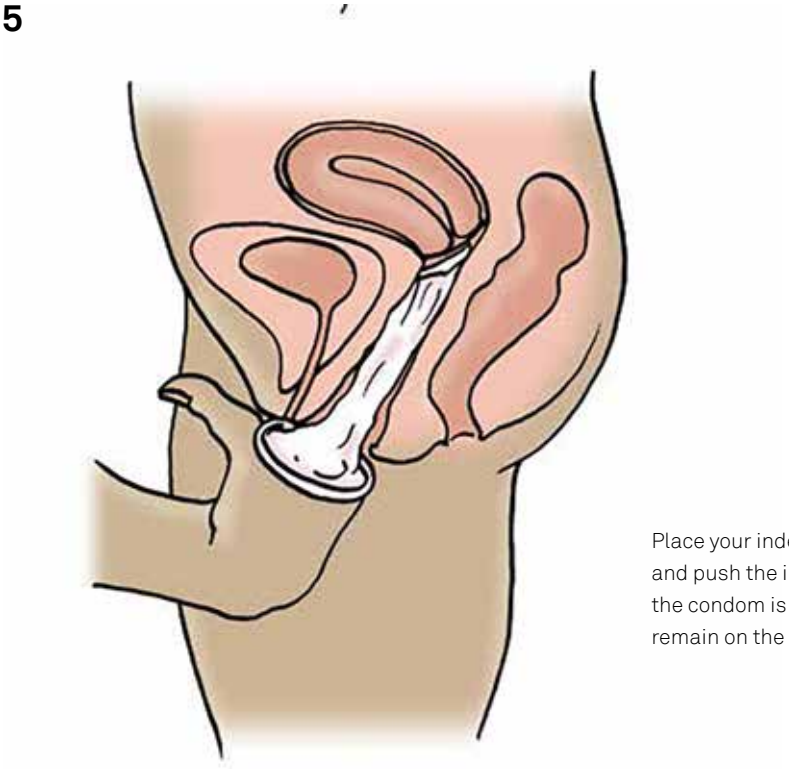
4





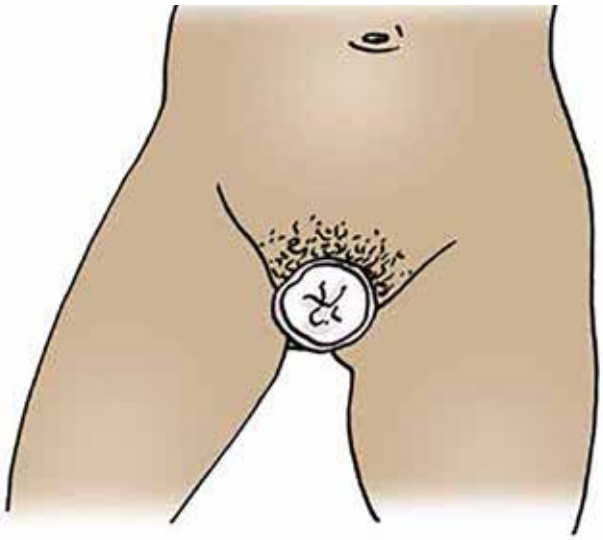
Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.

5



Place your index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the condom is not twisted. The outer ring should remain on the outside of the vagina.

6

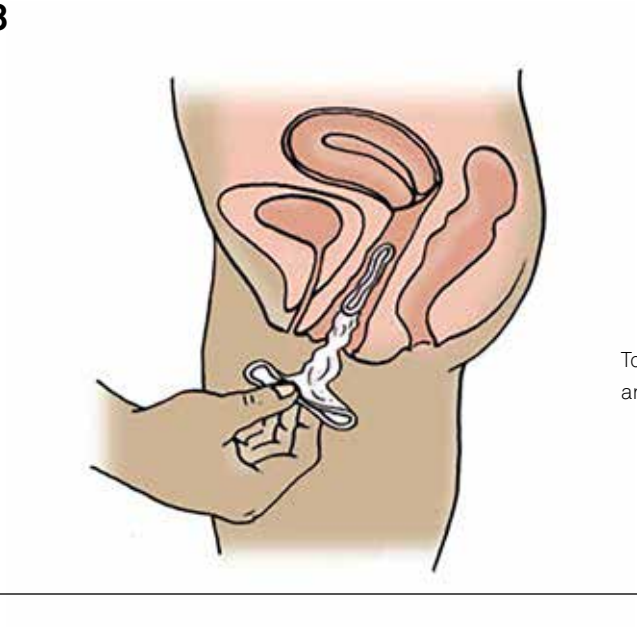


The female condom is now in place and ready to use with your partner.

7

When you are ready, gently guide your partner's penis into the condom's opening with your hand to make sure that it enters properly – be sure that the penis is not entering on the side, between the sheath and the vaginal wall.

8



To remove the condom, twist the outer ring and gently pull the condom out.

9

Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it in the toilet.

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GLOSSARY

- abstain
- community
- condoms
- erection
- HIV
- AIDS
- latex
- lubricant
- ovary
- penis
- pregnancy
- safe sex
- sperm
- STI
- vagina

Lesson 9.4

Barriers to condom use

Lesson 9.4

Barriers to condom use

Grade	9
CAPS topic(s)	Development of the self in society.
CAPS subtopic(s)	Sexual behaviour and sexual health • Risk factors leading to unhealthy sexual behaviour • Factors that influence personal behaviour including family, friends, peers and community norms • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behavior
Link to other subtopics in CAPS	Goal-setting skills: personal lifestyle choices • Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices: o Informed decision-making skills: positive and negative influences
This lesson will deal with the following:	• 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.
Concepts	• barriers • solutions • condom • alcohol • drugs • contraceptive methods • challenges • slogan • condom • effectiveness • clinic • birth control method
Teaching Methodologies	• brainstorming • competitive games • problem-solving activities • small group work • persuasive writing
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.4: Barriers to condom use,* your learners start the lesson with a reminder on the effectiveness of male condoms in preventing STIs, HIV and teenage pregnancy, if used correctly and consistently. Your learners will then compete in pairs to brainstorm on barriers and challenges to condom use. In small groups, your learners will create an advertising slogan that promotes one or more strategies for overcoming a specific barrier to condom use.

KEY POINTS

1. Anyone who is sexually active is at risk of contracting STIs and /or HIV.
2. People who have STIs – including HIV – often show no signs of being infected.
3. The SAFEST choice is NOT to have sex. Abstinence is the only 100% effective way to avoid STIs, HIV and teenage pregnancy.
4. If you choose to have sex, USE A CONDOM EVERY TIME.
5. Condoms are the ONLY contraceptive method that also prevents STIs and /or HIV transmission.
6. Condoms used correctly and consistently can be very effective at preventing HIV, many other STIs and teenage pregnancy.

RESOURCES /MATERIALS

- flip chart paper
- masking or painter's tape
- thick markers in various colours – one set of 3-4 for every four learners
- pencils/pens
- scrap paper; approximately one sheet for every two learners
- poster-sized paper; one sheet for every four learners
- watch or cell phone for time-keeping

NOTE TO THE EDUCATOR

This SLP can be delivered in the time frame allocated. Preparing materials and resources beforehand will assist you to achieve this.

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Write a large-sized list of steps for your learners to follow for Activity 3 on the board or a poster-sized sheet of paper. The steps can be found below in the lesson plan.
4. Create a large-sized list of barriers to condom use that includes all of the barriers or challenges below by writing them on the board or a poster-sized sheet of paper. Leave space to hang the slogans that your learners will write on ½ sheets of blank paper next to or, underneath the barriers. Cover the list so that your learners cannot see it until you reveal it at the end of Activity 2. The list of barriers can be found below in the lesson plan.
5. Write the following two prompts on the board or a poster-sized piece of paper:
   a) Which slogan do you think is the most "catchy?"
   b) Which slogan do you think is the most convincing?

ACTIVITIES

A.1 Condom effectiveness

1. Express your wish that your learners will avoid pregnancy and STIs – especially HIV – so that they do not get in the way of them achieving their dreams and goals for their adult lives, or harm their health.
2. Remind your learners that the SAFEST choice is NOT to have sex: abstinence is the only guaranteed way to avoid teenage pregnancy, HIV and other STIs. Emphasise to your learners: if you have sex USE A CONDOM EVERY TIME to prevent pregnancy and prevent the spread of HIV and other STIs.

A.2 Barriers to condom use

1. Introduce the second activity by telling your learners that there are many things that can get in the way of people using condoms; what we call barriers or challenges. Explain that you want their help identifying these barriers and challenges AND with coming up with ways that they can overcome these barriers and challenges and be able to use condoms correctly and consistently when they make the decision to begin having sex.
2. Divide your learners up into small groups or pairs. Make sure each group has a piece of scrap paper and something to write with. Ask groups to assign one member the task of recording the group's answers on the scrap paper.
3. Ask the groups to spend three minutes on coming up with as many barriers and challenges to using condoms as they can.

4. Ask the class to start the activity. Warn them when they are halfway through their three minutes and again when they have 10 seconds left. When they are out of time, tell them to immediately stop writing and to put their pens and pencils down.
5. Ask the groups or pairs to exchange written scripts with another group/pair.
6. Use the large-sized list you created in preparation for this lesson. Read out all the answers the groups have come up with, using the poster for reference. The groups must check the list that they have been given by the others group.
7. Use the list below as the reference to the barriers to condom usage:
   A person may not use condoms because they:
   a) are too embarrassed to go to the clinic to fetch condoms;
   b) do not trust the free government condoms;
   c) do not have money to pay for other condoms;
   d) have a partner (male or female) who does not want to use a condom;
   e) think that condoms do not feel good;
   f) use alcohol and drugs;
   g) think it is not "our culture" to use condoms;
   h) have family or religious beliefs that are opposed to contraception;
   i) think that condoms "kill the mood";
   j) think that using a condom means that you do not trust your partner;
   k) think that girls who carry condoms are "whores" or "sluts";
   l) already use the pill or another birth control method, so they do not need a condom;
   m) or their partner insists that they are "clean" (disease free) or that condoms are for people with diseases;
   n) do not know how to talk to their partner about using condoms;
   o) are afraid that their partner will get violent or abusive if they suggest it; and
   p) have a partner who is not the type of person who needs to use a condom because they come from a good house/attends their church/ etc.
8. Check with your learners for answers that are not included on the list. Add any answers that your learners come up with that you judge to be valid additions to the master list.
9. Ask your learners to find out which groups got the most correct answers, second most correct answers, etc. Give highest-scoring pairs a small prize (e.g., piece of candy), if appropriate.
10. Ask your learners if they have any questions and answer any questions that they pose about clarifying the points on the list.

A.3 Overcoming barriers to condom use

1. Explain to your learners what a slogan is and give them an example.
2. Let your learners brainstorm in groups to come up with several catchy slogans that communicate both your suggested way of overcoming the barrier to condom use of their choice and the benefit that comes with using condoms.

CLASSROOM ACTIVITY

B.1 Creating an advertising slogan about overcoming a barrier

1. Keep your learners in their existing groups or reconfigure the existing groups. Divide them into groups of four (or pairs – whatever works best for your classroom). Give each group a pencil with an eraser, and a small stack of scrap paper.
2. Ask the small groups to imagine that they are employees of an advertising firm that has been hired to promote condom use. Each small group is in charge of creating a slogan for a new advertising campaign.
3. Assign one barrier to each small group. Be sure to assign the barrier "embarrassed to buy or be seen getting condoms" to at least one group.
4. Ask your learners to develop a catchy slogan about how to overcome the barrier assigned to their group. Refer them to the list of steps for creating their slogan written on the board or a poster-sized sheet of paper:
    a) Identify a benefit to using condoms to help the viewer push past the barrier.
    b) Choose one way of overcoming the barrier on which to focus the slogan.
    c) Brainstorm, with your group, several catchy slogans that communicate both your suggested way of overcoming the barrier to condom use that you chose and the benefit that comes with using condoms.
    d) Choose the best slogan.
    e) Make a ½ sheet-sized version of your finished slogan, writing in print that is as large as you can fit on the paper.

B.2 Journal writing

Slogan review

1. Make sure each learner has a piece of paper and something to write with.
2. Explain to your learners that you are going to have as many groups read their slogans as time allows. Explain that after each group reads its slogan you are going to tape the ½ sheet with the slogan up on the poster of barriers next to the barrier it addresses.

NOTE TO THE EDUCATOR

This is a short activity and the amount of time the voting step requires will increase exponentially as the number of slogans read increases. Carefully consider how many slogans to have read out loud in terms of the amount of time available for the activity.

3. Direct your learners to the two prompts written on the board:
    a) Which slogan do you think is the most "catchy?"
    b) Which slogan do you think is the most convincing?

4. Your learners must vote for the slogan that they think is the most catchy and one they think is the most convincing. Explain that the two prompts are written on the board to remind them what they will be voting for. Ask them to write down their thoughts about each slogan in relation to these two characteristics.
5. Spend 3-4 minutes on your learners' groups reading their slogans. Tape each one up on the poster-sized list of barriers so your learners can continue to refer to it.
6. Run a quick, 2-3 minute voting session. Re-read or point to each slogan and have your learners raise their hands for the slogan that they think is best in terms of either of the two characteristics identified by the prompts. Mark the number of votes received for each slogan shared and in which category, i.e., catchy or convincing.
7. *If appropriate, award a small prize to the winning groups in each category.*

CONSOLIDATION

1. Summarise the lessons key points:
   a) Anyone who is sexually active is at risk for STIs and HIV.
   b) People who have STIs – including HIV – often show no signs of being infected.
   c) The SAFEST choice is NOT to have sex: abstinence is the only 100% effective way to avoid STIs, HIV and teenage pregnancy.
   d) If you choose to have sex, USE A CONDOM EVERY TIME.
   e) Condoms are the ONLY contraceptive method that also prevents STIs and HIV transmission.
   f) Condoms, used correctly and consistently, can be very effective at preventing HIV, other STIs and teenage pregnancy.
2. Explain to your learners that the next session you will talk about how the number of sexual partners can affect the risk of acquiring an STI like HIV.

ASSESSMENT

Recommended assessment strategies

1. Journal writing task

   Make sure your learners are familiar with journal writing. Give them the following instruction for their task:

   a) Keep a journal for self-reflection on the barriers to condom use.
   b) Write down your feelings, thoughts, questions, fears and/or attitude to each barrier that you list.
   c) If you feel confident enough, share it with a friend and see how your friends feel. They may share many of your feelings.

Test your knowledge

Ask your learners to answer the following questions:

1. List 4-6 barriers or obstacles to using condoms that South African youth typically experience
2. What are the strategies for overcoming each of the barriers you listed above?
3. How can alcohol or drug use affect one's ability to use a condom?
4. What would you suggest as effective ways for adults and health organisations to convince sexually active learners, in your community, to use condoms?

GLOSSARY

- alcohol
- birth control method
- contraceptive methods
- effectiveness
- barrier
- condom
- drug
- slogan

Lesson 9.5

One partner at a time

Lesson 9.5

One partner at a time

Grade	9
CAPS topic(s)	Development of the self in society.
CAPS subtopic(s)	Goal-setting skills: personal lifestyle choices • Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices
Link to other subtopics in CAPS	Goal-setting skills: personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices o Informed decision-making skills: positive and negative influences o Assertiveness skills, confident and firm decision making Sexual behaviour and sexual health: • 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 • Factors that influence personal behaviour including family, friends, peers and community norms • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour
This lesson will deal with the following:	• 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.
Concepts	• concurrent sexual partners • diminish • faithful • gender norms • infected • infection • monogamy • mutual monogamy • polygamy • social circle
Teaching Methodologies	• brainstorming • brief lectures • case studies/scenarios • individual reflection • classroom discussions • ranking/continuum • small group work
Time	60 minutes

BRIEF LESSON SUMMARY

Lesson 9.5: One partner at a time, begins with a diagram-based mini-lecture that illustrates the increased risk of acquiring STIs and HIV resulting from the practice of multiple, concurrent sex partners within a community or social circle. Then, your learners will brainstorm the reasons why young people – both women and men – might choose sexual relationships that are mutually monogamous as well as multiple, concurrent sexual relationships. The lesson ends with your learners assessing the advantages and disadvantages of these two types of relationships, taking into consideration the increased risk for STIs and transmission of HIV illustrated in the first activity.

KEY POINTS

1. A person who has sex outside an otherwise monogamous relationship is exposing his/her partner to the risk of STIs from the additional person and anyone in the additional person's "sexual chain".
2. Having sex with more than one partner within the same general period of time greatly increases your chances of acquiring HIV and other STIs, and their spread throughout the community.
3. Conversely, long-term, mutually monogamous relationships greatly reduce the risk of HIV acquisition.
4. STAY FAITHFUL to one partner at a time to protect yourself, your partner and your community.
5. If you are having sex, ALWAYS use a condom correctly.

RESOURCES/MATERIALS

- flip chart paper
- masking or painter's tape
- thick markers – various colours
- pencils/pens
- watch or cell phone for time-keeping
- ½ sheets of blank paper (four per participant)
- *Poster 9.5.1: How STIs and HIV spread in communities – Abstaining or one sexual partner (Resource 1 in your learners' books)*
- *Poster 9.5.2: How STIs and HIV spread in communities – One or two sexual partners (Resource 2 in your learners' books)*
- *Poster 9.5.3: How STIs and HIV spread in communities – Two or three sexual partners (Resource 3 in your learners' books)*

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Prepare *Poster 9.5.1: How STIs & HIV and spread in communities – abstaining or one sexual partner, and display it on the board or wall.*
4. Prepare *Poster 9.5.2: How STIs and HIV Spread in Communities – One or two sexual partners and display it on the board or wall.*
5. Prepare *Poster 9.5.3: How STIs and HIV spread in communities – Two or three sexual partners*, and display it on the board or wall.
   All of the content for the posters can be found at the end of the lesson plan.
6. Write the definitions for "serial monogamy" and "concurrent partners" on the board or on newsprint, as defined at the end of this lesson plan.
7. On the flip chart or the chalkboard make a large-sized, four-column chart with the following column headings:
   a) Why young women choose to be faithful to one sexual partner
   b) Why young men choose to be faithful to one sexual partner
   c) Why young women choose to have multiple sexual partners
   d) Why young men choose to have multiple sexual partners
8. Prepare the half sheets of paper in the materials list.
9. Tear off three dozen, two-inch pieces of tape. Store these prepared pieces of tape by attaching them to the edge of an unused table or an outside corner of an interior wall or stretch of window moulding, etc.

