Sexuality Education in Life Orientation: **Scripted Lesson Plans**

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Scripted Lesson Plans

Grade 9 Learner Book

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Life Orientation

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A COMPREHENSIVE 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

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A. BACKGROUND AND CONTEXT FOR THE GRADE 9 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.[1]

HIV and AIDS presents one of the greatest 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)[2] found that the rate at which young people 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 about 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 (Mclean, 2011; Mngoma, 2010; Moselakgomo, 2010). In Limpopo Province, 15 pregnancies were reported from one school, while Mpumalanga reported 70 from another school. In Gauteng, 3127 pregnancies were reported from 366 schools, while the province of KwaZulu-Natal reported 36 from 25 schools.[3]

2. PURPOSE

The SLPs include comprehensive lessons or activities, with assessment tasks, that will help you to understand the concepts, content, values and attitudes related to sexuality, sex, behaviour change and leading a safe and healthy lifestyle.

The activities are practical, interesting and have suggested assessments for you to try. The activities are done individually and in groups so that you can share information and have discussions with your peers. Some of the tasks require that you have discussions with your parents, guardians or any adult who you feel comfortable to talk openly with about sex.

The aim of the activities is to provide you with authentic (true) information on many issues or questions that young people have, or about difficult decisions that young people face, about their sexual health.

The activities have assessment tasks that you need to complete. Keep your assessments, especially the good attempts, in your portfolio of evidence (POE). You can discuss, share, compare and encourage your peers with your responses. Try setting up a group with friends who have thoughts and attitudes similar to yours. This 'critical friends' group will support you in your decisions, as you will support them, and help you to build a safe environment in which you will feel free to talk about difficult issues in a trusting, positive and open way.

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

2 Chirinda, W., Peltzer, K., Ramlagan, S., Louw, J.., (2012). Early Sexual Debut and Associated Risk Factors Among Male and Female

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

"Test your knowledge" questions have been set at the end of each lesson plan. Use these to reflect on the content you have learned and on the skills you have practised. You can do them on your own or with a friend or in groups. Your educator may want to use it as a formal test. Enjoy doing them!

3. STRUCTURE

Each part of the scripted lesson plans is important and has a specific purpose. Please refer to the diagram below:

4. THE SIX CORE MESSAGES

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

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.

5. KEY TO ICONS

A set of icons have been included to guide you on different parts of the activity

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GLOSSARY

CONSOLIDATION

Lesson 9.1

Setting goals and reaching your potential

Lesson 9.1

Setting goals and reaching your potential

BRIEF LESSON SUMMARY

Lesson 9.1: Setting goals and reaching your potential begins with a review of the technique of SMART goal-setting. You will write a SMART goal that you want to accomplish in the next year. The lesson continues with a review of the ways that your behaviovur – especially your sexual behaviours – can either support you in accomplishing your goals or get in the way of them. You will learn about and practise the force field analysis technique that you first learned at the end of Grade 7 in Life Orientation and later practised in Grade 8. The lesson ends with you writing a letter to yourselves in which you 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!**

ACTIVITIES

A.1 Review of goal-setting

1. In this activity you will prompted to:
   a) think about and set up goals for yourself and assess how your choices in relation to your health – especially regarding sex – can either help you achieve your goals or get in the way of those goals;
   b) remember that healthy behaviours can be more difficult to engage in or less difficult, depending on the circumstances in our lives and what we choose to allow to influence us; and
   c) review the definition and key points about goals with your educator:
   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.*
2. Remember the following points from the previous lessons on goal-setting from Grade 7 and 8:
   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.

A.2 Review of SMART goal-setting

1. In Grade 7 you learned about how to write a SMART goal. Do you still remember how to do this?
2. *Reading* 1: SMART goals, on the next page will remind you about how to do this.
3. Go through the reading carefully again.

READING

READING 1: SMART GOALS

Do you remember this from Grades 7 and 8?

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?

A.3 This year's goal

1. Write one SMART goal for each of the following themes: family, school, friends, and health, that you want to achieve in the next 12 months.
2. Write them on *Worksheet 1: Review of SMART goal criteria.*

WORKSHEET 1: REVIEW OF SMART GOAL CRITERIA

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

	Criteria	Goal	Criteria
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.

A.4 Force field analysis

The relationship of behaviour choices to accomplishing goals

In order to accomplish our goals we have to take action; the "A" in SMART reminds us that "behaviour" is another word for action and there is a relationship between behaviour and the achievement of a goal.

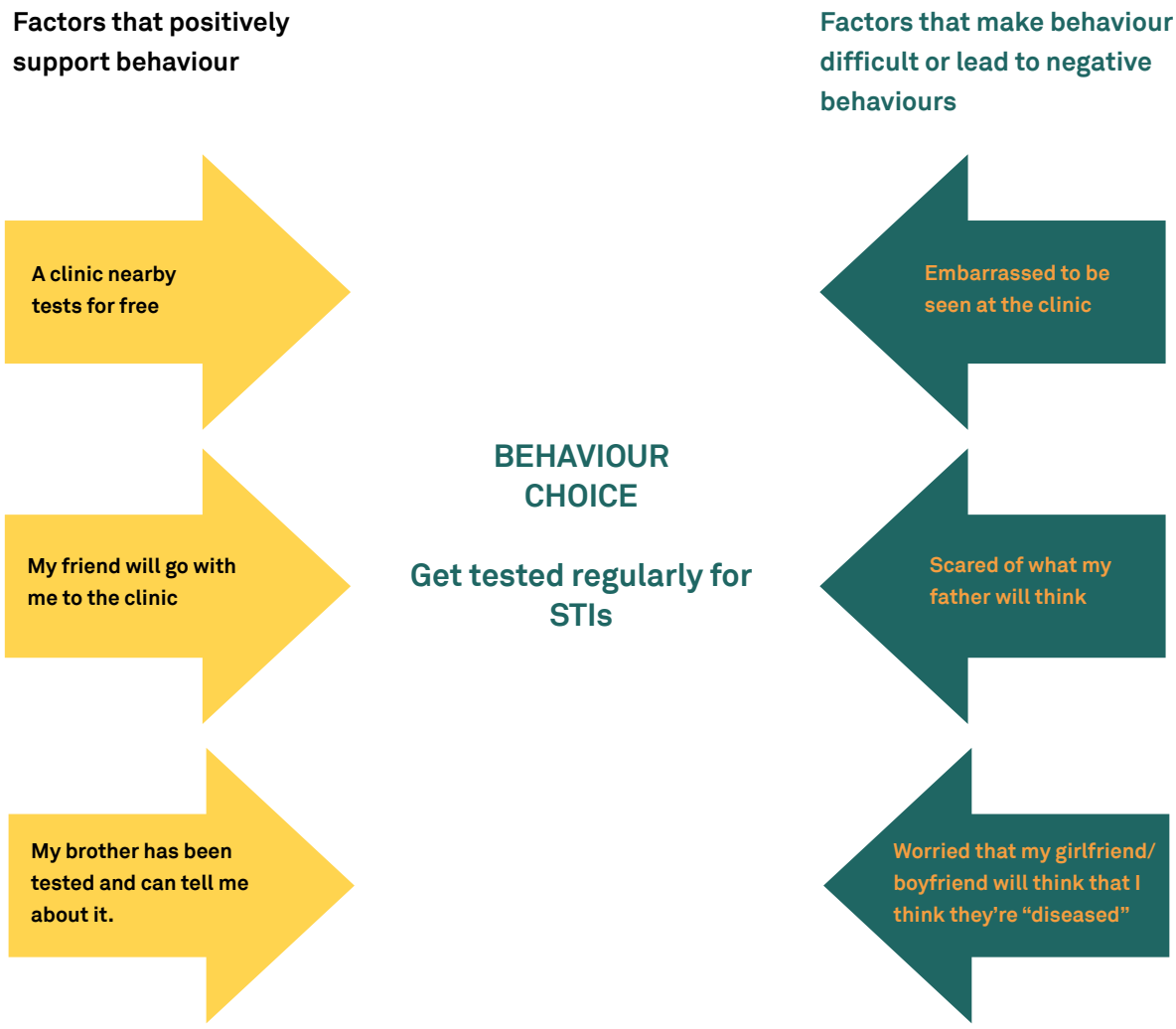
1. Write the following on to postcards and share them with your friends:
   a) Behaviours can be the **specific actions** we take to pursue and accomplish our goals.
   b) Alternatively, behaviours can **support** what we need to do to accomplish our goals.
   c) However, negative behaviours can also **get in the way** of us accomplishing our goals.
   d) At our age, the choices that we make regarding sexual behaviour can have an impact on our ability to accomplish important short and long-term goals.

