



Sexuality Education in
Life Orientation
Scripted Lesson Plans
Grade 12 Educator Guide



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

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in Life Orientation

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Foreword

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



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

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

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

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

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

A handwritten signature in black ink, appearing to read 'A M Motshekga'.

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

Acknowledgements

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

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Note to educator

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

You taught me¹

You taught me the names of the cities in the world
BUT
I don't know how to survive in the streets in my own city

You taught me about the minerals that are in the earth
BUT
I don't know what to do to prevent my world's destruction.

You taught me to speak and write in three languages
BUT
I don't know how to say what I feel in my heart.

You taught me all about reproduction in rats
BUT
I don't know how to avoid pregnancy.

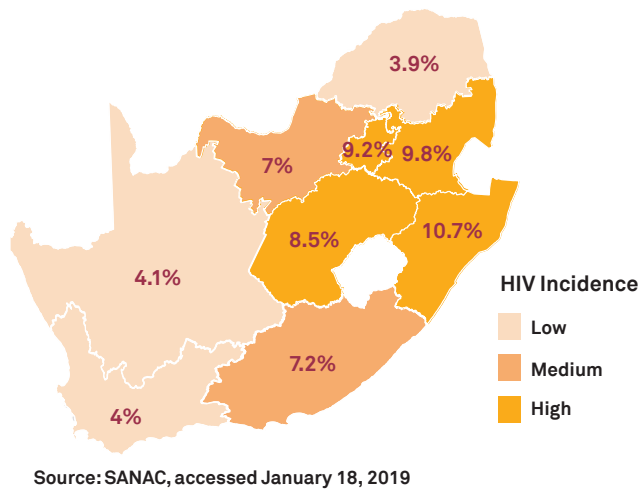
You taught me how to solve math's problems
BUT
I don't know how to solve my own problems.

Yes, you taught me many facts, and I thank you,
I am now quite clever
BUT
Why is it that I feel I know nothing?
Why do I feel I have to leave school to learn about coping with life?

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

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

1. INTRODUCTION



Young people face many pressures and risks that are different from the risks adults faced when they were young. Risks such as HIV and other infections and early and unintended pregnancy come to mind first. But there are many unhealthy pressures affecting relationships and influences from many sources.

The difficult facts below highlight the need for effective sexual and reproductive health education that will equip young people to deal with today's challenges.

Figure 1: HIV prevalence by province, 2016

HIV is everyone's problem.

No matter where we live in South Africa, everyone is affected or at risk in some way. Working together to break the silence, show compassion, support those on treatment, and address risks, are the only way to stop the epidemic.²

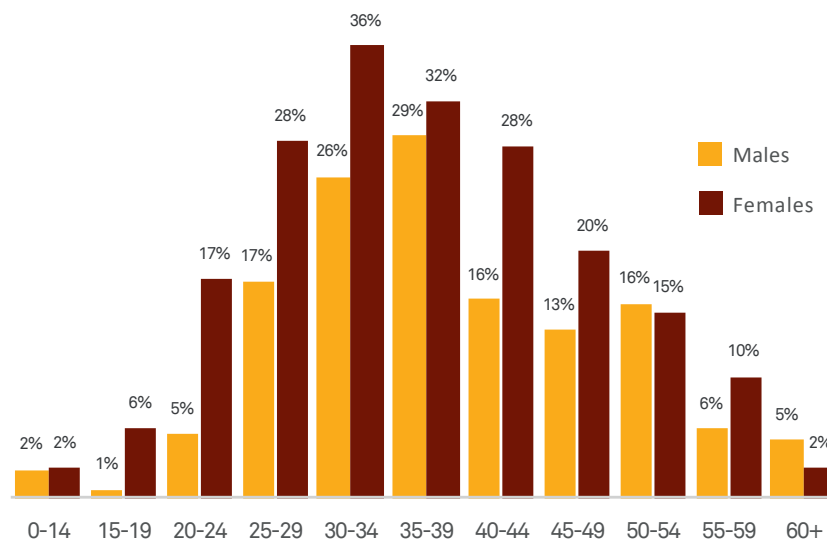


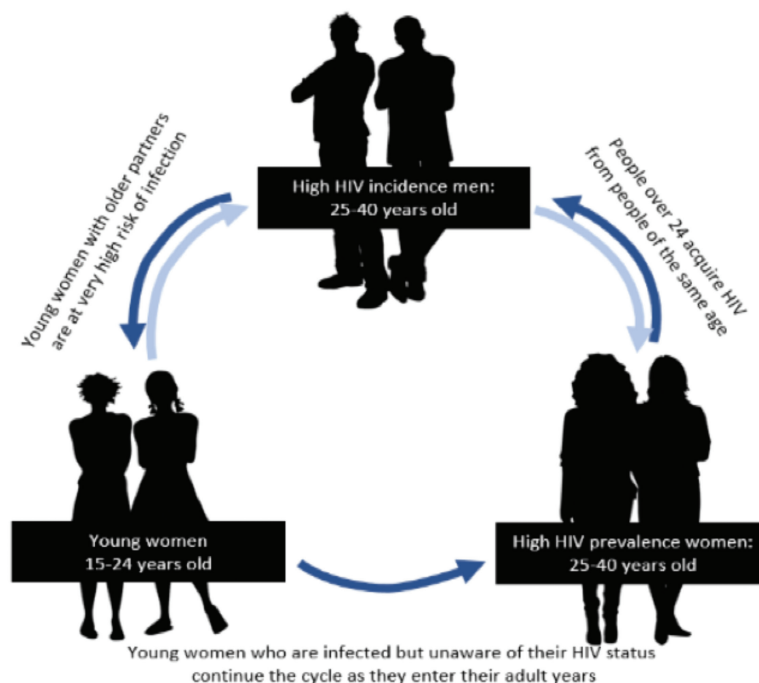
Figure 2: HIV infection rate by age

² Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., and Onoya, D. (2014). South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, South Africa: HSRC Press.

HIV:³

While all young people are at risk, girls are getting infected with HIV at higher rates than boys. This trend continues through young adulthood. There are many reasons for these differences.

Age difference⁴ is a major factor in South Africa – specifically the relationships between older men and young women / girls. Experts agree that understanding and addressing this cycle is critical for stopping the further spread of HIV in South Africa.



16 years and under
14%

Over 17 years
27%

36%
of high school learners have had sex

... 12%
say their first time was before age 14

PREGNANCY

Teen pregnancy is common in South Africa, and can interfere with the ability of young people to achieve their goals.

Among youth in school who said they had engaged in sexual activity, pregnancy rates are high.⁵

SEXUAL INITIATION

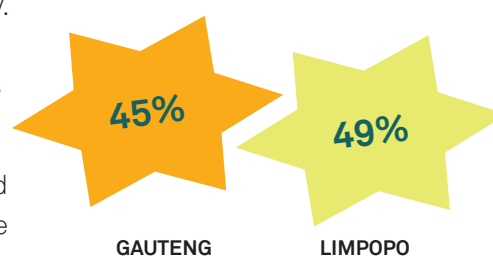
The age of first sex matters. The earlier a young person has sex, the greater their risk of HIV infection and unintended pregnancy.⁶

PRESSURE, FORCE AND VIOLENCE

Some sexual relationships are voluntary, some are not. Coerced and forced sexual relations are considered rape, and a form of GBV. Although less common, boys are sometimes forced into unwanted sexual relations. **Forcing anyone to have sex is wrong, and is considered a crime.**

A study on sexual violence in schools was conducted in Gauteng and Limpopo by Action Aid in 2015.⁷ The study found that 45% of female learners in Gauteng and 49% in Limpopo reported being forced to have sex.

Percentage of girl learners who say they are forced to have sex



³ Ibid

⁴ de Oliveira, T., Kharsany, A.B., Graf, T., Cawood, C., Khanyile, D., Grobler, A., Puren, A... Karim SSA. (2017). Transmission networks and risk of HIV infection in KwaZulu-Natal, South Africa: a community-wide phylogenetic study. *Lancet HIV*, 4, e41–50. Doi: 10.1016/S2352-3018(16)30186-2.

⁵ Reddy, P., Sewpaul, R., Jonas, K. (2016) Adolescent pregnancy. (HSRC Policy Brief 15) Retrieved from [http://www.hsrc.ac.za/uploads/pageContent/7562/HSRC%20Policy%20Brief%2015%20-%20Adolescent%20pregnancy_PRESS%20\(3\).pdf](http://www.hsrc.ac.za/uploads/pageContent/7562/HSRC%20Policy%20Brief%2015%20-%20Adolescent%20pregnancy_PRESS%20(3).pdf)

⁶ Reddy, S.P., James, S., Sewpaul, R., Sifunda, S., Ellahebokus, A., Kambaran, N.S., Omardien, R.G. (2013). *Umthente Uhlaba Usamila – The 3rd South African National Youth Risk Behaviour Survey 2011*. Cape Town, South Africa: South African Medical Research Council.

⁷ Action Aid. (2015) *ActionTalk Newsletter* (August). Retrieved on March 14, 2016 from http://www.actionaid.org/sites/files/actionaid/actiontalk_august_newsletter_aasa_2.pdf.

In response to these facts, the DBE's Policy on HIV, STIs and TB (2017)⁸ addresses HIV, STIs, TB and teenage pregnancy as major barriers to achieving equality in education. HIV and TB have reached epidemic proportions in the country. Recent data tells us that 7.1 million people are HIV positive with an approximate 270 000 new HIV infections⁹ and 450 000 new TB infections annually.¹⁰ The rate of teen pregnancy in South Africa has become a major challenge because learner pregnancy does not only affect completion of schooling for individuals, in particular the girl learners, but whole families and communities within which schools and educational institutions function.

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

The Curriculum and Assessment Policy Statement (CAPS) for Life Orientation (LO) for Grades 10 to 12 aims to guide learners to make informed and responsible decisions about their own health and well-being and the health and well-being of others. The SLPs exposes learners to their constitutional rights and responsibilities and to the rights of others, and should equip them with the knowledge, skills and values to make informed decisions, and develop life skills to equip them to take care of their sexual and reproductive health as they move into young adulthood. The SLPs provide opportunities for learners to build their confidence to avoid risky relationships and behaviour; to protect themselves if having sexual relations, and to manage their choices so that they can have a healthy, safe, sexual life.

The SLPs include well-structured, detailed activities to support teachers with the delivery of content specifically related to sexuality education (SE) guided by the CAPS. The SLPs focus on behavioural change and provide core messages for learners to remember when thinking about their sexual health. The core messages are included below.

2. PURPOSE OF THE SLPs (GRADES 10 TO 12)

The SLPs have been aligned to the Life Orientation (LO) CAPS outcomes, topics and subtopics, and the content needed to teach Grades 10 to 12 for the year. Relevant SE topics and concepts are linked to the LO CAPS concepts to make the teaching, learning and assessment of SE appropriate. Learners in these grades may already be confronted with decisions about relationships and how relationships influence their well-being and their choices about their life roles.

Learners are made more aware of more prepared to make decisions regarding their sexuality and healthy lifestyle choices.

With greater awareness, life skills and positive peer support, learners are more likely to be able to can delay sexual debut, resist unwanted sexual advances, and protect themselves from pregnancy and STIs if and when they chose to be sexually active. These lessons aim to decrease risky sexual behaviour among learners and to support them to make good decisions in relation to their sexual health.

8 Full name of the policy is the National Policy on HIV, STIs, TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector

9 UNAIDS. Ending AIDS Progress towards the 90–90–90 targets (2017) Retrieved on June 18, 2018 from http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

10 South Africa National AIDS Council (2017) Let our actions count: South Africa's National Strategic Plan for HIV, TB and STIs 2017–2022. Retrieved June 18, 2018 from http://sanac.org.za/wp-content/uploads/2017/05/NSP_FullDocument_FINAL.pdf

In the lower grades, often as early as age 10 for girls and age 12 for boys, learners typically go through physical and emotional changes related to puberty. Puberty is new and challenging to both boys and girls, and the timing is individual and unpredictable. The transition from puberty into early adolescence typically happens in this phase between Grade 10 and 12, and alongside physical and emotional changes there are often associated issues like substance use and misuse, which can be further linked to topics like depression, behavioural problems, poor grades, early drop-out, and others.¹¹

The SLPs raise related lifestyle issues as well as media and other factors that can influence our health, and helps learners to identify actions they can take and options for support as they prepare for this stage of development towards sexual maturity. The scope of activities is determined by linking content to the core knowledge, skills and values included in the topics and sub-topics in the LO CAPS.

The SLPs have been designed for step-by-step implementation. All the lesson planning and much of the preparation has been done for you, to support you in teaching CSE content. The SLPs are comprehensive lessons with activities and assessment tasks that help you to teach in line with your Life Orientation Annual Teaching Plans (ATPs). In order to deliver these effectively, your responsibility will be to become familiar with the lessons, and practice them as needed, before you teach them.

Activities are detailed, practical and time-bound; they include suggested forms of assessments and provide you with the relevant illustrations, readings and worksheets for your learners. This is to facilitate discussions and consolidate knowledge in a practical, structured way. Some content may be considered sensitive to teach and learn about. The activities are age-appropriate, engaging, and encourage learners to think about the new content they have to learn. They provide opportunities for learners to think critically and build their own values about SE topics that would otherwise be avoided. There are activities that ask learners to talk about the topics at home or with those they live with. This will allow your learners to internalise what they have learned, take home new ideas, and share the importance of behaviour change and good decision-making regarding their sexual health. A necessary part of your preparation will be planning ahead for time management and dividing learners into small groups for groupwork.

An overview of the lessons for each grade, their topics and concepts as well as how they fit into the ATP is provided at the end of this section.

3. OUTCOMES

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

There are 22 SLPs provided for Grades 10, 11 and 12, i.e. a breakdown of 9 + 9 + 4 SLPs respectively. The activities for each grade show how concepts are developed across the three grades in the FET Phase. The planning for the SLPs ensures that activities focus on what learner performance is expected at the end of each grade and by the end of the phase. **See Appendix 1: SLPS at a glance.**

The SLPs are not taught consecutively but they will be taught across the whole year, where they can be taught appropriately within the overall content of the LO CAPS. Ideally the LO CAPS should be taught in sequence, in order to build on the knowledge and skills learned in previous lessons.

11 Adolescent drug use and psychological health. A longitudinal inquiry. Shedler J, Block J. Am Psychol. 1990 May; 45(5):612-30.

The assessment provided will form part of the informal assessment programme for each grade except where a recommendation is made for you to use an assessment task as part of your formally recorded assessment. You have a choice to include these tasks if you think they show accurate learner performance for specific content in CAPS. No additional time for teaching is expected when using the SLPs as the lessons can be taught within the ATP. The assessment types (e.g. peer- individual- teacher- and group- assessments) and assessment forms (e.g. quizzes, role-plays, etc.) used in the activities have been written to model the kind of assessment that is most useful for assessing the knowledge, skills, values and attitudes covered in CSE.

Many activities encourage learners to carry out their own reflections and discussions outside the classroom. This encourages positive peer relationships, communication in the home, and the building of healthy friendships. They are intended to build a safe environment in which learners will feel open to positive influences.

4. STRUCTURE OF THE SLPs

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

4.1 CAPS TOPICS AND SUBTOPICS

All the SLPs have been aligned to and link to the topics and subtopics in the CAPS. Some activities deal with more than one topic and subtopic. If so, these topics and sub topics are indicated in the lesson plan of that SLP. There are natural links between the CAPS concepts and the SE content to be taught.

4.2 CONCEPTS

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

The concepts are listed for each SLP, and included with definitions in the glossary so that you can use them to consolidate your teaching and check your learners' understanding of the concepts at the end.

For each grade, a detailed overview of the topics and concepts is provided. See the table showing *SLPs At-a-Glance* for each grade. The topics for the CAPS are linked to the concepts for CSE for all the SLPs.

4.3 KNOWLEDGE, VALUES AND ATTITUDES

The SLPs are designed to increase knowledge as well as to change and promote healthy behaviour. In order for learners to build their confidence and ability to make healthy decisions and act on them, it is important that knowledge is acquired together with positive values, attitudes and life skills. On a personal level, your learners will be challenged to make positive life choices. Learners are given the opportunity to reflect on their behavior and make new decisions about how they behave and what they choose for themselves. Behaviour change is a process and it is not expected that change is seen after just one set of lessons. The activities ask learners to talk about behavior with their peers. There is a chance that together they will continue to discuss and be aware of changing their behavior and making good choices for themselves.

The implicit outcome of getting learners to engage in the class on relevant issues, healthy choices and behaviour is that those healthy choices find their way back into their homes and communities, where choices regarding sexual behaviour are both necessary and challenging. The intention is to build a critical mass of learners in school and in the community who are able to model healthy behaviour and choices for their peers.

4.4 TIME ALLOCATION

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

In some lessons, there is an indication of a “natural break” where the content is split to allow you to teach it over two 30-minute periods.

In the Grade 12.1 lesson the same topic and subtopic have been used to develop two activities so the time allocation shows 1 hour + 1 hour. This lesson allows for preparation of the lesson by learners in one term and then the execution of their planning in the following term.

Although the time allocated is 1 hour, as with any lesson you teach, some activities may take longer depending on how well learners grasp content being taught. Many of the activities ask that learners take tasks home and engage on their own with them. This is to give them time and space to reflect and respond individually to what they are learning.

The SLPs do not cover all the time allocated for Life Orientation per week. That is because there are more topics and subtopics that are not about CSE that still need to be taught in CAPS.

Remember that the SLPs are done across the four terms and are taught in different weeks across all the terms.

4.5 TEACHING METHODOLOGIES

Recommended teaching approaches and methods are included in all the activities found in the SLPs. The activities should be taught as they have been scripted. The methods and approaches have been selected to ensure that discussion and practical engagement can happen in the time allocated to each SLP. Some teachers are more confident of teaching some methods than others. The methods used aim to ensure that your learners are familiar with the suggested teaching approaches. You must first explain what they are expected to do, know or show, using the particular technique recommended.

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

Learners may sometimes find it difficult to divulge sensitive information in front of their peers in the class. No one should feel forced to share information they do not wish to disclose to others. A suggestion is that an “**Inbox**” is made available in the classroom, where learners may then post their questions or comments confidentially. The higher the level of confidentiality, the more protected learners will feel about what they are experiencing and need to share. Selected posts can be dealt with in the classroom when feasible and appropriate during the day or during the week.

4.6 RESOURCES

A list of the resources is provided. These are **suggested** resources. The resources consist of materials that can be found in any functional classroom. Mostly, activities ask learners to participate in the making of some of the learning resources, like game boards, body outlines, etc. Learners can make these resources during the Creative Arts period or conduct a survey data analysis in their Mathematics lesson.

Schools and classrooms are resourced differently and educators may have other resources available to assist them. The SLPs are there help educators **to facilitate and guide discussions**.

A perceived lack of resources should not be a barrier to effective teaching using the SLPs. The resources required have been suggested because they are easily obtainable. Where resources like models are used, a note has been included to ask the local clinic to assist by loaning models for use in the classroom.

Additional resources have also been included in some of the activities to provide educators with support information. Some of these are links to websites or educational articles. If the educators do not have access to these, they will still be able to teach the lesson with the resources provided in the activities.

4.7 BRIEF LESSON SUMMARY

The brief lesson summary gives you a synopsis of what is contained in the lesson, its activities and teaching methods. It provides description of what the SLP deals with, and the main aims of that lesson. Brief summaries of each SLP for each grade are provided in a table at the end of this section. This will give you a snap shot of the content for each lesson. **See Appendix 2: Brief Lesson Summaries.**

4.8 KEY POINTS

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

4.9 ASSESSMENT

Assessment tasks have been designed for each SLP. They are used for self-, peer- or group-assessment, as indicated. Each SLP shows all the types of assessments and tasks being used in that SLP. Keep evidence of learner performance in the SLP as an assessment record of what your learners have learned; how well they have internalised the content; how their behaviour and attitudes have been influenced, and what content has been most challenging for them. Many assessment tasks ask learners to do the task collectively and to write it up individually. This is to give them time for discussion on difficult topics and to share ideas before doing personal reflection.

Behaviour change happens over time, and may not be evident immediately in the classroom. In some activities, learners might show some adjustments to their behaviour, such as using more respectful language, showing more sensitivity to gender dynamics, or being able to talk more openly about their feelings, etc. The SLPs aim to provide opportunities for learners to reflect on their own behaviour and how their behaviour influences their ability to achieve their life goals. Behaviour change, developing healthy attitudes and acquiring good values is a long-term process. Learners are encouraged to engage in personal reflection in the different activities provided.

4.9.1 Informal assessment

The approach to the new content and knowledge for CSE encourages learners to apply what they learn, re-apply the knowledge in different situations, internalise what they have learned and adjust their behaviour. This is a **formative or developmental** process. Informal assessment is not recorded for learner performance purposes.

Formal assessment is meant to be recorded and to form part of a learner's portfolio. The activities in the SLPs are not stated as formal assessment tasks, but suggestions are made about which assessments you may want to record for formal assessment purposes.

Assessment tasks are formative when they focus on developing skills consolidating learning.

An overview of all the assessments in activities for each grade is included in **Appendix 3: Overview of Assessments in Grades 10-12.**

4.9.2 Learner assessment

For tasks that learners are expected to do on their own, encourage them to share their answers and experiences. This need not be classroom-bound or dealt with only in LO in the classroom. What is learnt in LO can be appropriately linked to other subjects. Learners in these grades are able to work more independently and are encouraged to reflect on what they have learnt across each activity. Assessment tasks are structured for peer engagement and discussion as well as for self-reflection activities. An overview of learner assessment tasks for each grade is included **See Appendix 4: Overview of Learners Assessment Tasks.**

4.10 NOTES TO THE EDUCATOR

NOTE TO EDUCATOR

The SLPs ask for a high level of engagement from you. The notes may alert you to important aspects of the activity, and flag ways in which the activity can be improved. The aim is to support you to teach content that may be difficult or unfamiliar.