ACTIVITIES

A.1 How HIV spreads

Please see the notes on the following pages for the recommended activities.

NOTE TO THE EDUCATOR:

You can use the following activity as an alternative to demonstrate how quickly HIV can spread. Instructions must be very clear though and make sure everyone starts at the same time

It's all in a signature

Instructions:

1. **Tell your learners that this is a test to see how well they know the other learners in the class.**
2. **Each learner receives a piece of paper. Ask them to put their signature on the papers of two learners they have not really been speaking to and in return ensure that they get two different signatures.**
3. **You should participate in giving one signature (not two like the learners). Saying something like, "Lindiwe is always so quiet so I decided to exchange signatures with her."**
4. **Afterwards inform the class that you have a severe skin disease resulting in the whole body breaking out in sores and which is transmitted through signature.**
5. **Apologise to Lindiwe for infecting her. Turn to the rest of the class and ask everyone who exchanged signatures with Lindiwe to please stand. As they rise, tell the class that, if they had any contact with the learners standing, they should stand too.**

Ask the following question:

How is it possible that everyone is infected yet I was the only one who had this disease?

Record the responses.

Reflections:

- **Link the outcomes of activity to transmission of HIV.**
- **Reinforce the fact that you cannot tell by looking at someone whether the person has HIV or any other STI.**

NOTE TO THE EDUCATOR

You can use the following activity as an alternative to demonstrate how quickly STIs and HIV can spread.
A.2 Multiple sexual partners and shared risk

1. **Explain to your learners that you want to start the lesson with a short activity that focuses on demonstrating how the risk of acquiring STIs and HIV increases when the members of a community are having sex with more than one partner at the same time.**

2. **Show your learners *Poster 9.5.1: How STIs & HIV spread in communities– Abstaining or one sexual partner.***

   Explain that this poster represents a community or "social circle" of 31 people, represented by the circles. Explain that circles connected by lines indicate individuals who are sexual partners. Point out that on this poster, none of the individuals are having a sexual relationship with more than one person. Identify the shaded circle in the lower left-hand corner of the poster and explain that the shading represents an individual who has an STI or HIV infection.

3. **Show your learners *Poster 9.5.2: How STIs and HIV spread in communities – One or two sexual partners.***

   Explain how in this poster some members of the same community have engaged in sex with a second partner, depicted by the addition of lines and wider, white arrows that denote new sexual relationships. Identify the circles that represent people who have two sexual partners. Point out how the STI or HIV infection is spreading through the community. Note that those members of the community who commit to and practise abstinence or monogamy are not exposed to infection because they are not connected to any of the "sexual chains" that are infected.

4. **Show your learners *Poster 9.5.3: How STIs and HIV Spread in Communities – Two or three sexual partners***

   Explain how in this poster some members of the same community have engaged in sex with a third partner (depicted, again, by the addition of lines and wider, white arrows that indicate new sexual relationships). Identify the circles that represent people who have three sexual partners. Point out how the number of people in the community who are infected is growing. Then point out how that growth, in turn, increases the chances of infection if members of the community who have been abstaining enter into a sexual relationship.

   Finally, point out how that growth also increases the chances of infection if individuals who have been maintaining monogamous relationships have sex with a new person.

5. **Ask your learners if they need anything clarified about what the comparison of the three posters shows. Answer any questions that your learners may have.**

NOTE TO THE EDUCATOR

If you have reliable knowledge of how many of your learners are already sexually active, you can tailor the lesson to address the overall level of sexual activity in the learner group. It is likely, however, that there is no way for you to estimate how many sexually active learners you have in your class. If even some of the learners with whom this activity is conducted have not had sex, it should include "not having sex" as an option. If most or almost all of the learners with whom this activity is conducted are having sex, it should focus on the decision to be faithful or to avoid having multiple concurrent sexual partners.

Classroom discussion

1. Tell your learners that many young men and women choose not to have sex at all. That is the safest choice for preventing STIs or transmission of HIV.
2. Write out the words "serial monogamy" and "concurrent sexual partners" on the board.
3. Discuss these concept:
   a) Serial monogamy: a succession of short monogamous relationships.
   b) Concurrent sexual partners: having sex with more than one person, where there is an overlap between the sexual encounters with the different partners.
4. Explain that individuals who do have sex must decide whether they will practice serial monogamy, i.e. choosing to have sex with only one partner at a time, or have concurrent sexual encounters with multiple partners, with overlaps between the different partners. Explain that in the next activity they will explore the considerations that go into this important decision.

NOTE TO THE EDUCATOR

In some cultures, polygamy is the norm. The practice of polygamy can be safe (i.e., free from STI transmission) only if: (a) all partners in the polygamous circle are free of STIs, and (b) do not stray from their polygamous circle (i.e. they do not have sex with someone outside the circle). These two conditions must be present in order for this type of multiple concurrent sexual partners arrangement to remain free of STIs.

Small group work

1. Tell your learners that they will be brainstorming their ideas or opinions with each other on a particular topic. Emphasise that in brainstorming no judgments should be made about whether an idea is right or wrong, good or bad. All ideas are to be written down for consideration.
2. Divide your learners into small same-sex groups of 4-5 learners. Provide each group with a dozen sheets of blank copy paper, cut in half, and large felt-tipped markers. Ask the groups to pick 1-2 learners to record the group's ideas on the sheets of paper using the markers. Ask the selected note-takers to write as large as possible and legibly, putting each idea on its own sheet of paper.
3. Ask your learners within the female small groups to spend 7-9 minutes completing two tasks:
   a) identifying all the reasons they can think of for why some young women choose to have only one mutually faithful partner if they do have sex; and
   b) identifying all the reasons they can think of for why some young women choose to have multiple concurrent sexual partners if they do have sex.

   Ask your learners within the male small groups to complete the same two tasks looking at the reasons behind each of the two choices for *young men.*
4. Ask the small groups to begin the activity. While your learners are working, move from group to group to make sure the assignment is clear and your learners stay on task. Remind the groups to only put a single idea on each sheet of paper. Give your learners a warning when they are halfway through the time available to brainstorm. Another warning must be given when they have one minute left and should finish what they are doing and get ready to shift their attention back to the whole group

Integrating the small group work

1. Explain that you are going to ask the groups to tape their sheets onto the appropriate columns that you have written on the flip chart or the chalkboard:

a) why young women choose to be faithful to one partner
b) why young men choose to be faithful to one partner
c) why young women choose to have multiple partners
d) why young men choose to have multiple partners

2. Choose two female and two male learners to be leaders. Select learners who can analyse information quickly and organise information well. Direct the leaders to the tape strips you have prepared and have them model taping their sheets onto the columns. Ask these leaders to model taping one sheet from their group onto one of the columns relevant to their sex/gender.
3. Explain to the leaders that when they are done with this task they are to remain up by the "columns". Their task there is to stack all the sheets with the same ideas together so that the columns do not contain a lot of duplicate ideas spread out all over the diagram.
4. Have the rest of the group tape their sheets up onto the appropriate columns.
5. Give the group about 3-5 minutes to complete this process. While the group is completing this process, instruct your learners that have completed taping up their sheets to read the sheets as they are added to each column. Ask them to write down at least two things that are posted on the columns that are different from any of the ideas their group generated on their sheet of scrap paper.

a) Examples of reasons why a young woman or a young man might choose to be monogamous include, but are not limited to, the following:

- less risk of contracting or transmitting HIV
- less risk of contracting or transmitting other STIs
- less risk of unintended pregnancy
- greater love for a partner
- greater trust in a partner
- sex can be more enjoyable and pleasurable
- greater motivation to make sure that one's partner is enjoying sex
- better communication about sex and other things
- better understanding of who will do what to prevent unintended pregnancy
- greater knowledge of a partner's likes and dislikes sexually
- easier logistics (may live together or easily negotiate time together)

b) If any of these are not mentioned, include them if appropriate. Have your learners write up these additional reasons on sheets of paper and add them to the appropriate columns.

Classroom discussion

1. After the sheets have been taped under the correct columns and organised by the participant leaders, work with the class for a few minutes on comparing the lists.
2. Ask the class to identify reasons for each of the choices – monogamy and concurrency – that are similar, for both men and women.
3. Then ask your learners to identify reasons for each of the choices that are different for males and females.

4. Ask your learners to consider the differences across gender. Ask them to identify gender norms that explain these differences and identify which of these gender norms are unhealthy ones. Remind your learners that they have previously looked at changing unhealthy gender norms as part of their discussion of gender.

NOTE TO THE EDUCATOR

The next step is particularly important. Be sure to allow sufficient time to complete it properly.

5. Lead the class through a five-minute process of examining 2-3 of the reasons why young people choose to have multiple concurrent partners. Choose the most prominent reasons (i.e. the ones that are mentioned the most). For each reason, direct the class to brainstorm arguments that counter it.

NOTE TO THE EDUCATOR

Below are possible reasons young people might give for having multiple partners and possible counter-arguments. The examples below are for your reference and should only be shared with your learners if your learners cannot come up with their own. It is important that your learners develop their own arguments against reasons for having multiple concurrent sexual partners. You are cautioned to avoid imposing your own ideas and values on your learners. Research shows that learners are more likely to choose a healthy behaviour if they have their own reason for choosing it. To this end, you should carefully manage your tone, body language and facial expressions so as to avoid communicating and values or judgments non-verbally.

a) **Possible reasons for having multiple concurrent sexual partners**

- Men's and women's sexual desire is beyond their control.
- Men and women need sexual variety and multiple partners.
- Men and women lose sexual desire with the same partner over time.
- Multiple partners can meet different needs.

b) **Arguments against the reasons for having multiple, concurrent sexual partners**

- Both men and women can control their sexual desire. Most men and women do. They can learn to avoid situations that might make it harder to be in control (e.g. drinking too much).
- It is possible to try out different things sexually and have variety with a faithful partner.
- If faithful partners communicate their needs to each other and care about each other, they can better meet each other needs.

c) **Possible reasons for having multiple concurrent sexual partners**

- Multiple partners can be available at different times.

d) **Arguments against the reasons for having multiple, concurrent sexual partners**

- If faithful partners care about each other, they can strive to be together more often.
- Other men or women can provide more pleasurable sex than a main partner can.

- Having multiple partners makes you feel more "manly" or increases your sense of worth and self-esteem.
- People drink and then just act on their desires.
- An individual can acquire more material things if s/he has multiple partners.
- If faithful partners communicate their desires and likes and dislikes to each other and want to please each other, they can have more pleasurable sex.
- Having only one faithful partner can make you feel good about yourself and your relationship with your partner.
- Choosing the right partner and making a mutual commitment to only have sex with each other can increase your belief that your partner is also being faithful.
- Some of them do have multiple partners, but most others whom you respect and like do not.
- Security can come from having one faithful partner who is committed and who you trust. The two of you can support each other in achieving goals that will lead to financial success.

6. Ask the class to identify the 3-4 most important reasons why one might choose serial monogamy.

NOTE TO THE EDUCATOR

Your learners are likely at this point in the program to identify the risk of HIV transmission as an important reason to choose to be mutually faithful to one partner. Emphasise this point when it is made.

HOMEWORK

Allow your learners to complete the written tasks done in class at home.

CONSOLIDATION

1. Summarise the lesson's key points:
   a) A person who has sex outside an otherwise monogamous relationship is exposing his/her partner to risk of STIs from the additional person and anyone in the additional person's "sexual chain."
   b) Having sex with more than one partner within the same general period of time greatly increases your chances of acquiring HIV and other STIs and their spread throughout the community.
   c) Conversely, long-term, mutually monogamous relationships greatly reduce the risk of HIV acquisition.
   d) Message: STAY FAITHFUL to one partner at a time to protect yourself, your partner and your community.
   e) Message: If you are having sex, GET TESTED FOR HIV or OTHER STIs REGULARLY.

ASSESSMENT

Recommended assessment strategies

1. Written task
   (e.g., multiple choice, true or false, matching, open-ended questions
2. Report (using criteria)
3. Oral presentation (using criteria)
4. Project (using criteria)

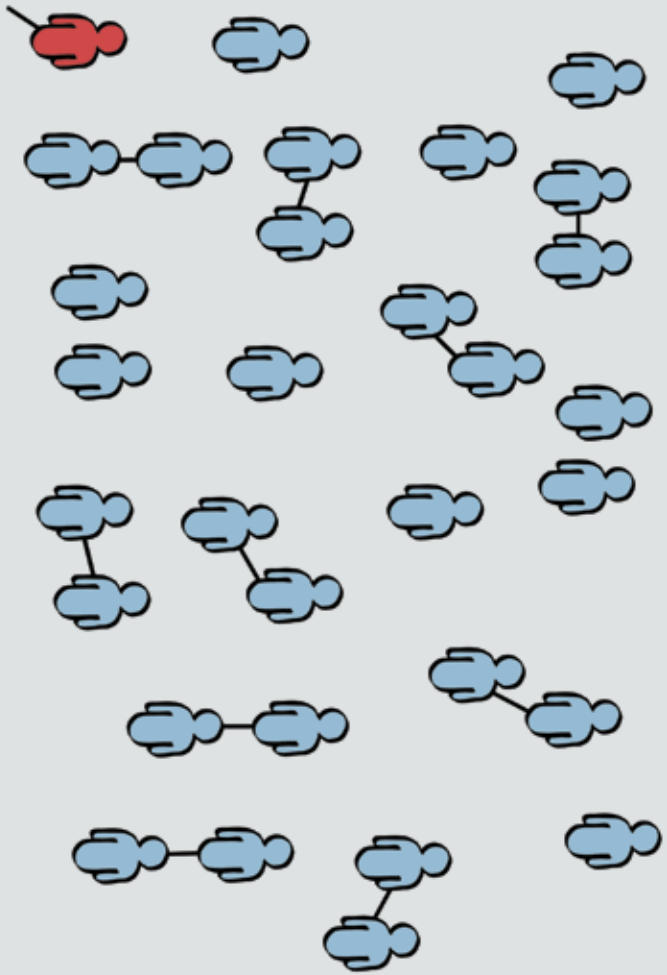
Test your knowledge

Ask your learners to answer the following questions:

1. What is the definition of "serial monogamy"?
2. What is the definition of "concurrent partners"?
3. What are three benefits of being monogamous?
4. In your own words, explain why having multiple concurrent sexual partners increases your risk for HIV and/ or other STIs.
5. List two reasons why someone would choose to have multiple concurrent sexual partners. After doing so, provide one argument against each of these reasons

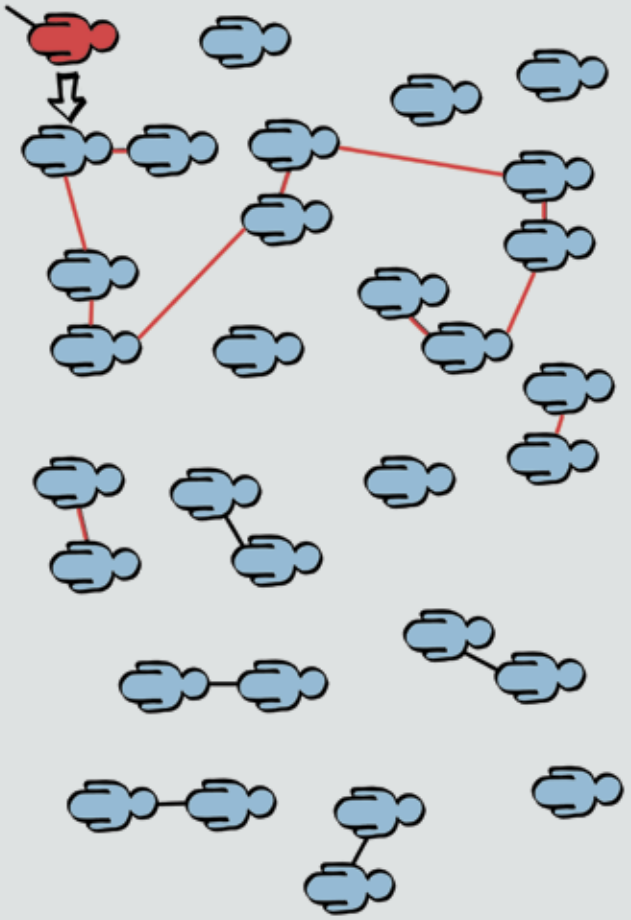
RESOURCES

POSTER 9.5.1: HOW STIs AND HIV SPREAD IN COMMUNITIES – ABSTAINING OR ONE SEXUAL PARTNER



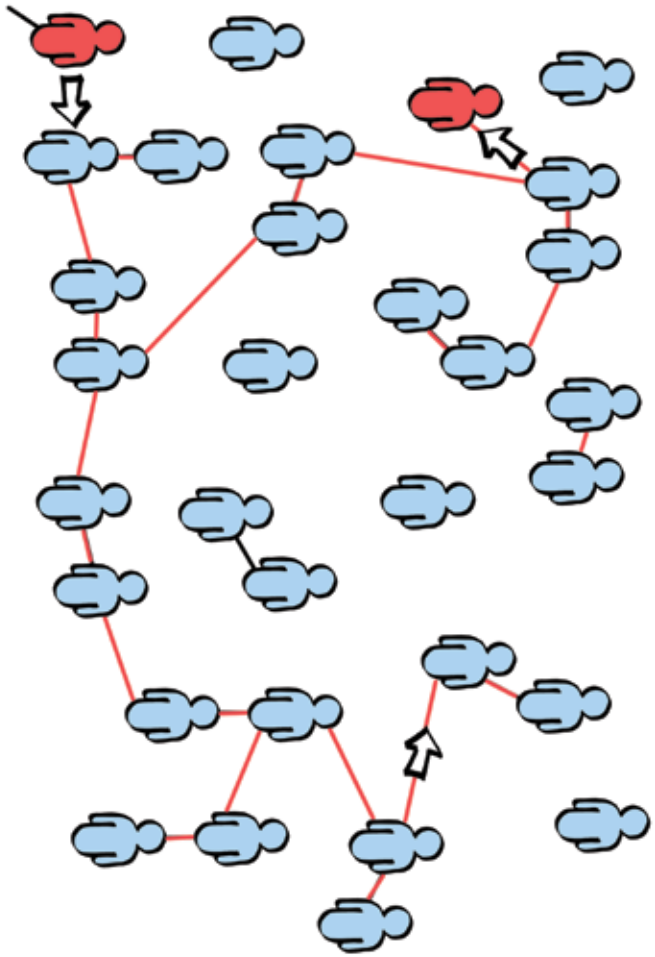
POSTER 9.5.2:

HOW STIs AND HIV SPREAD IN COMMUNITIES – ONE OR TWO SEXUAL PARTNERS



POSTER 9.5.3:

HOW STI AND HIV SPREAD IN COMMUNITIES – TWO OR THREE SEXUAL PARTNERS



GLOSSARY

- concurrent sexual partners
- gender norms
- monogamy
- serial monogamy
- diminish
- infected
- mutual monogamy
- sexual partners
- faithful
- infection
- polygamy
- social circle

Lesson 9.6

Using sexual and reproductive health resources in the community

Lesson 9.6

Using sexual and reproductive health resources in the community

Grade	9
CAPS topic(s)	Development of the self in society Health, social and environmental responsibilities
CAPS subtopic(s)	Goal-setting skills: personal life style choices • Appropriate responses to influences on personal lifestyle choices: o Assertiveness skills: confident and firm decision-making Sexual behaviour and sexual health • Protective factors: where to find help and support: community structures that offer protection or resilience against high risk behaviour
Links to other subtopics in CAPS	(From Health, social and environmental responsibilities) Linked to Concept: volunteerism • Different types of volunteer organisations: contributions of community-based and non-profitable organisations to social and environmental health and sustainable development
This lesson will deal with the following:	• identifying where to access information and services related to contraceptives, and prevention and treatment of STIs and HIV; • describing the reproductive and sexual health services available in their area; and • reflecting a positive attitude toward health seeking behaviour
Concepts	• clinic • contraceptives • health worker • positive attitude • prevention • professional nurses • treatment
Teaching Methodologies	• anonymous question box • brief lectures • guest speakers • homework assignments • role play • small group work • worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.6: Using sexual and reproductive health resources in the community,* a guest speaker from the local department of health or a local clinic is invited to speak about the sexual and reproductive health services available to adolescents at the clinic, the issue of confidentiality of all services offered and the importance of practising safer sex if one chooses to have sex. The speaker will then answer any questions your learners may have. For homework, your learners (in small groups or pairs) will visit their local clinic and/or other service providers in their area and complete a questionnaire on the services offered.

KEY POINTS

1. Know what reproductive and health services are available in your area; even if you are not currently sexually active.
2. The SAFEST choice is NOT to have sex. Abstinence is the only 100% way to avoid pregnancy and HIV.
3. If you choose to have sex, USE A CONDOM EVERY TIME, preferably with another form of contraception.
4. Contraceptive methods like the pill or injection do not prevent you from acquiring HIV or other STIs.
5. If you are worried about something, get help from the clinic or another health service as soon as possible.
6. If you are having sex, GET TESTED FOR HIV AND OTHER STIs REGULARLY.
7. Remind yourself: "I am strong, smart and in charge of my future! I make decisions that are best for my health."

RESOURCES/MATERIALS

- chalkboard
- chalk
- watch or cell phone for time-keeping
- pamphlets from the health clinic/local department of health
- small pieces of paper for your learners to write questions
- question box or basket
- *Educator resource 9.6.1: Role play example*
- *Poster 9.6.1: Sexual and reproductive health services in our area*
- *Worksheet 9.6.1: Visiting a reproductive health care provider (Worksheet 1 in your learners' books)*
- *Worksheet 9.6.2: What sexual and reproductive health services are available in my area? (Worksheet 2 in your learners' books)*

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Invite a speaker to speak to your class from a family planning clinic, health clinic, or other nearby health facility where young people can access sexual and reproductive health services. This could also be the school nurse. Make sure that you do this about two weeks in advance. Be sure to phone them to confirm again shortly before the lesson.
4. Tell the speaker that the aim of their visit is to help think of the family planning clinic as "teenager friendly". Brief the invited guest (orally or in writing) about what you expect them to talk about during a 15-minute presentation. Key topics are listed below.
    a) Where is/are the clinic(s)?
    b) What days and hours is the clinic open?
    c) What reproductive and sexual health services do they offer?
    d) What happens at the clinic during a typical appointment?
    e) How is the issue of confidentiality handled?
    f) If the client is under the age of 16, does the clinic need to inform the parents?
    g) How can one make an appointment?
    h) What does it cost to visit the clinic?
    i) What contraceptives do they offer? Explain how some of the common methods of contraception are used. Stress that dual protection is best.
    j) Does the clinic provide emergency contraception?
    k) Does the clinic provide pregnancy termination services?
    l) When should a young person visit the clinic? Stress the importance of regular check- ups and HIV and STI testing if a learner is sexually active.
    m) Does the clinic provide counselling of any kind?
    n) Does the clinic offer HIV and STI testing?
5. Additionally, inform the speaker that you would like them to take part in a role play of a teenager making an appointment at a clinic, with you playing the role of a learner and the guest speaker playing the role of a clinic representative.
    a) You may want to practise this role play with the guest speaker or at least talk about what kinds of things will be said during the role play before the day of the lesson.
    b) A sample script is found in Educator resource 9.6.1: Role play example.
6. Share pamphlets or any other information the clinic may have on family planning, HIV and STI prevention.
7. Answer your learners' general questions from an anonymous question box.
8. Find out what other sexual and reproductive health services are available in the community surrounding the school and make a poster of these for the classroom, with contact details (address, opening times and costs). Prepare and display *Poster 9.6.1: reproductive and sexual health services in our area.*

9. Select a learner to introduce the speaker. Prepare a short written introduction about the speaker and let the learner read this to the class.
10. Select a learner to thank the guest speaker. Prepare the learner for this task.
11. Cut up small pieces of paper for your learners to write down their questions. Each learner should get two small pieces of paper.

ACTIVITIES

A.1 Introduction of guest speaker

1. Introduce the guest speaker to class.
2. Give each learner two small pieces of paper and ask them to write down two questions (one question per piece of paper) that they would like to ask the speaker about the services offered at the clinic to young people. Each learner should place their questions in the anonymous question box/basket. They should not write their names on the pieces of paper. Encourage them to be as open as possible as nobody will know who is asking the questions.

A.2 Presentation by guest speaker

1. Invite the guest speaker to begin their presentation.
2. Make sure that the guest speaker addresses the following questions during his/her presentation.
   a) Where is/are the clinic(s)?
   b) What days and hours is the clinic open?
   c) What reproductive and sexual health services do they offer?
   d) What happens at the clinic during a typical appointment?
   e) How is the issue of confidentiality handled?
   f) If the client is under the age of 16, does the clinic need to inform the parents?
   g) How can one make an appointment?
   h) What does it cost to visit the clinic?
   i) What contraceptives do they offer?
      - Explain how some of the common methods of contraception are used. Stress that dual protection is best.
   j) Does the clinic provide emergency contraception?
   k) Does the clinic provide pregnancy termination services?
   l) When should a young person visit the clinic?
      - Stress the importance of regular check- ups and HIV and STI testing if a learner is sexually active.
   m) Does the clinic provide counselling of any kind?
   n) Does the clinic offer HIV and STI testing?

A.3 Role play requesting an appointment with a sexual health professional

1. Act out a role play on how to request an appointment for a sexual health issue. The role play can be done with you (or a mature learner) playing the role of a teenager and the guest speaker playing the role of a clinic representative. See Educator Resource 9.6.1: Role play example for guidance on how to conduct this role play.

NOTE TO THE EDUCATOR

The purpose of this role play is to model to learners that asking for help does not have to be difficult and that clinic staff are respectful of young people and maintain confidentiality. It is also an opportunity to reinforce information about the services available at clinics.

A4. Questions and answers

1. Ask the guest speaker to go through your learners' questions from the question box and answer as many as time allows.

NOTE TO THE EDUCATOR

While the guest speaker is giving his/her presentation, you should review your learners' questions and organise them for the guest speaker (i.e. clip together or remove duplicates, put questions in order of importance, remove questions that might have been written just to be funny or get a rise out of the speaker or the class).
It is important that you remain in the room during the presentation by the guest speaker.
Note: You should have an alternative activity in the event that the guest speaker is late or does not turn up at all. An alternative could be to engage a colleague who might be more informed, to assist you as a backup plan. However this should be arranged beforehand.

2. Ask the designated learner to thank the guest speaker for visiting the class.
3. Hand out pamphlets, if available.
4. Ensure that your learners know where the clinic is, its opening hours and the cost. Also provide information on any alternative reproductive and sexual health services for young people in your area.
5. Review Poster 9.6.1: Sexual and reproductive health services in our area. Ask the class to help fill in any other services that they know of that are not on the poster. This can be done throughout the year.

HOMEWORK

1. Divide the class into pairs or small groups for this homework assignment. Ask each of your learners to turn to *Worksheet 1*: Visiting a reproductive health care provider in their workbooks. Carefully go through each of the questions in the assignment and make sure that your learners understand what is required of them.
2. Your learners should be given at least two weeks to complete the homework assignment.

NOTE TO THE EDUCATOR

In some communities it might not be practical to visit the local clinic as it is too far away, or the clinic might not have the resources to have so many learners visiting. Make sure that you discuss the practicality of this homework assignment with the clinic beforehand and arrange with them how best to accommodate the learners' visits. It might be more practical to accommodate the learners in small groups rather than pairs.
Remind your learners of the arrangements you have made with the clinic, i.e., when they can visit the clinic and how they need to behave.

3. As an alternative homework assignment, ask your learners to use Worksheet 2: What reproductive and sexual health services are available in my area? This should be done individually. Give your learners two weeks to complete this homework assignment.
4. Tell them that this worksheet aims to help them know where they can get condoms and birth control in their area. It is important that they know about these resources if they are sexually active or not yet sexually active.
5. Encourage them to find out about other places (other than the clinic) that they can get condoms and birth control (e.g. an NGO).

NOTE TO THE EDUCATOR

Poster 9.6.1: Reproductive and sexual health services in our area is meant to be a source of general information that stays on the wall of the classroom throughout the year. New resources can be added as appropriate. Worksheet 9.6.2 is slightly more detailed in that your learners need to find out where they can find male and female condoms, get birth control, and get tested for HIV and treated for STIs.

CONSOLIDATION

1. Conclude the lesson by reviewing the key points for the lesson:
   a) Know what reproductive and health services are available in your area; even if you are not currently sexually active.
   b) The SAFEST choice is NOT to have sex. Abstinence is the only 100% way to avoid pregnancy, STIs and HIV.
   c) If you choose to have sex, USE A CONDOM EVERY TIME, preferably with another form of contraception.
   d) Contraceptive methods like the pill or injection do not prevent you from getting HIV or other STIs.
   e) If you are worried about something, get help from the clinic or another health service as soon as possible.
   f) If you are having sex, GET TESTED FOR HIV AND OTHER STIs REGULARLY.
   g) Remind yourself: "I am strong, smart and in charge of my future! I make decisions that are best for my health".

2. Inform your learners that the next lesson is going to focus on parenthood and the challenges that parenthood can pose for teenage girls and boys.

ASSESSMENT

Recommended assessment strategies

1. Written task
   (e.g., multiple choice, true or false, matching, open-ended questions)
2. Report (using criteria)
3. Use the Homework activity as an assessment task.

Test your knowledge

Ask your learners to answer the following questions:

1. What is the name of the closest clinic where young people can receive reproductive health care services?
2. List two reproductive and sexual health services that the clinic offers.
3. If a client is under the age of 16, does the clinic need to inform the parents?
4. What contraceptives does the clinic offer?
5. When should a young person visit a reproductive health care clinic?
6. Does the clinic offer HIV testing?

RESOURCES

EDUCATOR RESOURCE 9.6.1: ROLE PLAY EXAMPLE

Teenager:
Hi…Umm, I would like to make an appointment to see a nurse or doctor.

Clinic representative:
Sure. I would be happy to help you with that. Would you tell me a little bit about why you would like to see the nurse/doctor?

Teenager:
Ahh, well, I want to get tested for HIV.

Clinic representative:
OK. We do HIV tests at this clinic. You don't have to see a doctor for the test. We have a nurse who does this testing.

Teenager:
OK. That's fine. Ummm, well, do you have to tell my parents that I am going to get this test?

Clinic representative:
No, all of the services here at the clinic are confidential even for teenagers. This means that we do not tell your parents or anyone else about your visits here. Whatever happens here at the clinic is between you and the health care provider

Teenager:
OK. That's good. When can I come in? I go to school, so I would not be able to come in until after 2:00pm.

Clinic representative:
That's not a problem. Our clinic is open until 6:00pm and we are also open on Saturday.

Teenager:
Do I have to pay for test?

Clinic representative:
No, there is no cost for the HIV test.

Teenager:
OK. Thank you. I'll come tomorrow.

WORKSHEET 9.6.1:

VISITING A REPRODUCTIVE HEALTH CARE PROVIDER

Instructions: Visit a clinic or other health care provider in your area and answer the questions listed below. Attach a card or a brochure or a stamp from the clinic to this homework assignment.

1. What is the name of clinic or health care service provider that you visited?

2. What is the address and telephone number of clinic or health care service provider?

3. The clinic is open from_____am to _____pm, _____ days a week.

4. Tick which of the following services are available at this clinic:

	birth control		STI test
	emergency contraception		STI treatment
	pregnancy tests		HIV test
	Counseling		medical male circumcision
	prenatal care		HPV vaccine

5. How much does it cost to visit the clinic?

6. What languages are spoken by the staff at the clinic?

7. Clinics are usually not allowed to disclose information about their clients without written consent or permission. This is called "client confidentiality". What is the clinic's confidentiality policy?

8. How comfortable did you feel after visiting the clinic? Think about things such as the friendliness of the staff, the décor, the number of people waiting, the waiting rooms, etc. Circle the answer below that best represents how you felt about the clinic.

1	2	3	4
Very comfortable	**Comfortable**	**Fairly comfortable**	**Uncomfortable**

9. Would you recommend that a friend visit this clinic for an examination or to talk about protection? Write two sentences in the space below describing why or why not.

.....

.....

.....

10. What are three things you learned from visiting the clinic?

.....

.....

.....

WORKSHEET 9.6.2:

WHAT SEXUAL AND REPRODUCTIVE HEALTH RESOURCES ARE AVAILABLE IN MY AREA?

1. What is the name, address and telephone number of the nearest clinic or other organisation to your house, where you can get male condoms?

.....

.....

.....

2. What is the nearest place that you can get male and female condoms from? Provide the name, address and telephone number.

.....

.....

.....

3. What is the nearest place to your house where you can get birth control (e.g., pill, injection)? Provide the name, address and telephone number.

4. Where can you get an HIV test done in your area? Provide the name, address and telephone number.

5. Where can you be tested and treated for STIs? Provide the name, address and telephone number.

6. If you had to go to a place for birth control, or a check-up, where would you go? Why would you choose to go there?

POSTER 9.6.1: REPRODUCTIVE AND SEXUAL HEALTH SERVICES IN OUR COMMUNITY

Name of organisation Address	Telephone	Opening hours		Cost

GLOSSARY

- clinic
- contraceptives
- health worker
- positive attitude
- prevention
- professional nurse
- treatment

Lesson 9.7

Are you ready for parenthood?

Lesson 9.7

Are you ready for parenthood?

Grade	9
Subject	Life Orientation
CAPS topic(s)	Development of the self in society Health, social and environmental responsibilities
CAPS subtopic(s)	• Sexual behaviour and sexual health • Goal-setting skills: personal life style choices
Link to other subtopics in CAPS	• Appropriate responses to influences on personal lifestyle choices o Informed decision-making skills: positive and negative influences. Sexual behaviour and sexual health: • Risk factors leading to unhealthy sexual behaviour • Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS and low self-image and emotional scars • Factors that influence personal behaviour including family, friends, peers and community norms • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour • Adverse consequences and implication of teenage pregnancy for teenage parents and the children born to teenagers
This lesson will deal with the following:	• 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.
Concepts	• community norms • emotional scars • family finance • legal responsibilities • parenthood • peers • physical and emotional changes • pregnancy • relationships • risk factors • social life • teenager
Teaching Methodologies	• anonymous question box • brainstorming • brief lectures • classroom discussions • role play • small group work • guest speakers • worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During Lesson 9.7: Are you ready for parenthood?, your learners will explore the ways parenthood would affect a teenage father and teenage mother with respect to relationships, school and education, finances, legal responsibilities, social life and physical and emotional health. At the conclusion of the lesson, your learners will discuss steps they can take to postpone parenthood until they are ready to become parents.

KEY POINTS

1. **Remember: "I am strong, smart and in charge of my future!"**
2. Parenting is a big responsibility. You have to take action to prevent a pregnancy until you and your partner are ready to become parents.
3. Do not allow harmful gender messages to make you do something that you do not want to do.
4. BOTH men and women are responsible for preventing pregnancy, HIV and other STIs
5. Abstinence is the safest way to prevent pregnancy. The SAFEST choice is NOT to have sex.
6. If you choose to have sex, use a condom and hormonal form of contraception to reduce your chance of pregnancy.

RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- easel
- thick magic markers (various colours)
- tape
- watch or cell phone for time-keeping
- five pieces of flip chart paper, each labeled with one category of life changes: (a) relationships, (b) school and education, (c) finances and legal responsibilities, (d) social life, and (e) physical and emotional.