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

1. You may have learned a technique called a "force field" analysis in Grade 7 and practised it in Grade 8.
2. A force field analysis is used to look at behaviours and assess whether these behaviours will help you to accomplish your goals, or get in the way of you accomplishing your goals.
3. *See Worksheet 3: Second example of a "force field analysis"* below. This will remind you, or show you, what is meant by a force field analysis.
4. Review the example on the poster that your educator has displayed in your classroom and identify:
   a) behaviour choices that *will help* to accomplish the goal; and
   b) behaviour choices that will *get in the way* of accomplishing the goal.
5. Doing an analysis of the goal shows that there are factors or influences that can support the BEHAVIOUR, which in turn SUPPORTS THE GOAL.

6. There are also factors or influences that hinder or inhibit the BEHAVIOUR or lead to other, negative or unhealthy behaviours, which in turn become AN OBSTACLE TO ACHIEVING THE GOAL.
7. Each time you set a goal, do the analysis to see which factors may hinder and which factors may support the achievement of your goal.

RESOURCE 1: AN EXAMPLE OF A "FORCE FIELD" ANALYSIS



HOMEWORK

Practising the force field analysis

1. Now pair up with a friend and conduct a force field analysis on their SMART goal.
2. Turn to *Worksheet 3: Second example of a "force field"* in your workbook and fill it in as you and your friend conduct the analysis.
3. Select at least one sexual behaviour from your lists of behaviours AND choose a SEXUAL behaviour to put in the box to analyse. Identify at least two factors or influences that encourage the positive behaviour you have written in the box and at least two factors or influences that hinder it or lead to other negative behaviour choices.

Test your knowledge

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. What are you doing to overcome the obstacles and barriers to you achieving your goal(s)?
6. How does your choice of behaviours affect your ability to achieve your goals?
7. How are your choices around sexual behaviours affecting 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?

WORKSHEET 2: WRITING A LETTER TO YOUR FUTURE SELF

Instructions: On this worksheet, write a letter to your future self. In the letter, make a promise to that future self to choose healthy, positive behaviours now, so that your life is going in a good 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 next page of this worksheet) by committing to those behaviours and filling in the other sections of the letter outline.

..... (date)

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!**
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.**

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).....

because:

.....

.....

.....

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)

WORKSHEET 3: SECOND EXAMPLE OF A "FORCE FIELD" ANALYSIS

Factors that positively support behaviour

Factors that make behaviour difficult or lead to negative behaviours

Lesson 9.2

Safer sex: Hormonal contraception

Lesson 9.2

Safer sex: Hormonal contraception

BRIEF LESSON SUMMARY

During *Lesson 9.2: Safer sex: hormonal contraception,* you will participate in an interactive simulation that highlights the risk of teenage pregnancy from a year of unprotected sex. The lesson provides a general explanation of hormonal methods of contraception. You will learn about the 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 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.**

ACTIVITIES

A.1 Pregnancy risk

1. Abstinence is the only 100% sure way to prevent pregnancy, HIV and STIs **so the SAFEST choice is NOT to have sex.**
2. What do you think the chances are that you would get pregnant or cause a pregnancy *over the course of a full year* in which you are sexually active and not using any "protection" or birth control? Give your 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%.
3. It is very possible that a couple can get pregnant the VERY FIRST TIME they have unprotected sex!
4. Research has shown that a large percentage of young people your age are NOT having sex. Isn't this encouraging?
5. For this activity you need to be UNREALISTIC and think about you ALL (the entire class) having unprotected sex over the course of a year. **We are pretending** for the purpose of this demonstration. Your educator will guide you through an activity now.
6. Now identify choices you can make that will decrease the chances that you, or your female partners – if you are male – will become pregnant once you choose to become sexually active.

A.2 The basics of hormonal contraception

1. Turn to *Resource 1: Ovulation, fertilisation and embryosis.* Your educator will have a large poster of this resource displayed in the classroom.
2. You will now review what you have learned in Grades 7 and 8 about how pregnancy occurs in the female body.
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 foetus.
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. The one way to keep the egg and sperm apart is by using condoms. Another way is to use what is called "hormonal contraception".
8. Refer to *Reading 1: Hormonal contraception – What it is and what it isn't,* which provides information on this.

A.3 Learning about hormonal contraceptive methods

Informational reading

1. Take a look at *Reading 2: Hormonal contraceptive methods at-a-glance.*
2. Your educator will give you instructions about how to go through all of the information in this reading interactively as a class
3. Refer to Resource 2*: Illustrations of hormonal contraceptives* so that you can see what these contraceptive methods look like.

CLASSROOM ACTIVITY

Contraceptive facts scavenger hunt

1. Complete *Worksheet 1: True or false?*
2. During the next lesson you will be discussing condoms, in detail, and how to use them.

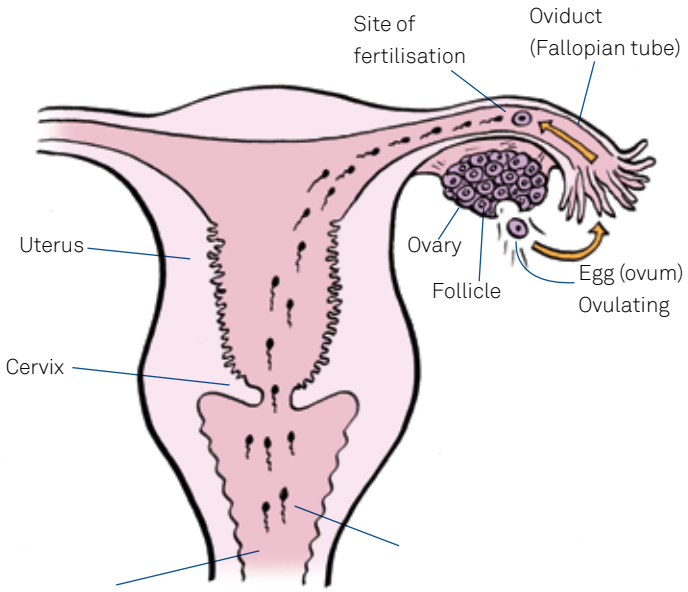
Test your knowledge

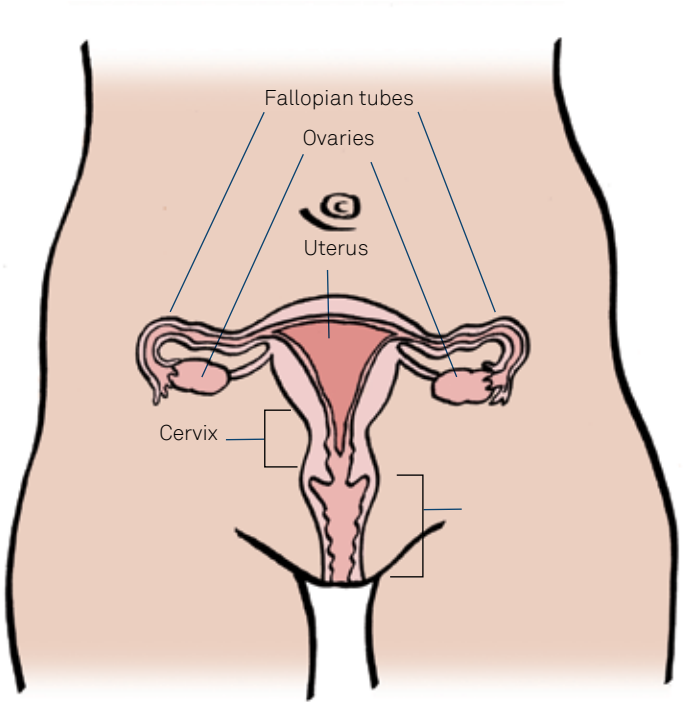
Answer the following questions:

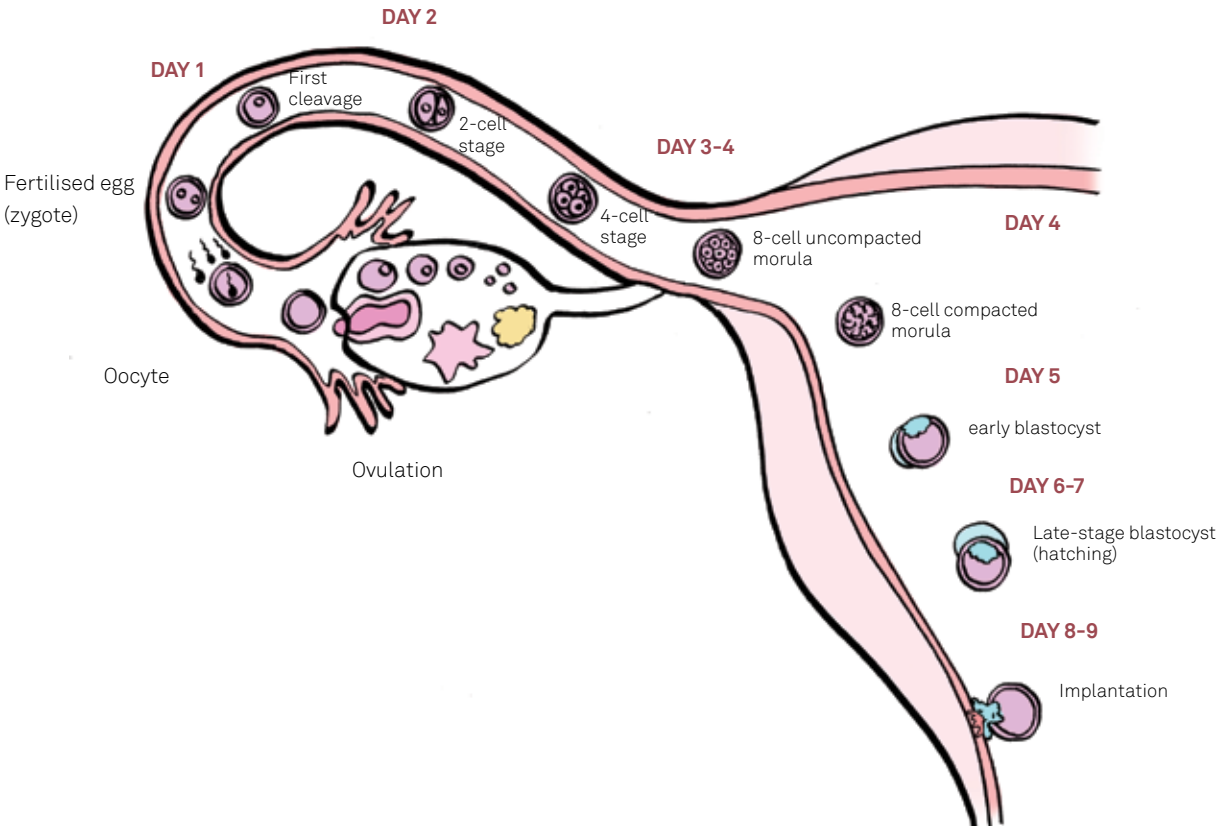
1. What is the probability that a heterosexual couple will become pregnant during a year of unprotected sex?
2. How does a woman become pregnant? What happens within her reproductive system?
3. How does hormonal contraception work?
4. What are the two forms of hormonal contraception publically available 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

RESOURCE

RESOURCE 1: OVULATION, FERTILISATION AND EMBRYOSIS







RESOURCE 1: OVULATION, FERTILISATION AND EMBRYOSIS

READING

READING 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.

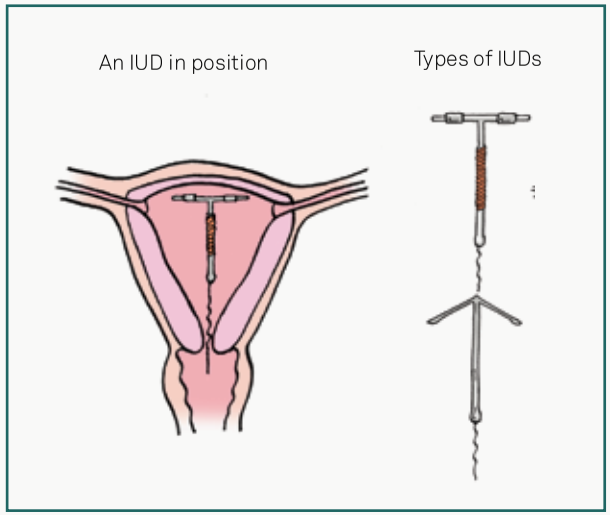
READING 2: HORMONAL CONTRACEPTION METHODS AT-A-GLANCE

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.

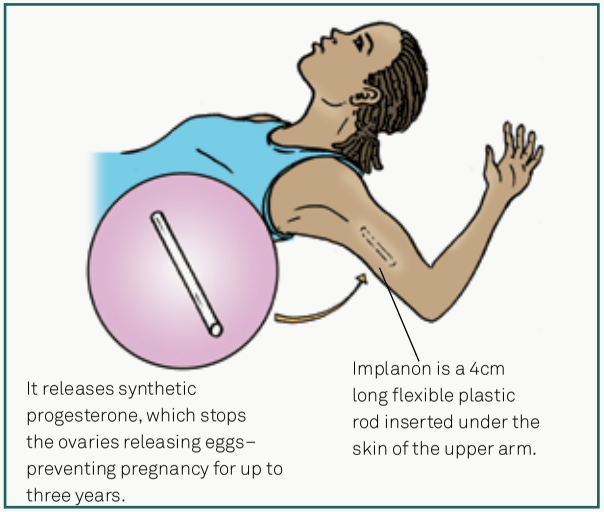
WHAT IS IT?	HOW DO YOU USE IT?	MORE INFORMATION: DETAILS, EFFECTIVENESS, ETC.
The implant or Implanon® is a three-year method of birth control. A tiny rod of artificial hormone is put under the skin of the upper arm by a health care provider.	An implant is a thin, flexible rod about the size of a matchstick. 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.

RESOURCE 2: ILLUSTRATIONS OF HORMONAL CONTRACEPTIVES



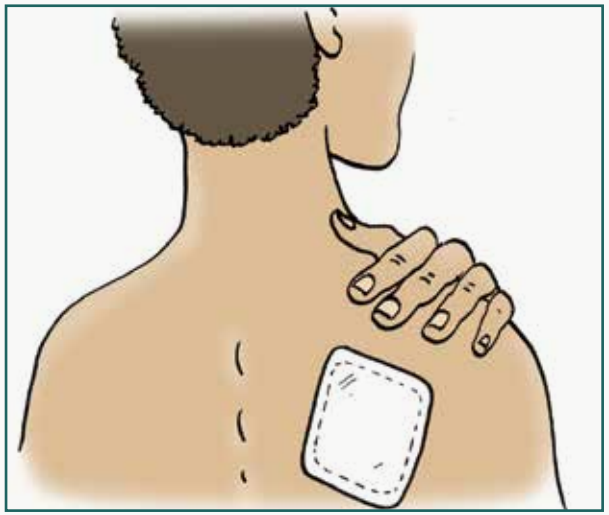
THE INTRAUTERINE DEVICE (IUD)

The South African government is now making IUDs AVAILABLE at low or no cost.



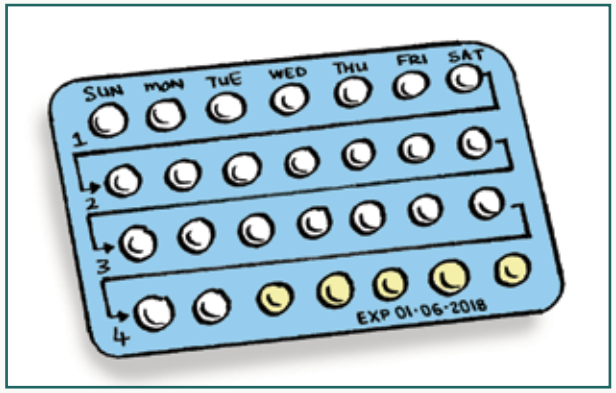
THE IMPLANT

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



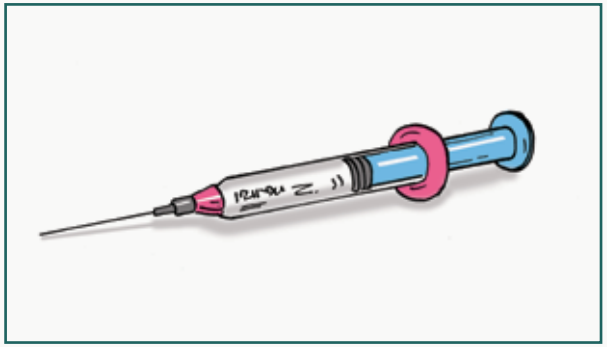
THE PATCH

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



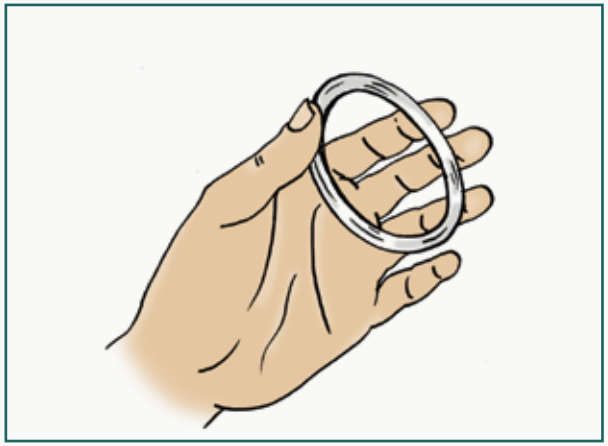
THE PILL

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.

WORKSHEET 1: TRUE OR FALSE?