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

The scripting of the lessons means that a higher level of engagement happens with you through the SLPs on what must be taught, what learners must learn and how to assess learners. The notes may prompt and alert you to important aspects of the activity, and may flag issues related to how the activity can be improved. The expectation is that you will feel supported as you teach content that may be difficult or unfamiliar.

The SLPs have been designed to introduce concepts progressively to learners. Knowledge is built up across all the activities and often, prior learning is used to introduce new concepts or skills. In many of the SLPs, the note to the educator will make reference to what has already been taught as well as what is still to follow.

You need to go through both the preceding and the follow-up activities when preparing to teach an activity so that all the links are understood.

4.11 TEACHING AND LEARNING RESOURCES

Readings, resources and worksheets are included in the Learner Book for the SLPs. They are structured to encourage independent learning and the consolidation of knowledge. The focus is on raising awareness about behaviour as a first step to behaviour change. Peer support and an enabling environment important elements. Encourage your learners to work individually and where necessary, to practice the changes encouraged in the SLPs with their peers.

4.12 GLOSSARY

A glossary of terms has been developed for each SLP and is found at the end of the lesson. The terms are explained as they have been used in the activities in the SLP. This will ensure a common understanding of concepts that may be less familiar or completely new to both you and your learners. With a glossary at hand, your learners will feel more comfortable to learn and use the terms. Use the glossary to build vocabulary with learners and to get them to use the terms with confidence and understanding.

4.13 BIBLIOGRAPHIES

All resource material used for the SLPs is referenced. You might want to follow up some of the references to broaden your own understanding and knowledge in a structured and directed way. Some learner activities give links to content that learners can research for themselves.

5. THE CORE MESSAGES TO BE INTEGRATED THROUGHOUT THE CURRICULUM

Core messages have been written for Grades 10 to 12, spelling out the value statements that will be reinforced in all the activities in the SLPs. The messages are simple “I-messages” for learners to use and share with each other and beyond the classroom.

Use the messages; put them up in the classroom; insert them in newsletters to parents etc., so that your learners hear and see them constantly.

CORE MESSAGES (10, 11 AND 12)

- I will choose if, and when, to have sex and when not to.
- I have the right to say “no” and the responsibility to respect “no” to sexual attention and sex at any time and in any situation.
- If my partner and I choose to have sex, my partner and I will use a condom correctly every time.
- To protect myself and others, I need to be honest and communicate well in sexual relationships.
- I respect my own and others’ well-being.
- I know my HIV and STI and general sexual and reproductive health status.
- My partner and I are equally responsible for preventing pregnancy, HIV and other STIs.
- I want to be part of a community that stops gender harm and violence and creates safety and peace in its place.

B. CLASSROOM MANAGEMENT TO SUPPORT IMPLEMENTATION OF THE SLPS

This section describes measures you can take to manage your classroom and your learners well, and to create an environment conducive to learning. The main focus is on facilitating the new content for Sexuality Education and strengthening how you will teach and assess each of the activities. Learners in Grades 10 to 12 have varied levels of experience with relationships, are able to better understand issues of risk and risky behaviour, and can be encouraged to be more self-regulating than learners in earlier grades.

1. MAINTAINING YOUR ROLE AS EDUCATOR

Your role, as the educator, is critical in the delivery of the SLP content and in creating an environment conducive to learning.

Here are some tips:

1. Help your learners feel comfortable to talk about difficult and sometimes embarrassing topics.
2. Build trust amongst your learners so that they keep the confidences of their peers.
3. Ensure that discussions do not cross boundaries to issues that may be overly personal or feel unsafe to individual learners. No one should be pushed to disclose personal information about themselves, their sexuality, or their families. Decide how much complexity, related to CSE, your learners are ready to talk about to one another.
4. Respect diversity – these SLPs and the LO CAPS recognise that not all learners (or educators) will be heterosexual, or identify with their assigned gender identity. The needs of all learners must be respected throughout all lessons.
5. Initiate and end topics of conversation in a respectful, open but trusting manner.
6. Maintain professionalism even when challenged by learners who may not have relevant and appropriate information to make good decisions regarding their sexual and reproductive health.
7. Remind yourself to be non-judgmental, unbiased, caringly critical and open to the difficulties that your learners experience regarding sex, sexuality and the adoption of safe behaviour that will reduce their risk of acquiring HIV. Model empathy and compassion in the way that you communicate. Some of your learners and/or their family members may be HIV-positive, affected by sexual violence, or early pregnancy. Take care to ensure discussions are respectful of those already affected by the problems we are trying to prevent and address.
8. Most importantly, when a learner does share sensitive information or experiences with you, and it is clear that they are emotionally and psychologically distressed, take time to debrief the learner about how he/she is feeling. Make the learners comfortable about the confidentiality of the information shared. If necessary refer a learner for professional support.

2. CREATE A SAFE, CONDUCIVE CLASSROOM ENVIRONMENT

Your role in fostering an open, safe and trusting-inspiring environment in which healthy discussions and relationships can thrive – in the classroom, on the playground and even at home – can't be stressed enough. In each of these settings, your learners will be dealing with issues that arise in CSE. The CSE material aims to help your learners to make informed choices and adopt healthy behaviours related to content presented in the SLPs.

2.1 FEELING CHALLENGED BY NEW SE CONTENT

The SLPs for each grade will be taught across the four terms. An indication of where the SLPs can be taught **throughout the year** within the ATP is given for each SLP. You may want to find your own appropriate links to the LO learning outcomes in the work schedule. Use the table referred to above to guide your planning.

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

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

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

You are not expected to deal with issues and concerns that your learners raise that should be referred to more professional practitioners like nurses, counsellors or your district-based support team (DBST). The activities suggest where professionals may be consulted to deal with content which you may not be equipped to handle.

2.2 SAFE LEARNING SPACES

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

Teaching and learning aids used to convey relevant lesson content may include models of the human anatomy or explicit posters of harmful diseases. You may feel culturally, religiously or ethically challenged when teaching some of the content using these teaching and learning aids. Your learners may have similar feelings. The most important consideration **must** be how important it is for your learners to know and understand the content, and how they are likely to be more disadvantaged from not being exposed to the specific content. Again, you are encouraged to share your concerns and seek advice from your colleagues, local clinic or professional resources to get the support you need to teach the material effectively.

Values and attitudes are intangible qualities which can be observed and measured. You may consider allowing your learners to express what they would like to see happening in the classroom. Don't feel threatened by strong opinions or views from your learners. If activities are set up to do this, let your learners work together to find their comfort zones. There are no right or wrong responses. What is most important is to pitch the content at a level at which learners can internalise it so that they are able to show a change in behaviour. Activities and messages are given to create a positive experience in the classroom.

The classroom often extends into the home

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

2.3 MANAGING DISCUSSION IN THE CLASSROOM

Classroom discussions are contextualised in the activities; they are controlled, stimulated and encouraged through activities. There is no reason for you to feel unsupported or at a loss about what needs to be taught. All relevant and appropriate content is provided. For some activities, learners will be expected to do their own research. Some learner activities encourage learners to do their own research or find out more about certain content. You need to provide a sense of safety in the classroom, so that discussions are valuable, healthy and beneficial to all learners.

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

Some activities ask learners to keep a journal of their experiences, decisions, challenges, fears and strengths in relation to what is being learned. This will assist you in monitoring learners' responses.

In large classes it is not possible for every group to give feedback back on every activity. The time allocated will only allow for only some groups to give feedback on their group discussions. Manage group report backs in a way that all learners hear all the feedback and can make notes on what they have not discussed in their group.

Also, find a way to rotate group feedback over all activities so that by the end of the SLPs all learners have had a chance to feedback on their discussions.

2.4 MONITORING PEER DISCUSSIONS AND ENGAGEMENTS

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

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

2.5 BUILDING THE CONFIDENCE OF LEARNERS

Learners in this age group typically go through various stages of development at different times, which means that in any class levels of maturity and associated behaviour are diverse. Here are some useful characteristics to consider for this developmental stage.¹²

12 The numerous research articles used to compile these lists of characteristics are provided in the Bibliography.

INTELLECTUAL

- Abstract thinking becomes more common with older teenagers. They are able to identify right from wrong and good from bad but will often move in the grey areas between the two extremes.
- They are more open to dealing with content on issues they have an interest in. They will engage with learning opportunities that expand their logic and reasoning abilities, although they may still struggle to match their thinking abilities with their actions. This manifests in them being able to talk intelligently on some issues but having trouble with planning or executing decisions or instructions.
- Their thinking is more future-orientated. They are likely to have visions of what would make the world a better place, especially their immediate environment.
- Learners in this stage of development are better able to understand different points of views and are open to other perspectives and ideas.
- Many older teenagers will use their new intellectual capacity to challenge parents' thinking and their rules. This is to do with them separating from their parents and becoming independent.

EMOTIONAL

- They experience a range of - often exaggerated - emotions.
- Teenagers don't typically like physical affection from their parents. Many do, however, like a lot of physical affection from their friends.
- They tend to seek privacy and time alone. Concerns about physical and sexual attractiveness surface in this developmental stage.
- They begin to integrate both physical and emotional intimacy in relationships.
- They may start dabbling in serious risk behaviour, such as self-harm, drinking alcohol, trying drugs, and having unprotected sex.
- They see what their peers are going through and may be influenced to imitate them. Some are struggling with difficult issues.
- They may feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.
- They show more independence from parents but still need parental guidance and support.
- Self-esteem is affected by success in school, sports, and friendships. Teens tend to compare themselves with others, and they might form false ideas about their body image. The influence of TV, magazines, and the Internet can add to a teen's poor body image.

PHYSICAL

Physical development can be very different across ages in this phase. Physical maturity happens at different rates. Older teenagers typically look physically older than they are and can be mistaken for people much older than their actual ages. For this reason some teenagers find themselves in troubling situations, especially when forming relationships.

Biologically, teenagers experience difficulties with managing their "awake" time and have trouble waking up in the morning, mostly because they stay up later. This often hinders their development.

Physical development between boys and girls is different. Most girls will be physically mature by now, and most will have completed puberty. Boys might still be maturing physically during this time. Girls in particular have strong perceptions about their body size, shape, or weight which, if not monitored, can manifest as eating disorders.

SOCIAL

- At this age, there is less emphasis on groups of friends or cliques, and friendships and romance become more important.
- Older teenagers are less influenced by peer pressure and they seek advice from older, more experienced persons. They are more likely to seek advice from experts than from their parents when they want to know or do something.
- There is a strong influence from friends regarding clothing, styles, music, and fads in this phase of development.
- Many teenagers pair off into couples. They have a deeper capacity for caring and sharing and for developing more intimate relationships. Dating becomes more pervasive, and for some there is greater comfort with developing intense romantic relationships.
- This means that they spend less time with parents and more time with friends.

MORAL

- At this age they are more able to think about and understand abstract ideas such as morality.
- During this time, the individual is developing his or her unique personality and opinions. Relationships with friends are still important, yet other interests emerge as they develop a clearer sense of who they are. There are higher levels of independence and more readiness to assume responsibility. There may be heightened confidence in making a success in the world of work and many are already thinking about or preparing to leave home soon after high school. It is also a time of extreme frustration for young people who are not or cannot be economically and financially independent.

2.6 FACTORS THAT IMPACT ON LEARNER PARTICIPATION

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



This graphic will help you make links between the factors you find in your classroom and/or school and what possible measures you can put in place to address those factors.

For example:

- If educators' attitudes aren't open-minded, learners might struggle to participate fully because they feel judged.
- A teacher who is well-prepared and who provides good feedback to learners during class discussions will increase the confidence of learners to discuss difficult SE content.
- Learners come from different cultural and religious backgrounds, and will interpret the discussion on SE issues against those backgrounds. The teacher's role is to facilitate the different opinions that emerge during discussion with learners. This builds confidence, facilitates participation from learners, and builds mutual tolerance and respect between learners from different backgrounds or contexts.

3. MANAGING DIVERSITY

The SLPs take an inclusive approach to strengthening teaching, learning and assessment for Sexuality Education. This is done by modelling good teaching approaches for new content and providing model assessment tasks. The SLPs also support educators to motivate for behaviour change and good decision-making about sex, sexuality, HIV and other STIs, and reproductive health.

There are a number of considerations that should be taken into account when accommodating and responding to barriers to teaching and learning encountered by educators in the classroom:

3.1 INCLUSIVE CLASSROOMS

Your classroom must be accepting of all learners. As an educator, ask yourself the following questions:

- a. Will learning and engaging with each other in activities build social skills, encourage respect and tolerance of different views, and foster empathy?
- b. Does the learning context promoting interaction equally for all learners?
- c. Is learning promoting effective communication, including assertiveness and informed decision-making?
- d. What can be done to ensure empathy for those who are affected by the issues covered by the SLPs?
- e. Do activities foster collaboration and learning together?
- f. Are the backgrounds, cultural views and experiences of all learners valued?
- g. Are opportunities provided for learners with barriers (emotional, intellectual, social, physical, etc.) to participate fully?
- h. Do all learners participate equally in group activities?
- i. Is the report back on group discussions shared by all learners?

3.2 DIFFERENT AGES AND EXPERIENCES

The SLPs have been designed to gradually introduce the content at a level that is appropriate for each grade, taking into consideration the diverse individual experiences between learners.

- a. All teaching and learning needs to be age-appropriate, and given at the level that learners are ready to receive it. You will be able to use the SLPs within and across the three grades to assist with correct pitching of the content.
- b. Your learners' experiences and knowledge about CSE will influence your teaching and discussions.
- c. Home influences impact on experiences and perceptions of learners about sexuality. The SLPs can be used to create a safe context for learners to deal with challenging sexuality education concepts. In older learners, peer influences play an important role in decision-making.

- d. There is room for diverging points of view; as an educator, you need to ensure that the environment remains respectful and safe for open discussion.
- e. Parents/care-givers need to feel confident that you are able to teach these difficult concepts and are dealing with the divergent feelings of learners.
- f. The practical approach to teaching taken in the SLPs will help you bring learners of different ages and experience into a common learning space. The practical approach aims to address the needs who are at varying stages of maturity and readiness.

3.3 LANGUAGE

- a. The activities in the SLPs have been written in a style that is appropriate to the level of understanding of your learner. Information is presented in a variety of different forms. Some learners may find it easier to interpret texts that are given in visual formats, such as comic strips, graphic representations, etc. Learners may also present their thoughts visually, by, for example, using pictures, drawings, etc.
- b. Keep in mind that for many learners, English language competence may affect their readiness or ability to express their thoughts, feelings or decisions and influence their confidence to engage difficult topics.
- c. It is not possible to cater for the language levels of individual learners. The language competency levels of your learners are too diverse to allow for this. You will need to facilitate these activities as you would do all other subject lessons, so that your learners participate fully.
- d. Many of the SLPs have included suggestions for linkages to other subjects.
- e. What your learners write and the journals they are encouraged to keep may be used as part of the language written work.

4. PARENTAL INVOLVEMENT AND CONSENT

- a. In the context of learning about the effects of HIV and AIDS and other STIs, it is necessary to consider that many homes may have no parents and that child-headed- homes are a reality in many of our communities. The household situation of each learner is an important consideration when planning to teach CSE.
- b. Some activities require that learners engage with their siblings and/or parents and/or caregivers at home or in their communities. Many family members may have their own views or prejudices about their children dealing with some of the content in the SLPs. For this reason, the SLPs have been linked, very clearly, to the content of the LO CAPS. A separate outreach to parents and community members has been planned as part of the roll-out of the CSE SLPs.
- c. The school management team (SMT) plays a crucial role in sharing what the SLPs are about and what their purpose within the LO CAPS is with parents and other stakeholders in the school. Use the eight core messages to share what learners will be taught about Sexuality Education when doing the SLPs.
- d. All educators and learners should treat discussions as confidential. If any points of discussion are shared beyond the classroom, this should be with permission, and without disclosing who said what. The exception to this is when a learner may be in danger and in the best interest of the child action needs to be taken.

NOTE TO EDUCATOR

- Below is a breakdown of the CAPS topics with the associated content from the SLPs, and how each topic and its content can be taught across the year in an integrated manner.
- Each SLP has been developed to be covered in ONE HOUR, with the exception of two lessons in Grade 10 that are allocated 90 minutes, for extended learner application. Schools have different timetable allocations for LO, e.g. 30 minutes, 45 minutes or 60 minutes. The indication of time given here for the SLPs will allow you to fit the SLPs into the total amount of time allocated for LO in the CAPS.
- Remember the SLPs are to be taught across all four terms, as part of the CAPS content dealing with the specific content included in the SLPs.

Appendix 1: SLPS at a glance

GRADE 10

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Strategies to enhance self-awareness, self-esteem and self-development: factors influencing self-awareness and self-esteem including media <ul style="list-style-type: none"> Strategies to build confidence in self and others: communication, successful completion of tasks or projects, participation in community organisation or life, making good decisions and affirmation of others Acknowledge and respect the uniqueness of self and others and respect differences (race, gender and ability) Value of participation in exercise programmes that promote fitness: cardiovascular fitness, muscular strength, endurance and flexibility Relationship between physical and mental health 	10.1 Developing my self-confidence	<ul style="list-style-type: none"> Revisit SMART goals Identify important elements that contribute to self-confidence Recognise the impact different forms of media can have on self-confidence, self-awareness, and self-esteem Identify ways the media can positively or negatively influence teenagers' self-confidence Describe what it means for us to respect differences and the uniqueness of each person, including race, sex, sexual orientation, gender and abilities Create constructive self-esteem messages for teenagers Create strategies that strengthen your own and others' self-confidence Identify the positive effects on our overall well-being when we do physical activities regularly Reflect on your own level of self-confidence and how to strengthen it 	1.5 hr	Term 1 Week 1-3

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Definition of concepts: power, power relations, masculinity, femininity and gender <ul style="list-style-type: none"> Differences between a man and a woman: reproduction and roles in the community, stereotypical views of gender roles and responsibilities, gender differences when participating in physical activities 	10.2 Understanding power. Getting to share it.	<ul style="list-style-type: none"> Understand and apply to concrete examples these concepts: power, power relations, masculinity, femininity and gender, with particular emphasis on looking at: <ul style="list-style-type: none"> Differences between a man and a woman: <ul style="list-style-type: none"> Reproduction and roles in the community Stereotypical views of gender roles and responsibilities Gender differences in participation in physical activities 	1 hr	Term 1 Week 1-3
Development of the self in society	<ul style="list-style-type: none"> Definition of concepts: power, power relations, masculinity, femininity and gender <ul style="list-style-type: none"> Influence of gender inequality on relationships and general well-being: sexual abuse, teenage pregnancy, violence, STIs including HIV and AIDS 	10.3 Gender, equality and healthier relationships	<ul style="list-style-type: none"> Recognise how gender inequality can lead to more people being sexually abusive and violent, more unintended teenage pregnancy, and to acquiring HIV and other sexually transmitted infections (STIs). Recognise how gender equality in relationships leads to more happiness and peace Identify the positive effects on our overall well-being when we do physical activities regularly 	1 hr	Term 1 Week 1-3

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Social and environmental responsibility	<ul style="list-style-type: none"> Contemporary social issues that impact negatively on local and global communities: Concepts: social justice and environmental justice - Social issues: poverty, food security, violence, HIV and AIDS, safety, unequal access to basic resources, lack of basic services (health services) - Harmful effects of these issues on personal and community health 	10.4 Social and environmental justice: we can make a difference	<ul style="list-style-type: none"> Identify HIV and AIDS as a contemporary social justice issue that has local and global impacts Identify ways in which HIV and AIDS impacts negatively on well-being – and identify what needs to be done to turn this around Recognise that those of us living with HIV and AIDS can live fulfilling lives if there is no stigma and we have proper treatment, care and support Identify how the following factors affect those of us living with HIV and AIDS: <ul style="list-style-type: none"> poverty food security violence safety unequal access to basic resources lack of health services 	1 hr	Term 2 Week 4 - 7
Development of the self in society	<ul style="list-style-type: none"> Life roles: child, student, adult, role in family, partner, mother, father, grandparent, breadwinner, employee, employer, leader and follower <ul style="list-style-type: none"> Evolving nature of and responsibilities inherent in each role: how roles change and affect relationships Handling each role effectively: influence of society and culture Changes associated with development towards adulthood: adolescence to adulthood 	10.5 My changing life roles and life goals	<ul style="list-style-type: none"> Identify our different roles in life since birth and into the future, and reflect on each role's responsibilities Reflect on how our changing roles affect our relationships – with ourselves and with others Strategies to manage the influence of society and culture, with a particular emphasis on romantic/intimate relationships 	1 hr	Term 3 Week 1-5