PREPARATION FOR THE LESSON

1. Please refer to Pages 4 – 7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Prepare 5 labelled pieces of flip chart paper, one for each of the life changes i.e. 1. relationships, 2. schools and education, 3. finances and legal responsibilities, 4. social life and 5. physical and emotional.

NOTE TO THE EDUCATOR

This SLP can be delivered in the time frame allocated. Preparing materials and resources before the lesson will assist you with achieving that.

ACTIVITIES

A.1 Life changes brainstorm

A1. Explain that the lesson today will be about parenthood, and in particular, how parenthood can affect a teenager's life. Explain to your learners that there are many ways in which parenthood can affect a teenager's life. Explain to your learners that there are many ways in which a teenager's life would change if he/she became a parent. In this activity, you want to explore what those changes are.

2. Start by exploring what your learners already know about parenthood. Point to the five pieces of flip chart paper around the room. Review each of the five categories and describe what each category means (see below).

   a) **Relationships:**
   Explain that relationships can include your family, friends and your romantic relationships. For example, your relationship with your parents may change if you were to become a parent.

   b) **School and education:**
   Explain that things at school may be different, or your education may be affected. For example, it is unlikely that you will have the same time you used to have to study.

   c) **Finances and legal responsibilities:**
   Explain that when you become a young parent, you have legal obligations to your child. You will have new financial obligations too. Try to think of what some of those may be (e.g., diapers, clothing, medicines, etc.)

   d) **Social life:**
   Explain that your social life, the time you spend with your friends and doing the things you like, will definitely change. For example, you probably will not be able to go out with your friends on weekends, especially at night.

   e) **Physical and emotional:**
   Explain that some physical changes may seem obvious, but you may also go through some emotional changes too. For example, you will likely deal with new kinds of stress (e.g. caring for the baby in the middle of the night, attending to all the baby's needs, worrying about the health of the baby etc.).

3. Ask your learners if they can think of any other major categories in which their lives would change if they became a father or a mother as a teenager? Record these ideas on the board.

NOTE TO THE EDUCATOR

It is crucial that you do not reinforce negative stereotypes about gender during this exercise. A pregnancy and childbirth will affect BOTH boys and girls. Do not give the idea that caretaking responsibilities lie only on the teenage mother. Be sure to include both perspectives. Emphasise that BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.

A.2 Rotating brainstorm

1. Divide your learners into five small groups and ask each group to choose one of the flip charts posted around the room and stand next to it. There should only be one group per flip chart.
2. Explain that you would like your learners to come up with a list of ways in which they think a teenage parent's life would change for each category, and write them all down, using the marker provided. They will have two minutes to come up with as many changes as they can before moving on to the next category.
3. Provide an example to help them to understand the assignment. For example, under the category of "social life" a small group might write, "A teenage parent may miss spending time with their friends after school." Confirm that everyone understands the assignment and ask your learners to begin.
4. After two minutes have passed, tell the small groups to move to the next flip chart to their right and to bring their marker along with them (one colour for each group). Ask them to review what is already written under this category and then add as many changes as they can think of to this list. Allow them up to two minutes to do so.
5. Continue this process until each group has visited each of the five categories and they have returned to their original one.

NOTE TO THE EDUCATOR

If your class is too large to manage group rotating around the room, consider creating a worksheet with each of the five categories described above. Illustrative materials e.g. posters, handouts etc. might make it easier to reinforce information. Ask your learners to create small groups at their desks and allow small groups 10 minutes to complete the assignment.

A.3 Life changes discussion

Brainstorm review

1. Ask your learners to take a few minutes to walk around and look at all five charts on the wall. Explain that you will discuss these points with them in a moment.
2. Explain that you will now talk a little about each of the five charts. For each chart, ask a few volunteers to share which examples on the flip chart are most important to them and why. In the cases where your learners discuss positive aspects of parenthood, be sure to explore how these issues could also potentially lead to more challenges. The point is not to deny any positive reasons for having a baby, but to look at these reasons with more depth and see how realistic they are.

NOTE TO THE EDUCATOR

Be sure to be sensitive to the possibility that there might be teenage fathers and mothers in your class. Do not make them feel ostracised.

Classroom discussion

1. Invite your learners to sit down. Lead a classroom discussion using the questions provided below as a guide:
2. Begin by saying: "Taking the previous discussion into account, it seems that becoming a parent costs a significant amount of money, requires quite a bit of time, and involves a lot of work."
3. Proceed to ask your learners the following questions:
   a) Does this mean that being a parent is a bad thing?
   b) What needs to change in order for parenthood to be a more positive thing?
      Examples of responses to this question might be:
      - being in a committed relationship, so that you can parent together with your partner;
      - having a job that pays well;
      - being ready emotionally, etc.

      Before moving on to the next question emphasise that they need to remember:
      - "I am strong, smart and in charge of my future"!
      - They know that if they want to prevent pregnancy, the SAFEST choice is NOT to have sex. If they choose to have sex, they know to USE A CONDOM EVERY TIME.
   c) What do you think about some people who say that becoming a teenage parent is not so hard because you can get a government grant to help you financially? Are finances the only challenge teenage parents face?
   d) Which changes or challenges specifically seem more likely to affect young women? Why do you think that is?
   e) Which changes or challenges specifically seem more likely to affect young men? Why do you think that is?
   f) Why are there more challenges for the young women than for young men?
      - (Refer to the gender messages charts created in *Lesson 8.2A: Healthy and unhealthy messages about our gender.)*
      - Emphasise that BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.
   g) How can we redefine or replace some unhealthy gender messages to create more equal responsibility for both men and women?
   h) What do you think about guys who say that they became fathers because they wanted to prove they are "real men"? Do you think motherhood proves that a girl has become a "real woman"?

A NOTE ABOUT LEGAL/ FINANCIAL RESPONSIBILITIES OF TEENAGE FATHERS IN SOUTH AFRICA

In South Africa, if the father of the child is not a minor, then the father of the child would have to maintain his child, provided that he has the means to do so[1]. The Children's Act[2] is silent about the acquisition of the parental rights and responsibilities of the biological minor/underage father. It is generally assumed that the underage father's guardian (parents or legal guardian) assumes all rights and responsibilities on behalf of the underage father. Thus the maintenance duties fall on the guardian (parents or legal guardian) of the underage father[3]. Parental duties, such as love, care, and visitation would be given to the underage father. Decisions on matters involving the child would fall on the underage father's guardian (parents or legal guardian). The maintenance amounts are worked out on a case, by case basis. The circumstances such as the parents' income needs of the child will all come into play when deciding the maintenance amount. If teenagers are in a legal marriage, they assume majority and all rights and responsibilities fall on them to financially maintain their child.

1 The Children's Act No 38 of 2005. Section 18(2)(d).

2 No 38 of 2005.

3 LOUW, AS. Acquisition of Parental Responsibilities and Rights. 2009. Online: http://upetd.up.ac.za/thesis/submitted/etd-09102009-170707/unrestricted/thesis.pdf.

A.4 Think, pair, share

1. Ask your learners to turn to one another and write down all the ways that girls and boys can postpone parenthood until they are ready. Give them three minutes to do this.
2. Ask your learners to share their ideas. As your learners share their idea record them on the board. Make sure the following strategies are discussed:
   a) You must not have sex until you are older or feel that you are ready to become parents. In fact, this is true for all people, regardless of age.
   b) You must assertively communicate your boundaries about sex to your partner.
   c) If you do have sex, make sure you or your partner use a condom every time you have sex.
   d) If you do have sex, make sure that you or your partner use contraception, like the pill or the shot.
      - Emphasise that contraception is effective at preventing pregnancy, but not at preventing an STI. Their best bet would be to use contraception and a condom, i.e. dual protection.
   e) Visit the health care clinic to get advice from a health care provider.
   f) Talk to your parents or other trusted adult for advice.
   g) Resist harmful gender norms that say "having a baby proves you are a man or a woman" or "having sex proves you are a man" or "girls should do what their boyfriends want if they do not want to lose them".

HOMEWORK

1. Ask your learners to research someone who became a parent as a teenager, and tells of their experience as a young parent. Your learners may source information from newspapers and magazines, or by interviewing someone they know who is prepared to talk to them or use the internet (if they have access to it).
2. They will present their research as an oral presentation to the class. You can set up criteria for assessing their presentations with them.

CONSOLIDATION

1. Conclude the activity by stating the following key points:
   a) **Remember: "I am strong, smart and in charge of my future!"**
   b) Parenting is a big responsibility. You have to take action to prevent a pregnancy until you and your partner are ready to become parents.
   c) Do not allow harmful gender messages to make you do something that you do not want to do. BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.
   d) Abstinence is the safest way to prevent pregnancy. The SAFEST choice is NOT to have sex.
   e) If you choose to have sex, use a condom and hormonal form of contraception to reduce your chance of pregnancy.
2. Tell your learners that in the next lesson, they are going to discuss healthy and unhealthy relationships, especially relationships where one person has more power and control than the other.

ASSESSMENT

Recommended assessment strategies

1. Written task
   (e.g., multiple choice, true or false, matching, open-ended questions)
2. Report (using criteria)
3. Oral presentation (using criteria)
4. Project (using criteria)
5. Use the Homework activity as an assessment task.

Test your knowledge

Ask your learners to answer the following questions

1. Explain how becoming a teenage mother or father would affect one's relationships.
2. Explain how becoming a teenage mother or father would affect one's education.
3. Explain how becoming a teenage mother or father would affect one's finances.
4. Explain how becoming a teenage mother or father would affect one's social life.
5. Explain how becoming a teenage mother or father would affect one's physical and emotional health.
6. What are two ways of postponing parenthood until you are ready?
7. True or False?
    a) Becoming a father proves that you are a man.
    b) Becoming a mother proves that you are a woman.
    c) Women, not men, are responsible for preventing pregnancy.
    d) Government grants pay for all the expenses teenage parents have to raise.

GLOSSARY

- brainstorming
- emotional scars
- finance
- peers
- pregnancy
- risk factors
- social life
- community norms
- family
- parenthood
- physical and emotional changes
- relationships
- school and education
- teenager

Lesson 9.8

Sexual consent

Lesson 9.8

Sexual consent

Grade	9
CAPS topic(s)	Development of the self in society Constitutional rights and responsibilities
CAPS subtopic(s)	Goal-setting skills: personal lifestyle choices • Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices: o Informed decision-making skills: positive and negative influences o Assertiveness skills: confident and firm decision-making Sexual behaviour and sexual health: • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behavior
Link to other subtopics in CAPS	Issues relating to citizens 'rights and responsibilities • Respect for others' rights: people living with different disabilities and HIV and AIDS (infected and affected) Challenging situations: depression, grief, loss, trauma and crisis • Problem-solving and decision-making skills: strategies to respond to emotions in challenging situations
This lesson will deal with the following:	• 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.
Concepts	• affected • ambiguous communication • infected • rape • sexual consent • statutory rape
Teaching Methodologies	• brainstorming • brief lectures • case studies or scenarios • classroom discussions • skits or dramas • small group work • worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.8: Sexual consent,* your learners will learn the definition for sexual consent and the importance of getting clear, verbal consent is emphasised. Your learners will examine why there is often ambiguity with the communication of sexual consent as well as how unhealthy gender norms can promote this ambiguity. Your learners are given a checklist-type tool for determining whether clear, verbal consent is being given in sexual situations and they will practise using this tool to analyse sexual situations. The lesson ends with your learners developing some communication skills aimed at eliminating ambiguity about consent in sexual situations.

KEY POINTS

1. Consent is only consent if it is clear and explicit, i.e. if it is spoken out aloud.
2. Sex without consent is rape.
3. YOU have the responsibility to make sure you have sexual consent.
4. Every person has the right to control what happens to her or his own body. This means that anyone has the right to change their mind about sex at any time. You have the RIGHT to say NO to sex in ANY situation.
5. Reject unhealthy gender norms that promote moving ahead with sex even though a partner has not given clear consent.

RESOURCES/MATERIALS

- flip chart paper
- masking or painter's tape
- thick markers (various colours)
- pencils/pens
- blank paper, one sheet per learner and a few extra sheets of paper
- watch or cell phone for time-keeping
- consent cards
- *Poster 9.8.1: Definition of sexual consent (Reading 1 in your learners' books)*
- *Educator resource 9.8.1: Statutory rape in South Africa*
- *Educator resource 9.8.2: Scripted role play: "Your friend wants to date you" (passive version) from Lesson 7.8: Assertive communication (Resource 3 in your learners' books)*
- *Reading 9.8.1: Checklist for sexual consent – MAYS (Reading 2 in your learners' books)*
- *Resource 9.8.2: Sexual consent: Scenario 1 – Baruti and Ben (Resource 1 in your learners' books)*
- *Resource 9.8.3: Sexual consent: Scenario 2 – Hendrick and Pat (Resource2 in your learners' books)*

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Prepare and display *Poster 9.8.1: Definition of sexual consent* at the front of the room. The content for this poster is found at the end of this lesson plan.
4. Familiarise yourself with *Educator resource 9.8.1: Statutory rape in South Africa.*
5. Prepare consent cards by writing "yes" on one side and "no" on the other side of an index card (or similar material) in large print with a felt-tipped marker. Make enough cards for every learner in your class to have one "yes" card and one "no" card.
6. Select a learner ahead of time to help you with the skit or demonstration presented in *Educator resource 9.8.2: Scripted role play: "Your friend wants to date you" (passive version)* from *Lesson 7.8:Assertive 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, although this is less important.
7. Ask the learner to find Resource 3: Scripted role play: "Your friend wants to date you" (passive version) from *Lesson 7.8: Assertive communication* in their workbook and ask the learner to read it through a few times before the session in which s/he will play the role of "Best Friend's Friend". If time allows, practise the role play a few times with the learner. If time does not allow for this advance preparation, a learner can be selected and quickly prepped at the very beginning of the session.

ACTIVITIES

A.1 Definition of consent

1. Explain that today's class is all about consent. Explain that in the context of achieving happy, healthy lives free from STIs, HIV, teenage pregnancy and unhealthy relationships, today's class is focused on the concept of *sexual consent.* Ask your learners:
   a) What do you think the word "consent" means?
      Take a few responses. One possible response to this question might be: giving permission to do something. For example, we might give consent to a friend who asks to borrow our notes from class
   b) What do you think "sexual consent" means?
      Take a few responses.
2. Direct your learners to Poster 9.8.1: *Definition of sexual consent.* Review the definition of sexual consent with your learners while making note of their earlier responses. The poster is also made available in their workbooks as Reading 1.

NOTE TO THE EDUCATOR

When there is sexual consent all parties involved want and freely choose to engage in sexual activity.
When we give consent we are freely choosing to do something; we are not being coerced, manipulated or forced to do it. When someone freely chooses to engage in sexual activity they are said to have "consented" or to have "given consent".
An individual who is impaired or constrained CANNOT freely choose. Common impairments, constraints or factors that may preclude the ability to give consent include:

a) alcohol consumption;
b) drug use;
c) low mental capacity; and
d) physical power held over someone.

True sexual consent is spoken out loud. Body language alone is not a clear indication of sexual consent, even though the person might want to indicate consent with her or his body language. It is the responsibility of both partners to make sure that sexual consent is given explicitly, out loud. If either partner is unsure, consent CANNOT be assumed
Sexual consent only gives permission to engage in the specific sexual activity discussed when consent is given. If a sexual partner engages in sexual activity that is outside of consent, it is non-consensual and may very well be sexual assault and/or rape.
Remember: I am strong, smart and in charge of my future!
Your learners will not be accused of rape because they know they need to give, get and accept sexual consent (no matter what their partner says).

3. Ask your learners if they have any questions about the definition of sexual consent. Answer any questions they have.
4. Make the following points:
    a) YOU have the responsibility to make sure that you have sexual consent.
    b) Everyone has the right to control what happens to their own body. This means that anyone has the right to change his/her mind about sex at *any time*. You and your partner may have had a discussion and have decided you want to have sex and your partner can still change his or her mind when you are actually engaging in sexual activity.
    c) Tell your learners that just because a partner says no to sex does not mean that they ate rejecting you or do not like you. There are many good reasons why they might not want to have sex at a given time. It is okay to feel disappointment or frustration, but having a partner say "no" to sex is not something that should make you feel bad or critical of them.

A.2 Ambiguity and gender norms: Demonstration and debrief

1. Bring the learner who volunteered to act in the role play up to begin the *scripted role play "Your friend wants to date you" (Passive Version) from Educator resource 9.8.2*. You (the educator) should play the "You" part, and your volunteer should play the part of "Friend". When performing your part use a passive style of communication, including your body language, to play up the ambiguity conveyed in the scene.
2. After performing the skit, ask your learners to raise their hands to indicate their individual responses to the following "straw poll":
    a) Who thinks I want to go out with my best friend's friend?
    b) Who thinks I do not want to go out with my best friend's friend?

c) Who thinks it is clear to the friend's friend what I want to do?

3. Write the words "ambiguous (adjective)" and "ambiguity (noun)" up on the board. Ask your learners if they know the definitions of these words. Take a few responses.
4. Explain to your learners that the words "ambiguous" and "ambiguity" refer to communication where the meaning is unclear to the "receiver" of the message.

A.3 Classroom discussion

1. Lead a brief classroom discussion using the questions below.
   a) Social situations that involve attraction, dating, romance and sex seem to involve a lot of ambiguous communication. Why do you think this is?
   b) What does ambiguous communication by men typically look like? What gender norms lead to ambiguous communication around consent by men?
   c) Some possible responses might include:
      - men being "strong and silent" and not talking much or clearly
      - men being expected to be "tough", i.e. may not communicate about feelings or may believe that they are supposed to "tough it out" or "man up" when faced with an unpleasant situation rather than "complain" or refuse.
      - men being expected to know what women want (without asking) and give it to them
   d) What does ambiguous communication by women typically look like?
   e) What gender norms lead to ambiguous communication around consent by women?
   f) Some possible responses might include:
      - Women are taught to equate their self-worth with their sexual desirability. As such some women may be reluctant to say anything that directly undermines that desirability, even if they do not want to have sex.
      - Women are often taught that communicating directly and strongly is "uppity" or not "feminine" which may make it hard for a woman to find her voice in any situation
      - Women are taught to express themselves by flirting, which is inherently ambiguous.
   g) What are some unhealthy gender norms that teach men and/or women to move ahead with sex even though their partner has not given clear consent?
   h) Some possible responses might include:
      - Men are perceived as always wanting sex, so a partner might not really believe that a guy would not be giving consent.
      - Men are taught that women say "no" when they really mean "yes".
      - Men are taught that women like being taken by force and that this is masculine and "sexy".
2. Emphasise that BOTH men and women are responsible for giving, getting and accepting sexual consent from their partners.