Directions

As a group, circle the answer to each of the questions below using *Reading 2: Hormonal contraception methods at-a-glance* as a guide. If you answer "FALSE" to any question, be sure to write the correct answer next to the question.

1. Birth control pills must be taken twice a day – one in the morning and another one before going to bed.
   TRUE **FALSE**

2. The injection is the only form of hormonal contraception that also provides protection against HIV and other STIs.
   TRUE **FALSE**

3. A woman must receive the injection every three months in order to protect against pregnancy.
   TRUE **FALSE**

4. Hormonal contraception works by preventing the release of eggs from the woman's ovaries.
   TRUE **FALSE**

5. An IUD is inserted under the skin of a woman's upper arm.
   TRUE **FALSE**

6. You must check with your health care provider before using any method of hormonal contraception.
   TRUE **FALSE**

7. Birth control pills may not prevent pregnancy before a woman has taken a month's worth of the one-a-day pills.
   TRUE **FALSE**

8. The injection is 100% effective at preventing pregnancy long as the woman receives her injections on schedule.
   TRUE **FALSE**

9. The implant will prevent pregnancy indefinitely, as long as it remains implanted in a woman.
   TRUE **FALSE**

10. Emergency contraception does not cause an abortion.
    TRUE **FALSE**

GLOSSARY

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.3

Safer sex: Using condoms

Lesson 9.3

Safer sex: Using condoms

BRIEF LESSON SUMMARY

During *Lesson 9.3: Safer sex: Using condoms,* you will review the importance of preventing pregnancy by keeping the sperm and egg apart. You will identify the unique benefits of choosing to use condoms, especially their effectiveness at preventing pregnancy as well as STIs and HIV transmission. You will also identify the places in your community where you can obtain male condoms. You will also have a demonstration of the correct way to put on a male condom, using a penile model. It is necessary to know and understand that using a condom correctly and consistently is important for having safe sex.

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.

ACTIVITIES

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

Your educator will lead you in a small group activity to discuss condoms and to review what you have learned about contraception.

A.2 Condoms: The benefits

Your educator will lead you in a classroom activity to discuss the benefits of condom use.

A.3 Condoms: Where to get them?

Your educator will lead you in a classroom activity to discuss the where you can obtain condoms.

A.4 Condom demonstration

1. In groups of three or four, look at *Reading 1: An 11-step learner guide to using male condoms correctly* and
   Reading 2: How to use a female condom.
2. Your educator or a professional nurse from the local clinic or other health service provider will

demonstrate, on available models, each of the 11 steps listed on your handout about male condoms. Being able to use a male condom correctly and consistently is a necessity if you want to ensure that sex is safe and protect you from possible health risks.

READING

READING 1: AN 11-STEP LEARNER GUIDE TO USING MALE CONDOMS CORRECTLY

1. **Remind yourself of your values and goals.**
   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.

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.

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.

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.

5. Check the expiration date on condom.

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.

6. Inspect and open the 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.).

7. Pinch the tip of a male condom.

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.

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

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.

9. Have sex.

Be caring. Be safe.

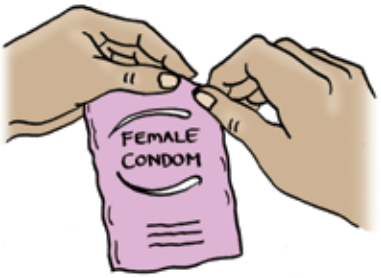
10. Withdraw penis immediately after ejaculation.

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.

11. Dispose of the condom.

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 2: HOW TO USE A FEMALE CONDOM



Step 1. Open the female condom package carefully; tear at the notch on the top right of the package. Do not use scissor or a knife to open.

Step 2. The outer ring of the female condom covers the area around the opening of the vagina. The inner sponge is used for insertion and to help hold the sheath in place during intercourse.

Step 3. While holding the sheath at the closed end, grasp the sponge and squeeze it withthe thumb and second finger so it becomes long and narrow.

Step 4. Choose a position that is comfortable for insertion; squat, raise one leg, sit or lie down. Gently insert the inner sponge into the vagina.

Step 5. Place the index finger on the inside of the condom and push the inner sponge up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain outside of the vagina.

Step 6. The female condom is now in place and ready for use with your partner.

Step 7. Be sure that your partner's penis is not entering from the sides between the sheath and vagina wall.

Step 8. To remove the female condom after use, twist the outer ring and gently pull the condom out.

Step 9. Wrap the condom in the package or in tissue and throw it in the garbage. Do not put it into the toilet.

3. *Reading 2: How to use a female condom*, explains what protection females can use to ensure that they are having safe sex. These condoms are not always as readily available as male condoms are and can obtained from a clinic. Women have a choice to be protected even if their male partner does not want to wear a condom.
4. The female condoms are just as effective as male condoms – if used correctly and consistently – and also have some advantages over male condoms, such as:
   a) being female-initiated;
   b) not requiring the male partner's erection to keep the condom in place;
   c) not reducing the male partner's sexual stimulation; and
   d) being usable by people who are known to be sensitive to latex (female condoms are made out of plastic).

CLASSROOM ACTIVITY

Condom myths

1. 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". 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. There are many myths about condom use and safe sex.
3. In groups, brainstorm stories you have heard about condoms and condom use and write them down even if you are not sure whether they are true or not. Share the stories you have heard with the other groups in your class.

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, using *Reading 1* to remind you if you cannot recall all the steps.

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

Test your knowledge

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?

GLOSSARY

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.4

Barriers to condom use

Lesson 9.4

Barriers to condom use

BRIEF LESSON SUMMARY

During L*esson 9.4: Barriers to condom use,* you are reminded about the effectiveness of male condoms in preventing STIs, HIV and teenage pregnancy, if used correctly and consistently. In pairs you will brainstorm barriers and challenges to condom use. In small groups, you 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 effectzive at preventing HIV, many other STIs and teenage pregnancy.

ACTIVITIES

A.1 Condom effectiveness

Remember the following points:

1. Avoid pregnancy and STIs, especially HIV.
2. **The SAFEST choice is NOT to have sex**. Abstinence is the only guaranteed way to avoid teenage **pregnancy, HIV and other STIs.**
3. **If you have sex, USE A CONDOM EVERY TIME** to prevent pregnancy and to prevent the spread of HIV and other STIs.

A.2 Barriers to condom use

1. There are many things that can get in the way of people using condoms. These are called “barriers” or “challenges”. In this activity, you will identify these barriers and challenges AND come up with ways that you 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. In groups, come up with as many barriers and challenges to using condoms. You will do this activity in small groups or pairs. Record these answers in your books or on a piece of paper.
3. Exchange your responses with another group.

A.3 Overcoming barriers to condom use

1. In this activity you will create your own slogans. Your educator will explain what a slogan is and give you an example.
2. In your groups brainstorm several catchy slogans that communicate both your suggested way of overcoming a barrier to condom use of your choice, and the benefit that comes with using condoms.
3. Once the each member of the group has shared their slogan ideas, decide who has come up with the catchiest slogan that you would want to put on your wall.

CLASSROOM ACTIVITY

Creating an advertising slogan about overcoming a barrier

1. Your educator will assign you to a group for this activity.
2. Imagine that you are an employee of an advertising firm and that you have been hired to promote condom use.
3. Develop a catchy slogan about how to overcome the barrier assigned to you by your educator.
4. Share your slogan with your family or those who share your home with you. They may want to also design a slogan. In this case, you can set up your own competition.

HOMEWORK

Journal writing

1. Keep a journal or self-reflection on barriers to condom use.
2. Write down your feelings, thoughts, questions, fears and/or attitude to each barrier you list.

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

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

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.5

One partner at a time

Lesson 9.5

One partner at a time

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 sexual partners within a community or social circle. You 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 you 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.**

ACTIVITIES

How HIV spreads

Your educator will guide you through an activity that shows how HIV spreads.

A.1 Alternative activity:
It's all in a signature.

Question:

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

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Reflections:

- Link the outcomes of activity to transmission of HIV.

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- Write down your feelings after this activity.

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A.2 Alternative activity: Multiple sexual partners and shared risk

1. The risk of acquiring STIs and HIV increases when members of a community are having sex with more than one partner at the same time.
2. *Resource 1: How STIs & HIV spread in communities – Abstaining or one sexual partner* represents a community or "social circle" of 31 people that represented by the circles. The circles connected by lines indicate individuals who are sexual partners. None of the individuals here are having a sexual relationship with more than one person. The shaded circle in the lower left hand corner of the poster represents an individual who has an STI or HIV.
3. *Resource 2: How STIs and HIV spread in communities – One or two sexual partners* represents how 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. The circles now represent people who have two sexual partners. Notice how the STI or HIV infection is spreading through the community. Note that those members of the community who maintain abstinence or monogamy are not exposed to infection because they are not connected to any of the "sexual chains" that are infected.
4. *Resource 3: How STIs and HIV spread in communities – Two or three sexual partners,* shows how 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). Note that the circles now represent people who have three sexual partners. Can you see how the number of people in the community who are infected is growing?
   Also notice how that growth, in turn, increases the chances of infection if members of the community who have been abstaining enter into a sexual relationship. Can you identify how that growth also increases the chances of infection if individuals who have been maintaining monogamous relationships have sex with a new person?
5. How do you feel about what these posters represent?