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of self in society	<ul style="list-style-type: none"> Physical changes: hormonal, increased growth rates, bodily proportions, secondary sex/gender characteristics, primary changes in the body (menstruation, ovulation and seed formation), and skin problems <ul style="list-style-type: none"> Emotional changes: maturing personality, depth and control of emotions, feelings of insecurity, changing needs, interests, feelings, beliefs, values and sexual interest Social changes: relationship with family, interaction with social groups, need for acceptance by and dependence on peer group, moving into the workforce and increased responsibilities 	10.6 <i>Understanding sexual interest</i>	<ul style="list-style-type: none"> Review physical, emotional and social changes typically present in transition from adolescence to adulthood Describe how the female and male reproductive systems work Explore physical, emotional and social changes learners experience at their age Differentiate between misconceptions and facts related to sexual interest and safer sex 	1 hr	Term 3 Week 1-5
Development of self in society	<ul style="list-style-type: none"> Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential <ul style="list-style-type: none"> Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape Skills such as self-awareness, critical thinking, decision-making, problem solving, assertiveness, negotiations, communication, refusal, goal setting and information gathering relating to sexuality and lifestyle choices Where to find help regarding sexuality and lifestyle choices 	10.7 Our choices, our decisions	<ul style="list-style-type: none"> Develop skills and strategies to help you think ahead about, plan around, avoid, and be able to do your best to respond to risky situations, including in romantic and sexual relationships Make responsible and protective decisions regarding sexuality and lifestyle choices so you can try the best you can to fulfill your personal potential Identify where you can find help about your sexuality, lifestyle choices, and sexual and reproductive health needs 	1 hr	Term 3 Week 1-5

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of self in society	<ul style="list-style-type: none"> Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential <ul style="list-style-type: none"> Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape Values such as respect for self and others, abstinence, self-control, right to privacy, right to protect oneself, right to say 'No' and taking responsibility for own actions Skills such as self-awareness, critical thinking, decision-making, problem-solving, assertiveness, negotiations, communication, refusal, goal-setting and information gathering relating to sexuality and lifestyle choices Where to find help regarding sexuality and lifestyle choices 	10.8 I know what I want	<ul style="list-style-type: none"> Define assertive communication Identify the steps of assertive communication Apply assertive communication steps to situations related to sexual and reproductive health Differentiate between assertive, passive and aggressive communication 	1 hr	Term 3 Week 1-5
Development of self in society	<ul style="list-style-type: none"> Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential <ul style="list-style-type: none"> Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape Values such as respect for self and others, abstinence, self-control, right to privacy, right to protect oneself, right to say 'No' and taking responsibility for own actions Where to find help regarding sexuality and lifestyle choices 	10.9 Consent, rape and taking action.	<ul style="list-style-type: none"> Define consent Recognise the importance of assertive communication in discussions related to consent Define rape Identify the issues related to rape and steps that can be taken to prevent it Identify the steps one should take after being raped to get the proper care, support and protection 	1.5 hr	Term 3 Week 1-5

GRADE 11

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> • Plan and achieve life goals: apply various life skills as evidence of ability <ul style="list-style-type: none"> - Types of goals: short term, medium and long term; steps in planning and goal-setting; problem-solving skills, perseverance and persistence - Important life goals and prioritising: family, marriage, parenting, career choices and relationships <ul style="list-style-type: none"> - Relationship between personal values, choices and goal-setting 	11.1 My priorities and life goals	<ul style="list-style-type: none"> • Identify interests and values that are important to oneself regarding academic, professional development and personal/sexual and reproductive health (SRH), and life choices • Develop short, medium and long term goals based on priorities • Identify how to allocate time and balance interests in order to achieve personal and professional/academic goals • Write an action plan to be able to achieve goals, including steps, timeline, resources needed and challenges to overcome • Identify how relationships, pregnancy and marriage impact short-, medium- and long-term goals, and how to strategise and plan accordingly 	1 hr	Term 1 Weeks 1-3
Development of the self	<ul style="list-style-type: none"> • Relationships and their influence on our well-being: different types of relationships with different people/groups, and their changing nature <ul style="list-style-type: none"> - Relationships that contribute to or are detrimental to our well-being: <ul style="list-style-type: none"> • rights and responsibilities in relationships • social and cultural views that influence and/or affect relationships • qualities sought in different relationships, and • individuality in relationships - Impact of the media on values and beliefs about relationships 	11.2 Healthy relationships: choosing the right influences	<ul style="list-style-type: none"> • Identify a range of categories of important relationships and unpack what makes them healthy relationships • Discuss what constitutes healthy relationships • Read about relationships and the HIV epidemic in South Africa • Think critically about relationships that are particularly risky • Analyse risky relationships in groups 	1 hr	Term 1 Week 1-3

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Relationships and their influence on our well-being: different types of relationships with different people/groups, and the changing nature of relationships <ul style="list-style-type: none"> Relationships that contribute to or are detrimental to : rights and responsibilities in relationships, social and cultural attitudes and norms that influence and/or affect relationships, qualities sought in different relationships, and individuality in relationships Impact of the media on values and beliefs about relationships 	11.3 Healthy and unhealthy relationships and the media	<ul style="list-style-type: none"> Explore the impact of the media on values and beliefs about relationships Reflect on how media influences our values and beliefs about relationships Discuss both the constructive and harmful ways the media and use of social media can impact on our relationships Examine risks associated with meeting an intimate partner over social media Reflect on the risks of becoming involved with transactional relationships 	1 hr	Term 1 Week 1-3
Development of the self	<ul style="list-style-type: none"> Healthy and balanced lifestyle choices: <ul style="list-style-type: none"> Characteristics of a healthy and balanced lifestyle: physical, psychological, social, emotional and spiritual facets Factors that impact negatively on lifestyle choices 	11.4 Living a balanced lifestyle, staying in control	<ul style="list-style-type: none"> Apply a basic tool to current lifestyle choices: understanding the different facets that go into a healthy and balanced lifestyle Understand that pressure from peers and romantic partners can positively or negatively affect healthy lifestyle choices Understand the human sexual response cycle Analyse situations regarding decision-making around sexual and reproductive health 	1 hr	Term 3 Weeks 1-5

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Healthy and balanced life style choices: <ul style="list-style-type: none"> lack of knowledge and skills; unsafe attitudes and behaviour; unsafe environments and emotional factors Risky behaviour and situations: personal safety, road use, substance use and abuse, sexual behaviour, risk of pregnancy, teenage suicides, hygiene and dietary behaviour, sexually-transmitted infections (STIs), HIV and AIDS and peer pressure 	11.5 Understanding the consequences of risky behaviour	<ul style="list-style-type: none"> Understand risk in the context of sexual well-being Understand what constitutes risky behaviour and how this will affect healthy and balanced lifestyle choices Understand that you are responsible for your choices and actions; victims must not be blamed Identify level of risk within sexual and reproductive health context Identify risk avoidance strategies 	1 hr	Term 3 Week 1-5
Development of the self	<ul style="list-style-type: none"> Positive role models; parents and peers; personal values; belief system; religion; media, social and cultural influences; economic conditions: <ul style="list-style-type: none"> Impact of unsafe practices on self and others: physical, emotional, spiritual, social, economic, political and environmental Individual responsibility for making informed decisions and choices: coping with and overcoming barriers regarding behaviour and seeking support, advice and assistance 	11.6 Positive role models	<p>Healthy and balanced lifestyle choices:</p> <ul style="list-style-type: none"> Characteristics of a healthy and balanced lifestyle: physical, psychological, social, emotional and spiritual facets <p>Risky behaviour and situations:</p> <ul style="list-style-type: none"> personal safety, road use, substance use and abuse, sexual behaviour, risk of pregnancy, teenage suicides, hygiene and dietary behaviour, sexually-transmitted infections (STIs), HIV and AIDS, and peer pressure 	1 hr	Term 3 Week 1-5

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Gender roles and their effects on health and well-being: self, family and society <ul style="list-style-type: none"> Unequal power relations, power inequality, power balance and power struggle between genders: abuse of power towards an individual (physical abuse), in family (incest), cultural (different mourning periods for males and females), social (domestic violence and sexual violence/rape) and work settings (sexual harassment) <ul style="list-style-type: none"> Negative effects on health and well-being Addressing unequal power relations and power inequality between genders 	11.7 Gender, power and violence	<ul style="list-style-type: none"> Review ideas related to power and gender relations Identify different types of violence, abuse and gender-based harm Analyse situations of inequality, abuse of power, gender-based harm and violence Recognise situations of abuse, and identify actions to take and where to get help Understand we need to take responsibility for our actions Be part of a community that stops gender harm and violence and creates safety and peace in its place 	1 hr	Term 4 Week 1-3
Development of the self	<ul style="list-style-type: none"> Gender roles and their effects on health and well-being: self, family and society <ul style="list-style-type: none"> Unequal power relations, power inequality, power balance and power struggles between genders: abuse of power towards an individual (physical abuse), in family (incest), cultural (different mourning periods for males and females), social (domestic violence and sexual violence/rape) and work settings (sexual harassment) <ul style="list-style-type: none"> Negative effects on health and well-being Addressing unequal power relations and power inequality between genders 	11.8 Rape – Prevention, Support and Change	<ul style="list-style-type: none"> Understand what rape and sexual assault are Recognise rape as an act of violence and abuse of power Clarify misconceptions about rape, with attention to gender Describe the help that survivors of sexual assault need and how to find it Reject victim blaming under any circumstances Demonstrate compassion and understanding for those who have been affected by sexual violence 	1 hr	Term 4 Week 1-3

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Gender roles and their effects on health and well-being: self, family and society <ul style="list-style-type: none"> Unequal power relations, power inequality, power balance and power struggle between genders: abuse of power towards and individual (physical abuse), in family (incest), cultural (different mourning periods for males and females), social (domestic violence and sexual violence/rape) and work settings (sexual harassment) Negative effects on health and well-being Addressing unequal power relationships and power inequality between genders 	11.9 Taking action against abuse	<ul style="list-style-type: none"> Deepen knowledge about gender-based harm and violence and activities to prevent it Identification of personal actions that we can all take in our personal lives and in our communities to end violence Develop group plans for action that contributes to the <i>16 Days of Activism for No Violence Against Women and Children</i> campaign 	1 hr	Term 4 Week 1-3

GRADE 12

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Democracy and Human Rights	<ul style="list-style-type: none"> Responsible citizenship: <ul style="list-style-type: none"> Evaluating own position when dealing with discrimination and human rights violations, taking into account the Bill of Rights: participation in discussions, projects, campaigns and events which address discrimination and human rights violations Evaluation regarding outcomes of campaigns and events 	12.1. Our Needs and Our Rights, Taking Action	<ul style="list-style-type: none"> Understand responsible citizenship, and active citizenship in the context of the Bill of Rights Explore your values in relation to discrimination and human rights violations Analyse and evaluate what made the South African campaign to ensure the human right of pregnant women living with HIV to receive antiretroviral treatment to prevent mother-to-child transmission (PMTCT) successful Create ideas for a school-based sexual and reproductive health rights campaign topic linked to the Bill of Rights 	1 hr and 1 hr	Term 1 & 2 Week 1-4
Development of the self	<ul style="list-style-type: none"> Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives: <ul style="list-style-type: none"> Lifestyle diseases as a result of poverty and gender imbalances: cancer, hypertension, diseases of the heart and circulatory system, tuberculosis, sexually transmitted infections including HIV and AIDS Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour Intervention strategies: prevention and control, early detection, treatment, care and support 	12.2 Human factors affecting our health – and what we can do about them	<ul style="list-style-type: none"> Understand and analyse how human factors can cause ill-health, crises and disasters Identify risk and protective factors. Create intervention strategies as part of protecting our well-being – happiness being part of this 	1 hr	Term 3 Week 1-3

CAPS topic	CAPS sub-topic	SLP lesson	Content	Time allocated	Work schedule term
Development of the self	<ul style="list-style-type: none"> Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives <ul style="list-style-type: none"> Sexually transmitted infections including HIV and AIDS <ul style="list-style-type: none"> Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour Intervention strategies: prevention and control, early detection, treatment, care and support 	12.3 STIs: protecting ourselves, protecting our future	<ul style="list-style-type: none"> Recall and expand knowledge of sexually transmitted infections (STIs) and how to prevent sexually transmitted infections Identify barriers that make it harder to adopt safe sexual health practices Identify enablers that make it easier to adopt safe sexual health practices Identify strategies and actions for prevention and control, early detection, treatment, care and support for STIs as part of sexual and reproductive health 	1 hr	Term 3 Week 1-3
Development of the self	<ul style="list-style-type: none"> Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives <ul style="list-style-type: none"> Intervention strategies: prevention and control, early detection, treatment, care and support 	12.4 Looking ahead: my personal protection plan	<ul style="list-style-type: none"> Review of personal goals and how romantic and how intimate relationships fit in with personal goals Conduct a self-assessment of confidence in being able to take protective measures for the range of topics covered in the SLPs <p>Development of a personal plan based on needs identified in self-assessment and review of barriers and supportive conditions that influence one's ability to take protective measures</p>	1 hr	Term 3 Week 1-3

APPENDIX 2: BRIEF LESSON SUMMARIES

Grade 10 Brief summaries

Grade 10 lessons	Brief summary
10.1 Developing my self-confidence	The lesson will begin with a brief review of Grade 9 SMART goal-setting, sexual and reproductive health and well-being. During the lesson learners will develop a more in-depth understanding of self-confidence and what may weaken or strengthen their self-confidence. Learners will identify media messages around race, sex, sexual orientation, gender and abilities linked to romantic/sexual relationships, and how they can affect self-confidence, self-esteem and self-awareness. Learners will make up their own media messages to show that equality can result in healthy and satisfying romantic/sexual relationships. Finally, learners will identify strategies for building self-confidence, well-being and happiness in their transition from puberty to adolescence and young adulthood. The spotlight will turn to promoting healthy romantic relationships through good self-confidence.
10.2 Understanding power. Getting to share it	In this lesson, learners will explore how power inequality in romantic and sexual relationships can harm people's physical and emotional well-being. The activities are designed to encourage critical thinking around power: the abuse of power and the democratic use of power. They will explore why people in unequal relationships have a higher risk of getting or passing on, STIs, including HIV; and are exposed to an increased risk of unintended pregnancy, and violence and abuse – or being a victim of it. They will see that equality in relationships is important for happy relationships
10.3 Gender, equality and healthier relationships	Learners will explore ways to practice gender equality in relationships, starting with their families. They will move on to discuss romantic relationships. Next they will analyse how both equal and unequal gender power relations contribute to the risk of STIs, including HIV, unintended teenage pregnancy, and gender-based harm. They will work in groups to come up with some ideas that promote gender equality in romantic relationships, which they will present to the class. They will also go out and interview people at home and in their communities to get their views on gender relations.
10.4 Social and environmental justice: we can make a difference	<p>The lesson will present a young woman's true story for learners to analyse in the bigger picture of HIV as a social justice and environment justice issue. The story teller has a cousin and aunt who are living with HIV. The story will help us to understand many of the challenges those of us who are living with HIV face, including stigma and self-stigma.</p> <p>HIV and AIDS is a local and global issue. It is everyone's issue. It affects families, school, our economy, our leaders, our people, and our everyday lives. It is also a global issue, affecting millions of people around the world. The activities in this lesson will encourage learners to think about what they can do at a personal level to stop stigma, and support friends and loved ones living with HIV.</p> <p>It will also explain why it is important that we know our HIV status.</p> <p>Finally, learners will gain a critical thinking tool to apply to their sexual and reproductive health (SRH) in order to promote their own well-being and encourage good decision-making around their SRH.</p>

Grade 10 lessons	Brief summary
10.5 My changing life roles and life goals	In this lesson, learners will identify the various roles they have played from birth until now. They will reflect on how their roles and responsibilities might change in the future, and how relationships change too. Learners will examine how with sexual relationships they are responsible for protection, and how to prevent pregnancy and sexually transmitted infections (STIs), including HIV. They will identify different pressures in their lives and come up with strategies for making choices that are conducive to their own well-being.
10.6 Understanding sexual interest	<p>Learners will review the physical, emotional and social changes that take place in puberty, and the changes most experience in their transition through adolescence to young adulthood. They will have an opportunity to reflect on the changes they have experienced so far, and how these have made them feel, as well as the influence these changes have had on them. They will also get more information on reproductive health, including fertility awareness.</p> <p>Learners will focus on sexual feelings, and clarify some common myths and misconceptions about sexual interest. They will apply their learning by creating a comic to illustrate points related to misconceptions, and to provide correct information about sexual feelings and interest.</p>
10.7 Our choices, our decisions	<p>This lesson encourages positive decision-making strategies during the learner's natural time of experimentation and striving for independence. The learners will work with a story to help them think about their values and strategies, in order to make responsible decisions for their well-being.</p> <p>The lesson focuses on responsible and protective decision-making in regard to sexuality and lifestyle choices, so that learners can try their best to fulfil their personal potential. The story scenarios implicitly highlight and acknowledge how learners, as adolescents, have to cope with change. It focuses on the importance of making decisions regarding sex before it happens spontaneously, and the importance of effective communication about sex. The lesson stresses the importance of having friends who share common values, rather than friends who exert negative peer pressure.</p> <p>It is critical that you make it clear throughout the class discussions that everyone has the right to their own sexual orientation. Sexual orientation is not a decision or choice that one makes. One makes choices and decisions about sex.</p>
10.8 I know what I want	Learners will begin the lesson by deepening their understanding of different styles of communication; for example passive, assertive and aggressive communication. They will examine the differences between these styles of communication. They will come to see the benefits of using assertive communication in different situations. Learners will be introduced to a tool on how to communicate assertively and will put it into practice by applying it to different sexual and reproductive health situations.
10.9 Consent, rape and taking action.	Building on the previous lesson on assertive communication, learners will consider the definition of rape and explore aspects of consent from several perspectives (their own perspective, the perspective of the opposite sex, and what the law says about young people and consent). The lesson also looks at victim blaming and challenges the attitudes that enable this to occur. The lesson offers learners an opportunity to change their attitudes and behaviour and to appreciate that everyone can play a part in reducing the harmful impact of rape. Finally, the lesson offers practical information, such as what to do if someone is raped.

Grade 11 Brief summaries

Grade 11 lessons	Brief summary
11.1 My priorities and life goals	During this lesson, learners will link their priorities and goals to the choices they make now and for the future, with particular attention to their values around sexual and reproductive health (SRH). Activities will help learners to consolidate and deepen their reflection on their goals and how to achieve them. They will do this both on their own and with peers, family and friends.
11.2 Healthy relationships: choosing the right influences	<p>In this lesson, learners will think critically about the ingredients of healthy relationships and relationships that are harmful to their well-being. Learners will examine relationships across five main categories of relationships, and discuss the rights and responsibilities that are part of healthy relationships.</p> <p>Learners will reflect on and identify relationships that are potentially harmful to their well-being. They will work with their peers to examine what makes these relationships unhealthy or risky. There is a particular focus on relationships with a big age difference between partners, and the power dynamics that occur when gifts and other benefits are expected (transactional relationships) in exchange for sex. These ideas are directly linked to South Africa's current HIV epidemic, and the factors that place young people, and particularly young women, at risk.</p> <p>For homework, learners will identify what they personally want for their relationships, and set limits for firm expectations from romantic relationships. These could be applied to different types of relationships but the focus in this lesson is on romantic/sexual relationships.</p>
11.3 Healthy and unhealthy relationships and the media	<p>In this lesson, learners will be encouraged to think critically about the way that the media influences their values and beliefs about relationships. The lesson begins with an activity that explores the influence of media in general on personal relationships, and continues in the next activity to consider the positive and negative effects of social media in learners' lives and relationships. In the final activity, learners will reflect on an example of a personal advertisement for a transactional relationship, found on social media. They will consider the possibility of negative consequences that could result in engaging in that type of relationship.</p> <p>Finally, learners will continue to reflect on what they want for their own relationships in a homework assignment that encourages them to evaluate the positive and the potentially negative side effects of social media on their relationships, and ways in which they can protect themselves and others while using social media.</p>

Grade 11 lessons	Brief summary
11.4 Living a balanced lifestyle, staying in control	<p>This lesson has two themes. First, learners will identify the characteristics of a healthy and balanced lifestyle. They are building on prior knowledge that being happy and healthy includes paying attention to all of the interlinked aspects of their unique selves: their physical, psychological, social, emotional and spiritual dimensions. As part of this, learners will also explore factors like negative peer pressure that could impact negatively on their lifestyle choices, and possibly affect their ability to achieve their goals and dreams.</p> <p>This lesson also provides learners with the opportunity to understand how their body responds to feelings and touch (human sexual response), to be better prepared for decisions about sexual activity, and to protect themselves. Learners will discuss the importance of freezing the moment before and during sexual activity so they can choose protective behavior.</p> <p>Stories, photographs and drawings are used to prompt and assist learners to work out their own unique choices and decisions.</p>
11.5 Understanding the consequences of risky behaviour	<p>This lesson will examine the definition of risk and the types of behaviour and situations that put one at risk. After analysing a dialogue about a risky situation and its consequences, learners will develop their own dialogues/role-plays on risky behaviour. The lesson will provide learners with the opportunity to reflect on their own behaviour that could be risky and identify ways to reduce this risk.</p>
11.6 Positive role models	<p>This lesson deals with the importance of having positive role models in our lives and how they influence us. Learners will explore the qualities of a good role model, and the importance of having positive role models in life. They will learn from activists, many of whom are involved with HIV and AIDS activism, or have influenced our perception about gender roles. These activists have overcome their own barriers. Learners will also explore their personal potential to become role models, and identify their barriers and ways to overcome them. This includes identifying the kind of support, advice and assistance they need, and where they might get it. This lesson wraps up by discussing the important role mentors can play in our lives.</p>

Grade 11 lessons	Brief summary
11.7 Gender, power and violence	This lesson will focus on the abuse of power that can result from unequal gender power relations and unequal power relations more generally. The class will first review an important thread of concepts related to gender, power, and violence that they have covered in grades 10 and 11, in order to build on the ideas presented in those lessons. They will then consider forms of gender based violence (GBV) and harm that they are aware of. Based on this reflection, learners will work in groups to respond to common scenarios, while simulating a community radio talk show. The exercise will highlight a range of abuses of power, with particular attention to sexual harassment and other forms of abuse, gender-based harm and violence.
11.8 Rape – prevention, support and change	The lesson will focus on what rape is, how to prevent rape, and what to do if you or someone close to you is raped. It will look at some of the causes of gender-based harm in our country and mechanisms to try and prevent it. The key message that learners should take away is that under all and any circumstances, rape is wrong. Do not rape.
11.9 Taking action against abuse	This lesson will focus on both personal action as well as collective action to end gender based violence (GBV). Applying the knowledge and awareness developed in the previous lessons and using their own creativity, learners will plan actions for the campaign of <i>16 Days of Activism for No Violence Against Women and Children</i> . In doing this, they will increase their knowledge, have an opportunity to examine their values, beliefs and attitudes around GBV, enhance their skills for creating effective messages, and plan for the execution of group action. In Lesson 11.8 homework and assessment tasks, learners began to identify ways of taking action against any form of GBV – with a particular focus on rape. The activity in this lesson builds on ideas generated by learners during and after Lesson 11.8, but focuses on planning for participation in an actual campaign.

