



Sexuality Education in
Life Orientation
Scripted Lesson Plans

Grade 7 Educator Guide



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

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Foreword

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



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

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

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

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

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

A handwritten signature in black ink, 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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GLOSSARY OF TERMS

Ability: the things you can do well, your skills, talents or strengths

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

Abuse: being hurt or treated badly

Abusive relationship: a pattern of forceful and unkind behaviours used in a relationship to maintain power and control over an intimate partner or child

Acceptance: approval; the act of taking or receiving something offered

Accepting others: respecting others whether you agree with them or not

Accepting self: recognising and accepting both your strengths and weaknesses

Aggressive: behaving in a forceful /violent way

Appreciating self: not being unnecessarily critical towards oneself; acknowledging your strengths

Appreciation: understanding and recognising the good qualities of someone or something

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

Behaviour: the way in which one acts or conducts oneself, especially towards others

Body changes: *see physical changes*

Bullying: form of violent behaviour; It does not just happen at school; It can happen in the street, sport fields or at home; There are different types of bullying: physical, verbal, teasing or hiding another person's property

Changes in boys: *see physical changes*

Changes in girls: *see physical changes*

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

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

Condom: One device used to prevent the transmission of sexual fluid between bodies, and used to prevent pregnancy and the transmission of disease, HIV and sexually transmitted infections; Consistent, correct use of condoms significantly reduces the risk of transmission of HIV and other STDs; Both male and female condoms exist

Constructive ways: doing things without causing damage to someone or something, or so as not to cause yourself embarrassment with the people around you

Controlling behaviour (mental/emotional): behaviour which causes another to go against their individual wishes or wants

Crime: an act that is forbidden and is punishable by law

Cyber-bullying (social networking websites, texts, phone calls) (mental/emotional): the use of information technology to repeatedly harm or harass other people in a deliberate manner

Deal-breakers: When you're facing a situation where there are catches to something, the deal-breaker is that one catch that you cannot overlook and/or tolerate

Decision: the thought process of selecting a logical choice from the available options

Decision-making: the selection of a belief or a course of action among several alternative possibilities

Demeaning (verbal): causing someone to lose their dignity and the respect of others

Drug abuse (self-abuse): using a chemical substance a great deal

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

Emotionally: to do with feelings or emotions

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

External: the outward features of something

Force field analysis: a useful decision-making technique; It helps you make a decision by analysing the forces for and against a change

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

Gender constructs: the belief that differences in behaviour between men and women are determined by society

Gender messages: messages that we receive directly and indirectly about how we and others should behave based on our gender

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

Gender roles: this refers to a person's outward expression of who they are as males or females, which is often based on the prevalent cultural and social norms about what are acceptable feminine or masculine roles and behaviour

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

Healthy behaviour: an action taken by a person to maintain, attain, or regain good health and to prevent illness

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

HIV: Human Immunodeficiency Virus, the virus that causes AIDS; This virus weakens the body's immune system and, if untreated may result in AIDS

Inequitable: not fair; unjust

Influence: the capacity to have an effect on the character, development, or behaviour of someone

Intentions: an aim to follow a plan through

Interest: things that you enjoy doing

Internal: inner parts; situated on the inside

Intimate: a state characterised by physical or emotional involvement, and romantic or passionate attachment

Kissing: when you touch someone with your lips you are kissing them; Some people kiss each other as a way of greeting or showing affection; Some people kiss when they are in a romantic relationship as a part of expressing their sexual feelings

Manipulation (mental/emotional): a type of social influence that aims to change the perception or behaviour of others through underhanded, deceptive, or even abusive tactics

Menstruation: monthly cycle or period in women during which the lining of the womb is released as blood

Negative stereotypes: the belief that specific types of people are bad because of how they look or behave ;These thoughts or beliefs may or may not be true, and MOST often inaccurately reflect badly on the people they are aimed at

Negotiation skills: the methods by which people settle differences and reach agreement

Non-negotiable: something that is not open to change or agreement

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

Obstacles: things that prevent one from succeeding or achieving a goal, or hinder progress

Passive: accepting or allowing what happens or what others do, without active response or resistance

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

Peer pressure: feeling that you have to change your behaviour, attitudes or values to fit in and feel accepted (LO Textbook)

Personal: concerning one's private life, relationships, and emotions

Personal qualities: personal characteristics of an individual; they are what make up one's personality; For example, dependability and patience are qualities that young people would like parents to have

Personal values: core beliefs that we hold about life, its purpose, and our own purpose

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

Positive actions: prevention that aims to create safe and healthy individuals by reducing risky and unhealthy behaviours