A.4 Checklist for determining consent: MAYS

1. Stress to your learners that the fact that there is so much ambiguity surrounding consent highlights how important it is that they have a straightforward way to determine whether they have been given consent before engaging in sexual activity.

2. Inform your learners that you have a straightforward set of criteria – a checklist – that they should use to know if they have obtained sexual consent. Direct your learners to Reading 2: *Checklist for sexual consent – MAYS* in their workbooks Review the checklist with them:

a) Both partners are **Mentally** able to make sound and informed decisions.
b) **Alcohol** and/or drugs have not been used by either person to the point of impairment.
c) There is a verbal **Yes**.
d) There is no risk for **Statutory** rape based on age.

NOTE TO THE EDUCATOR

See Educator Resource 9.8.1: Statutory rape in South Africa for more information about statutory rape in South Africa.

3. Ask your learners if these criteria are clear and if they have any questions. Answer any questions that come up.

A.5 Analysing situations using MAYS

1. Explain that the next activity will give your learners the opportunity to practise using the MAYS checklist to determine whether there is sexual consent.
2. Pass out a consent card to each learner.
3. Explain that you will read a series of statements. Ask your learners to check each statement against the MAYS list. Explain that they will then indicate whether there is sexual consent based on their MAYS assessment of the statement. If your learners think that the statement communicates sexual consent they should hold up their card with the "yes" on it. If your learners think that the statement does not communicate consent, they should hold up the card that says "no".
4. Read each statement below aloud (in any order you prefer). Give your learners a moment to compare the statement against their MAYS checklist. Repeat statements if needed. Conduct the poll with the consent cards. After the poll invite your learners to offer comments or thoughts or to ask questions about the statements.
5. If some of your learners indicated in the poll that they thought sexual consent was given, when it was not, make sure that they have the correct answer and clarify why sexual consent was not communicated by that particular statement and use the MAYS method to back up your explanation.

Consent statements

Is someone consenting to have sexual intercourse with you if he/she:

- goes on a date with you?
- lets you buy her or him a cell phone?
- goes into your bedroom when your parents are not home?
- makes out with you clothed?
- makes out with you naked?
- is drunk and does not seem to care?
- seems aroused but has been drinking and is mumbling something but you cannot make out what s/he

is saying?
- has had sex with you before, but does not want to tonight?
- is having oral sex with you right now?
- does not say anything and tenses up when you start to have sexual intercourse?
- says no, but keeps responding to you in a sexual way?
- does not say anything when you start to have sexual intercourse and seems excited by it?
- says yes, and seems comfortable?

A.6 Speaking the language of consent

Part A: Asking for consent

1. Explain to your learners that the fact that there is often so much ambiguity around communicating consent means that they need to develop a solid set of communication skills in this area. Point out that they need to be able to do four things:
   a) ask if the other person is really giving consent;
   b) use communication skills to clarify any ambiguities;
   c) "check in" with your partner and make sure, as things progress, that they are still giving consent, especially if sexual behaviour intensifies and/or if the other person starts to look uncomfortable; and
   d) respect the boundaries of someone who is not giving consent, or do what is, perhaps, even more challenging: respect the boundaries of someone who has given consent up to a point and then withdraws it.
2. Explain to your learners that they will work on acquiring the first skill in today's lesson and the other skills in the next lesson: *9.9 Power & control in relationships*.
3. Divide your learners into pairs. Ask half of the groups to turn to *Resource 1: Sexual consent: Scenario 1 – Baruti and Ben,* and the other half to *Resource 2: Sexual consent: Scenario 2 – Hendrick and Pat.* Give each pair several pieces of blank paper and a felt-tipped marker.
4. Ask the pairs to brainstorm questions that the character in the scenario who is initiating sex could ask his partner so that he can resolve any ambiguity and find out if there is clear sexual consent. They should write each of their ideas legibly in large print on a separate sheet of paper using a felt-tipped marker.
5. Give your learners 4-5 minutes to read their scenarios, discuss them, and brainstorm and write their questions. During this time move around the class and offer clarification and assistance as needed. Warn your learners when there is only one minute left.
6. Examples of the kinds of questions learners should generate are written below:
   a) I am confused by the signals I am picking up. Tell me what you are thinking and what you really want to do.
   b) You are saying "no" with your words, but it feels like you are saying "yes" with your body. Tell me what you really want.
   c) I really care about you and do not want to make you uncomfortable.
   d) Tell me what your limit is now so that I do not cross it.
   e) Are you ready to have sex?
   f) I want to have sex with you. Do you want to have sex with me?

7. After 4-5 minutes spend a couple of minutes asking for volunteers to share some of the questions they wrote. Make comments on the effectiveness of the questions and help your learners to edit them as necessary to make them effective. Offer additional examples from the list above as needed.

HOMEWORK

1. Encourage your learners to share this lesson with their parents, siblings or guardians at home and to write down five comments made to them about the content. It can be done in the form of a poster or dialogue.
2. When your learners give feedback, allow the other groups in the class to comment on how they feel about the comments that their families made.
3. Remember that this activity:
   a) is a good way to encourage your learners to have frank, informed discussions with their parents, sibling and guardians;
   b) shares with parents what content the learner is learning in this activity;
   c) opens up comments that will provide feedback on how parents feel about the lesson;
   d) creates another opportunity for your learners to talk about this content amongst themselves and find consensus on issues they may not always agree on with each other; and
   e) allows for post-discussion that may raise aspects about the issue of consent that you can use to consolidate this section of content.

CONSOLIDATION

1. Summarise the lesson's key points:
   a) Consent is only consent if it is clear and explicit, that is, it is spoken out aloud.
   b) Sex without consent is rape.
   c) YOU have the responsibility to make sure you have sexual consent.
   d) Every person has the right to control what happens to her or his own body. This means that anyone has the right to change their mind about sex at any time. You have the RIGHT to say NO to sex in ANY situation.
   e) Reject unhealthy gender norms that promote moving ahead with sex even though a partner has not given clear consent.
2. Explain to your learners that the next session will focus on how power and control manifest in relationships and how this creates problems with consent as well as creating sexual abuse situations.

ASSESSMENT

Recommended assessment strategies

1. Written task

   Use the homework activity above to assess how your learners have understood, internalised, agreed to or differed on the content presented in this section.

   Other assessment tasks that may be used:

   - observation of skill performance (using criteria)
   - report (using criteria)
   - oral presentation (using criteria).

Test your knowledge

Ask your learners to answer the following questions:

1. Define "sexual consent".
2. What are two kinds of impairment that would make it impossible for a person to give sexual consent?
3. What is the definition of "ambiguous"?
4. Why is ambiguous communication about sexual consent problematic?
5. What does MAYS stand for?
6. What are two things a person can do to resolve ambiguity about sexual consent from their partner?

RESOURCES

POSTER 9.8.1: DEFINITION OF SEXUAL CONSENT

1. When there is sexual consent all parties want and freely choose to engage in, sexual activity.
   a) When we give consent we are freely choosing to do something; we are not being coerced, manipulated or forced to do it. When someone freely chooses to engage in sexual activity they are said to have "consented" or to have "given consent."
   b) An individual who is impaired or constrained CANNOT freely choose. Common impairments, constraints or factors that MAY preclude the ability to give consent include:
      - alcohol consumption;
      - drug use;
      - low mental capacity; and
      - physical power held over someone.
2. True sexual consent is spoken out loud. Body language alone is not a clear indication of sexual consent, even though the person might want to indicate consent with their body language. It is the responsibility of BOTH partners to make sure that sexual consent is given explicitly, out loud. If either partner is unsure, consent CANNOT be assumed.
3. Sexual consent only gives permission to engage in the specific sexual activity discussed when consent is given. If a sexual partner engages in sexual activity that is outside of consent it is non-consensual and may very well be sexual assault and/or rape

EDUCATOR RESOURCE 9.8.1:

STATUTORY RAPE AS DEFINED BY SOUTH AFRICAN LAW

The Sexual Offenses and Related Matters Amendment Act[1] (hereon after to be known as "The Act"), defines statutory rape as the sexual penetration of a child whether consensual or not. Child, defined by The Act, is any person between the ages of 12 and 16. If a person over the age of 16 sexually penetrates a child, they will face being charged with statutory rape. The issue becomes somewhat more ambiguous when the sexual penetration occurs when both parties are children.

A ruling by *Judge Pierre Rabie* in the Pretoria High Court decriminalised the consensual sexual penetration between children, provided that their age difference did not exceed two years[2]. This judgment was appealed in Constitutional Court. The Constitutional Court agreed with *Judge Pierre Rabie's* ruling. The Constitutional Court also highlighted the constitutional invalidity of Section 15 and 16 of the Act. As it stood The Act required the prosecution of any two children aged 12 to 15 that are engaging in consensual sexual activity with each other. If a child were to be found kissing another, both children would be liable for prosecution and exposed to the criminal justice system, through arrest, appearance in a magistrate's court and lengthy interrogation by a probation officer in front of his or her parents. Not only does this criminalise even the most innocent

1 32 of 2007. Section 15 (1).

2 THE WEEKLY, *Grappling with Under-age Sex*. 2013. Online: http://theweekly.co.za/?p=13223.

of adolescent behaviour, but it exposes young children to traumatic experiences that will cause more harm than good in their individual development, including feelings of shame and stigmatisation.[3]

In a unanimous judgment by *Khampepe J,* the Constitutional Court found that sections 15 and 16 of The Act are unconstitutional in that they infringe the rights of adolescents (12- to 16-year olds) to dignity and privacy, and further in that they violate the best-interests principle contained in section 28(2) of the Constitution.[4]

Relying on expert evidence, the Court concluded that the impugned provisions criminalise what constitutes developmentally normative conduct for adolescents, and adversely affect the very children the Act seeks to protect.

The effects of the impugned provisions were found not to be rationally related to the State's purpose of protecting children. The Invalidity of Section 15 and 16 of the Act were suspended for 18 months allowing Parliament to correct the Constitutional error. By April of 2015, there should be a clearer constitutional position on this issue. For now, however, Section 15 and 16 are in operation.[5]

If a person over the age of 16 has consensual sex with a child, they face up to 15 years imprisonment. However, the Judge reserves full discretion as these issues are dealt with on a case, by case basis. There is no minimum sentence for consensual sexual penetration with a child.[6]

3 polityorg.za, *FEDUSA: Statement by the Federation of South African Unions, welcomes the Constitutional Court judgement in the case of the Teddy Bear Clinic for Abused Children and Minister of Justice and Constitutional Development (04/10/2013).* Online: http://www.polity.org.za/article/fedusa-statement-by-the-federation-of-south-african-unions-welcomes-the-constitutional-court-judgement-in-the-case-of-the-teddy-bear-clinic-for-abused-children-and-minister-of-justice-and-constitutional-development-04102013-2013-10-04.of

4 The Republic Of South Africa No 108 of 1996.

5 polityorg.za, FEDUSA: Statement by the Federation of South African Unions, welcomes the Constitutional Court judgement in the case of the Teddy Bear Clinic for Abused Children and Minister of Justice and Constitutional Development (04/10/2013). Online: http://www.polity.org.za/article/fedusa-statement-by-the-federation-of-south- african-unions-welcomes-the-constitutional-court-judgement-in-the-case-of-the-teddy-bear-clinic-for-abused-children-and-minister-of-justice-and-constitutional-development-04102013-2013-10-04

6 Thomson, J., Simmonds, Fn. Rape Sentencing Study: Statutory Sentencing Provisions for Rape, Defilement, and Sexual Assault in EAST, central, and Southern Africa. Population Council. Online: http://www.popcouncil.org/pdfs/2012RH_RapeSentencingStudy.pdf.

EDUCATOR RESOURCE 9.8.2:

SCRIPTED ROLE PLAY "YOUR FRIEND WANTS TO DATE YOU" (PASSIVE VERSION) FROM LESSON 7.7: ASSERTIVE COMMUNICATION

Background

You have a friend of the opposite sex – Alex (Alexander or Alexandra, depending on the actors) – someone you met recently through other friends. You do not feel any romantic attraction: s/he is simply a new friend. However, it is starting to look like Alex is attracted to you and wants the two of you to date. You are interested in someone else, but you are concerned that if you put Alex off you will lose the friendship and possibly create friction within your group of friends.

Passive version

Alex:
Everyone's busy. Let's go out, just you and me.

You:
Ummm... Well... I don't know...

Alex:
I really want to talk to you about something.

You:
You could call me... maybe... sometime?

Alex:
Well, I was thinking we could eat and then go to the club afterwards, or we could just go to my aunt's house: she's gone for the weekend. C'mon, I promise we'll have a lot of fun together, just the two of us

You:
You could be right...

Alex:
Okay, then I will call you at home later and we can figure out the details.

You:
Ummmm... Okay, well I guess I'll talk to you on the phone and we'll see...

READING 9.8.1:

CHECKLIST FOR SEXUAL CONSENT – MAYS

1. Both partners are **Mentally** able to make sound and informed decisions.
2. **Alcohol** and/or drugs have not been used to the point where either person is impaired – Err on the side of CAUTION!
3. There is a verbal **Yes.**
4. There is no risk for **Statutory** rape based on age.

RESOURCE 9.8.1:

SEXUAL CONSENT: SCENARIO 1 – BERUTI AND BEN

Beruti (17) has been going out with Ben (19) for about six months. Ben has told Beruti several times that he really wants to have sex with her, but only if she wants to. Beruti is unsure about having sex. She believes that other young women her age have sex with their boyfriends. She is worried that Ben will leave her if she does not, although Ben has never threatened to do so. The next time they are intimate, they have sex.

RESOURCE 9.8.2:

SEXUAL CONSENT: SCENARIO 2 – HENDRICK AND PAT

Hendrick (18) does not want to have sexual intercourse with Pat (18), but Pat wants to do it. Hendrick likes Pat a lot but he would like to wait until he is married to have sex. Hendrick is afraid that his friends will find out and tease him if he says no to Pat. Hendrick gives into the pressure. He goes ahead and has sex with Pat.

GLOSSARY

- affected
- infected
- sexual consent
- ambiguous communication
- rape
- statutory rape

Lesson 9.9

Power and control in relationships

Lesson 9.9

Power and control in relationships

Grade	9
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	Goal-setting skills: personal lifestyle choices • Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices o Informed decision-making skills: positive and negative influences o Assertiveness skills: confident and firm decision-making
Link to other subtopics in CAPS	Sexual behaviour and sexual health: • 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 • Factors that influence personal behaviour including family, friends, peers and community norms • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour • Protective factors, where to find help and support: community structures that offer protection or resilience against high risk behaviour
This lesson will deal with the following:	• 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 • listing 1-3 phrases they might use to communicate to a partner that s/he respects a partner having set sexual limits/boundaries.
Concepts	• power • romantic relationship
Teaching Methodologies	• brainstorming • brief lectures • classroom discussions • small group work • worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.9 Power and control in relationships,* your learners will review a definition of "power" and learn about a framework that presents four ways in which power can be used. Your learners then work in small groups to generate examples of these four ways of using power within romantic relationships. Your learners will discuss how differences in levels of personal power between two people in a relationship, as well as harmful or controlling uses of power, might lead to STIs, HIV acquisition or teenage pregnancy. The lesson ends with your learners developing two communications skills pertaining to sexual consent that add to the skill they learned in the last lesson.

KEY POINTS

1. Power is the capacity to act, and it is commonly used in four different ways: to harm, to control, to care or protect and to help.
2. Partners in relationships show that they care about and respect their partners by using their power to care or protect and help that person.
3. Harmful and controlling uses of power can increase the likelihood of STIs, HIV acquisition and teenage pregnancy.
4. Every person has the right to control what happens to his or her body sexually. We exercise this right through the power to grant, and withdraw, sexual consent. You have the RIGHT to say NO to sex in ANY situation.
5. BOTH men and women are responsible for respecting the sexual limits and boundaries set by their partner, even when those limits or boundaries withdraw earlier consent or prohibit sexual acts that the couple has previously engaged in.

RESOURCES/MATERIALS

- flip chart paper
- masking or painter's tape
- thick markers (various colours)
- pencils/pens
- watch or cell phone for time-keeping
- *Poster 9.9.1: Power – Diagramming a complex concept (Worksheet 1: in your learners' books)*

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Write the definition of "power" (found below in lesson plan) on the board or a poster.

ACTIVITIES

A.1 What is power and how it can be used?

Statue activity

1. Divide your learners into pairs. Each pair is going to produce a still image, like a statue. The image will show one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare their statue. Ask your learners to swap around (so that the powerful figure become the powerless and vice versa) and prepare a second statue.
2. When they have prepared both statues, give each pair the opportunity to show their statues to the rest of the class. Ask for quick comments about what your learners observe. Ask both members of each statue to express what they are feeling in one word (e.g. proud, scared or humble).
3. Ask your learners to discuss the following in pairs. Allow 10 minutes for discussion and allow your learners to report back to the whole class.
   a) Which of the two positions felt more familiar to you?
   b) Can you relate any of the emotions you felt to situations in your lives?
   c) What did you feel for the powerless person when you were in the powerful position, and vice versa?
4. Direct your learners to the definition of "power" displayed in the classroom. Ask one of your learners to read the definition out loud to the class.
   a) POWER is the capacity to act or "do" – i.e. to create, destroy, influence, accomplish, etc.
   b) Power is the ability to influence or control the behaviour of people.