Grade 12 Brief summaries

Grade 12 lessons	Brief summary
12.1 Our needs and our rights, taking action	<p>In this lesson, learners will explore concepts related to sexual and reproductive health rights (SRHR). They will be exposed to a very successful South African human rights campaign. They will then develop their own campaign.</p> <p>The lesson takes place in three parts. Part 1: Introduction to a Health Campaign will take place in this lesson. Part 2: Presentation Day can take place at any time appropriate, when learners have developed their campaigns. Part 3: Delivery of campaign activities will be an extra-mural activity, unless special arrangements have been made.</p> <p>The time allocation is indicated as 1 hour + 1 hour (2 hours) across Terms 1 and 2 so that enough time is given to learners to evaluate a campaign, plan their own campaigns and then present their plans.</p> <p>Part 1: Introduction to a Health Campaign: Learners will discuss concepts and examples of responsible citizenship, discrimination and related rights, under the South Africa Bill of Rights, starting with their own experiences. To motivate and inspire active and responsible citizenship, learners will evaluate an advocacy campaign that was taken all the way to the Constitutional Court, where all pregnant women living with HIV, won the right, under the Bill of Rights, to receive antiretroviral treatment to prevent mother-to-child transmission (PMTCT) of HIV. Learners will then begin to plan their own campaign, beginning with the identification of a problem or need related to sexual and reproductive health (SRH). They will apply a planning process to define their activities, audience, messages, and mode of delivery. Tools are provided in their Learner Books to support the planning process. Learners may need time outside of the classroom to plan and prepare their campaign strategies.</p> <p>Part 2: Presentation Day: On a date set by the educator as part of the Annual Teaching Plan (ATP), a class session will be held, in order for each group to present their campaign designs and plans. During this session, learners will listen to each other's presentations on what they plan to do, and provide feedback to each other. Based on the feedback, they will revise their plans to implement their campaign, if needed.</p> <p>Part 3: Delivery of campaign activities: This will not take place during class time. Learners are provided with an opportunity to organise their own presentation day, which could be a special school activity, where the learners' campaigns are presented to their peers in other classes, or even to the whole school learner body. Groups will have an opportunity to evaluate their team work and the effectiveness of their campaign activities using the self-assessment tool provided in their Learner Books. As a motivation to work on their presentations, the best campaign could become the school's activity towards <i>Worlds Aids Day</i> celebrated on 1st December as part of the schools' calendar.</p>
12.2 Human factors affecting our health – and what we can do about them	<p>This lesson will explore a range of human factors that influence our health in both positive and harmful ways. Learners will have the opportunity to think critically about the roles that gender inequality/equality, poverty, as well as social, cultural and religious factors, play either as risk or protective factors for their well-being.</p> <p>Learners will identify lifestyle issues and habits that can affect their well-being both positively and negatively. They will analyse scenarios related to SRH, and all aspects of well-being. This will include identification of positive intervention strategies (protective actions).</p>

Grade 12 lessons	Brief summary
12.3 STIs: protecting ourselves, protecting our future	<p>In this lesson learners will learn more about sexually transmitted infections (STIs), their signs and symptoms, and what to do if they suspect they have an STI, including HIV. They will have the opportunity to test their knowledge and engage in an interactive session on the topic. The content covers specific infections, prevention, and care seeking for early detection and treatment. It also covers the importance of partner treatment, and specific information related to HIV testing and STI treatment.</p> <p>Learners will have the opportunity to:</p> <ul style="list-style-type: none"> Consider the barriers and enabling conditions that are currently in place for their well-being. Assess their personal actions and intervention strategies to prevent getting STIs, including HIV. Look at strategies for early detection of STIs if they have been sexually active, in order to get treatment, care and support.
12.4 Looking ahead: my personal protection plan	<p>This is the final session in this series of comprehensive sexuality education (CSE) lesson plans. Learners will have the opportunity for a final reflection on their life goals, and how romantic and intimate relationships fit in. Learners will conduct a self-assessment exercise, reviewing all of the areas of protective practice that have been covered throughout the lessons, related to healthy relationships, prevention of STIs and unintended pregnancy, HIV prevention and testing, and harmful, coercive and abusive relationships. They will identify areas where they feel strong, and areas where they will need to take additional steps, as well as other support they might need. To do this they will reflect on barriers and enabling or supportive conditions, building on the process they began in lesson 12.3. Based on this self-assessment process, each will complete a personal protection plan, which they can draw upon in years to come.</p>

APPENDIX 3: OVERVIEW OF ASSESSMENTS – GRADES 10-12

Grade 10

Lesson	Title of SLP	Type of assessment	Form of assessment
10.1	Developing my self-confidence	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal • Educator, Informal • Self, Informal 	<ul style="list-style-type: none"> • Question and Answer: recall of information • Test your knowledge • Presentations • Practical engagement in groups • Written task
10.2	Understanding power. Getting to share it.	<ul style="list-style-type: none"> • Educator, Informal • Self, Informal 	<ul style="list-style-type: none"> • Class discussion • Pair work • Small group work • Pair/group discussion • Written tasks • Individual tasks
10.3	Gender, equality and healthier relationships	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Group discussion/ brainstorm • Written task • Groupwork • Presentations • Activity log • Survey
10.4	Social and environmental justice: we can make a difference	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Brainstorm • Interpretation of visuals • Group discussion • Pair work • Mind map • Written task
10.5	My changing life roles and life goals	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Individual work • Group discussion • Pair work – Interviews • Written task • Groupwork • Brainstorm • Mind map • Practical task – leaflet design
10.6	Understanding sexual interest	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Discussion on tasks related to reproductive health • Written task • Interpretation of visual • Visual presentation (cartoon)

Lesson	Title of SLP	Type of assessment	Form of assessment
10.7	Our choices, our decisions	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Group discussion • Group work • Written task
10.8	I know what I want	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Brainstorm • Written task • Group role play
10.9	Consent, rape and taking action.	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Visual presentation using video • Class discussion on content of video • Whole group discussion • Passage analysis - understanding concepts • Brainstorm

Grade 11

Lesson	Title of SLP	Type of assessment	Form of assessment
11.1	My priorities and life goals	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Class discussion • Written task • Pair discussions • Class discussion (on homework task) • Written task
11.2	Healthy relationships: choosing the right influences	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal • Self, Informal 	<ul style="list-style-type: none"> • Class discussion • Group work brainstorm • Work in pairs • Written task • Peer feedback
11.3	Healthy and unhealthy relationships and the media	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal • Self, Informal 	<ul style="list-style-type: none"> • Class discussion • Group discussions • Written task • Presentations
11.4	Living a balanced lifestyle, staying in control	<ul style="list-style-type: none"> • Educator, Informal • Peers Informal • Self, Informal • Individual, Informal 	<ul style="list-style-type: none"> • Group discussion • Written task • Pair work • Class discussion • Groupwork

Lesson	Title of SLP	Type of assessment	Form of assessment
11.5	Understanding the consequences of risky behaviour	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Pair work • Class discussion • Written task • Pair discussions • Role play • Presentations
11.6	Positive role models	<ul style="list-style-type: none"> • Peer, Informal • Educator, Informal • Self, Informal 	<ul style="list-style-type: none"> • Class discussion • Written task • Research task • Project
11.7	Gender, power and violence	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Class discussion • Group work • Role play • Written task
11.8	Rape – Prevention, Support and Change	<ul style="list-style-type: none"> • Educator, Informal • Peer, informal 	<ul style="list-style-type: none"> • Question and answer task • Class discussion • Oral presentation • Brainstorm • Written task
11.9	Taking action against abuse	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Class discussion • Written task • Group work

Grade 12

Lesson	Title of SLP	Type of assessment	Form of assessment
12.1	Our Needs and Our Rights, Taking Action	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal • Self, Informal 	<ul style="list-style-type: none"> • Question and answer task • Written task • Group discussions • Evaluation of research • Design and planning campaigns • Presentations of campaign design and planning
12.2	Human factors affecting our health – and what we can do about them	<ul style="list-style-type: none"> • Educator, Informal • Peer, Informal • Individual, Informal 	<ul style="list-style-type: none"> • Class discussion, groupwork and presentations • Groupwork. • Written task – analysis of text

Lesson	Title of SLP	Type of assessment	Form of assessment
12.3	STIs: protecting ourselves, protecting our future	<ul style="list-style-type: none"> • Educator, Informal • Self, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Recall and knowledge check • Knowledge recall test • Question and answer • Written task – text analysis and response
12.4	Looking ahead: my personal protection plan	<ul style="list-style-type: none"> • Educator, Informal • Self, Informal • Peer, Informal 	<ul style="list-style-type: none"> • Written self-reflection task • Class discussion • Written task: developing health action plans

APPENDIX 4: OVERVIEW OF LEARNER ASSESSMENT TASKS

Grade 10

Lesson	Assessment tasks
10.1	Class discussion on SMART GOALS
	Written test: Test your knowledge – consolidation of content
10.2	Activity A: Consolidation of terms and concepts
	Written task: Dealing with stereotypes
10.3	Activities A and B: Responses to questions and use of group presentations
	Homework: Individual task – conducting a survey and group discussion on concepts
10.4	Individual activity: Dealing with concepts and understanding terms
	Written task: Application of critical thinking tool and supporting own views
10.5	Written task: Comprehension test on key concepts
	Written test: Test your knowledge – consolidation of concepts
10.6	Written task and presentation: Use the cartoon speech bubbles to test conceptual understanding. Presentation of responses.
10.7	Activity B: Written task – testing understanding and application of concepts and strategies.
10.8	Activity A: Group discussion - brainstorm on assertive communication and comprehensive summary of content and concepts across all activities
	Activity B: Written task - use of assertive communication tools and use of rubric to assess group presentations.
10.9	Written test: Test your knowledge - understanding of concepts

Grade 11

Lesson	Assessment tasks
11.1	Written task: Worksheet 11.1.3: Goals and Action Plans - Develop short, medium and long term goals and action plans for your goals
11.2	Written task: Homework 11.2.1: Relationships, getting what you want, knowing what you need.
11.3	Written task: Complete and submit the table in the Homework Assignment.
11.4	Written task: Worksheet 11.4.3: Test your knowledge.

Lesson	Assessment tasks
11.5	Presentation: Role play in Activity B - prepare a dialogue on a selected topic to be presented to the other groups.
	Written task: Complete the risky behaviour assessment activity given in Activity C on risky behaviour.
11.6	Written task: Worksheet 11.6.1: Role Models and their contribution.
	Reading task: Reading 11.6.1: Heroes today, Role Models tomorrow! Assessing reading comprehension reflection on values and attitudes.
11.7	Presentation: Role play in Activity B on the radio talk show.
11.8	Practical task: Develop a slogan that could be used in your school's programme for the national <i>16 Days of Activism for No Violence Against Women and Children</i> campaign.
	Research: Find one example taken from the media of how victims are often blamed for rape. Written task: Draft your own status statement about what you would want to say to correct this way of thinking about people who are raped.
11.9	Written task: Planning activities for an anti-violence campaign

Grade 12

Lesson	Assessment tasks
12.1	Group task: Presentations - planning campaigns.
	Written task: Worksheet 12.1.5 as a self-assessment tool for campaign presentations.
	Individual task: Self-reflection" opportunity for own understanding and internalising of concepts
12.2	Activity B : Group activity – presentation on understanding of key concepts
	Individual consolidation task: Written task – consolidation and explanation of key content and concepts learnt
12.3	Activity A: Written task - recall of knowledge dealt with in the activity
	Activity A Part 2: Written task - uses of questions and answers to consolidate concepts
	Written task: Worksheet 12.3.1 : Tool for analysing, understanding of content and measuring learners' reflection on their own personal barriers and enablers.
12.4	Written task: Activity A as a self-assessment task – individual reflection of goals, intimate relationships and personal plans
	Written task : Worksheet 12.4.2 on My Personal Protection Plan – consolidation of concepts and personal development across previous activities



Lesson 12.1

Our needs and our rights,
taking action

Lesson 12.1	Our Needs and Our Rights, Taking Action
Grade	12
Term	1 & 2 Note: preparation starts in Term 1; learner activities continue into Term 2
Weeks	1-4
CAPS Topic(s)	Democracy and Human Rights
CAPS Subtopic(s)	<ul style="list-style-type: none"> Responsible citizenship: <ul style="list-style-type: none"> Evaluating own position when dealing with discrimination and human rights violations, taking into account the Bill of Rights: participation in discussions, projects, campaigns and events which address discrimination and human rights violations Evaluation regarding outcomes of campaigns and events
Link to other subtopics in CAPS	<ul style="list-style-type: none"> Democracy and Human Rights <ul style="list-style-type: none"> The role of the media in a democratic society: electronic and print media Languages : Interpretation of text; structured written text
This lesson will deal with the following	<ul style="list-style-type: none"> Understand responsible citizenship, and active citizenship in the context of the Bill of Rights Explore your values in relation to discrimination and human rights violations Analyse and evaluate what made the South African campaign to ensure the human right of pregnant women living with HIV to receive antiretroviral treatment to prevent mother-to-child transmission (PMTCT) successful Create ideas for a school-based sexual and reproductive health rights campaign topic linked to the Bill of Rights
Concepts	<ul style="list-style-type: none"> active citizenship campaign civil society discrimination evaluate human rights human rights violations responsible citizenship
Teaching methodologies	<ul style="list-style-type: none"> Knowledge input around concepts Case study analysis and evaluation Class discussion Group work Group presentations
Time	<ul style="list-style-type: none"> Term 1: 60 minutes Term 2: 60 minutes

BRIEF LESSON SUMMARY

In this lesson, learners will explore concepts related to sexual and reproductive health rights (SRHR). They will be exposed to a very successful South African human rights campaign. They will then develop their own campaign.

The lesson takes place in three parts. **Part 1: Introduction to a Health Campaign** will take place in this lesson. **Part 2: Presentation Day** can take place at any time appropriate, when learners have developed their campaigns. **Part 3: Delivery of campaign activities** will be an extra-mural activity, unless special arrangements have been made.

The time allocation is indicated as 1 hour + 1 hour (2 hours) across Terms 1 and 2 so that enough time is given to learners to evaluate a campaign, plan their own campaigns and then present their plans.

Part 1: Introduction to a Health Campaign: Learners will discuss concepts and examples of responsible citizenship, discrimination and related rights, under the South Africa Bill of Rights, starting with their own experiences. To motivate and inspire active and responsible citizenship, learners will evaluate an advocacy campaign that was taken all the way to the Constitutional Court, where all pregnant women living with HIV, won the right, under the Bill of Rights, to receive antiretroviral treatment to prevent mother-to-child transmission (PMTCT) of HIV.

Learners will then begin to plan their own campaign, beginning with the identification of a problem or need related to sexual and reproductive health (SRH). They will apply a planning process to define their activities, audience, messages, and mode of delivery. Tools are provided in their Learner Books to support the planning process. Learners may need time outside of the classroom to plan and prepare their campaign strategies.

Part 2: Presentation Day: On a date set by the educator as part of the Annual Teaching Plan (ATP), a class session will be held, in order for each group to present their campaign designs and plans. During this session, learners will listen to each other's presentations on what they plan to do, and provide feedback to each other. Based on the feedback, they will revise their plans to implement their campaign, if needed.

Part 3: Delivery of campaign activities: This will not take place during class time. Learners are provided with an opportunity to organise their own presentation day, which could be a special school activity, where the learners' campaigns are presented to their peers in other classes, or even to the whole school learner body. Groups will have an opportunity to evaluate their team work and the effectiveness of their campaign activities using the self-assessment tool provided in their Learner Books. As a motivation to work on their presentations, the best campaign could become the school's activity towards *World's Aids Day* celebrated on 1 December as part of the schools' calendar.

KEY POINTS

1. Campaigns are used to raise awareness, build commitment and support for a cause, and to inspire activism.
2. Each of us must decide where we stand and if we are willing to take a stand when it comes to discrimination and human rights violations.
3. Along with rights come responsibilities, these should be identified as the learners develop their campaigns.
4. Understanding and referring to the Bill of Rights in the South African Constitution will make campaign more effective.
5. We can all begin to join and support human rights campaigns that we feel strongly about.



RESOURCES

All resources required for this lesson are in the Educator Guide and Learner Books. There are also some website resources that will assist with background information, as well as references to Section 10 and Section 11 of the Bill of Rights (BoR). Learners can find the full Bill of Rights on the SA Government Website: <https://www.gov.za/documents/constitution/chapter-2-bill-rights>. Bring printed copies of the Bill of Rights, for learners who do not have access to the website.

Additional Resources

Article PMTCT: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934997/>

Audio: Zackie Achmat, one of the founders of Treatment Action Campaign, who lives openly with HIV, gives the background to the Prevention of Mother to Child Transmission (PMTCT) campaign, and other HIV and AIDS campaigns, including the campaign for affordable treatment on: http://www.rothschildfostertrust.com/materials/lecture_achmat.pdf



PREPARATION FOR THE LESSON

- Note that this lesson starts in Term 1. Learners evaluate a campaign and then plan the strategy and design their own campaign activity. This is planned for a 60-minute lesson.
- In Term 2, learners will share their campaign strategy by presenting to their peers.
- Learners may be willing to present their campaigns to their peers or to the school as a whole, depending on how possible this is within the school calendar.
- Review the steps for developing a campaign, and the tools to support the process, to be prepared to respond to questions.
- Be familiar with the basics of the Bill of Rights referred to in this lesson. If you don't have a copy of the Bill of Rights, you can access it here: <https://www.gov.za/documents/constitution/chapter-2-bill-rights>
- The readings provided give you background information to share when you teach the lesson.
- For **Presentation Day** (Activity C) – There are two ways of managing feedback on the presentations to learners. A peer assessment and feedback form has been included. Learners could write their feedback on the group presentations into their Learner Workbooks and then give verbal feedback, or you can make copies of the form, to enable classmates to provide rapid feedback to each group in writing.

Assessment: Lesson 12.1			
Activity	Time	Type of assessment	Form of assessment
Activity A: Active citizen – campaign evaluation	30	Informal, educator- assessment Informal, peer- assessment Informal, self-assessment (reflection)	<ul style="list-style-type: none"> • Question and answer task. • Written task • Group discussions
Activity B: Designing a sexual and reproductive health (SRH) campaign activity	45		<ul style="list-style-type: none"> • Evaluation of research • Design and planning campaigns
Activity C: Presentation of plans for the campaign [Actual presentations can be made to peers any time available in the school calendar]	45	Peer	<ul style="list-style-type: none"> • Presentations of campaign design and planning
TIME	60 + 60		

TEACHING THE LESSON



ACTIVITIES

Activity A: Active citizen

Introduction: In this activity we will learn from a successful health and human rights campaign in South Africa, in order to understand how responsible citizens can take action to ensure that our needs are addressed and our constitutional rights are met.

1. Ask learners to give examples of what they think it means to be a responsible and active citizen. Refer learners to the explanation and examples in **Reading 12.1.1: Responsible and active citizen**. Ask whether anyone wants to give an example of an activity they participated in as a responsible and active citizen.
2. Ask learners to give examples of what they think the word 'discrimination' means. Then refer them to their Learner Books to review the definition in **Reading 12.1.2: Definitions: Discrimination**.

Invite them to share examples. Can they link discrimination to the violation of any specific human rights? Learners may raise their own experiences where they have felt discriminated against, or have witnessed discrimination. Treat their willingness to talk about their experiences with empathy and support. Follow up with these questions in their Learner Books in **Worksheet 12.1.1: How does discrimination make you feel?**
3. Ask the learners if they have ever taken part in a campaign. If yes, ask them to say what they were campaigning for. After their responses, highlight those campaigns that are linked to basic human rights. Ask learners to say which human right they think the campaign is linked to.
4. Explain that they are going to look at a successful campaign that took place some years ago. The Treatment Action Campaign (TAC) demanded that the needs of pregnant women living with HIV and their unborn babies be met, in order to give women access to treatment, and also reduce the number of new infections of HIV among new-borns.

Refer learners to **Reading 12.1.3: A successful campaign** in their Learner Books. The reading is about the Treatment Action Campaign (TAC) winning a case at the Constitutional Court. The Constitutional Court is the highest court in the land. Read it aloud.

Ask learners to form groups. Instruct them to think about what they have read. Then discuss the questions in their Learner Books under **Worksheet 12.1.2: A campaign that changed our lives forever**.

Review their responses together as a class.