Write down just three (3) words to express your feelings:

Word 1: _____

Word 2: _____

Word 3: _____

A.3 The benefits of mutual monogamy

Classroom discussion

1. 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. The following terms are important when considering a relationship:
   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.
3. 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.

Small group work

1. In small same-sex groups, brainstorm on zthe following tasks:
   a) Identify all the reasons you can think of for why some young women choose to have only one mutually faithful partner if they do have sex.
   b) Identify all the reasons you can think of for why some young women choose to have multiple concurrent sexual partners if they do have sex.

Integrating the small group work

1. Now as groups decide:
   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; and
   d) why young men choose to have multiple partners.
2. Your educator will help you manage the feedback from the other groups.

Classroom discussion

1. Two or three of your small groups will now discuss your ideas with the rest of the class.
2. Identify reasons why each of the choices – monogamy and concurrency – is similar for both men and women.
3. Identify reasons for each of the choices that are different for men and women.
4. Identify gender norms that explain these differences and identify which of these gender norms are unhealthy ones and that you have previously looked at changing (into healthy ones) as part of your previous discussions of gender.

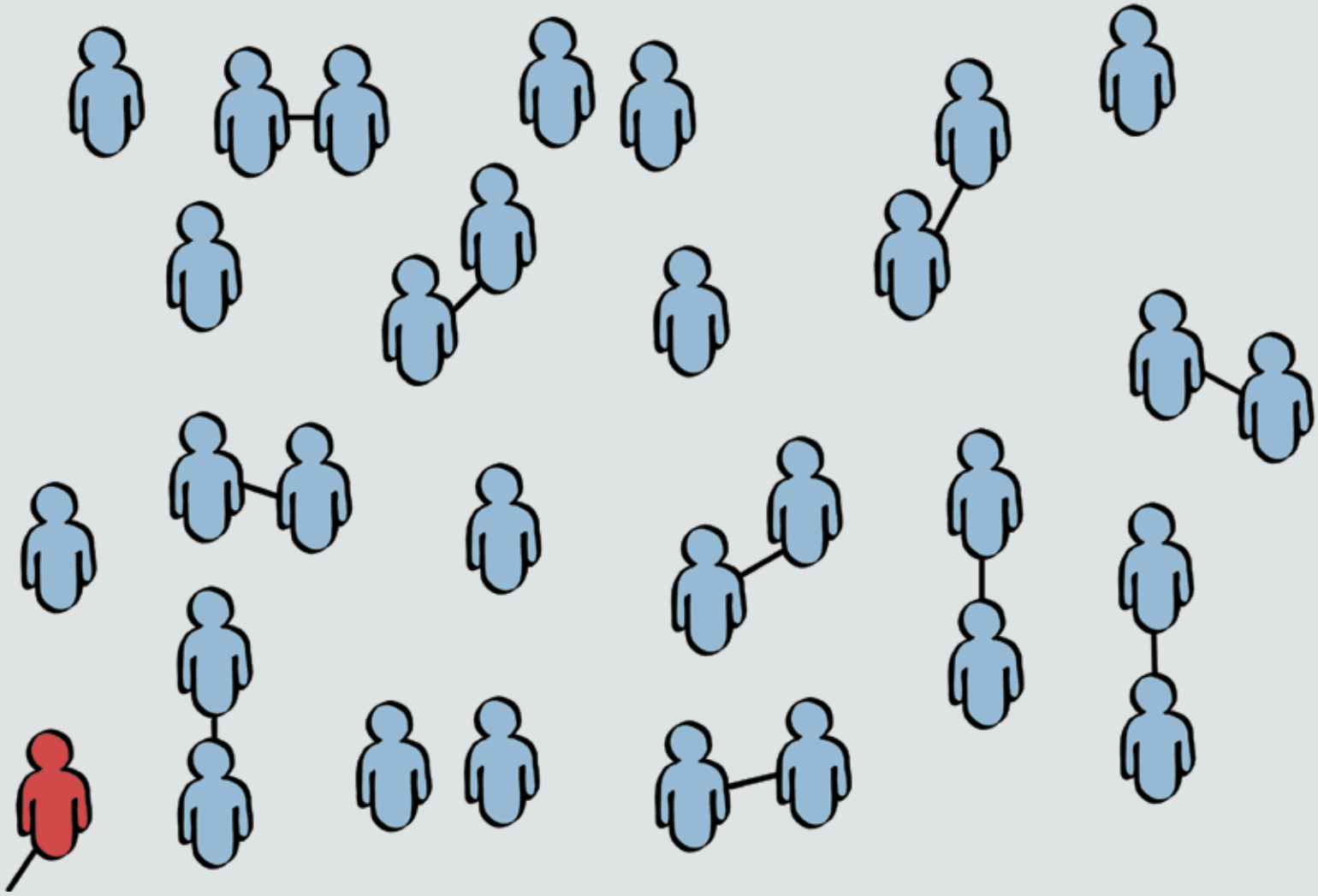
Test your knowledge

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

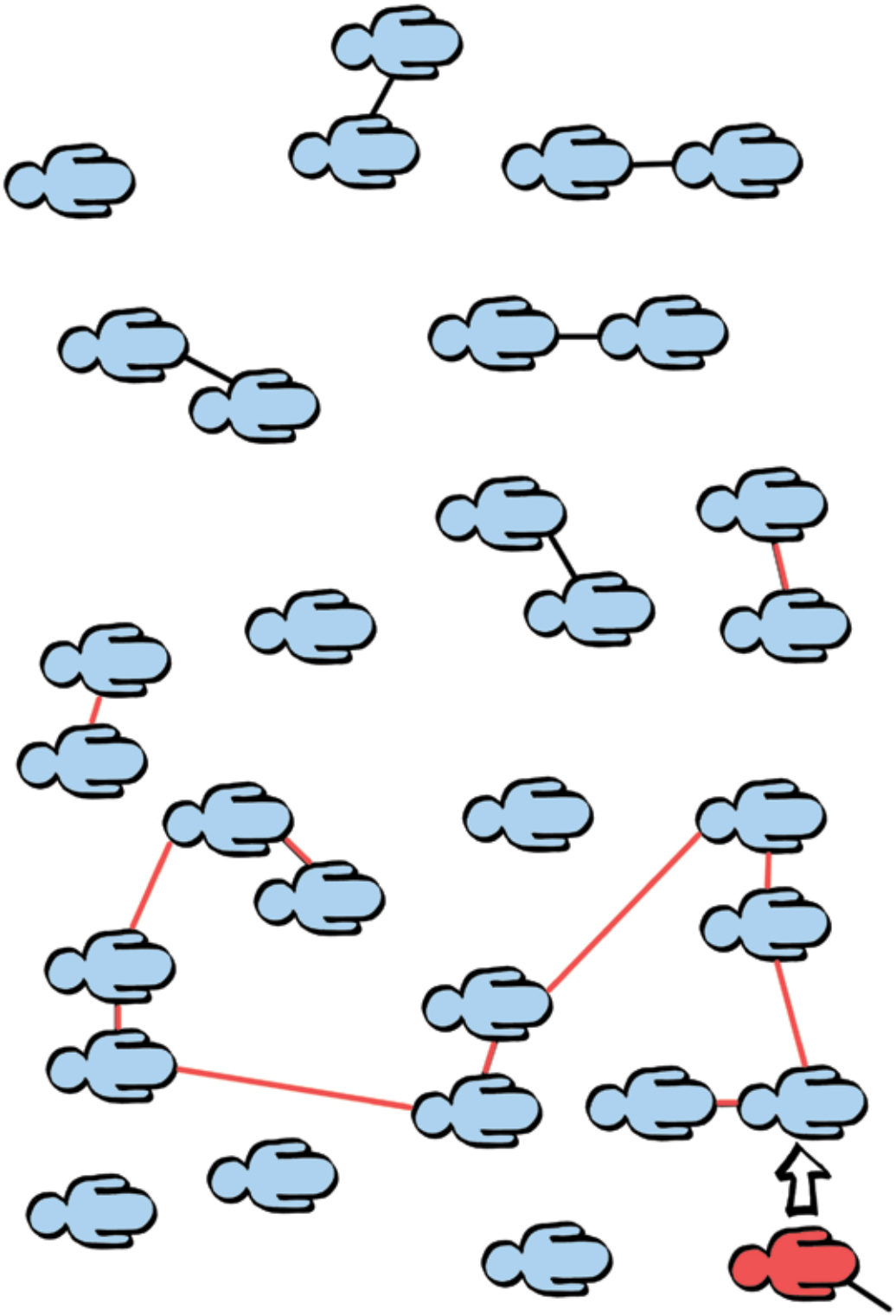
RESOURCE 1:

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



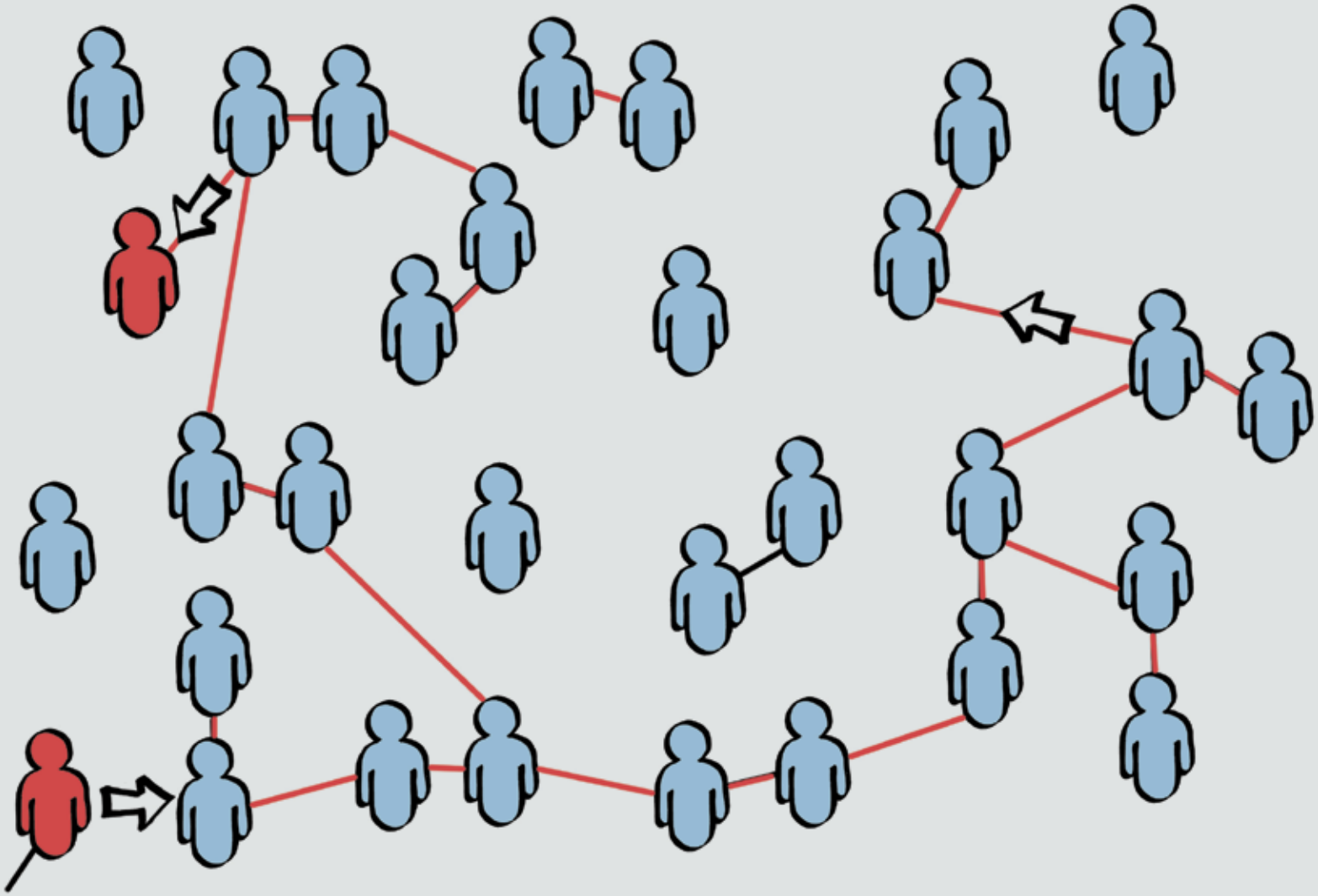
RESOURCE 2:

HOW STIs AND HIV SPREAD IN COMMUNITIES –1 OR 2 PARTNERS



RESOURCE 3:

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



GLOSSARY

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.6

Using sexual and reproductive health resources in the community

Lesson 9.6

Using sexual and reproductive health resources in the community

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 clinic will be invited to speak about the sexual and reproductive health services available to you at the clinic, the issue of confidentiality of all services offered, and the importance of practising safer sex if one chooses to have sex. They will then answer your questions. For homework, you (in small groups or pairs) will visit the local clinic and/or other service providers in your 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."**

ACTIVITIES

A.1 Introduction of guest speaker

1. A guest speaker will be invited to address your class on what sexual and reproductive health services are available to you at the clinic, the issue of confidentiality of all services offered, and the importance of practising safer sex, if one chooses to have sex.
2. Write down two questions (one question per piece of paper) you would like to ask the speaker about the services offered at the clinic to young people. Place your questions in the anonymous question box/basket. Do not write you name on the paper. Be as open as possible as nobody will know who is asking the questions.

A.2 Presentation by guest speaker

You will answer these questions based on what the guest speaker presented to you today. Read through them and listen attentively for the answers provided by the guest speaker. At the end of the presentation, complete *Worksheet 1.*

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?
j) Does the clinic provide emergency contraception?
k) Does the clinic provide pregnancy termination services?
l) When should a young person visit the clinic?
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

From the role play you will do in the class with your teacher, write down five (5) things you remember that are important when making an appointment at the clinic to discuss a sexual health issue.

A.4 Questions and answers

The guest speaker will respond to questions that you have placed in the question box.

HOMEWORK

1. Your educator will divide you into pairs or small groups. You will be instructed to complete Worksheet 1: Visiting a reproductive health care provider or *Worksheet 2: What sexual and reproductive health resources are available in my area?*
2. Carefully go through each of the questions in the assignment and make sure that you are able to answer the questions.

WORKSHEET 1: VISITING A REPRODUCTIVE HEALTH CARE PROVIDER

Directions: Visit a clinic or other health care provider in your area and answer the questions listed below. Attach a card, 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?

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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 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?

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

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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.

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

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

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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?

.....

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Test your knowledge

Answer the following questions:

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

GLOSSARY

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.7

Are you ready for parenthood?

Lesson 9.7

Are you ready for parenthood?

BRIEF LESSON SUMMARY

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

KEY POINTS

1. **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.

ACTIVITIES

A.1 Life changes brainstorm

1. If you were to become a parent, how would the following be affected?
   a) **Relationships**, including your family, friends and your love relationships:

.....

.....

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.....

   b) **School and education:**

.....

.....

c) **Finances and legal responsibilities:**

d) **Social life:**

e) **Physical and emotional:**

2. Can you think of any other areas of your life that would change if you became a father or a mother as a teenager?

A.2 Rotating brainstorm

Your educator will lead you in a small group activity called a rotating brainstorm.

A.3 Life changes discussion

In groups assigned by your educator, use the following questions to direct your discussions:

1. Becoming a parent costs a significant amount of money, requires quite a bit of time and involves a lot of work. Does this mean that being a parent is a bad thing?
2. What needs to change in order for parenthood to be a more positive thing?
3. 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?
4. Which changes or challenges specifically seem more likely to affect young women? Why do you think that is?
5. Which changes or challenges specifically seem more likely to affect young men? Why do you think that is?
6. Why are there more challenges for the young women than for young men?
7. How can we redefine or replace some unhealthy gender messages to create more equal responsibility for both men and women?
8. 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"?

SOME INTERESTING FACTS

A note about legal and financial responsibilities of teen 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. In pairs, write down all the ways that girls and boys can postpone parenthood until they are ready. Write down the three (3) most important facts discussed in your pair.

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HOMEWORK

1. Do research on someone who became a parent as a teenager and tells of their experience as a young parent. You may source information from newspapers and magazines, or by interviewing someone you know who is prepared to talk to you or use the internet, if you have access to it.
2. Present your research as an oral presentation to the class.

Test your knowledge

.....

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.

GLOSSARY

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.8

Sexual consent

Lesson 9.8

Sexual consent

BRIEF LESSON SUMMARY

During *Lesson 9.8: Sexual consent*, you will learn the definition for sexual consent and the importance of getting clear, verbal consent is emphasised. You will examine why there is often ambiguity with the communication of sexual consent as well as how unhealthy gender norms can promote this ambiguity. You will be given a checklist-type tool for determining whether clear, verbal consent is being given in sexual situations and you will also practise using this tool to analyse sexual situations. The lesson ends with you 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.