Potential: what you could do if you use your interests and abilities

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

Pregnant: the condition of a woman (or female animal) having a child or young developing in the uterus

Puberty: when a child's body begins to develop into an adult body

Rebellious: challenging authority and breaking existing rules

Respect for self: respecting yourself and being proud of who you are

Self-image: the way you describe yourself; how you see yourself

Sexual behaviour: sexual actions or activities that have harmful results

Sexual health: absence of sexual diseases or disorders and a capacity to enjoy and control sexual behaviour without fear, shame, or guilt (WHO); For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled

Sexual intercourse: penetrative sexual behaviours, including oral sex, anal sex and penile-vaginal sex

Sexually transmitted diseases (STDs): diseases caused by bacteria, viruses or parasites that are transmitted from one person to another during sexual contact; These are also called sexually transmitted infections or STIs

Sexually transmitted infections (STIs): Sexually transmitted infections (STIs) are spread from person to person through sexual contact; These diseases can be passed through any contact between the genitals of one person and the genitals, anus or mouth of another person; Symptoms vary depending on the type of infection, although some people may not develop symptoms at all; HIV is a particularly serious STI

Smart: being intelligent, clever

Smart goal: an acronym for specific, measurable, achievable, realistic and time-bound goals

Stereotypes: a fixed or simplified idea about a type of person or thing

Substances: a term used in reference to drugs which are harmful, including alcohol

Touching: putting your hand (or hands) on someone's body in a way that shows your feelings for them; In some lessons touching is used to imply that sexual feelings are being shared

Unhealthy behaviour: behaviour that poses risks to health

Using a condom: the male condom is a strong soft transparent sheath that a man can wear on his penis before and during sexual intercourse to prevent pregnancy and transmission of diseases; The female condom is also a strong soft transparent sheath inserted in the vagina before and during sexual intercourse for purposes of protection against diseases and pregnancy

Value: one's judgement of what is good or important in life

NOTE TO THE EDUCATOR

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

You taught me¹

You taught me the names of the cities in the world

BUT

I don't know how to survive in the streets in my own city

You taught me about the minerals that are in the earth

BUT

I don't know what to do to prevent my world's destruction.

You taught me to speak and write in three languages

BUT

I don't know how to say what I feel in my heart.

You taught me all about reproduction in rats

BUT

I don't know how to avoid pregnancy.

You taught me how to solve math's problems

BUT

I don't know how to solve my own problems.

Yes, you taught me many facts, and I thank you,

I am now quite clever

BUT

Why is it that I feel I know nothing?

Why do I feel I have to leave school to learn about coping with life?

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

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

1. Introduction

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.

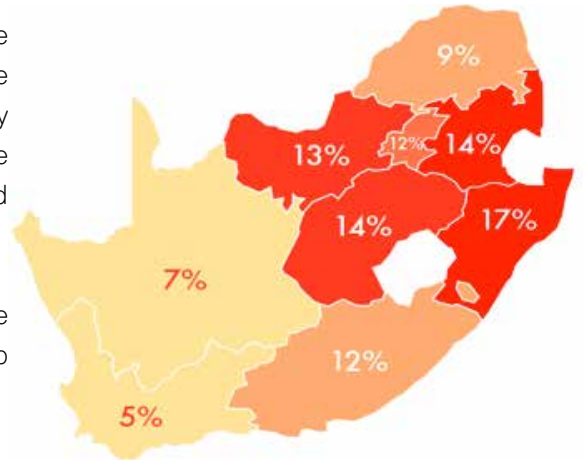


Figure 2: HIV Prevalence by Province 2012(1)

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.

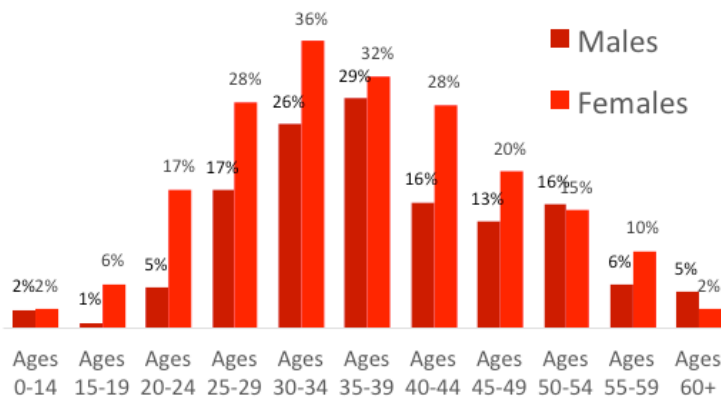


Figure 1: HIV infection rate by age (2)

HIV:

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.