A.2 Examples of power: How it is used

1. Because "power" is such a complex concept it can help to understand it by thinking of some examples.
2. Ask your learners to silently come up with an example of "using power". Then ask for a few volunteers to share their examples. Write their ideas down on the board to be used later in the activity.
3. Examples of possible responses might include:
   a) using one's influence over a politician, such as a minister in Parliament, to get a law passed
   b) using one's influence over a politician, such as the President, to wage war

c) a police officer arresting someone
d) using a knife or gun to rob someone
e) using celebrity and fame to convince people to give money to a charity
f) writing a newspaper story to expose illegal business practices by a company
g) using public organising: boycotts, mass protest, non-violent civil disobedience, etc. to change an unjust law.

4. Direct your learners to the images in their learners' books. Point out to your learners that the pictures illustrate four different uses of power:
   a) to harm: e.g. hurting someone or damaging something
   b) to control: e.g. making things happen or preventing them from happening
   c) to care or protect: e.g. preventing harm from being inflicted on someone by someone else
   d) to help: e.g. making things better at school or at home, etc.

   Also point out that the pictures display the size of the effects that power can have from the smallest: one person, to the largest: the entire world.
5. Return to the examples of power offered a few minutes ago by your learners.
6. Ask the group to determine which pictures go with the examples they provided earlier. For example A learner might have said that their brother has the power to beat them up. This would be the "power to harm" (and possibly control) an individual. Another learner may have come up with apartheid as an example of power. This would be the power to control (and harm) on a national level. Compliment your learners on their ability to categorise examples of power.
7. Explain to your learners that because of the focus of this class, you want to move the discussion of power to the level of relationships.

A.3 Examples of power

Small group work

1. Explain to your learners that in this activity they are going to identify uses of power at the level of couples across all four categories of use.
2. Divide your learners up into groups of four
3. Ask your learners to turn to Worksheet 1: Power – Diagramming a complex concept in their workbooks.
4. Ask your learners to brainstorm, in their groups, on the uses of power in all four categories: power used to harm, power used to control, power used to care or protect and power used to help, at the level of couples. Inform your learners that they will have five minutes to brainstorm. Explain to your learners that they are required to first come up with one example in each of the four categories, then if they have extra time, to come up with as many additional examples as they can.
5. Ask your learners to fill in their ideas on the power diagram worksheet.
6. Get the group started on the task. While they are working in their small groups, move around the class, observe and offer assistance, clarification and guidance. Warn the group when they are halfway through the five-minute work period and warn them again when there is one minute remaining.

A. 4 Examples of power

Debrief

1. Ask all of your learners to draw their attention back to you for the next part of the lesson.
2. Ask for volunteers from the small groups to share answers from their worksheets. As your learners share their answers help them by clarifying and correcting any of their points, if necessary. Once the answers are clear and correct, write your learners' examples up on the poster-sized version of the power diagram.
3. Possible responses to this question are listed below. You should use your discretion about how much to share, from the list below, during the classroom discussion.
4. Discuss the examples, if the need arises, to make sure that all your learners understand where power is being used in the examples.
5. Emphasise to your learners that in healthy sexual relationships power is kept fairly equal through mutual decision-making even though individual partners may have different amounts of different kinds of power (e.g. money).
6. Ask your learners: How does our discussion about power today relate to preventing STIs, HIV acquisition and teenage pregnancies? Possible responses to this question are listed below. You should use your discretion about how much to share, from the list below, during the classroom discussion.
7. People who are experiencing abusive relationships may not have control over their own bodies, sexually speaking, and are forced into non-consensual sex by partners who may not be practising safer sex and may be having sex outside the relationship, exposing them to STIs, HIV and the risk of teenage pregnancy.

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

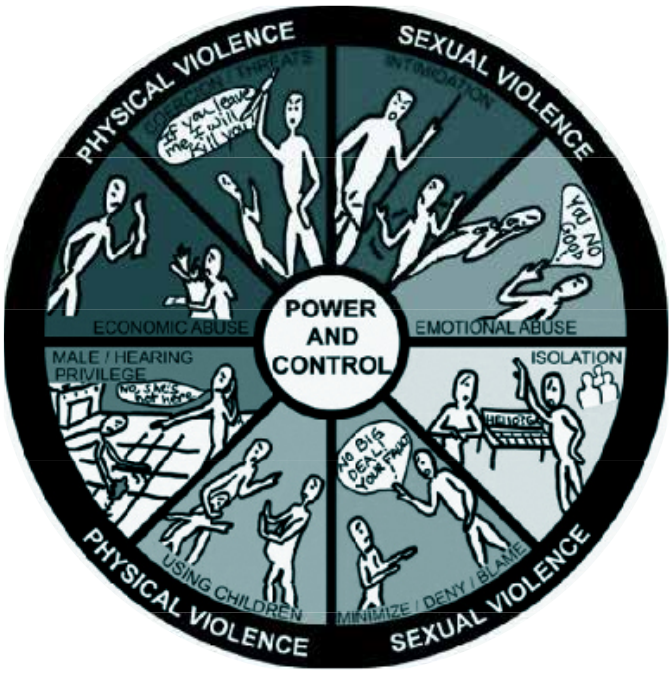
   a) This may happen through physical force. Alternatively, individuals might be blamed for their own abuse. If they are seen as being at fault for not "keeping their partner happy" then they will feel tremendous social pressure (taking away the ability to freely choose) to have sex with that person to please him or her.
   b) Individuals who are not self-empowered, that is, those who do not have the power to help or protect themselves are less likely to set and maintain boundaries. Such individuals are less likely to be able to refuse sex and to insist on safer sex practices.
   c) Individuals who are not self-empowered are more likely to use passive ways of achieving their goals, for example a partner might sabotage a birth control method to cause a pregnancy in the hopes that it will create the desired commitment in a relationship. In another example, such individuals might use money to bind a partner to a sexual relationship. Many people who are not self- empowered seek out people who have even less personal power than they do, to get romantically involved with.
   d) A common way that a lack of personal power manifests in people is low self- esteem. People with low self-esteem often employ all kinds of unhealthy strategies, called "compensating", to stop feeling bad about themselves. Such individuals are particularly susceptible to buying into unhealthy gender norms and the ways in which they compensate, often reflect them trying to live up to these norms. So a man with low self-esteem may try to prove his masculinity and

create a sense of self-worth by having sex with a lot of women and not using condoms to show how tough and fearless he is. This is not a sign of power.

e) Remember: **I am strong, smart and in charge of my future!** I am empowered to treat myself, others and others in my community with respect, care and fairness.

NOTE TO THE EDUCATOR

The following wheel can be used to emphasise power and control issues and to summarise the lesson as a whole



A.5 Speaking the language of consent

Parts B & C: Consent is power-sharing

1. Explain to your learners that they may find themselves in partnerships in which the other person may not have a strong sense of personal power, whether just on occasion or habitually. This sense of disempowerment may come from disempowered life circumstances (such as poverty, no education or a lack of employable skills), past abuse or trauma, unhealthy gender norms or other influences.
2. Assert to your learners that a caring, responsible partner helps the other person in a romantic relationship develop a stronger sense of personal power. One of the most important places to foster personal empowerment for both partners in a relationship is in the area of sexual consent.
3. Remind your learners that they learned about sexual consent during the last class and that all individuals have a right to decide, at any time, what they do and do not want to do, sexually with their own bodies.

4. Remind your learners that during the last class they learned the practical skill of clearing up any ambiguity or confusion about whether sexual consent is being given. Make sure your learners understand how a disempowered individual is less likely to be assertive and therefore less likely to communicate consent clearly.

A.6 Checking in

1. Explain to your learners that the next skill they are going to learn about making sure they have sexual consent is how to "check in" at regular intervals even after someone consents initially, to make sure that they are still saying "YES".
2. Explain that it is important to check in at regular intervals and to make sure that consent is still being given. After someone has given consent then actually begins engaging in sex they may decide that it was not the right decision or that it does not feel good. It can be difficult for a person who has given consent to feel like they can change their mind, once sex has started and "cancel" that consent. Explain that there are many reasons for this having to do with power, gender norms and interpersonal dynamics.
3. Explain that there are often signals that appear when a person who has given consent has begun feeling differently about engaging in sexual activity.
4. On the board or a poster-sized sheet of paper create a two-column chart. Write "Warning sign" on the left-hand column. Ask your learners to brainstorm examples of signs that a person may be unsure about having sex. Write these examples on the left-hand side of the chart under the "Warning sign" title.
5. On the same flip chart, write "Checking in" on the right-hand side. Now ask your learners to list things a person could say or do to check in with a partner who is exhibiting each warning sign in order to make sure that they still have sexual consent.

Warning sign	Checking in
unresponsive body language	"Are you good?" "Does this feel okay?"
Tears	"What's wrong?" "Do you want to talk about this?"
being withdrawn	"How are you feeling?" "Do you still want to do this?"
Nervousness	"Are you nervous?" "Do you want to do something else?"

After creating both lists, the flip chart should look something like this:

A7. Respecting sexual limits

1. Explain that another important skill to have regarding sexual consent, is the ability to respect the other person's sexual limits. This could mean accepting when someone says "NO" to sexual behaviour or recognising when they are uncomfortable and then stopping sexual activity. Explain how not respecting someone's sexual limits is unkind or uncaring and it is also using power to control and harm that person. Remind your learners that having sex with someone without their consent is rape.
2. Ask your learners to come up with examples of things they might say to a partner who is setting a sexual limit to show that partner that their limit is being respected. Encourage your learners to come up with ways that show respect for sexual limit-setting that also communicate to that partner that you still like them or are attracted to them and that you still value the relationship. Write your learners' ideas up on the board or a poster-sized sheet of paper.
3. The responses should sound something like the examples below. Things to say that show you respect sexual limits:
    a) "That's okay."
    b) "That's fine."
    c) "We're good."
    d) "Okay, let's get out of here and do something else."

HOMEWORK

The activities that your learners are unable to complete in class may be taken home and completed as a homework assignment.

CONSOLIDATION

1. Summarise the lesson's key points:

a) Power is the capacity to act, and it is commonly used in four different ways: to harm, to control, to care or protect and to help.

b) Partners in relationships show that they care about and respect their partners by using their power to care or protect and to help that person.

c) Harmful and controlling uses of power can increase the likelihood of STIs, HIV acquisition and teenage pregnancy.

d) Every person has the right to control what happens to his or her body sexually. We exercise this right through the power to grant, and withdraw, sexual consent. You have the RIGHT to say NO to sex in ANY situation.

e) BOTH men and women are responsible for respecting the sexual limits and boundaries set by their partner, even when those limits or boundaries withdraw earlier consent or prohibit sexual acts that the couple has previously engaged in.

ASSESSMENT

1. Role play

Ask your learners to prepare a role play on power issues based on this lesson and how they would manage the power dynamic in a relationship. Encourage your learners to make use of the various communication methods taught to them e.g. being assertive but not aggressive.

Test your knowledge

Ask your learners to answer the following questions

1. Define "power".
2. Discuss the four uses of power.
3. Give examples of how we can use power to harm.
4. Give examples of how we can use power to control.
5. Give examples of how we can use power to care or protect.
6. Give examples of how we can use power to help.
7. Give examples of signs that a person does not want to have sex.
8. What can a person say to his/her partner, who does not want to have sex, that shows respect and acceptance?

POSTER 9.9.1:
POWER DIAGRAMMING A COMPLEX CONCEPT

GLOSSARY

- power
- romantic relationship
- sexual limits

Lesson 9.10

Condoms: Being assertive and staying protected

Lesson 9.10

Condoms: Being assertive and staying protected

Grade	9
Subjects	Life Orientation
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	Goal-setting skills: personal lifestyle choices • Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices o Informed decision-making skills: positive and negative influences o Assertiveness skills: confident and firm decision-making
Link to other subtopics in CAPS	Sexual behaviour and sexual health: • Risk factors leading to unhealthy sexual behaviour • Factors that influence personal behaviour including family, friends, peers and community norms
This lesson will deal with the following:	• 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.
Concepts	• assertive • coerce • condoms • gender • norms • inequitable • non-verbal communication • pressure • verbal communication
Teaching Methodologies	• brainstorming • brief lectures • class discussion • other: content review
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.10: Condoms: Being assertive and staying protected*, your learners review what they learned in Grades 7 and 8 Life Orientation about: (a) non-verbal communication or body language, (b) communicating assertively, and (c) setting boundaries and saying "no" to sex while still maintaining a positive relationship with the other person. Your learners will familiarise themselves with the "lines" that other people will use to try to pressure them into having sex without using condoms. The lesson ends with an open discussion of how gender norms can serve to pressure others into having sex or having unprotected sex.

KEY POINTS

1. Anyone who is sexually active is at risk for HIV and other STIs.
2. People who have STIs, including HIV, often show no signs of being infected.
3. The SAFEST choice is NOT to have sex.
4. If you choose to have sex, USE A CONDOM EVERY TIME.
5. You have the RIGHT to say NO to sex in ANY situation.
6. As part of fighting against unhealthy gender norms, HIV and teenage pregnancy, we need to speak out against messages that condom use is "unmanly" for men, and "unladylike" or "slutty" for women.

RESOURCES/MATERIALS

- flip chart paper
- masking or tape
- Koki pens – various colours
- pencils/pens
- watch or cell phone for time-keeping
- Poster 8.8.1: Techniques for saying "No, thanks" – SOUND or walk away!
- Educator resource 9.10.1: Activity plan from Lesson 8.8: The art of saying "No thanks"– Approaches to communication
- *Poster 7.7.1: Three approaches to communication (Reading 2 in your learners' books)*
- *Reading 7.7.1: Assertive, passive and aggressive communication (Reading 1 in your learners' books)*
- *Educator resource 9.10.2: Activity plan from Lesson 7.7, Activity 3 – Approaches to communication*
- *Poster 7.7.2: Non-verbal communication (Reading 3 in your learners' books)*
- *Educator resource 9.10.3: Activity plan from Lesson 7.7: Assertive communication – Non-verbal communication*

PREPARATION FOR THE LESSON

1. Please refer to pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.

NOTE TO THE EDUCATOR

This lesson contains activities that review material from the Grades 7 and 8 Life Orientation curricula. The portions of the lesson plans that cover that material are provided at the end of this lesson as separate educator resource sheets to help with preparation:

- ***Educator resource 9.10.2: Approaches to communication***
- ***Educator resource 9.10.3: Non-verbal communication***

3. Prepare and display the following posters from the Grades 7 and 8 Life Orientation curricula:
   a) *Poster 7.7.1: Three approaches to communication*
   b) *Poster 7.7.2: Non-verbal communication*
   c) *Poster 8.8.1: Techniques for saying "No, thanks" – SOUND or walk away!*

ACTIVITIES

A.1 Review of communication and refusal skills

1. Express your wish that your learners avoid pregnancy and STIs – especially HIV – so that these things do not get in the way of them achieving the dreams and goals that they have for their adult lives, or cause damage their health. Be cautious in the way you address this as some of your learners might be HIV-positive, have/have had an STI or be pregnant or have made someone pregnant.
2. Remind your learners that the SAFEST choice is NOT to have sex.
3. Emphasise: "I**f you do choose to have sex, USE A CONDOM EVERY TIME"** to prevent pregnancy and the spread of HIV and other STIs.
4. Point out to your learners that at some point in their lives they may meet someone – who they are attracted to – who will try to pressure them to have sex or pressure them to NOT use condoms.
5. Remind your learners: "**You have the RIGHT to say NO to sex in ANY situation."**
6. Explain to your learners that good communication skills are key to dealing with these kinds of people and good communication skills will help your learners to:

a) maintain positive relationships and mutual attraction with peers who might have different ideas about sex and protection to theirs; and

b) sort out who really cares about them from the people who might be trying to use them for sex or take advantage of them in other ways.

A.2 Communication skills review

1. Explain to your learners that you are going to review the communication skills they studied in Life Orientation Grades 7 and 8 and earlier this year Grade 9, which includes:
   a) non-verbal communication;
   b) the three communication approaches: assertive, passive and aggressive; and
   c) refusal skills.
2. Ask your learners to turn to *Reading 2: Assertive, passive and aggressive communication* in their workbooks.
3. Remind your learners of what they learned about non-verbal communication or "body language" by reviewing *Poster 7.7.2: Non-verbal communication.*
4. Remind your learners that in a sexual situation, if their words and body language do not match up, the other person may not understand where the boundaries are or may decide that the person is giving "mixed messages" and use that as permission to move ahead with sex. Assert that this does not excuse the other person from their responsibility to obtain active consent. Remind them that consent was discussed in *Lesson 9.8: Sexual consent.*
5. Briefly review the definitions of the three communication approaches on *Poster 7.7.1: Three approaches to communication.*
6. Review the six refusal techniques from Lesson 8.8: The art of saying "No thanks" using Poster 8.8.1: *Techniques for saying "No, thanks" – SOUND or walk away!* Remind your learners of the techniques, presented in the order written on the poster:
   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!
7. Answer any questions your learners have about the communication skills you have reviewed.

A.3 Pressure lines: Identifying currently-used pressure lines

1. Explain to the class that some people are willing to persuade or pressure people into having sex before they are ready, or to have sex without a condom. This can expose both people to the risk of teenage pregnancy, STIs and HIV acquisition.
2. Explain to the class that the things these people say in order to persuade or pressure others into sex, can be called "pressure lines".
3. Ask your learners to share with the class pressure lines they have heard or that their peers – friends, siblings, cousins, etc. – have heard. Write your learners' answers on the board until they cannot quickly come up with new ones.
4. Share with your learners, one or two of the pressure lines, listed below, that were not mentioned

among those suggested by your learners. Choose one(s) that are familiar to you or substitute new ones. Point out to your learners that these are pressure lines that you have heard are commonly used:

a) I'm clean, I don't have any diseases.
b) Condoms don't feel good.
c) If you loved me, you'd trust that nothing bad is going to happen.
d) I'm not using condoms; they're not natural.
e) Putting on a condom will spoil the mood.
f) I promise we'll use a condom next time.
g) I'll pull out before I come.
h) In our culture we don't use condoms.