5. Read the note from the Learner Books, **Reading 12.1.4: What the TAC did to win treatment access as a result of its campaign**. After reading it, ask learners to evaluate the different methods the TAC used. Explain that when you evaluate something you are analysing it to assess what worked and why.
6. Wrap up the activity with these key points:
 - It is important to know our rights and, where necessary, to campaign to claim them.
 - It is important to research the facts about the right you want to claim.
 - The Bill of Rights (BoR) provides the solid foundation for designing campaigns that aim to ensure the rights of citizens are fulfilled.
 - We can all be responsible citizens and become active in initiating or joining human rights campaigns that we feel strongly about.

NOTE TO THE EDUCATOR

The next lesson deals with media. The focus can be on the TAC's media strategies. The groups could be asked to specifically focus on developing and presenting their media strategies for a school-based sexual and reproductive health (SRH) campaign. Or, learners could be asked to do this as a **homework assignment that they present to each other outside of class**.

Activity B: Designing a campaign activity

1. Introduce this activity, which is to create a campaign for their school. Campaigns are used to raise awareness, build commitment and support for a cause, and to inspire activism. Think about the challenges we have been exploring in the lessons on comprehensive sexuality education (CSE), and brainstorm ideas for a campaign that you think will help young people to have better health and well-being. This could be a topic related to the challenges of adolescence, healthy relationships, violence prevention, pregnancy, or HIV. Ask learners to select a topic related to sexual and reproductive health and rights (SRHR) that they feel strongly about. They should review the steps together in **Worksheet 12.1.3 Planning Your Own Campaign**. Make sure that the learners know what they need to do for each step.
2. Form groups for this activity. Some planning may have to continue outside of class, so it is important to form groups of learners who can work together outside of class if necessary. Tell learners that their groups will be given an opportunity to present their campaign and announce the date you have identified for that presentation. **Worksheet 12.1.4 Campaign Planning Calendar** will guide the design and planning of the campaign.
3. After groups have been working for a few minutes, check in to be sure they are making progress toward identifying the problem they will address.

NOTE TO THE EDUCATOR

If a group is having difficulties thinking of a topic, some ideas could be:

- The needs and rights of schoolgirls around menstruation.
- The rights of learners who are pregnant.
- The rights of learners with special needs.
- Youth friendly and accessible services for all students.
- Access to condoms and contraceptives (including emergency contraception).
- Better support for learners affected by HIV and AIDS.
- A safer school environment.

4. Allow the group to use the remainder of the session to get as far as they can with planning their campaign activity. They may have to complete their plans outside of class, in order to be prepared to present their plans during the next session.

Activity C: Presentation Day

Introduction: Each group will present their strategy and will get feedback from their classmates.

1. Instruct the groups of learners to present their campaign strategy. Each group should have five minutes to present their ideas. For each group, recruit two-three learners to provide written feedback, in addition to comments discussed in class. As the educator, you can also provide feedback, but ensure that each group has the chance to hear from their peers first. If any of the group plans seem problematic, you may need to discuss the plan further with that group.
2. Explain that after groups have presented and been given feedback, they may need to revise their plans. During the break between Terms 1 and 2, learners will have a further opportunity to complete their preparations.
3. Discuss plans for actual delivery of campaign activities during Term 2.



CONSOLIDATION

Review all key points. Wrap up the lesson by encouraging learners to identify the issues they feel passionate about and how they can be involved in pursuing rights as responsible citizens in their area of interest.

Encourage learners to become familiar with the BoR – these are their rights! Consolidate with the key points listed at the beginning of the SLP.

End the lesson by referring learners to the AIDS helpline. The helpline is a resource for any questions or concerns to do with HIV and AIDS, including what happens when you go for an HIV test, treatment care and support, and living positively. It is good to know your HIV status. If you are HIV-positive (HIV+), you can live a healthy life on antiretroviral treatment and have a satisfying relationships as well as healthy pregnancy. When your virus levels are down to undetectable levels, you will not transmit the virus to another person.



Core message:

Ask learners to identify which core messages this lesson deals with

- I respect my own and others' well-being
- I want to be part of a community that stops gender harm and violence and create safety and peace in its place.



HOMEWORK

Learners may need more time to plan, discuss and prepare for their media strategies for a school based SRH campaign.



ASSESSMENT

Learners present their campaign plans. Use the campaign activity as a recorded assessment task.

Worksheet 12.1.5 Campaign Scoring Rubric is a self-assessment tool to help learners assess their campaign presentations. Go through the criteria with learners as part of the preparation for their campaigns. The criteria give learners a sense of what is important in a campaign and what to think about as they plan and design their campaigns.

The self-reflection opportunity at the end of the rubric is to allow learners to reflect on their own thinking about what is important in a campaign. So far the activity has been done in a group but learners may have individual feelings and thoughts they want to include.



RESOURCES

READING 12.1.1: Responsible and active citizens

A responsible citizen is someone who helps people, animals and our planet by promoting for the realisation of the Bill of Rights in our Constitution. A responsible citizen is well informed about the issue they want to take up as an activist or to support. They have done the research and know the facts. By learning the facts you can make a stronger case for what you believe in. You become an activist, an active citizen or a change agent when you stand up against social, economic, or environmental injustices. Your actions will make your school, your community and the world we live in a better place.

Examples of responsible and active citizenship

- Vote in elections
- Report bullying, sexual harassment or any other abuse
- Join a community clean-up campaign
- Join a group that challenges injustice
- Campaign for your school to provide sanitary pads, clean, private toilets, and condoms. These are necessary for your SRH.

READING 12.1.2: Definition - Discrimination

You are discriminated against when you are judged and treated badly. For example, a person or a group may be discriminated against because of their sexual orientation, disability, country of origin, religion, skin colour, health problems or mental health status. Someone living with HIV, a foreigner, or a pregnant learner could suffer from discrimination. When a person is discriminated against, it makes it hard for them to meet their needs and fulfill their rights as human beings, and it is harmful to their overall well-being. When you oppose discrimination, you are taking on the role of a responsible and active citizen.

Learners may raise issues that constitute positive discrimination, which include policies and practices that try to address the imbalances of the past. This type of discrimination favours people previously disadvantaged or tries to correct historically unfair situations. It is also called *affirmative action*.

READING 12.1.3: A successful campaign

Preventing mother-to-child transmission of HIV (PMTCT)

In the early 2000s, a civil society campaign made it possible for pregnant HIV+ women to access treatment which dramatically reduces the number of babies born with HIV.

Statistics show success

According to the Avert (2015) report on the global information and education on HIV and AIDS¹³ on HIV transmission from mother-to-child (MTCT) in South Africa fell to just 1.5% in 2015, a decline from 30% in the early 2000s, which exceeds the national target of 1.8%. The sharp decline in new infections is attributed to improved access to antiretroviral treatment (ART). 91% of expectant mothers living with HIV now receive ART from government clinics to prevent HIV transmission to their child and for their own health.

The increase in the number of women receiving ART has also led to a slight fall in the number of women who died during pregnancy, childbirth or before 42 days of giving birth. The report states that the decline in the number of woman who die during childbirth (called maternal mortality) is due mainly to improvements made in dealing with non-pregnancy-related infections, including HIV-related deaths. As more pregnant women living with HIV access treatment, the number of maternal deaths caused by HIV is expected to continue to decline.

Many more babies are being born HIV negative despite their mothers being HIV positive. Many more women on treatment are surviving childbirth too.

13 www.avert.org/news/south-africa-exceeds-national-mother-child-transmission-target

READING 12.1.4 What the TAC did in its winning campaign

Sharon Ekambaram, a founder member of Treatment Action Campaign (TAC), explained TAC's approach. An edited version of what she said follows:

We empowered people living with HIV

We wanted to empower people living with HIV with the science of this disease. This included understanding how the virus replicates in your body, what treatment is available [antiretroviral treatment (ART)] and how treatment can reduce the virus replicating.

We held treatment literacy workshops

We ran treatment literacy workshops with all TAC members as an activity of the TAC branches. This enabled activists to go out and speak knowledgeably about the virus: what treatment was available, the names of the treatment, explain the cost of the drugs. They could also speak about affordability of the drugs and that pharmaceutical drug companies should not be profiteering from life-saving treatment.

We spread the word about safer sex

In meeting our objectives to reduce the number of new infections, to raise awareness about how HIV is transmitted and what people can do to reduce their risk of contracting HIV, TAC spoke about safer sex and use of condoms. But we also discussed reducing the number of babies born with HIV. We taught about how babies can be infected during and after pregnancy, and how ART works to reduce the risk of babies getting HIV.

A movement of those of us living with HIV

TAC was a movement of people living with HIV. Our principle was: "Nothing about us without us."

TAC conducted workshops throughout the country in poor communities, to trade unions, NGOs and business people explaining the science of mother-to-child transmission prevention of HIV/AIDS. We organised massive marches on each day that the court case was heard both at the High Court and the Constitutional Court.

We wrote letters and picketed

TAC wrote letters to members of parliament and Department of Health at local, provincial and national levels. There was a strong lobbying of the ANC government and we tried to identify sympathisers in government. We also picketed and wrote letters to representatives of the pharmaceutical companies including Pfizer and GlaxoSmithKline.

We worked with doctors and other organisations

TAC worked with a network of paediatricians who formed an organisation or movement called "Save our Babies". They joined TAC on its marches and pickets.

TAC was part of the AIDS Consortium, a membership based network of community-based organisations and nongovernmental organisations working in the field of HIV. Many were doing prevention work and home-based care for people terminally ill and dying of AIDS-related illnesses.

We used media to get our messages across

Our activists produced posters with strong powerful messages. This was in the era just before social media, but TAC had a website.

We spoke on radio stations and ran workshops for journalists to teach them about the science of HIV. We also explained why words like “AIDS sufferers” was not the way to describe someone living with HIV. We highlighted human dignity and addressed stigma. The HIV-positive T-shirt was the most powerful. It openly identified and pledged solidarity with people living with HIV. It captured the reality that we are all living with HIV whether we are affected or infected. Talking openly about HIV was a critical aspect of this campaign to work against the shame that was associated with HIV.

We spread the important message that ARVs offered hope. That HIV was not a death sentence.

TAC also spoke about why women are at greater risk of contracting HIV because of the unequal gender power dynamics making it very difficult for women to negotiate with their partners to use condoms and have safer sex.

Acknowledgement: *Sharon Ekambaram of the TAC is a well-respected and very experienced human rights and health activist in our country. Sharon provided the information about this campaign and assisted with writing the note for the purposes of this activity.*

WORKSHEET 12.1.1: How does discrimination make you feel?

- If you felt discriminated against (or have witnessed discrimination), how did it make you feel?
- What did you do?
- Have you discriminated against someone (with or without intending to)? How do you think they felt?
- How would you avoid being discriminated against in the future? What will you do to see that others are not discriminated against?

WORKSHEET 12.1.2: A campaign that changed our lives forever

The information gives us lot to think about. Review what we can learn from this experience:

- What methods (ways of doing things) did TAC campaigners use to achieve their goal? Take into account that the TAC's goal was for every HIV+ pregnant women to get antiretroviral treatment to prevent babies being born with HIV.
- What different kinds of people and groups of people were involved in the campaign?
- Was it an important cause to take up? Why do you think so?
- Use these two sections of the Bill of Rights¹⁴ to answer the question: In what ways did pregnant women living with HIV and their unborn babies experience discrimination?

Section 10

- **Human dignity:** Everyone has inherent dignity and the right to have their dignity respected and protected.

Section 11

- **Life:** Everyone has the right to life.

14 South African Government (1996). Constitution of the Republic of South Africa, 1996 - Chapter 2: Bill of Rights. Retrieved: <https://www.gov.za/documents/constitution/chapter-2-bill-rights>

WORKSHEET 12.1.3 Planning your own campaign

These steps should be followed to develop your own campaign activities:

Step 1: Identify and define the problem (the need, the gap or the injustice) you would like to address and define it as clearly as you can. For example, the problem could be related to puberty and adolescence; healthy relationships; prevention of violence; pregnancy or HIV. Select a topic related to SRH and the rights that you and your group feel strongly about.

Step 2: Gather information about this problem. Facts can include statistics, observations and experiences that you or someone you know may have had. The greater the number of people who have experienced the problem, the easier it is to demonstrate that it should be a high priority.

Step 3: Analyse your information. Who is affected by this problem? How serious is the problem? How does this need relate to our Bill of Rights? Who is in a position to make a positive change?

Step 4: Define your target audience. Identify who needs to be reached? What information do you need to share? Who is the target audience? Consider your peers and younger learners in your school community, educators and school officials, parents and others in your community. If appropriate and relevant, think about which leaders should be reached. For example, traditional leaders, religious leaders, policy-makers and politicians or business leaders.

Step 5: Design your campaign: Use the *Campaign Planning Calendar* to help you. Based on your analysis, these planning questions can help you:

- What key messages and ideas will you communicate to your target audience? Consider the core messages used in your SE classes and any others you feel might be important.
- How will you communicate them? Be creative and make it interesting. Here are some ideas: a poem, story, a song, a drama or play, a series of posters or an activity to communicate solidarity.
- Where and when will you conduct or display your campaign activities? For example, school assembly, drama/theatrical production in the school hall or playground, public service messages in school or on local radio, WhatsApp or Facebook.
- What materials, if any, will you need?
- Whose support (or permission) will you need?

Step 6: Present your campaign: Present your campaign design to the class for feedback on the date during Term 1 that your teacher has decided on. Coordinate with your teacher to confirm where and when you will deliver your campaign. Make revisions as needed, based on feedback.

Step 7: Deliver your campaign: This should be based on your planning process and with agreement from your educator, principal or whoever else you need to get permission from.

Step 8: Evaluate: Ask: What worked well? What was not successful? What would we do differently or better next time? Use the self-assessment tool provided to rate your group work on this campaign.

WORKSHEET 12.1.4: Campaign planning calendar

Steps for planning	Date: by when will we do this?	Progress (✓)	Planning notes
Step 1: Define problem			
Step 2: Gather facts			
Step 3: Analyse facts			
Step 4: Define your audience			
Step 5: Design campaign			
Step 6: Present plan to class; revise as needed			
Step 7: Implement campaign			
Step 8: Evaluate			

WORKSHEET 12.1.5: Campaign scoring rubric

Criteria	Assessment rubric (3=very strong, 2=mostly strong, 1=needs improvement)	Suggestions for improving the plan
Step 1: Problem definition Is the problem well defined?		
Step 2: Gather key facts Have they gathered useful information for their campaign?		
Step 3: Analyse your information Has the group provided enough information to help people to understand the problem?		
Step 4: Define your audience: Who do we need to reach? Who will be our target audience? Is it clear who the group is trying to reach?		
Step 5: Design your activities What will we do to deliver our message? Does the group have a clear plan for their campaign activity (key messages, plus when, where and how they will deliver them)?		
Results What happened as a result of our campaign? Did people seem more aware of the issue? Do we see signs that positive change will occur?		
Teamwork How well did we work together? Did we communicate effectively? Did everyone do their part?		
Effectiveness How well did we get our message across?		
Other self-reflections I felt that ...		



GLOSSARY

Active citizenship: When ordinary citizens get involved in their communities or countrywide to bring about positive change for people, they are being active citizens. Active citizenship can be as small as a campaign to clean up your street or as big as educating all young people in the country about democracy, human rights, and the importance of taking responsibility for their sexual and reproductive health.

Campaign: A campaign is a planned set of activities to raise awareness about a cause and inspire action for change. It generally involves individuals and groups working together and using a variety of strategies and actions such as marches, petitions, meeting with decision-makers and local leaders, and use of media to educate and motivate people. A campaign is also a way to hold governments to account for the rights it is supposed to provide.

Civil society: Groups and organisations that are working in the interest of citizens and are not part of governmental or the business world. They fall into the category of nongovernmental organisations (NGOs).

Discrimination: This is the unjust or unfair treatment of individuals or groups of people because of prejudices about their race, age, sex, gender orientation, religious, ethical background or political beliefs. The South African Bill of Rights protects individuals and groups from discrimination.

Evaluate: To weigh up facts, outcomes, evidence or information in order to assess whether something is positive or negative, has potential or is not worthwhile. It usually involves gathering factual data (for example, did more mothers and babies have access to testing and treatment) as well as discussions to learn more about people's opinions (why something worked, didn't work, or how it could be done better).

Human rights: These are basic rights and freedoms that every person is entitled to. In South Africa our rights are found in the Bill of Rights in the Constitution. Examples of rights include the right to education, healthcare and clean water. Rights come with responsibilities. For example, if it is our right to have a clean environment but it is our responsibility not to litter or pollute dams or rivers.

Human rights violations: When our rights are taken away from us or we are unable to access our constitutional rights, this is a violation of our human rights. For example, if someone stops you from going to school, they are violating your human right to education.

Nevirapine: This is a drug used in the prevention and treatment of HIV. It is part of antiretroviral therapy (ART).

Responsible citizenship: A responsible citizen is an inhabitant of a particular town or city who knows and understands their rights and responsibilities and acts according to them. Responsible citizens are active citizens when they stand up and protect their legal rights and the rights of others.



Lesson 12.2

Human factors affecting our
health – and what we can do
about them

Lesson 12.2	Human factors affecting our health – and what we can do about them	
Grade	12	
Term	3	
Weeks	1-3	
CAPS Topic(s)	Development of the self	
CAPS Subtopic(s)	<ul style="list-style-type: none"> Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives: <ul style="list-style-type: none"> Lifestyle diseases as a result of poverty and gender imbalances: cancer, hypertension, diseases of the heart and circulatory system, tuberculosis, sexually transmitted infections including HIV and AIDS Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour Intervention strategies: prevention and control, early detection, treatment, care and support 	
Link to other subtopics in CAPS	<p>Healthy and balanced lifestyle choices:</p> <ul style="list-style-type: none"> Characteristics of a healthy and balanced lifestyle: physical, psychological, social, emotional and spiritual facets; Factors that impact negatively on lifestyle choices: Accidents; types of accidents; lack of knowledge and skills; unsafe attitudes and behaviours; unsafe environments and emotional factors Risky behaviour and situations: personal safety, road use, substance use and abuse, sexual behaviour, risk of pregnancy, teenage suicides, hygiene and dietary behaviour, sexually-transmitted infections (STIs), HIV & AIDS and peer pressure Socio-economic environment: literacy, income, poverty, culture and social environment; Factors that impact positively on lifestyle choices 	
This lesson will deal with the following:	<ul style="list-style-type: none"> Understand and analyse how human factors can cause ill-health, crises and disasters. Identify risk and protective factors. Create intervention strategies as part of protecting our well-being – happiness being part of this. 	
Concepts	<ul style="list-style-type: none"> intervention strategies protective factors risk factors genetic makeup gender equality 	
Teaching methodologies	<ul style="list-style-type: none"> Class discussion Educator information input Mind map 	<ul style="list-style-type: none"> Small group discussions and report backs Story: TB
Time	60 minutes	

BRIEF SUMMARY OF LESSON

This lesson will explore a range of human factors that influence our health in both positive and harmful ways. Learners will have the opportunity to think critically about the roles that gender inequality/equality, poverty, as well as social, cultural and religious factors, play either as risk or protective factors for their well-being.

Learners will identify lifestyle issues and habits that can affect their well-being both positively and negatively. They will analyse scenarios related to SRH, and all aspects of well-being. This will include identification of positive intervention strategies (protective actions).

KEY POINTS

1. It is important that we are aware of things that could have:
 - A negative effect on our own or others' well-being and pose a risk (these are risk factors).
 - A positive effect on our own or others' well-being and enable us to be safe and healthy (these are protective factors).
2. Being aware of risk and protective factors helps us to anticipate challenges and opportunities. It helps us plan actions (intervention strategies) to anticipate challenges and manage them.
3. We can support each other to avoid risks.



RESOURCES

Review lessons 12.3 and 12.4 when preparing for this lesson. The three lessons (12.2, 12.3, and 12.4) are a progression where each builds on the previous lesson. The lessons are planned to be done in different terms. This will allow for you and the learners to have enough time to plan, prepare and deliver on the activities. Activity 12.4 asks that learners reflect on and plan for their own personal protection plan. In a way, learners use this activity to reflect on the goals they may have set for themselves in Grade 9 already and now have an opportunity to think about what choices about their sexual and reproductive health will protect their goals and help them achieve them.

Check to be sure you are clear on what the next two lessons are meant to achieve, in order to explain this progression to the learners. Become familiar with each of the Worksheets in this lesson, in order to be able to explain how to complete them, and answer questions that might arise.



PREPARATION FOR LESSON

Activity A: Lifestyle factors that affect our health

Prepare for this lesson by writing in your private journal about things that affect your well-being and the well-being of your learners. Think about the different contexts (social, economic, physical) that exist in your school and community and the challenges (social challenges, like drug addiction and high levels of unemployment; economic challenges like poverty and poor home conditions, and physical challenges like poor infrastructure and shortage of good housing) that impact on the lives and well-being of people in the community. This will help you to list possible factors that learners may raise that affect or contribute to their well-being.

Activity B: Responding to accidents and problems related to SRH

This lesson may evoke memories of trauma for you and for your learners, given the high levels of violence in our society. Before teaching this lesson, consult with your Life Orientation Head of Department (LO HoD), to be sure you have up-to-date information on available support and services in order to be able to refer any learners who may need these services. If possible, photocopy the information for learners. Also, ensure you are familiar with the referral processes used by your school. For this lesson, it is especially important to be aware of sources of support for those affected by discrimination due to their sexual orientation.

Assessment: Lesson 12.2			
Activity	Time	Type of assessment:	Form of assessment
Activity A: Lifestyle factors that affect our health	30	Informal, Educator	<ul style="list-style-type: none"> Class discussion Group work Presentations
Activity B: Responding to accidents and problems related to SRH	30	Informal, Educator Peers, Informal	<ul style="list-style-type: none"> Group work. Written task
Homework: Red spots on my pillow		Informal	<ul style="list-style-type: none"> Analysis of text
Total	60 min		

TEACHING THE LESSON



ACTIVITIES

Activity A: Lifestyle factors and our well-being

Introduction: In this activity learners will talk about their well-being, and the many factors that affect well-being.