ACTIVITIES

A.1 Definition of consent

1. Try the following activity:

My understanding before the lesson	My understanding after the lessons
The word "consent" means	The word "consent" means
The meaning of "sexual consent"	The meaning of "sexual consent"

2. Your educator will now take you through the definition of consent. Take a look at Reading: *Definition of sexual consent* on the next page, as your educator introduces this concept.

POSTER 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.

A.2 Ambiguity and gender norms: Demonstration and debrief

1. Watch, attentively, a skit which will be performed by your educator and other actors. You will be asked to answer questions using a "straw poll".
2. At the end of the activity write down what you understood by "ambiguity" and "ambiguous".

A.3 Classroom discussion

In groups, use the following questions to guide your discussions:

1. Social situations that involve attraction, dating, romance and sex seem to involve a lot of ambiguous communication. Why do you think this is?
2. What does ambiguous communication by men typically look like? What gender norms lead to ambiguous communication around consent by men?
3. What does ambiguous communication by women typically look like? What gender norms lead to ambiguous communication around consent by women?
4. 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?

After the group discussions, make a poster for your group on all the issues discussed. Put the poster up in the classroom for other groups to see and comment on. They will do the same with their posters.

A.4 Checklist for determining consent: MAYS

The fact that there is so much ambiguity surrounding consent highlights how important it is that you have a straightforward way to determine whether you have been given consent before engaging in sexual activity. Below, you have been given a straightforward set of criteria – a checklist – that you should use to know if you have obtained sexual consent.

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READING

READING 2: 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 of **Statutory rape** based on age.

A.5 Analysing situations using MAYS

1. Now use the checklist to say if sexual consent was given, or not, in the statements below:

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 at 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

There is often so much ambiguity with communicating consent that you need to develop a solid set of communication skills to communicate clearly what you decide and mean, in this area.

The following 4 things are important for you to do:

1. Ask if the other person is really giving consent.
2. Use your communication skills to clarify any ambiguities.
3. "Check in" with your partner and make sure, as things progress, that they are still giving consent, especially if the sexual behaviour intensifies and/or if the other person starts to look uncomfortable.
4. 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.

Your educator will provide more opportunities for you to build on your skills of communicating consent in an unambiguous way.

HOMEWORK

1. Share this lesson with your parents, siblings or guardians at home. Practise, with them, how to communicate consent unambiguously.
2. Write down five comments made by them about the content. It can be done in the form of a poster or dialogue.

Test your knowledge

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?

RESOURCE

RESOURCE 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 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.

RESOURCE 3: SCRIPTED ROLE PLAY "YOUR FRIEND WANTS TO DATE YOU" (PASSIVE VERSION) FROM LESSON 7.8: 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...

GLOSSARY

Do you know what these words mean?

- affected
- a m b i g u o u s communication
- infected
- rape
- sexual consent
- statutory rape

Check the meanings of any words that you do not understand in the glossary of terms at the front of

Lesson 9.9

Power and control in relationships

Lesson 9.9

Power and control in relationships

BRIEF LESSON SUMMARY

During *Lesson 9.9 Power and control in relationships*, you will review a definition of power and learn about a framework that presents four ways in which power can be used. You will work in small groups to generate examples of these four ways of using power within romantic relationships. You 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.

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, 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.

ACTIVITIES

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

Statue activity

1. Your educator is going to divide you into pairs and guide you through the statue activity.
2. After you have completed the statue activity your educator will your attention to the definition of "power" displayed in the classroom:
   a) POWER is the capacity to act or "do" – i.e. to create, destroy, influence, accomplish, etc.
3. Power is the ability to influence or control the behaviour of people

A.2 Examples of power: How it is used

1. Take a look at the illustrations identifying the four 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.
2. The pictures also display the size of the effects that power can have from the smallest: one person, to the largest: the entire world.
3. Now consider the importance of power and how it can be used in relationships.

USES OF POWER

HARM

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...

A.3 Examples of power

Small group work

1. In groups, brainstorm uses of power in all four categories using Worksheet 1: Power – Diagramming a *complex concept.*
2. Your educator will explain how to complete the worksheet.
3. Share your responses with the other groups at the end of your discussion.

Important to consider:

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 HIV and other STIs and the risk of teenage pregnancy.

A. 4 Examples of power

Debrief

Your educator will lead you in a brief discussion of the activity on examples of power.

A.5 Speaking the language of consent

Parts B & C: Consent is power-sharing

1. You may find yourselves 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. A caring, responsible partner helps the other person in a romantic relationship to 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. You 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. You learned the practical skill of clearing up any ambiguity or confusion about whether sexual consent is being given. Make sure that you understand how a disempowered individual is less likely to be assertive and therefore less likely to communicate consent clearly.

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. The next skill you are going to learn about making sure you 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. It is important to check in at regular intervals and 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 s/he can turn around once sex has started and "cancel" that consent. There are many reasons for this having to do with power, gender norms and interpersonal dynamics.
4. There are often signals that appear when a person who has given consent has begun feeling differently about engaging in sexual activity.
5. Brainstorm and discuss 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.
6. 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.
7. Complete the following once you have discussed.

Warning	Checking
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

A7. Respecting sexual limits

1. 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. Not respecting someone's sexual limits is unkind or uncaring and it is also using power to control and harm that person. Remember that having **sex with someone without their consent is rape.**
2. Come up with examples of things you might say to a partner who is setting a sexual limit to show them that their limit is being respected. 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.

HOMEWORK

1. The activities that you are unable to complete in class may be taken home and completed as a homework assignment.
2. Role play
   a) Prepare a role play activity on power issues from this lesson and how you will manage the power dynamics in a relationship.
   b) Make use of the various communication methods you have been taught e.g. being assertive but not aggressive.

Test your knowledge

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/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?

WORKSHEET 1: POWER
DIAGRAMMING A COMPLEX CONCEPT

LEVELS OF POWER	USES OF POWER			
EFFECTS ON	HELP Make things better	CARE / PROTECT Prevent or keep safe	CONTROL Make things happen or NOT happen	HARM Damage or hurt
	As the levels of power change, say what kind of EFFECT it has on each of the AREAS listed			
The world				e.g. animal species destroyed
The continent				
The nation	e.g. build good citizenship			
The city or town				
The family/friends				
A couple/relationship between two people				highly abusive
An individual				Highly abusive

GLOSSARY

Do you know what these words mean?

- power
- romantic relationship
- sexual limits

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.10

Condoms: Being assertive and staying protected

Lesson 9.10

Condoms: Being assertive and staying protected

BRIEF LESSON SUMMARY

During *Lesson 9.10: Condoms: Being assertive and staying protected,* you will review what you learned in Grades 7 and 8 in 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.

If have not done these lessons in the previous grades, your educator will help you to use the worksheet provided.

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.

ACTIVITIES

A.1 Review of communication and refusal skills

1. Avoid pregnancy and STIs – especially HIV– so that these things do not get in the way of you achieving the dreams and goals you have for your adult lives, or damaging your health.
2. The SAFEST choice is NOT to have sex. Remember: If you do choose to have sex USE A CONDOM EVERY TIME, to prevent pregnancy and the spread of HIV and other STIs.
3. At some point in your lives you may meet someone to whom you are attracted and who will pressure you to have sex, or pressure you to NOT use condoms. Remember: You have the RIGHT to say NO to sex in ANY situation.
4. Good communication skills are a key to dealing with these kinds of people. Good communication skills will help you to:
   a) maintain positive relationships and mutual attraction with peers who might have different ideas about sex and protection to yours; and
   b) sort out who really cares about you from people who might be trying to use you for sex or take advantage of you in other ways.

A.2 Communication skills review

1. You are going to review the communication skills you studied in Life Orientation in Grades 7 and 8 and earlier this year in the Grade 9. These include:
   a) non-verbal communication;
   b) the three communication approaches: assertive, passive and aggressive; and
   c) refusal skills.
2. Review these concepts on *Reading 1: Assertive, passive and aggressive communication.*
3. To recap (review) what you have learned about non-verbal communication or body language your educator will guide you through Reading 2: Non-verbal communication. Your educator will also have the same information displayed on a poster for you to look at during this activity.
4. Remember that in a sexual situation, if your words and body language do not match up, the other person may not understand where the boundaries are or may decide that you are giving "mixed messages" and use that as permission to move ahead with sex. This does not excuse the other person from their responsibility to obtain active consent. Remember that consent was discussed in Lesson 9.8: Sexual consent.
5. Briefly review the definitions of the three communication approaches in *Reading 3: Three approaches to communication.*
6. Review the six refusal techniques from *Lesson 8.8: The art of saying "No, thanks"– SOUND or walk away!*

You are reminded of the techniques, presented in the order written on the poster that your educator has displayed in your classroom:

S – Step back.
O – Offer an alternative.
U – Use assertive body language.
N – Say "NO" and repeat it if necessary.
D – Describe how being pressured is making you feel.
If these techniques do not work: **WALK AWAY!**

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

1. 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. The things these people say to persuade or pressure others into sex can be called "pressure lines".
3. Share with the class pressure lines that you have heard or that your peers – friends, siblings, cousins, etc. – have heard.