5. Add the pressure lines that you choose to share from this list to the list on the board.

NOTE TO THE EDUCATOR

Save the list of pressure lines by leaving it up on the board or recording it in your notes. You will need it for the next lesson.

A.4 Learner role play

1. Explain to the class that it is now time to practise refusal skills in their small groups.
2. Direct your learners to **Resource 1: Unscripted role play – Jana and Jordan** in their workbooks. Point out that the script for the role play is not complete. They will need to work with the other person they are performing the role play with, to write the dialogue missing from the script. Ask your learners to:
   a) use the pressure lines that the class reviewed earlier in the session, as the basis for the dialogue they write; and
   b) ensure that, in the way they choose to complete the dialogue, the character being pressured to have sex without protection will assertively refuse, while still maintaining a positive relationship with the other person.
3. Tell your learners that each person in the small group will take a turn performing a part in the role play scenario and also take a turn being an observer. It is not sufficient to simply write the script; they must also perform one of the roles in the role play assigned to their small group.
4. Explain that while half their group is performing their role play, the other two members of their group act as observers. The job of an observer is to watch the role play and identify the use of refusal skills and/or assertiveness techniques. Observers will record their observations using *Handout 9.10.3: Observer's checklist.* Explain that after the role play has been performed each observer is required to make a brief report on what they observed.
5. Explain to your learners that each of the two rounds of role play will be six minutes long: three minutes are allocated to the performance of the role play and one minute each for the two observers to report what they observed. One minute is reserved for switching between the tasks. Ask your learners if they have any questions about their assignment.
6. Ask your learners to spend five minutes completing the missing dialogue in their scripts.

7. Conduct two 10-minute rounds of role play. Move around the room and provide assistance, where it is needed. Give positive reinforcement as you see learners employing good communications skills. Keep track of time and make announcements to your learners, when they should be getting ready to switch over from preparing to performing, from performing to giving the first observer report and from giving the first observer report to giving the second observer report.

A.5 Debriefing the role play activity as a whole class

1. Lead a classroom discussion using the questions below:
   a) Is a particular sex or gender more likely to use pressure lines to have sex?
   b) Why do you think that is?
   c) Which gender norms discourage men/boys from wanting to use condoms?
   d) Which gender norms discourage women/girls from wanting to use condoms?
   e) How can you challenge or change the gender norms that discourage young people in your community from using condoms?
   f) Do you think it easier for girls or boys to insist on condoms? Why?
   g) What was the hardest part about refusing?
   h) Can you use this approach to insist on using condoms in real life? Why or why not?
   i) What could you do to turn this approach into something you would be more able to use?

HOMEWORK

The activities that your learners are unable to complete in class may be done as a homework assignment.

CONSOLIDATION

1. Let your learners know that it is time to end the lesson. Thank them for their participation in today's lesson.
2. Summarise the lesson's key points:
   a) Anyone who is sexually active is at risk for HIV and other STIs.
   b) People who have STIs, including HIV, often show no signs of being infected.
   c) The SAFEST choice is NOT to have sex.
   d) If you choose to have sex, USE A CONDOM EVERY TIME.
   e) You have the RIGHT to say NO to sex in ANY situation.
   f) We need to speak out against messages that condom use is "unmanly" for men, and "unladylike" or "slutty" for women.

ASSESSMENT

Use the "Test your knowledge" questions to consolidate this lesson.

Test your knowledge

Ask your learners to answer the following questions

1. Name the three styles of communication.
2. Which of the three styles is considered the most effective and mature?
3. In 2-3 lines mention what you think someone could use to pressure his/her partner into having sex or having unprotected sex?
4. How would you respond to each of these lines you have identified above?
5. What does "**SOUND or walk away" stand for?**
6. Mention 3 gender messages that make it difficult for young men to use condoms.
7. Mention 3 gender messages that make it difficult for young women to use condoms.

RESOURCES

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 or "body language"
- gestures or movement
- facial expressions
- demeanour, mood or attitude
- tone of voice
- non-verbal expressions of emotion such as 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

Assertive communication:

- is clear and direct;
- provides information that is specific;
- is characterised by the communicator "owning" their message, usually by using "I-statements";
- does not blame other people for the communicator's feelings or experience
- does not generalise, unnecessarily;
- shows no intention to hurt or offend the other person (though the receiver may not take it this way); and
- acknowledges that others have different beliefs, feelings, opinions, experiences and perspectives.

Passive communication:

- does not express what the communicator really feels or wants;
- may not communicate *anything* to the receiver;
- involves non-verbal communication or "body language" that may be defensive, but the communicator will be "withdrawn" or "avoidant";
- involves non-verbal communication "body language" that does not line up with the words being spoken;
- is indirect;
- is unclear about what message is being communicated; and
- often uses words that say "yes" when the message is really "no" and aims to avoid conflict or avoid hurting the other person's feelings by not communicating the message the communicator really wants to deliver. This approach is driven by fear, anxiety or apprehension about what will happen if the communicator delivers a message that the receiver does not like.

Aggressive communication:

- is often hostile and forceful;
- can be confrontational or intentionally hurtful;
- threatens, pressures or forces another (the receiver) to do what the communicator wants;
- does not take the other person's feelings or rights into consideration;
- can be manipulative; i.e. the communicator says or does something to control or coerce the other person into doing something that the aggressive communicator wants;
- verbal and non-verbal cues usually do match up; individuals communicating aggressively often have hostile, aggressive, overly- active body language; and
- involves an alternative form of aggressive body language may be intensely defensive: arms folded, eyes glaring.

POSTER 8.8.1:

TECHNIQUES FOR SAYING "NO, THANKS" – SOUND OR WALK AWAY!

- **S**tep back
- **O**ffer an alternative
- **U**se assertive body language
- **N**O: Say it and repeat it if necessary
- **D**escribe how the pressuring is making you feel
- Or, if none of that works:
- **Walk away!**

EDUCATOR RESOURCE 9.10.1:

ACTIVITY FROM LESSON 8.8

Activity 3: Introduction to refusal skills

Introduction

1. Ask the class for examples of refusing something they did want, or did not want to do, especially one that involved peer pressure; it does not have to be a sexual situation. It could be refusing a cigarette, alcohol or drugs or not letting someone copy their homework. Take two brief responses. Ask the volunteer(s) what s/he said to the person and how s/he said it.
2. dentify refusal techniques evident in learner(s) examples and compliment (deliver positive reinforcemeto your learners for using those techniques. Examples of refusal techniques might be:
   a) saying no clearly;
   b) asking someone to respect your boundaries;
   c) removing yourself from an uncomfortable situation; and
   d) using assertive body language.

Refusal skill techniques

1. Explain to your learners that the refusal techniques evident in the 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!*
3. Present six refusal techniques using *Poster 8.8.1: Techniques for saying "No, thanks"* – SOUND or walk away!

a) **S**tep back
b) **O**ffer an alternative
c) **U**se assertive body language
d) **N**O: say it and repeat it if necessary
e) **D**escribe respectfully how the pressuring is making you feel
And if none of that works: WALK AWAY!

EDUCATOR RESOURCE 9.10.2:

ACTIVITY PLAN FROM LESSON 7.7, ACTIVITY 2: 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 to be able to communicate clearly and in the exact way that they want to be understood by other people, it helps to understand and be able to recognise the differences between these three approaches.
2. Refer learners to Reading 1:Assertive, passive and aggressive approaches to communication.
3. Define the terms assertive, passive, aggressive and passive-aggressive for 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.

EDUCATOR RESOURCE 9.10.3: ACTIVITY PLAN FROM LESSON 7.7

Activity 1: 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 "straw poll":
   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 statement 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:
   a) eye contact or engagement;
   b) posture and body language;
   c) gestures and movement;
   d) facial expressions;
   e) demeanour, mood and attitude;
   f) tone of voice;
   g) non-verbal expressions of emotion, e.g. sighing, crying, sweating (indicating nervousness or anxiety); and
   h) closeness or proximity: the distance between the two people who are communicating

Activity 2: Importance of non-verbal communication in relation to needs and wants

1. Ask your learners who did not raise their hands why they did not believe your words.
2. Take a few responses from your learners.
3. Explain to your learners that research supports their disbelief. Inform them that communication studies say that about 65% or 2/3 of the meaning we take from other people's communication comes from *non-verbal* elements.

4. Ask your learners what they think could go wrong in a sexual or 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 their intended message?
5. End the activity by delivering the key message about non-verbal communication: matching non-verbal cues with the words you are speaking will be the best way to communicate clearly and make sure that the other person has a clear understanding of the message you are giving them. This is extremely important in romantic and sexual situations.

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 t 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.

Refusal techniques

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**

GLOSSARY

- assertive
- condoms
- inequitable
- pressure lines
- coerce
- gender norms
- non-verbal communication
- verbal communication

Lesson 9.11

Consolidating intentions for Grade 9

Lesson 9.11

Consolidating intentions for Grade 9

Grade	9
Subjects	Life Orientation
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	Goal-setting skills: personal lifestyle choices • Appropriate responses to influences on personal lifestyle choices o Informed decision-making skills: positive and negative influences
Link to other subtopics in CAPS	Sexual behaviour and sexual health • Factors that influence personal behaviour including family, friends, peers and community norms • Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour
This lesson will deal with the following:	• 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.
Concepts	• brainstorming • forced field analysis
Teaching Methodologies	• individual reflection • problem-solving activities ranking/continuum • other: setting intentions content review • progress check on goal
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 9.11: Consolidating intentions for Grade 9,* your learners begin by assessing their progress on the SMART goal they set for themselves at the start of the Grade 9 Life Orientation curriculum. The lesson continues with your learners learning an advanced version of the force field analysis technique they have been practising throughout Grades 7 and 8. This advanced technique adds two steps: (a) brainstorming strategies that will promote factors and influences that, in turn facilitate healthy behaviours, and (b) brainstorming strategies to eliminate or mitigate factors that inhibit healthy behaviours or lead to other, negative behaviour choices. The lesson ends with your learners writing a letter to their parent(s) or other trusted adult(s) describing the most important things they learned in the HIV , STI and pregnancy prevention portion of the three-year Life Orientation curriculum. The letter describes the knowledge and skills acquired, commits your learners to three healthy behaviours, and identifies what your learners' parent(s) or other trusted adult(s) can do to support them.

KEY POINTS

1. A commitment to positive and healthy behaviours is a key to achieving your goals.
2. You should be proud of what you have accomplished in this class, and your friends and family should be proud of you too!
3. Setting goals will help you to reach your potential.
4. Though obstacles and people will get in the way of you accomplishing your goals, you still have the power to make your life better and you have done that through your work in this Life Orientation class!
5. There are people and resources to help you to achieve your goals.
6. Avoiding HIV, STIs and teenage pregnancy can help you achieve your goals.
7. I am strong, smart and in charge of my future!

RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart
- paper
- easel
- Koki pens (various colours)
- tape/Prestik
- watch or cell phone for time-keeping
- *Worksheet 7.8.1: Review of SMART goal criteria.*
- *Poster .7.1.1: SMART goals*
- *Poster: 9.11.1: Third example of a "force field" analysis*
- Your learners completed versions of Worksheet 9.1.1: Writing a letter to your future self from Lesson 9.1.1: Setting goals and reaching your potential.
- Worksheet 9.1.1: Writing a letter to your future self (blank copies)

- Worksheet 9.1 1.1: Strategising around influences identified in a force field analysis
- Worksheet 9.1 1.2: Be proud and help me set my sights higher!
- Your learners completed SMART goal from Lesson 9.1: Setting goals and reaching your potential , written on Worksheet 7.8.1: Review of SMART goal criteria

NOTE TO THE EDUCATOR

This SLP relies on past work having been done and on a continuity of the content, messages and previous input.

PREPARATION FOR THE LESSON

1. Please refer to Pages 4-7 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 9 SLPs.
2. Study the lesson in order to understand the content, methodology and time allocated for each lesson.
3. Prepare and display *Poster 9.1 1.1: Third example of a "force field" analysis on the board or a large sheet of newsprint.*
4. Prepare and display a large-sized version of Poster 7.1.1: SMART goals on the board or a large sheet of newsprint.
5. Draw a large-sized version of *Worksheet 9.1 1.1: Strategising around influences identified in a "force field "analysis* on the board or a sheet of flip chart paper. On the board or flip chart, draw four boxes. In each box write of the following themes: family, school, friends and health.
6. On the board or flip chart write the following questions:
   a) Has the due date for this goal passed?
   b) What progress have you made on the goal?
   c) Have you accomplished it?
   d) If you have not accomplished it: why not?
   e) Is it still a goal you want to accomplish?

ACTIVITIES

A.1 Goal-setting

1. Remind your learners that throughout this curriculum they have set goals for themselves; written as SMART goals and committed to health- promoting behaviours to help them to achieve these goals.
2. Ask your learners to turn to the following in their workbooks as these will all be required for this lesson:
   a) The SMART goal they wrote for Lesson 9.1 on of Worksheet 1: Review of SMART goal criteria. If your learners have these stored in a notebook or in a portfolio instead, ask them to find them and take them out.

b) The letter they wrote to themselves on Worksheet 9.1.1: write a letter to your future self.
c) Worksheet 1: Review of SMART goal criteria in Lesson 9.11
d) Worksheet 2: Strategising around influences identified in a force field analysis.
e) Worksheet 3: Be proud and help me set my sights higher!

3. Ask your learners to review the SMART goals they set in Lesson 9.1.
4. Your learners who do not have completed SMART goal worksheets should either share with another learner or spend the time reviewing *Worksheet 1: Review of SMART goal criteria.*
5. Ask your learners to assess their progress on the goal by writing answers to the following questions in the margins or on the back of the worksheet on which their SMART goal is written:
   a) Has the due date for this goal passed?
   b) What progress have you made on the goal?
   c) Have you accomplished it?
   d) If you have not accomplished it: why not?
6. Direct your learners' attention to the four squares with the headings family, school, friends, and health that you have drawn on the board.
7. Ask your learners to spend four or five minutes writing a SMART goal for something they want to achieve in one of these areas in the next 12 months.
8. Tell your learners that if they did not accomplish the goal they set for themselves on their completed *Worksheet 1: Review of SMART goal criteria and it is still important to them,* then they should write this goal in the appropriate box.
9. Ask your learners to use the new *Worksheet 1: Review of SMART* goal criteria that can be found in *Lesson 9.11, for writing their new SMART goal*. 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.2 Force field analysis

Reminder of the relationship between behaviour and goals

1. Remind your learners that:
   a) behaviours can be **the actions** we take to pursue and accomplish our goals;
   b) behaviours can **support the actions** we need to take to accomplish our goals; and
   c) behaviours can also **get in the way** of us accomplishing our goals.
2. Remind them that at their age, the choices that your learners make regarding sexual behaviour can have an impact on their ability to accomplish important short and long-term goals.
3. Remind your learners that they have learned a technique for identifying behaviours that can help them to achieve their goals or get in the way. Remind them that this technique is called a "force field analysis".

A.3 Advanced force field analysis

Strategising around influences

1. Direct your learners to *Poster 9.11.1: Third example of a force field analysis.*
2. Review with your learners, the step in the analysis that identifies factors or influences that can support the BEHAVIOUR, which in turn SUPPORTS THE GOAL.

3. Explain to your learners that in today's lesson they are going to explore taking the force field analysis one step further by:
   a) brainstorming strategies that maximise the factors or influences that help them to engage in healthy behaviour; and
   b) brainstorming strategies that can eliminate or reduce the negative factors or influences that make it harder to choose healthy behaviours, or, that lead to other unhealthy or negative behaviours.
4. Ask your learners to provide you with an example of a SMART goal that they set for themselves during *Lesson 9.1: Setting goals and reaching your potential*. It needs to be a goal that was achieved. Take a few responses and select one of the examples of a SMART goal that your learners share.
5. Use this example to have your learners walk you through the process of conducting a basic force field analysis. Solicit the analysis from the class and write their responses on the large-sized version of *Worksheet 9.1 1.1: Strategising around influences identified in a force field analysis*. Clarify and correct their work during the process as needed.
6. When you get to the end of the process, walk your learners through the additional steps of the analysis in the advanced version which includes:
   a) brainstorming strategies that maximise the factors or influences that help them to engage in healthy behaviour; and
   b) brainstorming strategies that can eliminate or reduce the negative factors or influences that make it harder to choose healthy behaviours or that lead to other, unhealthy or negative behaviours.

NOTE TO THE EDUCATOR

Here's an example of the additional "strategising around influences" step in the advanced force field analysis. In the third sample force field analysis the healthy behaviour is "obtain contraception and condoms from a local clinic". A factor or influence that gets in the way of engaging in this behaviour is "scared of what my pastor might think". Examples of strategies that learners could come up with to counter this factor include:

- **get a supportive parent or another adult that you trust to go with you to discuss the issue with your pastor;**
- **talk to an adult or peer that you trust about ways to approach the discussion with your pastor;**
- **find someone who had this conversation with their pastor when they were younger to get advice from them;**
- **change churches to one with a pastor who is more sympathetic to your situation; or**
- **choose to abstain from sex rather than risk the disapproval of your pastor or engage in unprotected sex.**

Feel free to use the third example of the force field analysis from the poster for this walk-through if the above examples make it easier to demonstrate the process to your learners.

7. When you are done walking through these additional, advanced steps, point out to your learners that they could use the SMART goal-setting technique to make a plan to put the brainstormed strategies into action!

A.4 Practising force field analysis

1. Ask your learners to spend six minutes conducting a force field analysis on their SMART goal using *Worksheet 2: Strategising around factors identified in a force field analysis in their workbooks.*

2. Explain that they are to do this force field analysis the same way that they have done it in the past but they will be adding the new, advanced steps of generating strategies around factors and influences.
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. That is the behaviour that they should examine in terms of factors and influences on the behaviour that they want to pursue and maintain.
4. Inform them that their analysis should identify at least two factors or influences that encourage the behaviour that they write in the box AND at least two factors or influences that hinder it, or lead to other, negative behaviour choices.
5. 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 manage their time. They should have 5-6 minutes to complete the assignment

A.5 Be proud and help me set my sights higher!