1. Ask the learners about their well-being; what contributes to their well-being? Make sure these are covered: physical, emotional, mental, social and spiritual health. Together these contribute to well-being.
2. Ask the learners to give examples of things people do (the '*human factors*') that affect our well-being either positively or negatively. These can be habits, lifestyle, protective actions, and/or the risks people take. Affirm responses that are on point. Make sure to include that lack of exercise, smoking, substance abuse and unsafe sexual behaviour cause ill-health. (Refer to the CAPS sub-topic for other factors to include).
3. From the discussion, summarise the many different elements that make up our well-being. Some factors affecting our well-being are out of our control; for example our bodies and the genetic makeup that we are born with. But many things we can control, and for this reason we need to be aware of them.
4. Refer learners to the **Illustration 12.2.1: My Life /My Well-being** in their Learner Books. Refer learners to the glossary to assist them to understand the concepts.
5. Go through each circle on the diagram and ask them to identify protective and risk factors for their well-being.

6. Next, ask the learners to get into small groups. Each group should select one of the two scenarios in their Learner Books **Reading 12.2.1: Risk and Protection**. Be sure that both topics are covered by at least two groups. Groups can use **Worksheet 12.2.1 Risks and Protection** to document their answers. The note in their Learner Books explains what to do. Ask if everyone understands what to do. Each group will choose someone to share their ideas.
7. For each scenario, groups should informally share their ideas with the class. They should actively listen to the group who shares before them and note similar ideas, as well as new ones. Each group should highlight what they can do to be more protective of their well-being. Consolidate by affirming that we all need protective strategies for situations that could become risky, and places to get help when problems occur. Remind learners that victims should never be blamed for being hurt or abused.

Activity B: Responding to accidents and problems related to SRH

Introduction: In this activity learners will look at behaviour and practices that are risks to our well-being, and those that protect our well-being.

1. Refer learners to the **Worksheet 12.2.2: Problem Situations** in their Learner Books. Go through the examples with them. Then, ask learners to break into groups, and to brainstorm some examples of their own. Make sure learners discuss actions that can be taken to promote well-being.
2. Ask for volunteers to share examples from each column, and discuss as needed.

NOTE TO THE EDUCATOR

To cover all the subtopics in the CAPS section, make sure you mention all of these points if they do not come up in the group reports back or class discussion:

- Smoking: cancer, heart and circulatory disease, hypertension.
- Substance use (drug and alcohol): impaired judgement, risky sexual encounters, accidents while operating a vehicle or on the road.
- Eating habits: getting enough nutrition with foods for growth, energy and protection are critical for good health. Under-nutrition can weaken the immune system. Diets heavy in fats and calories lack nutritious content but can still cause weight gain and cardiac risk.
- Active versus sedentary lifestyle (getting enough exercise): lack of exercise and physical activity place us a greater risk of heart disease and high blood pressure.
- Combination of any of these increases risk – for instance heart disease or TB.
- TB is not directly caused by lifestyle, but living or working in crowded conditions, mining, and malnutrition can make a person more vulnerable to TB. Poor people are more at risk in their home, school and work environments because of overcrowding, lack of ventilation and private spaces. [Refer learners to the info graphic called **Reading 12.2.2** included in the Resource section below.]
- Unsafe sex: unintended pregnancy, sexually transmitted infection and HIV.

3. Explain that protecting our health requires behaviour that includes adopting protective practices and seeking care when we have problems. All of us need to develop our **personal intervention strategies**. These include personal actions that we can take to protect ourselves by both preventing problems, and promptly seeking care when they happen. Knowing where to find services for prevention, early detection, treatment, care and support is critical for maintaining good health.

In this activity three scenarios related to sexual and reproductive health will be the focus. The aim is to consider protective actions and personal interventions for the people involved. In the lessons that follow, ideas for personal intervention strategies and protection plans will be developed further.

4. Divide the learners into groups of three or four, depending on the size of the class. Each group will work on one of the three scenarios in **Worksheet 12.2.3: When Problems Occur**. Each group should address the specific questions under the scenario they have been allocated, and be prepared to share their responses with the class.

NOTE TO THE EDUCATOR

Before the groups start, note that one or more learners in the class or others that they know and care about may have experienced scenarios such as these. These are emotional situations. If a learner wants to speak to you, you can refer them to one or more support services. Be prepared in particular with resource information for Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning, Intersex and Asexual (LGBTQIA) learners. Remind the class that we are all unique and we need to respect each other and help each other to achieve good all round health and well-being.

Be prepared to provide information for these questions: What help, care, support and treatment are needed? What services exist that can help someone in this situation?

Have the information that you gathered in preparation for this lesson on hand to share during or after this lesson.

5. Ask learners to share their work. Be sure to allow enough time to discuss each of the three scenarios as well as noting the services that exist to offer support where needed. Ask learners to share any services they are aware of that are particularly youth-friendly, or responsive to the needs discussed in this class.
6. Provide information on available services and how to access referrals. If you were able to photocopy information, hand that out now and suggest that learners stick it in the back of their Learner Books. Note that in the Senior Phase, SLP 9.6 addresses this in a lesson titled *Using sexual and reproductive health resources in the community*.



CONSOLIDATION

In consolidating the activity:

- Go through the key points in this lesson.
- Note the articles for reading as part of the homework activities
- Refer to the core messages listed in the beginning section of this lesson

Consider the core messages below.

1. I will choose if, and when, to have sex, and when not to.
2. I have the right to say 'no' and the responsibility to respect 'no' to sexual attention and sex at any time and in any situation.
3. If we choose to have sex, my partner and I will use a condom correctly every time.
4. To protect myself and others, I need to be honest and communicate well in sexual relationships.
5. I respect my own and others' well-being

6. My partner and I are equally responsible for preventing pregnancy, HIV and other STIs.
7. I want to be part of a community that stops gender harm and violence and create safety and peace in its place.



ASSESSMENT

1. Use Activity B as the assessment activity. This is a group activity. Learners discuss selected topics and negotiate with each other which they would like to present to the whole class. After each group's presentation, the other groups should be invited to make comments.
2. For individual consolidation: Ask learners to write up what they have learnt from the different presentations and to make notes in their Learner Books.

NOTE TO THE EDUCATOR

The following assessment could be used as part of a formal examination question. This would then form part of the school-based assessment programme.

In this question, you have the opportunity to assess:

- Application of content used in the activities above.
- Critical thinking skills with learners reflecting on their own thinking and presenting their own views on a known topic.
- Essay-type written task to assess comprehension, application and values and attitudes.

3. Write an article for the local health magazine in which you present your views on these questions:
 - How can gender dynamics and power imbalances affect a person's well-being?
 - What role does poverty play in our well-being?
 - What is the relationship between our physical and our mental well-being?
 - What role does spirituality play in our well-being? Remember, you don't have to belong to a formal religion to be spiritual. You can develop your own spirituality that gives you meaning.



HOMEWORK

Reading Activity 12.2.1: Read the story called '**Red spots on my pillow**'¹⁵ at home with a member of your family. Discuss what was important to your family in this story.

Reading Activity 12.2.2: Now read the infographic **FACT FILE: Play your part to stop TB**. TB is a family health challenge. If anyone in your family has the signs of TB, they should support each other to go to the clinic. TB can be cured.

As a family make a poster on your answers to the Q&A on TB.

15 *Red spots on my pillow* and *Play your part to stop TB* is from Rise Young Women's Clubs magazine Issue 13, published by Soul City Institute for Social Justice.



RESOURCES

Illustration 12.2.1: My Life/My Well-being



READING 12.2.1: Risk and Protection

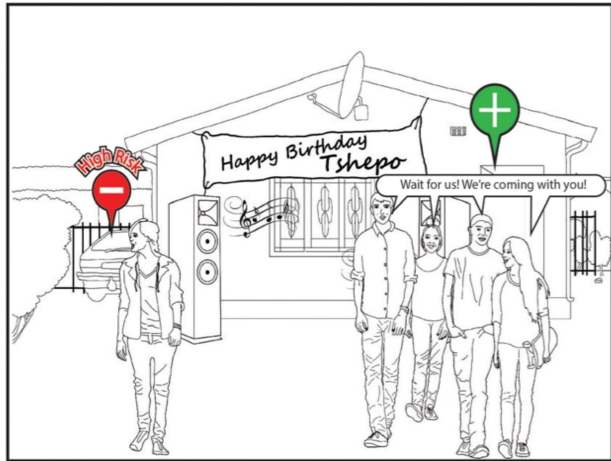
12.2.1 Risk and protective factors: some scenarios

Each of these common scenarios is an opportunity to think about risks as well as protective actions you can take. Read the scenario and decide what are the risks for each situation - note with a (-), and what are some protective factors – note with a (+).

SCENARIO 1: GOING TO A PARTY

If you go to a party, go with a group of friends you trust. Think of this as a protective (+) thing you can do to protect yourself from harm.

Going to a party alone might make you more vulnerable to harm. This would be a negative (-) thing. The red sign represents a risk.



What ideas do you have for other protective (+) and risky (-) factors to consider?

SCENARIO 2: BEING IN A ROMANTIC RELATIONSHIP

Make an agreement with a romantic partner that you don't want to have sex as part of your relationship.

- You decide to always be with other people when you're together (+ factor).
- You haven't communicated clearly with each other clearly about your sexual expectations and limits. You get into a situation where you're alone together and unplanned sex happens without a condom. Being alone together in a particular situation can be a (-) factor.

Discuss what other risk factors exist and what protective factors may be at play in this scenario.

WORKSHEET 12.2.1: Risks and protection

Instructions:

- Think of your own example of something that could contribute to an adolescent's risk and being unsafe. Use the symbol (-) to show risk.
- From your discussion above, how could these things negatively affect their well-being?
- Think of strategies you could use to protect yourselves from risk and vulnerability. Use the symbol (+) to show protective strategies.

Protective Factors (+)	Risk Factors (-)

WORKSHEET 12.2.2: Problem situations

Poor health: Examples of human factors that contribute to poor health	Accidents: Examples of different types of accidents and the human factors that may cause or contribute to them	Personal crisis or 'disaster' Examples of psychosocial and mental health factors that influence our ability to cope with a crisis or disaster
Unsafe/unclean drinking water Not going to a clinic if I have had unprotected sex and a worrisome symptom	Driving without a licence Using a condom whose package is worn out or passed its expiry date	An unplanned pregnancy for someone in an abusive or violent relationship. A grandparent who has been particularly supportive of her grandson struggling with his sexual identity has died. A single mother who is living with HIV has begun to feel sick but is worried about supporting her family.
Poor health: Examples of human factors that contribute to poor health	Accidents: Examples of different types of accidents and the human factors that may cause or contribute to them	Personal crisis or 'disaster' Examples of psychosocial and mental health factors that influence our ability to cope with a crisis or disaster
Class examples		
Your own examples		

WORKSHEET 12.2.3: When problems occur

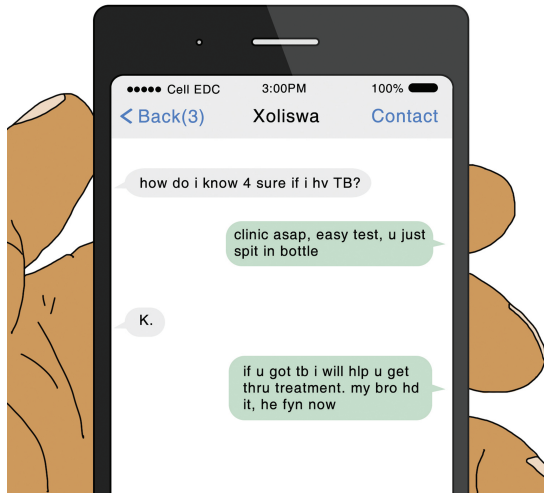
Example of a personal accident	Example of a personal crisis	Example of a personal disaster
<p>A couple, Lungi and Lindiwe, didn't know that oil-based lubricant weakens a condom, and that you're supposed to use water-based lubricants.</p> <p>Before they made love, they smeared the condom with lube. But after he ejaculated and withdrew his penis they noticed the condom had broken. Their hearts sank.</p> <p>They don't know each other's HIV status and Lindiwe isn't using another contraceptive.</p>	<p>Zed's girlfriend Sanna wants him to have sex with her. She says it's time to take the relationship to the next level. She's threatening to break up with Zed if he doesn't have sex.</p> <p>Zed still wants to be in a relationship with Sanna. She's fun and caring and he finds her sexy. He thinks his friends will say he's mad not to have sex with Sanna. Sanna's friends are also pressuring her to have sex.</p> <p>It's all getting to be too much pressure on them both.</p>	<p>Lovemore is in a gay relationship with Mike. One evening during a romantic dinner, a gang burst into Lovemore's home. They dragged Mike out of the house, shouting homophobic abuse. They forced him into the veld nearby.</p> <p>Lovemore's heart broke as he heard Mike's screams. But Lovemore could not go to him because a member of the gang had tied him up. When Lovemore finally freed himself, everything was quiet outside. Lovemore called his father and told him what happened. His father came over straight away. In torchlight in the veld they found Mike's body.</p>
What do you think the possible impact of this accident could be on both Lindiwe and Lungi's physical, social, emotional/mental and spiritual well-being?	What do you think the possible impact of this situation could be on Zed and Sanna's physical, social, emotional/mental, and spiritual well-being?	What do you think the possible impact of the disaster physically, emotionally (mental health) and socially/spiritually for (a) Mike and his family and friends, (b) for Lovemore, and (c) for the gay community and (d) general community.
Problem solve: what protective actions should the couple take now?	Problem solve: what could Zed do? What could Sanna do? What protective actions each could take?	Problem solve: what can Lovemore and Mike's community do? What protective actions could be taken?

<p>Prevention strategy: what can they do in the future to make sure this doesn't happen again?</p>	<p>Prevention strategy: what can Zed do in future about this kind of relationship pressure?</p>	<p>Prevention strategy: what can communities do to prevent hate crimes such as these?</p>
<p>What help, care, support and treatment do they need?</p> <p>Educators note: They need to go to a clinic as soon as they can, but within 72 hours. The morning after pill should also be taken within 72 hours, but can be taken up to 5 days after the incident.¹⁶ They will also be offered an HIV test and prevention medicine if needed.</p> <p>What services exist that can help someone in this situation?</p>	<p>What help, care, support and treatment do they need?</p> <p>What services exist that can help someone in this situation?</p>	<p>What help, care, support and treatment do they need?</p> <p>What services exist that can help someone in this situation?</p>
<p>What are the key messages being addressed</p>		

¹⁶ Department of Health, Republic of South Africa (2012). *National Contraception Clinical Guidelines*.

READING ACTIVITY 12.2.1: Red spots on my pillow¹⁷

Instruction: Read the story below.



It was late at night and Melanie wakes up. She is coughing again. She's had this cough for three weeks now. She pushes herself up and switches on the light. There are tiny red spots on her pillow. She looks again. Blood? From coughing?

And then she remembers what her friend Xoliswa said to her. "Those night sweats and fever and losing so much weight. It sounds like TB to me."

"Rubbish," Melanie had replied. "It's just the change of season." Melanie grabs her phone and googles www.soulcity.org.za/media/materials/tb. She finds a list of signs of TB:

- Cough for more than two weeks
- Cough up blood
- Don't feel like eating
- Pains in your chest
- Unexplained weight loss
- Feel very tired all the time
- Sweat a lot at night (even when the weather is cool)
- A fever that comes and goes for longer than two weeks
- Get short of breath easily

You may not feel or experience these symptoms all at once.

Melanie messages Xoliswa: "hw do i knw 4 sure if i hv tb? Her phone vibrates straightaway, "clinic asap. Easy test. U just spit in a bowl."

"K." Melanie replies.

"If u got tb i will hlp u get thru treatment," Xoliswa answers, "my bro hd it. He fyn now."

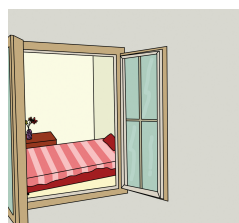
Melanie takes a deep breath. There is pain in her chest. She gets up to make tea. In a funny way, she is feeling relieved. One: she is going to the clinic tomorrow. Two: she has Xoliswa on her side.

¹⁷ *Red spots on my pillow* and *Play your part to stop TB* is from Rise Young Women's Clubs magazine Issue 13, published by Soul City Institute for Social Justice.

READING ACTIVITY 12.2.2: Play your part to stop TB¹⁸



Cover your mouth with your elbow when you cough or sneeze.



Keep windows open so the germs can blow away.



Wash your hands often.

Fact file

- Tuberculosis (TB) is a bacteria – a type of germ.
- TB spreads through the air when people cough, spit or sneeze and breath in the germ.
- TB can be cured.
- If you have HIV and TB, the TB treatment will still work to cure your TB.

Q&A on TB

Q: What does the TB germ do?

A: The TB germ attacks your lungs. It makes holes and causes other damage to your lungs. The TB germ can also spread through your blood to other parts of your body, like your brain or liver.

Q: What happens when you have a TB test?

A: The clinic or doctor may ask you to cough your spit into a small bottle two mornings in a row. They send your spit to a laboratory. They look through a microscope to see if there are TB germs in your spit.

Q: What if I've got TB?

A: You will begin treatment. The medicine is free from a government clinic. The people you live with need to be checked to see if they have TB too.

Q: Will I infect other people?

A: After taking the TB medicine for two weeks, you cannot pass the TB germ on anymore. Often, when someone in the family has TB, other family members have to take medicine as well.

Q: I want to take my medicine, but 6 months is a long time. How will I manage?

A: Ask someone to support you to take your medicine. Your supporter makes sure you take your medicine every day. They encourage you when you feel like giving up.

Q: What if I stop taking my TB treatment before the health worker says I can?

A: You will get sick again. The TB germ can become resistant to the medicines (drugs). This means you have multi drug resistant (MDR) TB. The usual TB medicines will not work. This is VERY SERIOUS because the TB treatment becomes MUCH more difficult and takes much longer. You can die from MDR TB.

Q: Are there any side effects to the medicine?

A: There can be. For example, you might feel nauseous, get a skin rash and have pink urine. But you must not stop your treatment. Talk to a health worker at the clinic for help and advice.

¹⁸ Red spots on my pillow and Play your part to stop TB is from Rise Young Women's Clubs magazine Issue 13, published by Soul City Institute for Social Justice.



GLOSSARY

Intervention strategies: These are planned actions that you, or a group of people, can develop to try to avoid a situation or prevent a situation from continuing or taking place in the future. They can also be referred to as protective actions. An example of an intervention strategy could be a group of friends who attend a social event together, agreeing that if one or other sends a text message with a code word, it means that they are not feeling safe. When you or your friends get the message, they will come and stand with you because together you are stronger to handle any potential danger.

Protective factors: These are conditions or qualities such as skills, strengths, resources, supports or coping strategies that individuals, families, communities and society can draw on to cope with stressful events or avoid risk. For example, self-confidence and good self-esteem help you to make decisions and choices that protect your well-being. Having easy access to youth-friendly clinics and their services can be a protective factor.

Risk factors: These are attribute, characteristics or exposure that puts people at risk of contracting a disease, suffering an injury or other dangers. For example, a drunken driver puts themselves and other drivers at risk. In this case, alcohol and the driver are risk factors. In the case of someone who has too much to drink at a party doesn't use a condom before having sex, alcohol and unprotected sex are risk factors.

Gender equality: Equal rights, responsibilities, opportunities, resources and protections regardless of whether you were born male or female. An example of gender equality in education is when all children, male and female, have access to good quality education.

Genetic makeup: Our genetic makeup refers to the genes we inherit from our biological parents that determine what we look like and what other physical characteristics we have. We are born with our genetic makeup and it cannot easily be changed.



Lesson 12.3

STIs:
protecting ourselves,
protecting our future

Lesson 12.3	STIs: protecting ourselves, protecting our future
Grade	12
Term	3
Weeks	1-3
CAPS Topic(s)	Development of the self
CAPS Subtopic(s)	<ul style="list-style-type: none"> • Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives <ul style="list-style-type: none"> - Sexually transmitted infections including HIV and AIDS - Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour - Intervention strategies: prevention and control, early detection, treatment, care and support
Link to other subtopics in CAPS	<ul style="list-style-type: none"> • Development of Self • Risky behaviour and situations: personal safety, road use, substance use and abuse, sexual behaviour, risk of pregnancy, teenage suicides, hygiene and dietary behaviour, sexually transmitted infections (STIs), HIV and AIDS, and peer pressure • Socio-economic environment: literacy, income, poverty, culture and social environment; Factors that impact positively on lifestyle choices
This lesson will deal with the following:	<ul style="list-style-type: none"> • Recall and expand knowledge of sexually transmitted infections (STIs) and how to prevent sexually transmitted infections • Identify barriers that make it harder to adopt safe sexual health practices • Identify enablers that make it easier to adopt safe sexual health practices • Identify strategies and actions for prevention and control, early detection, treatment, care and support for STIs as part of sexual and reproductive health.
Concepts	<ul style="list-style-type: none"> • barriers • enablers • dual protection • multiple concurrent sexual partners • mutual monogamy • polygamy • PrEP / Pre-Exposure Prophylaxis • protective action • Sexually Transmitted Infections (STIs)
Teaching methodologies	<ul style="list-style-type: none"> • Knowledge check-in quiz • Interactive teacher-led discussion: questions and answers • Pair discussion • Group discussion • Explanation of and application of protection plan tool • Knowledge sharing: well-being support and services
Time	60 minutes

BRIEF LESSON SUMMARY

In this lesson learners will learn more about sexually transmitted infections (STIs), their signs and symptoms, and what to do if they suspect they have an STI, including HIV. They will have the opportunity to test their knowledge and engage in an interactive session on the topic. The content covers specific infections, prevention, and care seeking for early detection and treatment. It also covers the importance of partner treatment, and specific information related to HIV testing and STI treatment.