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 difference 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.

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 .

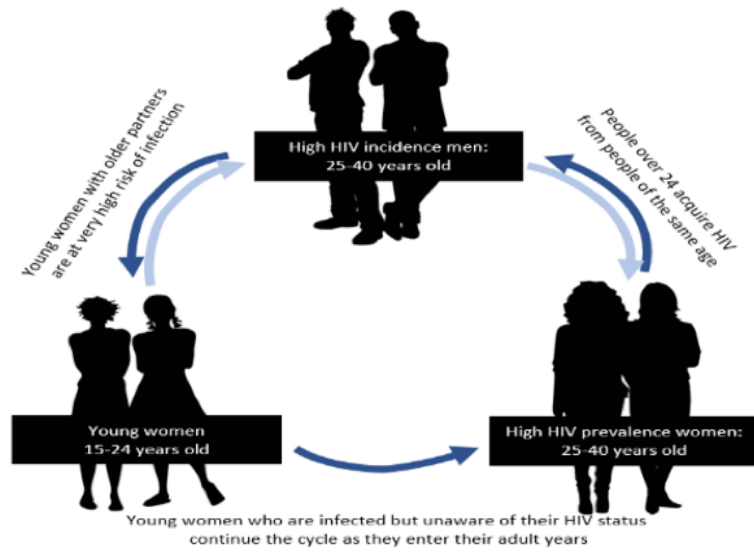
Sexual Initiation

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

Pressure, force and violence

issues that will encourage them to change their behaviour and their decisions regarding their sexual debut, and to provide learners with as much support as they need to do so.

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



NOTE TO THE EDUCATOR

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

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

The scripted lesson plans (SLPs) have been aligned to the CAPS outcomes, topics and subtopics, and the content you need to teach for the year across Grade 7. Please see the table on the next page.

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

NOTE TO THE EDUCATOR

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

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

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

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

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

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

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

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

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

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

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

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

3. OUTCOMES

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

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

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

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

4. STRUCTURE OF THE SLPs

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

4.1 CAPS TOPICS AND SUBTOPICS

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

4.2 CONCEPTS

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

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

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

4.3 KNOWLEDGE, VALUES AND ATTITUDES

The SLPs are designed to increase knowledge as well as to change behaviour. In order to change behaviour

and build confidence to make healthy decisions, it is important that knowledge is acquired together with positive values and attitudes. At a personal level, your learners will be challenged to make positive life choices. The implicit outcome of this is that those healthy choices find their way back into the home where choices regarding sexual behaviour are both necessary and challenging. The intention is to build a critical mass of learners in the community who are able to model healthy behaviour and choices for their peers.

4.4 TEACHING METHODOLOGIES

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

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

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

4.5 TIME ALLOCATION

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

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

4.6 BRIEF LESSON SUMMARY

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

4.7 KEY POINTS

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

4.8 RESOURCES/MATERIALS

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

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

4.9 NOTES TO THE EDUCATOR

The scripting of the lessons means that a higher level of engagement happens with you through the SLPs.

The notes may prompt and alert you to important aspects of the activity, and may flag issues related to how the activity can be improved. The expectation is that you will feel supported and be able to break through some of your current constraints when teaching difficult or unfamiliar concepts.

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

4.10 ASSESSMENT

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

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

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

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

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

4.10.1 INFORMAL ASSESSMENT TASK

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

4.10.2 FORMAL ASSESSMENT TASKS

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

4.10.3 ASSESSMENT TASKS FOR THE LEARNERS

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

integrated way across subjects.

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

4.10.4 TEST YOUR KNOWLEDGE QUESTIONS

A list of possible test questions has been included in the assessment section of each SLP. These are

ideal questions that your learners can use to test their understanding of the content dealt with during the lesson. You may want to give it as a test to your learners to assess how well they have consolidated their understanding of the content.

4.10.5 FINAL GRADE ASSESSMENT TASK

Each grade has the last activity set for 'setting goals'. This activity requires a comprehensive look at what has been done over all the other SLPs, culminating in one activity that will show how



well your learners have assimilated and consolidated the content dealt with across all the topics. Let your learners work consistently over the weeks to put together the evidence asked for in this activity. This portfolio of evidence can be carried by the learners from grade to grade. They will be able to assess their own progress and improvement, using the SLPs.

4.11 LESSON RESOURCES

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

4.12 GLOSSARY

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

4.13 BIBLIOGRAPHY

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

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

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

YOU, THE SOUTH AFRICAN YOUTH KNOW:

1. The **safest** choice is **not** to have sex.
2. You have the **right** to say **no** to sex in **any** situation.
3. If you choose to have sex, **use a condom every time**.
4. **Stay faithful** to one partner at a time to protect yourself, your partner and your community.
5. If you are having sex, **get tested for HIV and other STIs regularly**.
6. **Both** men and women are responsible for preventing pregnancy, HIV and other STIs.