1. Remind your learners that they have reached the end of a three-year series of Life Orientation units focused on helping them avoid acquiring HIV or other STIs and avoiding unplanned pregnancies.
2. Tell your learners that you are proud of them for having learned so much about this topic, working hard to develop values and skills, and for looking deeply into themselves.
3. Explain that now it is time for them to share this accomplishment with their parent(s) or the other adult(s) that they trust and to let them express their pride in their accomplishment
4. Ask your learners to now look at the following:
   a) the completed assignment on *Worksheet 9.1.1: Write a letter to yourself; (Worksheet 2 from Lesson 9.1 in their workbooks);and*
   b) *Worksheet 9.11.2: Be proud and help me set my sights higher.*
5. Remind your learners that they wrote a letter to themselves at the start of this unit. Explain that in this activity they are going to read the letter they wrote to themselves and complete a similar letter to their parent(s) or the other adult(s) that they trust.
6. Spend a few minutes going over the assignment and worksheet with your learners:
   a) They must read the letter that they wrote to themselves.
   b) While they are reading it, your learners should:
      - take note of any especially good points they made in the letter that they might want to recreate in the new letter; and
      - take pride in their accomplishments or make a promise to renew their efforts if they did not stick to their commitment.

NOTE TO THE EDUCATOR

Your learners who do not have a completed letter to themselves, either because they did not complete the assignment or because they were not present during that lesson, should go back to Lesson 9.1 and look at *Worksheet 9.1.1: Writing a letter to your future self* and review this worksheet during this step.

NOTE TO THE EDUCATOR

If you have extra time, spend a few minutes having some of your learners volunteer to share their reactions to reading the letter they wrote to themselves. Some questions you can use to direct this discussion include:

1. **How did you feel reading the letter?**
2. **Have you kept the promise to yourself? Why or why not?**
3. **In what ways are you different to when you wrote the letter?**
4. **Did you give yourself good advice?**
5. **Does reading this letter motivate you to do anything?**

7. Show your learners the chart on the first page. Explain that the chart contains positive, health and success promoting behaviours that are based on knowledge, attitudes and skills that they learned in the current portion of the Grade 9 Life Orientation curriculum.
8. Tell them to write today's date in the space provided on the letter outline.
9. Show them where to write the name(s) of the parent(s) or other trusted adult(s) to whom they are writing the letter.
10. Show your learners where they should identify what they think is the **most important** thing that they have learned across the three-year span of this Life Orientation curriculum. Examples might include:
    a) the gender messages that affect gender equality and health outcomes;
    b) what an abusive relationship looks like;
    c) what passive, aggressive and assertive styles of communication look like;
    d) their degree of risk of acquiring HIV or causing a pregnancy by engaging in unprotected sex; and
    e) the different forms of hormonal contraception.
11. Identify the space where your learners should describe the **most important** new skill that they have learned across the three-year span of this Life Orientation curriculum Examples might include:
    a) how to refuse sex and unprotected sex;
    b) how to set SMART goals;
    c) how to identify and clarify their personal values and limits; and
    d) how to use a condom.
12. Indicate where they should suggest something that their parent(s) or other trusted adult(s) could do to show that they are proud of what they have accomplished in this Life Orientation curriculum.
13. Show how, in the next section, they have to choose three healthy behaviours from the chart and promise their parent(s) or other trusted adult(s) – and themselves – to act according to these chosen behaviours. Show your learners where they should explain why they chose each behaviour.
14. Point out that there is a place for them to ask their parent(s) or other trusted adult(s) to help them keep their promise and support them in engaging in healthy behaviours. Examples might include:
    a) setting a good example or being a role model of healthy behaviours;
    b) noticing if the learner is engaging in good behaviours and praising them for it; and
    c) checking in (with the learner) periodically, to see what challenges s/he is facing with maintaining her/his commitment.
15. Indicate where they write the letter's closing. Tell them they can write "Love," "Sincerely" or whatever closing they want to use for their letter
16. Tell your learners to sign their letter at the bottom as is traditional with a letter.

NOTE TO THE EDUCATOR

If you have the time it could be helpful to write these steps up on the board for your learners to follow as they are completing the assignment.

17. Ask your learners if they have any questions about their assignment. Answer any questions and put aside any other types of questions for another time.
18. 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 manage their time. They should have about 15 minutes to complete the assignment.
19. If you have extra time, ask 1-3 of your learners to volunteer to read their letters to their future selves.
20. When the activity is over, ask your learners to take the completed letter with them when they leave school and give it to the parent(s) or other trusted adult(s) to whom it is written.

HOMEWORK

1. This activity may take more time for some your learners to complete.
2. Allow them to do some of the written work outside of the classroom.
3. Activities which your learners are unable to complete in class may be done as a homework assignment.

CONSOLIDATION

1. Conclude the activity by stating the following key points:
   a) You should be proud of what you have accomplished in this class, and your friends and family should be proud of you too!
   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 and you have done that through your work in this Life Orientation class!
   d) There are people and resources to help you to achieve your goals.
   e) Avoiding HIV, other STIs and teenage pregnancy can help you achieve your goals.
   f) I am strong, smart and in charge of my future!

ASSESSMENT

Ask your learners to the write down the answers to these questions and then discuss these with their partners in their groups.

1. Name one goal you are determined to achieve in the next six months.
2. What are some of the obstacles or barriers you are experiencing in your efforts to achieve your goals?
3. What are you doing to overcome the obstacles and barriers to you achieving your goal?
4. What additional steps are completed in the advanced version of a force field analysis?
5. How are your choices regarding sexual behaviours affecting your ability to achieve your goals?
6. What are the positive and negative influences and circumstances in your life that affect your ability to achieve your goals?
7. What is some of the important new knowledge that you have learned in this sexuality education class?
8. Name the most important new skills you have acquired in this sexuality education class.
9. List examples of healthy behaviours that you are promising yourself to engage in, going forward in your life.
10. Name something you are proud of.
11. Who else should be proud of you?

RESOURCES

POSTER 7.1.1: SMART GOALS

SMART goals help us to 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.

	Criteria	Goal	Criteria Met?
S	**Smart:** What exactly do you want to achieve?		
M	**Measurable:** You must be able to know when you have reached 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 or resources available to you.		
T	**Time-bound:** You need to set a specific date by when the goal will be reached		
	Rewritten goal that meets smart criteria		

POSTER 9.11.1: THIRD EXAMPLE OF A "FORCE FIELD" ANALYSIS

NOTE TO THE EDUCATOR

This is a completed example. You will need to draw a blank one for learner reference.

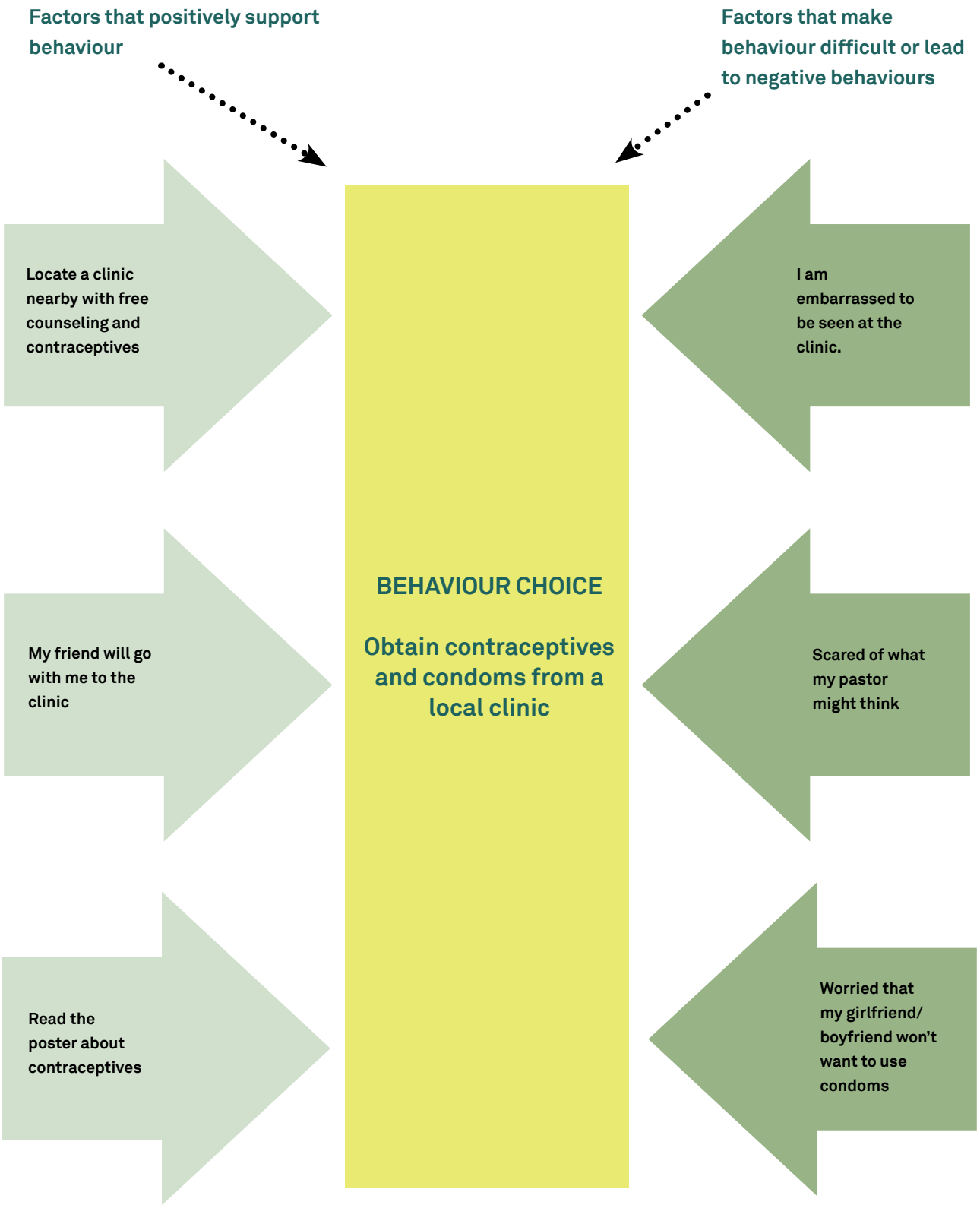
SMART goal: In order to make the school soccer/netball team in 10th grade I will practise my skills and exercise two hours a day at least five days a week.

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

1. If my brother takes my practice ball without asking, I cannot practise.
2. Not getting enough sleep will my impair skills and reduce the benefits of practice.
3. Having sex with my boyfriend/girlfriend would distract me.
4. If I was pregnant or parenting I couldn't play on the team.

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

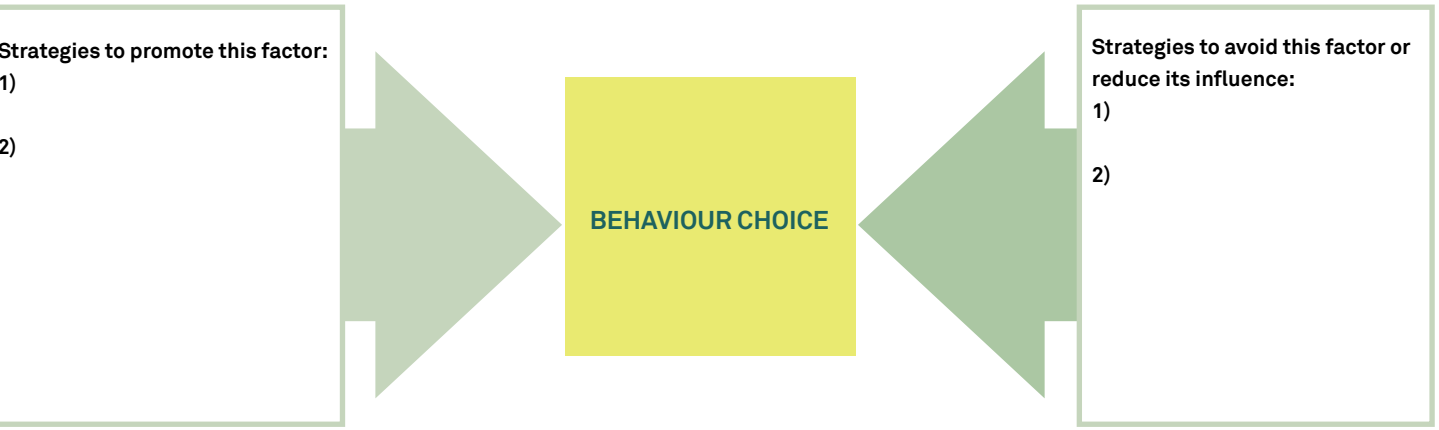
1. Talk to the coach about what to focus my practice on.
2. Eat the foods that will help my body get fit.
3. Obtain contraception and condoms from a local clinic.


Factors that positively support behaviour
Factors that make behaviour difficult or lead to negative behaviours
Locate a clinic nearby with free counseling and contraceptives
I am embarrassed to be seen at the clinic.
BEHAVIOUR CHOICE
Obtain contraceptives and condoms from a local clinic
My friend will go with me to the clinic
Scared of what my pastor might think
Read the poster about contraceptives
Worried that my girlfriend/ boyfriend won't want to use condoms

WORKSHEET 9.1 1.1: STRATEGISING AROUND INFLUENCES IDENTIFIED IN A FORCE FIELD ANALYSIS (CONTINUED)

One factor that would help me in accomplishing my goal/ behaviours:
1)

One factor that would help me in accomplishing my goal/ behaviours:
1)



WORKSHEET 9.11.2: BE PROUD AND HELP ME SET MY SIGHTS HIGHER

Instructions:

1. Use the behaviours and skills below, along with your own knowledge, to complete the letter on the second page to a parent or another adult that you trust.

Behaviour	Behaviour
I will assess my finances, lifestyle, parenting knowledge or skills and maturity before having a baby.	I will NOT go along with gender norms that suggest that when someone says "no" to sex they really mean "yes" or want to be forced.
I will set goals, make them SMART and create an advanced force field analysis of my goal.	I will use good judgment about whom I show love and affection.
If I choose to have sex I will USE A CONDOM EVERY TIME and follow the 11 steps for using a condom.	I will use "ACE": Look Ahead, spotting Challenges and following a Plan - to stick to my personal limits, even in the face of "pressure lines".
Make use of the reproductive health services in my community, including if I am not sexually active.	If I am sexually active I will talk to a trusted adult about obtaining a contraceptive method that is right for me and my partner.
I will keep my sperm/eggs apart from other people's eggs/sperm!	I will STAY FAITHFUL to one sexual partner at a time to protect myself, and my partner and my community.
I will choose friends and other influences that support positive behaviours which in turn will support my goals.	I will use "SOUND or walk away" to refuse sex and other activities NOT in line with my values and personal limits.
If sexually active I will use my knowledge and make decisions that are best for my health.	I will make the SAFEST choice: NOT to have sex.
If sexually active, I'll use a condom EVERY TIME I HAVE SEX.	Use the CLARIFY decision-making process to make sure I think things through.
Report abuse I see to someone who can help.	Get help from friends and family with sticking with my personal limits.
I support women and other groups who have been subject to discrimination.	Ask clarifying questions if I am unsure about whether I have explicit sexual consent.
Believe that I can contract STI's, HIV or be part of an teenage pregnancy.	Avoid alcohol or other drug use in "Sex possible" situations.
Use my personal power to care for others.	Use the MAYS checklist to get explicit consent.

..... (date)

Dear Future.....(your name),

Do you remember what it was like to be me; the "you" of weeks or months ago? Let me jog your memory. Some of the things that are going on right now and that are important to me are:

1) .....

2.....

.....

and, 3)

It is the beginning of the Grade 9 Life Orientation lessons dealing with preventing HIV, teenage pregnancy and other STIs. This is important to our future because:

.....

.....

.....

I just set a goal for us. What I want to achieve this year is:

.....

.....

.....

because

.....

.....

.....

.....

.....

By the time you are reading this, that goal should be achieved; or hopefully you are well on your way to achieving it.
I hope that when you read this letter you are happy and healthy. If you are, know it is because today I am making you a promise. I am committing to choosing positive, healthy behaviours that will help us to achieve our goals. I promise you that I will:

1)

.....

because

.....

2)

.....

.....

because

.....

and

3)

.....

because

.....

You can thank me later; by being successful and

.....

.....

I have to go, but before I do, here is some advice: .....

.....

.....

See you later and..... (closing)

..... (your signature)

GLOSSARY

- brainstorming
- forced field analysis
- sexual behaviours

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 20-24 [2]. 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 20-24.[3]

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 2012[4] . The proportion of young people engaging in multiple sexual partnerships also continued a steady

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

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 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 provinces[1] . 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 education[2] . 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

1 Education Realities 2012, Department of Basic Education

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

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 responsibility life skills component is the area under which HIV programmes are mainly covered.[1] .

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 2009 [2]. 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 behaviours. [3] 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.

1 Curriculum and Assessment Policy Statements – Grade 7 9 Life Orientation

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

3 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.

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 boys[1] 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 abuse[2] A survey with students in the Northern Province estimate that 8.8% of males experienced sexual abuse[3] Similarly a general population survey with men in KwaZulu-Natal and Eastern Cape estimate that nearly 10% of men have been forced into sex [4]. One of the few qualitative studies, conducted in the rural Eastern Cape expanded understanding of the sexual abuse of young boys within a rural context[5] . 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 sex [6]. The majority of such acts of abuse by men and women were not disclosed to families or friends or reported to the police [7]. 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." [8] Globally, key strategies to improve girls' access to education include involving parents and communities, minimising the costs to

1 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.

2 http://www.mrc.ac.za/crime/Chapter7.pdf, retrieved May 2016

3 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).*

4 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

5 Ibid

6 Ibid

7 Ibid

8 http://www.unicef.org/sowc96/ngirls.htm, retrieved January 2016

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.

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

ANNEXURE C:

USES OF POWER

CARE/SUPPORT

HELP

CONTROL


You may not leave this house!
I get jealous, I get mad, I get worried, I get curious. But that's because I love you so much...

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