Learners will have the opportunity to:

- Consider the barriers and enabling conditions that are currently in place for their well-being.
- Assess their personal actions and intervention strategies to prevent getting STIs, including HIV.
- Look at strategies for early detection of STIs if they have been sexually active, in order to get treatment, care and support.

KEY POINTS

1. Use a male or female condom every time you have sex and with every partner to prevent HIV.
2. Dual protection, or use of a contraceptive method along with a condom, provides extra protection from unintended pregnancy. There is now a new medicine called PrEP which can provide extra protection from HIV infection.
3. Building your confidence and assertive communication skills helps you to discuss difficult topics with your partner, such as using a condom, or getting tested for HIV.
4. It is your body and your well-being. You have control of what you do and do not want.
5. Talk about it! The more we discuss safer sex, getting tested, and getting care when we need it, the more 'normal' it will become. All sexually active people should have these conversations before they have sex!
6. You cannot diagnose yourself or your partner. If you think you have HIV or an STI, to go to a health worker for testing and care.
7. Everyone should know their HIV status. If you have been sexually active, you should be tested regularly.
8. If you start a new relationship, get tested together and disclose your status to each other – it is a way to show how much you care. Use condoms every time you have sex, no matter what the test result is.
9. Know where to get help, testing and treatment.
10. If you have a STI you and your partner should both be treated. Know the facts about HIV (see Resources for additional information).



RESOURCES

All resources for the lesson are provided in the Educator Guide.

Additional resources for educators:

B-Wise is an excellent web site for information about sex and sexuality, relationships and many, many other topics. It is a project of the South African DoH and the content is approved by the Department of Education (DoE). You and your learners can send questions and they will answer within 48 hours! You can find B-Wise at <https://bwisehealth.com/>. Learners can also write stories about well-being that may be published on the site.



PREPARATION FOR LESSON

For general preparation, review the materials in the Resource section to be sure you know the key facts about STIs and HIV.

Activity A: STIs: what you need to know

Seek out the most recent directory of resources from either the school management team (SMT) or the LO, HoD, or the school health support team (SHST). Identify which services are particularly youth-friendly, and which offer services for LGBTQIA youth.

For this lesson, you need to have a list of referral sources for support, care and treatment for STIs. These can usually be collected from local SRH services. Find out in advance which services are youth-friendly, if possible.

Activity B: Personal protection: analysis of barriers and enablers

Review the instructions in **Worksheet 12.3.2: Tool for analysing barriers and supportive conditions**. Think of an example in your own life and practice using the tool. This will help you feel confident in responding to learners' questions and suggestions.

Assessment: Lesson 12.3			
Activity	Time	Type of assessment:	Form of assessment
Activity A: STIs: what you need to know	30	Informal, Educator	<ul style="list-style-type: none"> Recall and knowledge check
Activity B: Personal protection: analysis of barriers and supportive influences	30	Informal, Educator Self-assessment	<ul style="list-style-type: none"> Knowledge recall test Question and answer Written task
Homework		Informal, Educator Peer- assessment	<ul style="list-style-type: none"> Text analysis and response
Total	60 min		

TEACHING THE LESSON



ACTIVITIES

Activity A: What you need to know about STIs

Introduction: In this activity learners deal with facts about STIs and understanding how having the correct information helps protect their well-being.

Part 1: Test your knowledge: how much do you already know about STIs?

1. Begin the class with an informal quiz that you will do together. If your class is small, you could do this as a quick group work activity. Read the true or false statements **Quiz 12.3.1: Your knowledge about STIs** aloud to the class. Ask learners to raise their hands to indicate their response, to prompt good participation (and to aid your assessment of your learners' existing knowledge). As you move through the quiz, review the correct answers.

NOTE TO THE EDUCATOR

Answers to Quiz 12.3.1: Your knowledge about STIs

Refer learners to the page in their learner books where the answers can be found. Reinforce this information and the core messages throughout the lesson and future lessons.

Part 2: Interactive talk

1. Explain that it is very important to have correct and complete information to protect yourself. Tell learners that the class will talk through basic information about STIs. Advise the learners that some of the information will be familiar to them already. However, there is a chance that not everyone will know all the information covered.
2. Refer to **Reading 12.3.1: Your well-being is important** and read it aloud to the class. As you read the information in each section, ask the questions in the reading. Allow learners to share their knowledge and encourage active discussion. Be sure to explain or reinforce all the points in each section to make sure the learners get the correct information.
3. Refer learners to the note in their learner books (also below) on **Your rights as a patient**. Tell learners to read it and suggest that they share the information with their family members and friends.

LEARNER NOTE: Your rights as a patient

- You have the right to receive support and help with any health issue, without being judged, intimidated or harassed.
- If you feel you have been treated badly, you have the right to complain. You also have the right to have that complaint investigated.
- When speaking to nurses, doctors or any health care providers about issues like sex and sexuality, your feelings, problems or contraceptives you have the right to confidentiality. They must not tell your parents or guardians unless you give them permission.

Activity B: Protect yourself, protect others

Introduction: In this activity learners deal with protective practices and enablers as part of getting correct information on STIs.

1. Tell the learners that this activity is about critical thinking so that they are better able to understand factors that make it harder to protect oneself. It also looks at creating enabling or supportive conditions that make it easier to adopt positive sexual health practices in their lives. Go through **Reading 12.3.2: Protective practices: barriers and enablers** with your learners.
2. Learners can work in groups. They should choose one example to work through in **Worksheet 12.3.2 Protecting ourselves: Tool for analysing barriers and enablers**.
3. Ask for volunteers to share the work they have completed in their groups. Allow the class to add other ideas that might be helpful.



CONSOLIDATION

Consolidate the lesson by asking learners to share what they consider the most important in this lesson. Reinforce any of the key points that were not mentioned. End the lesson with the core messages.

Make sure learners know where in their learner books they can find organisations they can go to for assistance, both national helplines and local clinics and organisations.

Go through the homework activity. Make sure learners are motivated to do it and that they know what to do.

Core messages

1. If we choose to have sex, my partner and I will use a condom correctly every time.
2. To protect myself and others, I need to be honest and communicate well in sexual relationships.
3. I respect my own and others well-being.
4. I know my HIV and STI and general sexual and reproductive health status.
5. We are equally responsible for preventing pregnancy, HIV and other STIs.



HOMEWORK

1. For homework tell the learners that they are going to use the **Table 12.3.1: STIs: what you need to know** in their Learner Books. Ask them to do a quick fact finding mission in the table at home. They should identify: a) three infections that cause abnormal discharge; and b) three infections that cause bumps or ulcers. They should write their responses on **Worksheet 12.3.3 Facts about STIs**. The main purpose is to be sure learners know how to use the reference material and know basic information about STIs.
2. Learners can complete additional examples using **Worksheet 12.3.2 Protecting ourselves: Tool for analysing barriers and enablers**. They should think of a particular difficult situation and use the tool to work through it.



ASSESSMENT

1. As an assessment opportunity, use the recall of knowledge questions in Activity A to consolidate the information taught in this activity. Answers have been provided. Learners can use the answers to correct any information that is incorrect.
2. Activity A, Part 2, uses questions and answers to consolidate the information shared on STIs. Provide the answers to learners and/or direct them to the end of the lesson where the answers are provided. Learners should do a self- or peer-assessment.
3. Use **Worksheet 12.3.2: Tool for analysing barriers and supportive conditions** as an assessment task to assess learners understanding of content and to offer an opportunity for learners to reflect on their own personal barriers and enablers.



RESOURCES

QUIZ 12.3.1: Test Your knowledge about STIs

Say whether the following statements are true or false:

1. You can always tell by looking at someone whether they have an STI.
2. If your partner has a STI and you have had unprotected sex, you always have to get treated.
3. You are only likely to get a STI if there is full penetrating sex (penis enters vagina or anus or mouth).
4. A person who is sexually active should have an HIV test every year.
5. All of the following infections are sexually transmitted: gonorrhea, chlamydia, HIV, syphilis, herpes, yeast/candida/thrush, and genital warts.
6. A young person in South Africa must be at least 12 years old or older to consent for their own testing, as well as care and treatment for a STI, including HIV.

POSSIBLE ANSWERS

1. **You can always tell by looking at someone whether they have an STI.**

Answer: False. It is possible for a person to have a sexually transmitted infection without any visible signs or symptoms.

2. **If your partner has a STI and you have had unprotected sex, you always have to get treated.**

Answer: True. If only one partner is treated, it is very likely that she or he will get the infection again, especially if they have any unprotected sex.

3. **You are only likely to get a STI if there is full penetrating sex (penis enters vagina or anus or mouth).**

Answer: False. Infections can be sexually transmitted through any unprotected sexual contact between sexual organs and vagina, mouth or anus.

4. **A person who is sexually active should have an HIV test every year.**

Answer: True. It is recommended that all people in a current or recent sexual relationship have a test every year. It is possible to have a test more often. Testing more often is advisable if you have had unprotected sex with a new partner, or you believe your partner has had another partner.

5. **All of the following infections are sexually transmitted: gonorrhea, chlamydia, HIV, syphilis, herpes, yeast/candida/thrush, and genital warts.**

Answer: False. Yeast infections are not sexually transmitted. The others are sexually transmitted. Both partners must nevertheless be treated.

6. **A young person in South Africa must be at least 12 years old or older to consent for their own testing, as well as care and treatment for a STI, including HIV.**

Answer: True. The Children's Act of 2005 provides that a child may consent for her or her own medical treatment if s/he is over the age of 12 and has the mental capacity to understand the benefits and risks of the treatment. This includes HIV testing.

READING 12.3.1: Your well-being is important

Your well-being is important

Most people are sexually active at some time in their lives. Sex is a wonderful part of a romantic, intimate, respectful, mature and committed relationship.

With sex, unless it is safe sex using condoms every time, you have the risk of getting an STI, including HIV.



Most sexually active people worry at some point that they might have an STI when they have an itch or a sore or discomfort in their genitals. There is no need to feel ashamed or shy about going to the clinic. It is better to be cautious and get checked, than to hope a symptom will just go away (most won't).



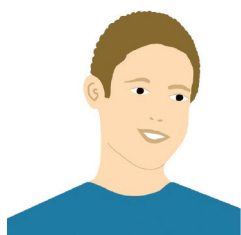
Common questions about sexually transmitted infections

Question: Who is at greater risk of an STI?

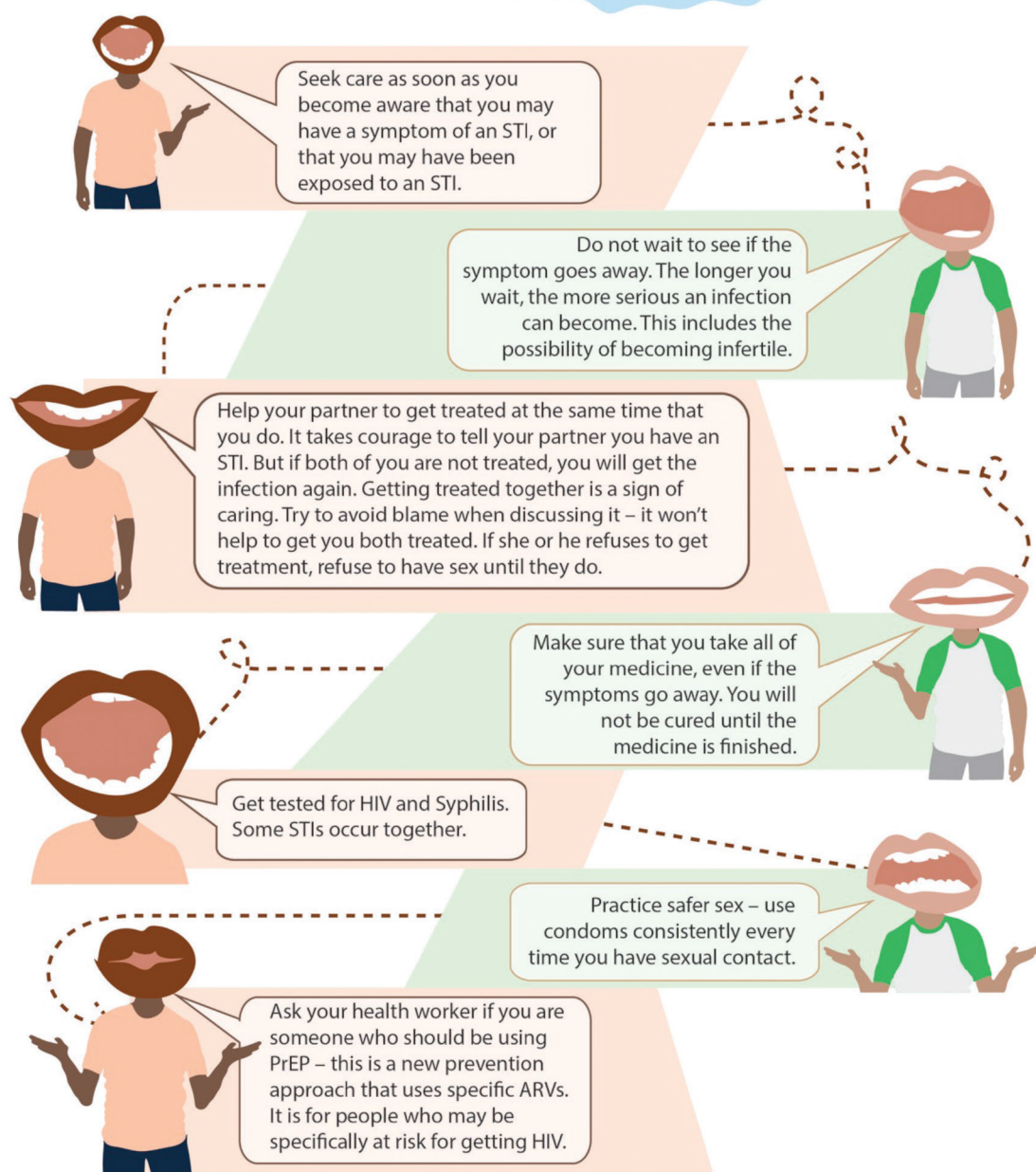
- If your partner has signs of an STI
- If you have more than one partner, or your partner has more than one partner
- If you have begun a relationship with a new partner, and they had a partner before you with an STI

Important: All unprotected sex is risky until you are in a mutually monogamous and committed relationship, and both partners have been tested for HIV and STIs.

Question: What should you do if you suspect you have an infection?



? What should you do if you suspect you have an infection?



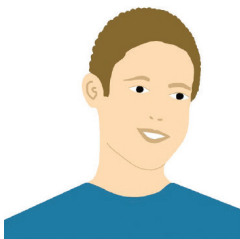
Warning: Don't try to diagnose yourself. The only way of knowing if you do or don't have an infection or an illness is to go for a check-up with a health care provider.



Question: what can happen if you don't get treatment for STIs?

Untreated sexually transmitted infections can have lasting consequences for everyone, including:

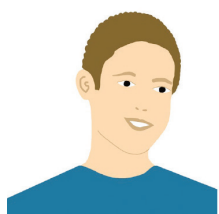
- Infertility in both men and women.
- Lasting pain in the lower abdomen.
- Complications of pregnancy: babies born early, too small or blind.
- Pregnancy outside of the womb (the mother can die from this).
- HIV can advance to AIDS.
- HPV can advance to cancer of the cervix.



MAKE HIV TESTING A PART OF YOUR PERSONAL PROTECTION PLAN

Question: When should I get tested for HIV?

- Everyone should know their HIV status. Sexually active people should be tested at least every year.
- If starting a new relationship, get tested together. Mutually disclosing (sharing results) is a way of showing how much you care.
- Getting tested more often is advisable if you have unprotected sex with a new partner, or you believe your partner has other partners.
- If you have a STI, you should have an HIV test, even if you had negative test before. Also, people with a negative HIV result should take a repeat test in 6-12 weeks. This is to be sure a new infection is not missed. This is common. Don't worry if you are asked to come back for another test.
- Someone who has been sexually abused or raped should have an HIV test.



Question: Can people living with HIV have safe sexual relations and safe pregnancies?

Yes. A person living with HIV can have safe sexual relations, provided that they adhere to ARV treatment, and have achieved full viral suppression. This means their HIV viral load is so low that they are unlikely to transmit HIV. However it is always safer for both partners if you use condoms, because it is possible to transmit the virus to someone before getting to viral suppression, and both partners need to avoid other sexually transmitted infections. There is also now prevention medicine available called PrEP (pre-exposure prophylaxis) which can help a negative partner to remain negative. For more information and to answer your questions, you can call the toll-free AIDS helpline, or visit your clinic.

A couple where one or both partners are living with HIV can also have a safe pregnancy and child that is HIV-free. In situations where one person is positive and their partner is negative (referred to as discordant couple), with planning in consultation with a health provider and treatment adherence, it is possible to safely conceive (become pregnant) as well.

READING 12.3.2: Protective practices: barriers and enablers

A barrier is something that stands in the way when you are trying to do something. For example, knowing you need to exercise to be healthy but feeling like you don't have enough time.

An enabler is something supportive that will help you to do something. For example, noticing your friends are also taking steps to protect themselves and so you feel encouraged to take those steps too.

Barriers and enabling conditions are important to think about when you are trying to adopt a protective practice or use services; they are especially important when it comes to protecting your sexual and reproductive health. With any positive health behavior, our aim is always to identify and reduce the barriers, and create the most supportive conditions to help ourselves.

WORKSHEET 12.3.2: Tool for analysing barriers and supportive conditions

Protective action	Barriers: What makes it hard for you to do this?	Supportive conditions (enablers): What would make it easier for you to do this?	Sources of help – what supports and services exist?	What actions should you take?
1. Tell my partner I have an STI and they will need to get treated	My partner will be angry with me My partner doesn't like going to the clinic and won't want to get tested.	They are willing to discuss, without anger or blame They are willing to come to clinic with me Having a health worker talk to us both Talk with my older sister My partner listens to his brother	Aunt knows a nurse who helps young people Health clinic Hot line Website for local services	Find a time when we are both relaxed to discuss Ask his brother to talk with him Ask my sister to come to the clinic with me
2. Talk to my partner about safer sex				
3. Get tested for HIV with my new romantic partner				
4. Identify a protective action that you would like to take, but find difficult.				

WORKSHEET 12.3.3: Facts about STIs

Using **Table 12.3.1: STIs: what you need to know** answer the following questions

1. Write three sexually transmitted infections that cause abnormal discharge:

2. Write three sexually transmitted Infections that cause bumps or ulcers:

Possible answers:

Answers to STIs: what you need to know (fact-finding exercise)

Sexually transmitted infections that cause abnormal discharge:

- Chlamydia
- Gonorrhea
- Trichomonas

Infections that cause bumps or ulcers:

- Genital Warts /HPV
- Herpes
- Syphilis

TABLE 12.3.1. STIs: what you need to know

STI	Signs	Important information	Treatment
Chlamydia Caused by bacteria	It is an STI that hides with no signs. You have a test to check if you have it.	If untreated, chlamydia can cause wider infection in women (pelvic inflammatory disease) which has more serious complications. It can also lead to infertility.	Antibiotic medicine for you and all partners. All medicine must be completed by both partners.
Genital herpes Caused by a virus	Herpes ulcers begin to appear between 2 and 21 days after you've been infected. They begin as painful blisters mainly on the inside of your vagina, penis or anus, depending on sexual contact. Early symptoms may include: <ul style="list-style-type: none"> • a tingling feeling on your skin before the blisters erupt • painful itching and burning • headache • swollen glands in your groin • muscle aches. 	Genital herpes can be managed but cannot be cured. Outbreaks occur throughout your life, but get fewer and less severe over time. It is important to avoid sexual contact during an outbreak. This will stop you from infecting your partner. It will also stop you getting more STIs. A herpes outbreak during childbirth is risky for the newborn. Women who are pregnant and have a herpes outbreak should advise their health provider who will help you to take steps for a safe birth.	There are medicines, like creams and pills that help to reduce outbreaks, and make them less painful. A healthy lifestyle, with less stress, can reduce outbreaks.
Gonorrhoea Caused by a bacteria	Signs usually occur at the point of sexual contact, between 5 to 30 days after getting the virus. Signs: <ul style="list-style-type: none"> • burns when you urinate • a yellow discharge and bleeding • sore when you have a bowel movement • sore throat 	If untreated, gonorrhoea can cause wider infection in women (pelvic inflammatory disease) which has more serious complications. It can also lead to infertility.	Antibiotic medicine for you and all partners. All medicine must be completed by both partners.