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

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

B: CLASSROOM MANAGEMENT TO SUPPORT IMPLEMENTATION OF THE SLPs

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

1. MAINTAINING YOUR ROLE AS EDUCATOR

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

Here are some tips to help you:

- a) Help your learners feel comfortable to talk about difficult and sometimes embarrassing topics.
- b) Build trust amongst your learners to keep the confidences of their peers.
- c) Ensure that discussions do not cross boundaries to issues that may be unacceptable for parents, younger learners and others who are not part of the discussions.

- d) Decide how much 'complexity', related to comprehensive sexuality education, your learners are ready to talk about and engage on with each other.
- e) Initiate but also end topics of conversation in a respectful, open but trusting manner.
- f) Maintain professionalism even when challenged by your learners who may not have all the relevant and appropriate information for them to make good decisions regarding their sexual and reproductive health.

INTELLECTUAL

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

PHYSICAL

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

SOCIAL

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

EMOTIONAL

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

MORAL

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

- g) And most importantly, you need to remind yourself to be non-judgmental, unbiased, caringly critical and open to the difficulties that your learners experience regarding sex, sexuality and the adoption of safe behaviours, that will reduce their risk of acquiring HIV. You need to remind yourself, constantly, that some of your learners and/or their family members may be HIV-positive.



3. MANAGING DIVERSITY

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

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

3.1 CREATING AN INCLUSIVE CLASSROOM

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

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

3.2 DIFFERENT AGES AND EXPERIENCES

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

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

3.3 LANGUAGE

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

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

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

4. PARENTAL INVOLVEMENT AND CONSENT

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

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

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

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

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



Lesson 7.1

Setting goals and reaching
your potential

Lesson 7.1

Setting goals and reaching your potential

Grade	7
CAPS topic(s)	Development of the self in society.
CAPS subtopic(s)	<p>Concept: self-image</p> <ul style="list-style-type: none"> Identify and reflect on personal qualities: relationship with self, family, and friends Personal interests, abilities and potential
Link to other subtopics in CAPS	<p>Substance abuse:</p> <ul style="list-style-type: none"> Personal factors that contribute to substance abuse: intrapersonal and interpersonal Protective factors that reduce the likelihood of substance abuse <p>Common diseases: tuberculosis, diabetes, epilepsy, obesity, anorexia and HIV and AIDS</p> <ul style="list-style-type: none"> Strategies for living with tuberculosis, diabetes, epilepsy and HIV and AIDS
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying the learners' personal qualities; identifying their personal interest, abilities and potential; learning what SMART goals are; learning how to set SMART goals; and understanding how unhealthy behaviour and choices can be an obstacle to reach your goal.
Concepts	<ul style="list-style-type: none"> ability potential gender norms goal smart goal healthy and unhealthy behaviour respect for self, self-image HIV, AIDS and other STIs pregnancy obstacles personal qualities positive

Teaching methodologies	<ul style="list-style-type: none"> • brief lectures • case studies/scenarios • homework assignments • individual reflection • problem-solving activities • small group work • worksheets • discussion
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.1, in the Setting goals and reaching your potential* SLP, your learners learn why setting SMART goals is important and generate short-term goals related to various aspects of their lives. They learn to formulate these as SMART goals. They also identify the obstacles that pregnancy, HIV and other STIs can present to goal achievement.

KEY POINTS

1. It is important to know your own qualities and values.
2. SMART goals will help you to achieve success.
3. Setting goals is important to help you to make the best of your life.
4. By identifying obstacles and planning ahead you can overcome the obstacles to achieving your goals.
5. Avoiding HIV and other STIs and teenage pregnancy can help you to achieve your goals.
6. **Message: I am strong, smart and in charge of my future!**



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- Post-it notes
- Educator Resource 7.1.1: *Explaining SMART goals*
- Poster 7.1.1: *SMART goals (Reading 1 in your learners' books)*
- Worksheet 7.1.1: *SMART goal criteria (Worksheet 1 and Homework 1 in your learners' books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in the Grade 7 SLPs.
2. Use *Educator Resource 7.1.1: Explaining SMART goals*, so that you can feel confident to explain SMART goals to your learners. Make up examples to use in conjunction with the resource if you wish.
3. On the board or flip chart, draw four large squares and label each one with one of the following headings: family, school, friends, and health.
4. Prepare a poster using Poster *7.1.1: SMART goals*, as a model.
5. Prepare an example of a vague goal and how it can be turned into a SMART goal.