A.4 Learner role play

1. In this activity you will have time to practise refusal skills in your small groups.
2. The script for the role play is not complete. Complete the missing dialogue in your script. Use the pressure lines that the class reviewed earlier in the session as the basis for the dialogue you will write.
3. Ensure that, in the way you 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.
4. Each person in your small group will take a turn performing a part in one of two role plays and also take a turn being an observer. It is not sufficient to simply write the script; you must also perform one

of the roles in the role play assigned to your small group.

5. Two members of your group will 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 record their observations using *Worksheet 1: Observer's checklist.* After the role play has been performed each observer is required to make a brief report on what they observed.

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

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

Test your knowledge

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 to 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 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.

READING

READING 1: TECHNIQUES OF SAYING "NO THANKS" - SOUND OR WALK AWAY

READING 2: 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.

READING 2: NON-VERBAL COMMUNICATION

- eye contact or engagement
- posture or body language
- gestures or movement
- facial expressions
- attitude or mood or affect (demeanour)
- 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 communication.

READING 3: 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.

RESOURCE

RESOURCE 1: UNSCRIPTED ROLE PLAY – JANA AND JORDAN

Background

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

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

Jana: *(Step back and say NO, assertively)*

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

Jana: *(Ask Jordan to stop pressuring you and tell him how the pressuring makes you feel)*
Jordan: I don't get it. If you loved me, you'd have sex with me.

Jana: *(Make space; offer an alternative)*

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

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

WORKSHEET 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

GLOSSARY

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**

Do you know what these words mean?

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

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Lesson 9.11

Consolidating intentions for Grade 9

Lesson 9.11

Consolidating intentions for Grade 9

BRIEF LESSON SUMMARY

During *Lesson 9.11: Consolidating intentions for Grade 9,* you will begin by assessing your progress on the SMART goal you set for yourselves when you were starting the SLPs. You will consolidate what you understand by the force field analysis technique. At the end of the lesson you will write a letter to your parent(s) or adult(s) that you trust describing the most important things you learned in the HIV, STI and pregnancy prevention activities. The letter must describe the knowledge and skills you have acquired, your commitment to three healthy behaviours, and should identify what your parent(s) or other trusted adult(s) can do to support you.

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 and AIDS, STIs and teenage pregnancy can help you to achieve your goals.
7. **I am strong, smart and in charge of my future!**

ACTIVITIES

In the next five (5) activities you will review and re-evaluate the goals you set, the behaviours you set for yourself and the analysis you did on the factors that influence these behaviours.

A.1 Goal-setting

1. Throughout the activities in the SLPs you have set goals for yourselves.
2. The goals were written as SMART goals and were committed to health-promoting behaviours to help you to achieve these goals.
3. You also wrote a letter to your "future self" in which you committed to certain goals for this year.
4. Now go back to the SMART goal you set in Lesson 9.1 and review that goal. Use Worksheet 1 that you completed and comment on how you feel now about the goal you set.
5. Assess your progress on the goal by writing answers to the following questions in the margins or on the back of the worksheet on which your 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. Now the turn to the blank Worksheet 1: *Review of SMART goal criteria* and write your new SMART goal for the next 12 months.

A.2 Force field analysis

Reminder of the relationship between behaviour and goals

1. Remember the following:
   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. At your age, the choices you make regarding sexual behaviour can have an impact on your ability to accomplish important short and long-term goals.
3. Is there any behavior you would like to change or have considered changing that would influence your SMART goal?

.....

.....

.....

.....

Put these comments in your POE.

A.3 Advanced force field analysis

Strategising around influences

1. Review the factors or influences that can either support or hinder your BEHAVIOUR, which in turn supports or hinders achieving your goal.
2. Note that there are 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.

A.4 Practising force field analysis

1. As you reflect on the factors you have identified, complete *Worksheet 2: Strategising around influences identified in a force field analysis*, **adding the new, advanced steps of generating strategies around factors and influences.**

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

Your educator will lead you in an activity to celebrate how far you have come in the three-year series of Life Orientation units focused on helping them avoid acquiring HIV or other STIs and avoiding teenage pregnancies.

ASSESSMENT

Write down the answers to these questions and then discuss with your partners in your 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 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 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?

WORKSHEET 1: REVIEW OF SMART GOAL CRITERIA

To evaluate how much you have understood in and remember from previous activities, complete this handout without referring to the previous responses you gave.

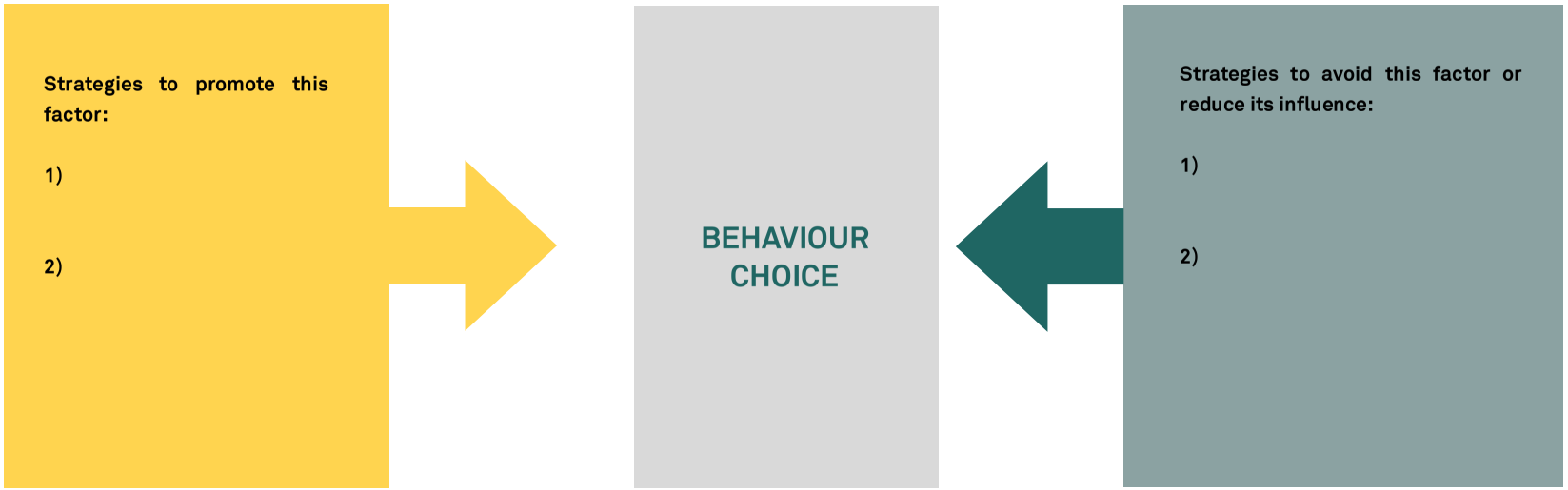
	Criteria	Goal	Criteria Met?
S	**Smart:** What exactly do you want to achieve?		
M	**Measurable:** You must be able to know when you have reached your goal. Does it answer the questions: how much/how many/how well?		
A	**Action-oriented:** What action(s) are you going to take to achieve the results you 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.

WORKSHEET 2: STRATEGISING AROUND INFLUENCES IDENTIFIED IN A FORCE FIELD ANALYSIS

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 3: 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.

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:

Dear Future (your name).....

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 will 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 you 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 .....

.....

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

Do you know what these words mean?

- brainstorming
- forced field analysis
- sexual behaviours

Check the meanings of any words that you do not understand in the glossary of terms at the front of this book.

Mrs Angie Motshekga,
Minister of Basic Education

Mr Enver Surty, Deputy
Minister of Basic Education

These workbooks have been developed for the children of South Africa under the leadership of the Minister of Basic Education, Mrs Angie Motshekga, and the Deputy Minister of Basic Education, Mr Enver Surty.

The Sexuality Education in Life Orientation Scripted Lesson Plans form part of the Department of Basic Education's range of interventions aimed at improving the performance of South African learners in Grade 9. As one of the priorities of the Government's Plan of Action, this project has been made possible by the generous funding of the United States Agency for International Development (USAID). This has enabled the Department to make these workbooks, in English, available at no cost.

We hope that teachers will find these workbooks useful in their everyday teaching and in ensuring that their learners cover the curriculum. We have taken care to guide the teacher through each of the activities by the inclusion of icons that indicate what it is that the learner should do.

We sincerely hope that children will enjoy working through the book as they grow and learn, and that you, the teacher, will share their pleasure.

We wish you and your learners every success in using these workbooks.

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