STI	Signs	Important information	Treatment
HIV Caused by a virus	There may be no symptoms for years. Signs that HIV infection has led to AIDS include not getting better when you have minor infections, like the ‘flu’ and it turning into chest infections, like pneumonia.	HIV is sexually transmitted but is transmitted in other ways. If you are infected, it is very important to know your HIV status, and to protect yourself and your partner by adhering to your treatment and by using condoms every time you have sex. Your partner can take a medicine called PrEP if she or he is HIV (-). PrEP can be used by anyone who may be at risk for HIV. It has to be taken every day. It is effective prevention against HIV, but only HIV. Therefore it should be combined with condoms to prevent other infections, and contraceptives for extra protection against pregnancy. You must see a health worker to get started on PrEP.	HIV can’t be cured but it can be treated. Without ARV treatment, HIV will eventually weaken your immune system and progress to AIDS, making you very sick. With ARV treatment, healthy living, good nutrition and exercise, you can live a long and healthy life. Once you achieve viral suppression you are less likely to transmit during sex and pregnancy.
Trichomonas Caused by an organism similar to bacteria	You might not get symptoms. Some signs are: <ul style="list-style-type: none"> • green-yellow vaginal discharge with an unpleasant or fishy smell. • itchy and uncomfortable vagina and vulva • pain when you pass urine or have sex 		Antibiotics for you and partner(s). Do not drink alcohol while taking the medicine.
Syphilis Caused by bacteria	You can be infected and not know it for years. Syphilis is a VERY serious, silent STI. There are different stages: <ul style="list-style-type: none"> • an untreated sore • rashes, fever, swollen glands, sore throat, loss of hair, headaches and muscle aches • damage to internal organs, including your brain, nerves, eyes, heart and liver 	Untreated syphilis can lead to death. If you have syphilis and you are pregnant your baby can be born with very serious permanent health problems including disabilities, including death.	Antibiotics – treatment as soon as possible for you and your partner(s). All medicine must be completed.

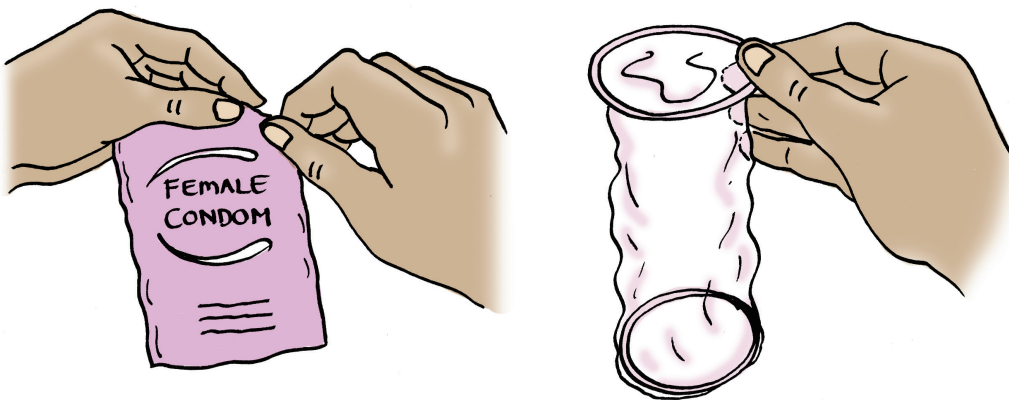
STI	Signs	Important information	Treatment
Hepatitis A and B Caused by a virus	Hepatitis affects your liver. You might not have signs. If you do, they can include: <ul style="list-style-type: none"> • flu-like symptoms • lose your taste for foods and other things • dark urine and light colored feces. • jaundice (your skin or the whites of your eyes look yellow) 	You can avoid infecting another person with careful personal hygiene. Don't share toothbrushes or razors. Complications such as liver damage or cancer can occur.	No medicines are used. Avoid alcohol and drugs, which both affect your liver. The body recovers with plenty of rest and fluids to drink
Human Papilloma Virus (HPV)/ Genital warts Caused by a virus	This virus can cause genital warts and can lead to cancer of the cervix. Often there are no signs of infection, and you won't know if you or your partner has HPV. If you develop genital warts, they start as small pink spots or bumps which can grow and sometimes have a cauliflower shape. The warts can be on the outside, or hidden in the vagina. Men can have them on their penis, on or under the foreskin (if not circumcised), or have no signs of HPV.	You can get this virus even if you use a condom. This can happen through touching infected skin as well as sexual fluids. Genital warts can interfere with intercourse and childbirth. Growths may also be hidden or invisible. That's why regular testing is important. Women should have pap smears which help to detect cancer of the cervix. Men who have anal sex should have regular anal swabs.	There is no cure for the virus. Genital warts can be removed with lasers, creams, surgery or frozen off. Early detection and treatment is possible before cancer develops, through pap smear or other direct examination. Once a woman is sexually active she should have one of these each year. Cervical cancer can be treated effectively, if caught in its early stages.
Thrush/ Candid/ Yeast	A common infection that is not sexually transmitted. It causes itching around the vagina as well as a creamy discharge from the vagina.	It is sometimes a side effect of taking antibiotics and can be easily treated.	Treated with a cream and is easily cured.

ILLUSTRATION 12.3.1: STIs: what you need to know

Male condoms



Female condoms



PrEP

- Pre-exposure Prophylaxis, or PrEP, is a new medicine to prevent HIV infection.
- It is now available in South Africa, through your local clinic.
- PrEP must be taken every day, including on days when a person does not have sex.
- There are some side effects, which go away after a few weeks.
- If you are in a sexual relationship and would like to consider PrEP, see your local clinic.
- Note that PrEP works well against HIV, but **does not protect against pregnancy or other sexually transmitted infections**. Therefore it should be combined with condoms and other safer sex practices, and contraception for extra protection to avoid unplanned pregnancy.

Examples of some STIs¹⁹

GONORRHOEA

Signs usually occur at the point of sexual contact, between five to 30 days after getting the virus. Signs:

- burns when you urinate
- a yellow discharge and bleeding
- sore when you have a bowel movement
- sore throat



HUMAN PAPILLOMA VIRUS (HPV)/ GENITAL WARTS – THROAT WARTS

This virus can cause genital warts and can lead to cancer of the cervix.

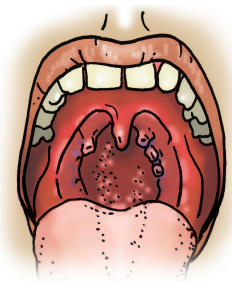
Often there are no signs of infection, and you won't know if you or your partner has HPV.

If you develop genital warts, they start as small pink spots or bumps which can grow and sometimes have a cauliflower shape.

The warts can be on the outside, or hidden in the vagina.

Men can have them on their penis, on or under the foreskin (if not circumcised), or have no signs of HPV.

Throat warts can also be a symptom.



SYPHILIS

You can be infected and not know it for years. Syphilis is a VERY serious, silent STI. There are different stages:

1. an untreated sore
2. rashes, fever, swollen glands, sore throat, loss of hair, headaches and muscle aches
3. damage to internal organs, including your brain, nerves, eyes, heart and liver



HEPATITIS A

Hepatitis affects your liver. You might not have signs. If you do, they can include:

- flu-like symptoms
- lose your taste for foods and other things
- dark urine and light colored feces.
- jaundice (your skin or the whites of your eyes look yellow)



19 Chlamydia: https://phil.cdc.gov/PHIL/Images/3802/3802_lores.jpg / Gonorrhea: https://phil.cdc.gov/PHIL/Images/20031121/3a95150ecf204a028be2902e0d25469a/5192_lores.jpg / HPV: https://upload.wikimedia.org/wikipedia/commons/f/fb/Throat_Warts_-_HPV.jpg / Syphilis: https://phil.cdc.gov/PHIL/Images/12627/12627_lores.jpg / Hepatitis A: https://phil.cdc.gov/phil_images/20030110/28/PHIL_2860_lores.jpg



GLOSSARY

Barriers: These are obstacles that stop us from understanding something or taking action.

Dual Protection: Using two methods of protection, condoms to protect against STIs, and another contraceptive method for additional protection against pregnancy. An example of this would be using a condom (male or female) and a hormonal contraceptive method to prevent pregnancy.

Enablers: People or things that give somebody the authority or the means to achieve something.

Monogamy: Monogamy means having a sexual relationship with one other person only. A monogamous couple only have sex with one another.

Multiple concurrent sexual partners: Having more than one sexual relationship at the same time is having multiple concurrent sexual partners.

Mutual monogamy: This means agreeing to be sexually active with only one partner and that person agreeing to be sexually active only with you.

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

Protective action: This means taking action that will ensure one's safety and is good for one's well-being. An example of a protective action is to make sure you use a condom every time you have sex and to avoid people who are engaged in risky behaviour, such as taking drugs.

Polygamy: when a man has more than one wife at the same time.

PrEP / Pre-Exposure Prophylaxis. Medicine that can protect a person from HIV if they have sex with someone living with HIV. PrEP is effective protection from HIV, but not other sexually transmitted infections, nor pregnancy.

Protective action: what you can do to make good well-being decisions and choices, including plans to take care of yourself and your well-being.

Sexually Transmitted Infection (STI): An infection transmitted through sexual contact caused by bacteria, viruses, and parasites. The Human papillomavirus infection, herpes, chlamydia, and HIV/AIDS are examples of STIs.



Lesson 12.4

Looking ahead:
my personal protection plan

Lesson 12.4	Looking ahead: my personal protection plan
Grade	12
Term	3
Weeks	1-3
CAPS Topic(s)	Development of the self
CAPS Subtopic(s)	<ul style="list-style-type: none"> • Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives <ul style="list-style-type: none"> - Intervention strategies: prevention and control, early detection, treatment, care and support
Link to other subtopics in CAPS	Development of self <ul style="list-style-type: none"> - Lifestyle diseases as a result of poverty and gender imbalances: cancer, hypertension, diseases of the heart and circulatory system, tuberculosis, sexually transmitted infections including HIV and AIDS - Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour
This lesson will deal with the following:	<ul style="list-style-type: none"> • Recall and expand knowledge of sexually transmitted infections (STIs) and how to prevent sexually transmitted infections • Identify barriers that make it harder to adopt safe sexual health practices • Identify enablers that make it easier to adopt safe sexual health practices • Identify strategies and actions for prevention and control, early detection, treatment, care and support for STIs as part of sexual and reproductive health.
Concepts	<ul style="list-style-type: none"> • Lifestyle actions related to sexual and reproductive health • Personal health goals • Personal protection plan • Post Exposure Prophylaxis • Pre Exposure Prophylaxis • Protective practices • Support Service
Teaching methodologies	<ul style="list-style-type: none"> • Individual work on self-assessment and personal protection plan • Pair sharing of health goal plans • Class discussion
Time	60 minutes

BRIEF LESSON SUMMARY

This is the final session in this series of comprehensive sexuality education (CSE) lesson plans. Learners will have the opportunity for a final reflection on their life goals, and how romantic and intimate relationships fit in. Learners will conduct a self-assessment exercise, reviewing all of the areas of protective practice that have been covered throughout the lessons, related to healthy relationships, prevention of STIs and unintended pregnancy, HIV prevention and testing, and harmful, coercive and abusive relationships. They will identify areas where they feel strong, and areas where they will need to take additional steps, as well as other support they might need. To do this they will reflect on barriers and enabling or supportive conditions, building on the process they began in lesson 12.3. Based on this self-assessment process, each will complete a personal protection plan, which they can draw upon in years to come.

KEY POINTS

1. We have covered a large number of themes in these lessons related to intimate SRH, prevention of unintended pregnancy, HIV and STIs, and situations of sexual violence and coercion.
2. This has required us to explore gender dynamics, power, consent, and the way these affect our relationships, and our ability to protect ourselves.
3. Many factors influence our ability to take protective steps in our lives. Some of them are supportive and enabling, while others can act as barriers or obstacles to taking care of ourselves. When we identify and analyse these factors, we can identify steps to take to deal with and overcome issues that are difficult in our lives.
4. With greater self-confidence, good SRH, and a clear vision for our goals in life – we can enjoy friendships; have satisfying romantic relationships if and when we want them, and overall greater personal well-being.



PREPARATION FOR LESSON

Review lessons 12.2 and 12.3. These three lessons (12.2, 12.3, and 12.4) are progressive, with each lesson building on the one preceding it. Make sure you are clear about what each lesson has achieved in order to explain this progression to the learners. An illustration is provided below to help you.

While learners are working on this lesson, you can look at their notes books as part of an informal assessment. Become familiar with each of the worksheets in this lesson, in order to be able to explain how to complete them, and answer questions that might arise. Try completing the tables yourself to get a sense of what learners will need to do.

Personal privacy is important in this lesson, so be sensitive to that. If possible, photocopy blank copies of **Worksheet 12.4.2: My Personal Protection Plan** for the learners to work on privately.

Assessment: Lesson 12.4			
Activity	Time guide	Type of assessment	Form of assessment
Activity A: Conducting a self-assessment	30	Educator, Informal Peer Review	<ul style="list-style-type: none"> Class discussion Written task: developing health action plans
Activity B: Developing a personal protection Plan	30		
Time	60		

TEACHING THE LESSON



ACTIVITIES

Activity A: Conducting a self-assessment

Introduction: In this activity, review the knowledge and concepts they have learnt over Lessons 12.1 to 12.3.

Begin with a review of Grade 12 lessons: Where are we now? Remind learners of the key themes that have been explored, and the activities they have completed. Explain that this final lesson will bring all the lessons together to help them feel prepared for the years that lie ahead.

12.1 A successful human rights campaign	12.2 Human factors affecting our health – and what we can do about them	12.3 STIs: protecting ourselves, protecting our future	12.4: Looking Ahead: My personal protection plan. Now you will:
<ul style="list-style-type: none"> Explored issues related to your sexual and reproductive rights Created ideas and plans for social activism 	<ul style="list-style-type: none"> Explored lifestyle and the factors that influence our health and well-being 	<ul style="list-style-type: none"> Analysed barriers and supportive conditions needed for protective actions 	<ul style="list-style-type: none"> Review your goals and life plans Take stock of your confidence in relation to your personal life and prevention needs Develop a personal protection plan

1. Encourage learners to pair up with someone they feel comfortable with. Later in this lesson they will be consulting each other for advice.
2. Explain that the lesson begins with a reflection on their goals, and how relationships fit into their life plans. This will be step one of a self-assessment they will complete, as part of their personal planning process.
3. Refer learners to **Worksheet 12.4.1: Self-Assessment**. Ask them to complete the section on goals (Section I). They should think about what they would like to be doing five years from now, and what steps they need to take in order to get there. Allow five minutes for them to complete that section.
4. When they have completed this section, ask whether their goals have changed since the last time they worked on them.

5. Now ask them to consider how romantic or intimate relationships fit in with their goals, both now and in the future. Ask them to complete Section II.
6. Learners should now complete the section called **My Self-Assessment** (Section III). Remind them that there are many joys to intimate relationships, but this is their chance to do a careful assessment of the needs and challenges they might face. Assure them that no one will feel very confident about everything, and this is meant to help them identify priorities for planning ahead. As they work, you might want to complete this for yourself, to enable you to anticipate challenges your learners identify - and it may help you too!
7. When the self-assessment is complete, invite the pairs of learners to share details on one or two areas where they feel strong, and one or two areas where they feel more confident. Ask whether they noticed any things in common, and whether anything was surprising.
8. Next, begin the explanation for how to use **Worksheet 12.4.2: My Personal Protection Plan**. The instructions are noted on the top of the worksheet. Remind them they are free to work in pairs and consult each other for ideas.
9. Reserve the last five-ten minutes of the class for reflections. Ask whether anyone wants to new thoughts from this exercise. Invite each pair to identify and share at least one need they had in common.
10. If time allows, ask them whether there are reflections, gaps in information or needs for more skill-building from these lessons that they would like to have noted for future revisions of the curriculum. Write down any suggestions and give them to the LO HoD.



CONSOLIDATION

Review the core messages that you have worked with in this course, listed below. Remember that these core messages should always be with them, as they venture through life.

Core messages

- I will choose if, and when, to have sex, and when not to.
- I have the right to say “no” and the responsibility to respect “no” to sexual attention and sex at any time and in any situation.
- If we choose to have sex, my partner and I will use a condom correctly every time.
- To protect myself and others, I need to be honest and communicate well in sexual relationships.
- I respect my own and others’ well-being.
- My partner and I are equally responsible for preventing pregnancy, HIV and other STIs.
- I want to be part of a community that stops gender harm and violence and create safety and peace in its place.



RESOURCES

WORKSHEET 12.4.1: Self-assessment

Instruction: Complete the following. Not every line will be relevant to everyone. Answer the questions most relevant to your personal situation.

<p>I. My goals:</p> <p>What would I like to be doing five years from now? In what way do my goals excite me? What steps do I need to take to get there? Things that might get in the way?</p>	
<p>II. My relationships:</p> <p>How do relationships fit in with my goals? What do I want now? Am I ready for an intimate relationship? When would I like to begin a serious and committed relationship?</p> <p>If in a romantic or intimate relationship now – am I getting the support I need from my boyfriend/girlfriend/partner? What more do I need from him or her?</p> <p>What can I do to be a more supportive partner to ensure a safe and healthy relationship?</p>	

III. My self-assessment:

Consider these personal needs that most people have in relation to their personal, romantic and/or intimate relationships. Each of these has been covered in some way as part of these lessons on CSE. For each, think about how confident you feel.

How confident or well prepared do I feel for each of these? (Mark the column that best suits how you feel)

	1 very confident	2 somewhat confident	3 not very confident	4 I'm a bit worried
1. Establish a healthy love relationship				
2. Wait until I am ready for sex (or return to abstinence until I am ready)				
3. Plan for safer sexual relationships				
4. Get tested for HIV and share results with my partner				
5. Ask my partner to get tested and share results with me				
6. Communicate about sex				
7. Avoid relationships where one partner has other partners				
8. Avoid use of substances that can interfere with my ability to say no to sex, or ensure we are having safe sex				
9. Say no to relationships where the person offers to provide money or nice things in exchange for an intimate relationship				
10. Practice safer sex				
a. Practice dual protection – consistent use of condoms as well as another method of contraception				
b. Seek services and consistently practice safer sex. Find out if PrEP would be right for me.				
c. Seek post exposure prophylaxis (PEP) and emergency contraception for broken condoms or rape (and other support, if raped)				
d. Practice positive prevention if living with HIV (disclosing my status to my partner and helping him/her to seek PrEP; practicing safe sex; staying on treatment and getting tested for viral load)				

	1 very confident	2 somewhat confident	3 not very confident	4 I'm a bit worried
11. Avoid a violent, pressured or abusive relationship				
a. Say no to unwanted sexual advances – get help if the person does not listen				
b. Avoid sexual contact with someone who has power or control in my life				
c. My partner and I will engage only in sexual activities when both of us consent				
d. Avoid, leave, or get help for abusive or exploitive relationships (including times when you might be the one treating the other badly)				
12. Prevent stigma and support peers				
a. Show empathy toward others: tolerate and respect others who may be different, accept diversity including sexual diversity, show compassion and support those affected by HIV				
b. Prevent and respond to stigma (including self-stigma)				
13. Seek help from a trusted adult (at home, teacher, services, help-line or community) or peer if I am having difficulty coping with life				

NOTE TO THE EDUCATOR

It is important to emphasise that using Post Exposure Prophylaxis (PEP) and emergency contraception are important for unexpected events such as a broken condom or if a rape has occurred. However, use of a regular method of contraception is better than relying on frequent use of emergency contraception.

WORKSHEET 12.4.2. My personal protection plan

1. Sitting in pairs, complete the work on your own, but you can share ideas. Write the items where you marked 2, 3 or 4 in the self-assessment, in Column I (in order to be able to do this...). If there are other needs you wish to address, add them as well. Rank the items in Column I in the order you feel they need to be addressed.
2. Consider the actions you need to take in order to feel more confident in your ability to take the protective action in Column I. Remember the barriers and supportive conditions exercise you completed during the last lesson (turn back to it as a reminder). Use that process to identify protective actions you will need to take, and write them in Column II. You should have at least one action for each row you have completed in Column I.
3. Where you think you might need support from someone or access to services that are available, note that in Column III.
4. Feel free to consult your partner for ideas, and to share any ideas you have that might be helpful to that person.

I. In order to be able to do this...	II. I will need to do this...	III. I may need help from...



GLOSSARY

Lifestyle actions related to sexual and reproductive health (SRH): these are the things you do to protect yourself from sexually transmitted infections, including HIV, unintended pregnancy and staying in unhealthy relationships. For example, insist on using condoms each and every time you have sex and with every partner.

Personal health goals: These are aims or intentions relating to one's personal health. To achieve personal health goals, we will commit to certain actions and practices that are good for our well-being. Examples of personal health goals are to do some physical exercise every day; to wear a condom with each sexual encounter and to have one sexual partner at a time.

Personal protection plan: This is a plan that a person develops to protect themselves from engaging in harmful activities or placing themselves in dangerous situations.

Pre-exposure prophylaxis (PrEP): This is a medicine taken by people who are at a very high risk of getting HIV to decrease their chances of getting the infection. If used as prescribed, PrEP is very effective in preventing the infection from taking hold and spreading throughout the body.

Protective practices: These are practices based on choices and decisions that are good for one's health and well-being. An example of a protective practice is to get regular STI testing if you are sexually active.

Supportive services: These are organisations that offer healthcare, counselling for rape, HIV, domestic violence, and other services such as legal advice, for example. In the case of SRH or HIV and AIDS, an individual can access STI testing, counselling services, general health check-ups from a range of organisations. Examples of support services in your community might be:

- Department of Social Development: 012 312 7500
- Local Health Clinic
- National HIV Help Line: 0800 012322
- POWA: 011 634 54345
- SANCA: 011 892 3829
- SAPS Emergency No: 10111
- SONKE Gender Justice
 - Bushbuckridge: 013 795 5076
 - CPT: 021 423 7088
 - Diepsloot: 011 339 3589
 - Gugulethu 021633 3164
 - JHB: 011 339 3589
- Teddy Bear Clinic: 011 484 4554

NOTE: The numbers may be for the national helplines. When you call these numbers, they will refer you to the local organisations.

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