ACTIVITIES

NOTE TO THE EDUCATOR

Interests: things one enjoys doing.

Abilities: skills, talents and things one does well.

Potential: all the things one could do well if given practice and experience.

Understanding or thinking about what our interests, abilities and potential are can help us feel positive and confident about ourselves. This self-knowledge can give us direction for the future; it can show us what we need to work on to improve ourselves. It also has an effect on our self-image.

A.1 Understanding concepts

1. Ask your learners to work in pairs. Provide them with a list of all the concepts and ask them to discuss and give the meanings of these concepts.
2. Ask your learners for feedback and provide them with the correct meanings.
3. Discuss with your learners why it is important that we all understand the meaning of interests, abilities and potential. These concepts are used again later in the activities.
4. Refer your learners to the first activity in the Grade 7 Learner Workbook and ask them to write down their understanding of the concepts: interest, abilities and potential.
5. Discuss what a goal is and ask your learners to share some of their goals with the class.
6. Write down the goals that have been shared. It is not necessary for everyone to respond as you are only getting examples for discussion, at this point.

NOTE TO THE EDUCATOR

1. **A goal is a specific thing that we want to achieve. We all have the ability to make the best of ourselves and goal-setting helps us to do that.**
2. **Goals help us to plan our lives and to get what we want.**
3. **Goals can be short-term or long-term. For example, a long-term goal would be something like, “I want to be a lawyer when I have finished studying” and a short term goal would be something like, “I want to pass my math exam with at least 70% in Grade 7”.**
4. **Long-term goals can be broken down into short-term goals. For example, if you have the long-term goal to become a lawyer, short-term goals that would support that long term goal would be: (a) passing every subject with more than 70% in Grade 7, (b) finding out how much it costs to study a law degree, and (c) speaking to your parents about planning to finance your studies.**
5. **Without goals, we will have no direction in life.**
6. **We need to set goals for the different areas in our life: family, friends, health, work, etc.**

7. Summarise their answers and elaborate, as needed, to cover the main points below:
8. Write down the word SMART on the board and explain to your learners what each letter stands for i.e., S (specific); M (measureable); A (action-oriented); R (relevant and realistic); T (time-bound).
9. Ask your learners to identify a goal and to use the SMART principles to see if this goal is achievable.

A.2 Writing a SMART goal

Encourage your learners to try out writing a number of different SMART goals. They may even want to share them with a friend and evaluate each other's goals. These activities can be used to consolidate what was taught in the previous activity.

1. Ask your learners to copy the four squares with the headings: family, school, friends and health, which you drew on the board on a piece of paper.
2. Ask your learners to spend five minutes writing down things they want to accomplish or avoid in each of these areas, during the next 12 months.
3. After your learners have filled the four boxes on their own, divide them into pairs.
4. Explain to your learners that first, they should pick one of the things they want to accomplish from the previous activity. Ask them to write a goal statement related to the item they have chosen. They must do this part on their own.
5. After they have each written a goal statement, they should take turns working with their partner to evaluate each other's goals using the SMART criteria on Worksheet 7.1.1: SMART goals criteria.
6. After evaluating the first draft of the goal, each pair of learners should work together to make any improvements to the goal that are necessary for the goal to meet the SMART criteria. When they have completed the assignment, both learners should have a revised second draft goal that meets the SMART criteria.
7. Spend a minute explaining how to use Worksheet and Homework 7.1.1: SMART goals.

A.3 Identifying obstacles to reaching your goals

NOTE TO THE EDUCATOR

Possible responses may include:

- I will not be able to reach my goal.
- I may be too sick to reach my goal.
- I may have to spend all my money on medicine/hospitals/a baby and not be able to reach my goal.
- I might lose the support of my family.

A.3.1 Possible obstacles

1. Now that all your learners have one well-written SMART goal, ask them to brainstorm in their pairs on the obstacles they might face in reaching this goal, e.g. if they were to become pregnant/get someone pregnant and/or acquire HIV or another STI.
2. Ask one or two of your learners to share their goal and the obstacles they have identified.
3. Write these up on the board as the learners are sharing.

A.3.2 Avoiding obstacles

1. Brainstorm with the whole class on strategies for avoiding the obstacles identified.
2. Write your learners' suggestions up on the board or flip chart.

NOTE TO THE EDUCATOR

Possible responses may include:

1. I must wait until I am older to have sex.
2. If I do have sex, I must always use a condom correctly and consistently.
3. I must wait to have a steady relationship until I leave school.
4. I must tell my boy/girlfriend that I do not want to have sex.
5. I must set goals to make sure I keep healthy.



HOMEWORK

1. Ask your learners to make a self-image collage keeping in mind their interests, abilities and potential. Your learners can do this outside of the classroom. You may even want to discuss with the art educator how the activity can be used across the curriculum.
2. Direct your learners to their second copy of Worksheet and Homework 7.1.1: SMART goal criteria.
3. Ask your learners to review, briefly, the instructions for the homework assignment listed below:
 - a) Write your name at the top of the page.
 - b) Find a parent or other adult that you trust to complete the assignment with you.
 - c) Explain how to create a SMART goal to the person helping you.

- d) Work together with the adult you trust to write a goal for yourself related to avoiding an unplanned pregnancy and contracting STIs.
- e) Work together with the adult you trust to check your goal against the criteria on the worksheet and revise it to meet the criteria, e.g. if you have not included a date for when the goal will be reached, then change it to add this.
- f) Once all criteria have been met, rewrite the revised goal in the last row.
- g) Make sure that the adult you worked with signs the completed worksheet.



CONSOLIDATION

1. Review the key points for the lesson.
 - a) Success can be achieved if you plan for it, using SMART goals.
 - b) Setting goals will help you to reach your potential.
 - c) You can overcome the obstacles to achieving your goals.
 - d) Avoiding HIV and other STIs and unplanned pregnancy can help you achieve your goals.
 - e) Message: I am strong, smart and in charge of my future!



ASSESSMENT

1. Ask your learners to keep a journal for seven days. This journal will be a record of their identified goals, and the things that challenge and support their focus on achieving these goals.
2. Ask your learners to make a collage that shows how they see themselves. They should focus on their strengths, abilities and talents. They should also show their interests, likes and dislikes. They can draw or cut out words and pictures from magazines, newspapers or wrapping paper. They can use interesting items like fabric, sweet wrappings, labels or things from nature.

NOTE TO THE EDUCATOR

Learners would have done a collage in the Arts and Culture class in grades 5 and 6.

Test your knowledge

Answer the following questions:

1. How would you define a “goal”?
2. Why are goals important to our lives?
3. What does the acronym “SMART” stand for?
4. What is the impact of acquiring HIV and other STIs or an unplanned pregnancy to reaching your goals?
5. What is one (or more) goal(s) you are determined to achieve in the next six months?



RESOURCES

POSTER 7.1.1: SMART GOALS

SMART goals

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

A SMART goal is:

Specific: States exactly what you want to do.

Answers the question: What?

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

Answers the questions: How much? How well?

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

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

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

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

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

Answers the question: When?

EDUCATOR RESOURCE 7.1.1: EXPLAINING SMART GOALS (FOR SHORT-TERM GOALS)

SPECIFIC

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

Examples:

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

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

MEASURABLE

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

Examples:

Not measurable: I want a job.

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

ACTION-ORIENTED

The goal must contain an action.

Examples:

Not action-oriented: want to find a job

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

REALISTIC

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

Examples:

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

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

TIME-BOUND

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

Examples:

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

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

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

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



WORKSHEET 7.1.1: SMART GOAL CRITERIA

Instructions

These instructions are for the classroom activity:

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

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

Rewritten goal that meets SMART criteria.

HOMEWORK 7.1.1: SMART GOAL CRITERIA

These instructions are for the homework assignment:

1. Write your name at the top of the page.
2. Find a parent or other adult that you trust to complete the assignment with you.
3. Explain how to create a SMART goal to the person helping you.
4. Work together with the adult you trust to write a goal for yourself related to avoiding an unplanned pregnancy and contracting STIs.
5. Work together with the adult you trust to check your goal against the criteria on the worksheet and revise it to meet the criteria, e.g. if you have not included a date for when the goal will be reached, then change it to add this.
6. Once all criteria have been met, rewrite the revised goal in the last row.

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

Rewritten goal that meets SMART criteria.



GLOSSARY

- ability
- gender norms
- goal
- SMART goal
- healthy and unhealthy behaviour
- HIV and AIDS
- interest
- obstacles
- personal
- personal qualities
- positive actions
- potentials
- pregnancy
- pregnant
- respect for self
- self-image
- smart
- STI



Lesson 7.2

Appreciation and acceptance
of self and others

Lesson 7.2

Appreciation and acceptance of self and others

Grade	7
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	<p>Changes in boys and girls: puberty and gender constructs</p> <p>Appreciation and acceptance of the self and others</p> <p>Peer pressure: Effects of peer pressure</p> <p>How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour</p>
Link to other subtopics in CAPS	<p>Changes in boys and girls: puberty and gender constructs:</p> <ul style="list-style-type: none"> Physical and emotional changes Understanding the changes and how these impact on relationships Respect for own and others' body changes and emotions
This lesson will deal with the following:	<ul style="list-style-type: none"> explaining the changes that occur in boys and girls, where learners are shown the importance of accepting themselves and others as they are; defining the word "values" and give several examples of important values related to sexual health; clarifying personal values about gender, relationships and sex; discussing the importance of having clear values and behaving in accordance with one's values; and discussing negative stereotypes associated with men/ boys and women/girls and identify ways to redefine these stereotypes.
Concepts	<ul style="list-style-type: none"> acceptance appreciation value gender gender constructs negative stereotypes puberty sexual health
Teaching methodologies	<ul style="list-style-type: none"> brief lectures forced-choice classroom discussions
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.2: Appreciation and acceptance of the self and others*, your learners will first participate in a classroom discussion where the terms “appreciation” and “acceptance” are defined. The purpose of this lesson is to discuss how one’s values and value system influences how one appreciates and accepts oneself and others. Examples of learners’ values will be explored through discussion. Your learners will then participate in a forced-choice /value clarification activity where they are asked to think about, and then defend, their values related to a variety of sexual health situations.

After this activity, there is a classroom discussion about the importance of being clear about one’s values and how, for example, negative gender stereotypes may affect how one thinks and acts out one’s values.

KEY POINTS

1. Knowing your values gives you control over your decisions about relationships and sex.
2. Not being true to your values can lead to regret.
3. Sticking to your values sometimes takes courage.
4. Courage is part of being a strong man or a strong woman.
5. Using alcohol or other substances can make it more difficult to stick to your values.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- *Poster 7.2.1: What are values? (Reading 1 in your learners’ books)*
- *Poster 7.2.2: Value statements (Reading 2 in your learners’ books)*
- “Agree” and “Disagree” signs



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 7 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Post “Agree” and “Disagree” signs on opposite sides of the room.
4. Prepare *Poster 7.2.1: What are values?* and post it up on a wall. The content for this poster can be found after the lesson plan below.
5. Prepare *Poster 7.2.2: Value statements* and post it up on a wall. Cover the poster with another piece of flip chart paper or newsprint so that none of the value statements are visible. The content for this poster can be found after the lesson plan below.



ACTIVITIES

A.1 Discuss the changes that take place during puberty

1. Discuss the concepts.
2. Focus on the physical and emotional changes.
3. Discuss what your learners understand by accepting themselves and what they understand by accepting others.
4. Ask your learners why we should be accepting of ourselves and others.

NOTE TO THE EDUCATOR

Explain that people often judge others harshly or are critical of others. They may do this because they think it makes them feel better about themselves. However this does not work. In fact, people tend to feel better and more positive about themselves if they are kind and caring towards others.

A.2 Values and how values influence the way we think and behave

1. Discuss the concepts relating to values.
2. Ask your learners how they would define the term “values.” Take a few responses and then share the definition written on Poster 7.2.1: What are values?
3. Explain to your learners that you are going to talk about values and how values influence the ways we think about and behave with regard to our relationships, sex and the expectations we have of being a girl/woman or a boy/man.
4. Ask your learners to give you some examples of the values they have. Take a few responses. Examples may include things like: getting an education, staying healthy, being honest, making money, spending time with family, having freedom, equality, respect, caring, compassion, etc.

NOTE TO THE EDUCATOR

1. **Values are what we consider important or of great worth.**
2. **Values serve as guidelines to help us make decisions about our life choices. They help us to decide between right and wrong. Values are like a compass: they tell us which direction to follow.**
3. **As a general rule, when we act in accordance with our values, we tend to feel good about ourselves and our actions.**

A.3 Forced choices (value clarification) group exercise

1. Explain to your learners that they are going work on an activity that will help them to think about some of the values they have about relationships, sex and about what type of boy/man or girl/woman they want to be.
2. This activity is designed to challenge learners’ current ideas and opinions and help them to clarify how they feel about the issues described above.
3. Explain to your learners that in a minute you will ask everyone to stand up. You will read a short statement to

them and they will have to vote on whether they agree or disagree with the statement by walking over to one of the “agree” or “disagree” signs posted in the room.

4. After everyone has selected a place to stand, you will invite them to share why they voted the way they did. Tell your learners that no one will be forced to share if they do not want to share.
5. Emphasise that there are no right or wrong answers. Everyone has a right to their opinion. And while it is perfectly acceptable to disagree with the viewpoints of your peers, it is expected that everyone remain respectful of each other.
6. Tell your learners that any time, if they change their minds about the statement, they may move to the other side of the room.
7. Reveal the first statement on *Poster 7.2.2: Values statements* and read it aloud. Ask your learners to stand near the sign that matches what they think about the statement. After they have moved to their respective signs, ask for one or two of the learners standing beside each sign to explain why they are standing there and why they feel this way about the statement.
8. After a few of your learners have talked about their attitudes towards the statement, invite anyone who wants to change their mind to move to the other sign.
9. Once a statement has been adequately discussed, bring everyone back together into the middle of the room and read the next statement. Repeat steps 3, 4 and 5 until all of the statements have been discussed.
10. Statements for this forced choice activity (value clarification) include:
 - a) It is easier to be a man than a woman.
 - b) Women are better parents than men.
 - c) It is alright for a man to be seen crying in public.
 - d) All men want to have sex with a lot of partners.
 - e) Women and men basically want the same things in a relationship.
 - f) It is alright for teenagers to have sex.
 - g) If a girl gets pregnant, it is her fault and her problem.
 - h) Sex is something you should share with only someone you love.

NOTE TO THE EDUCATOR

If all of your learners share the same view about a statement, play the role of devil's advocate by walking over to the opposite side of the room and asking, “Why would someone be standing on this side of the room? What would someone say if they were standing here?”

If others cannot offer an alternative viewpoint, provide one for the group.

Some learners may say that they do not know whether they agree or disagree and do not want to stand next to either sign. If this happens, ask them to say more about their reactions to the statement. Usually, it comes down to how they interpret a statement. Help them to interpret it in a particular way and then encourage them to choose a side.

If your classroom does not lend itself to learners walking to different sides of the room, consider adapting this activity, by asking learners to hold up an open hand to agree and a closed hand (fist) to disagree. Ask one of your learners to help you count the hands.

If you do not have access to flip chart paper, write the content of Posters 7.2.1 and 7.2.2 on the board instead.



HOMEWORK

NOTE TO THE EDUCATOR

If you have time in class, then this activity can be done during teaching and learning time.

Discussion of the key points

1. Thinking about the key points of this activity on values (see above), lead a classroom discussion by using the questions listed below:

a) **How does knowing your values help you to make decisions that will keep you healthy?**

Emphasise that knowing your values gives you control over your choices and helps you to make decisions that are right for you.

- b) **What do you think about a person who can very clearly tell you what their value are, but then behaves in ways that are contrary their values?**

Provide some practical examples of what you mean – e.g. a politician who claims that they there to serve the community and then is caught stealing public money. Emphasise that it is not enough to just know what your values are – smart teenagers not only know what is right for them, but they also behave in a way that is consistent with their values. This is not always easy to do, especially when facing peer pressure. But doing so shows strength and maturity.

Stress that your learners are strong, smart and in charge of their futures!

The message is: **I am strong, smart and in charge of my future!**

- c) **How do you think a person feels when they act in a way that is against their values?**

Emphasise that when a person does not behave according to their values, they often feel regret later. Behaving according to your values takes courage. Courage is part of being becoming an adult.

- d) **What negative stereotypes about boys/men did you hear during the activity?**

- e) **For example, is it really true that all men want to have sex with a lot of partners? What kind of pressure do you think this puts on young men? Is this fair?**

Stress that BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.

- f) **What negative stereotypes about girls/women did you hear?**

- g) **For example, if a girl gets pregnant, did she get pregnant by herself? Should her partner also take responsibility for preventing pregnancy?**

Stress that BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.

- h) **How do you think abusing alcohol or drugs can affect a person's desire to live in accordance with their values?**

Emphasise that drugs and alcohol can lower a person's inhibitions and ability to think clearly. When one feels this way it easier to be persuaded to do something that you do not want to do or that is not in accordance with your values

- i) **What do you think are the most important values that should guide a person's decision to have sex or not?**

Examples might include: having good, healthy or happy relationships; family beliefs; future goals; faith-based beliefs, etc.



CONSOLIDATION

1. Conclude the activity by stating the following key points:
 - a) Knowing your values gives you control over your decisions about relationships and sex.
 - b) Not being true to your values can lead to regret.
 - c) Sticking to your values sometimes takes courage.
 - d) Courage is part of being a strong man or a strong woman.
 - e) Alcohol or any other substances can make it more difficult to stick to your values.
2. Suggest to your learners, only if they feel comfortable, to take a few minutes during the next week to ask their parents about what they think are the most important values for a teenager to have.



ASSESSMENT

Case study¹

1. Ask your learners to read the case study, and then answer the questions below:
 - a) Why is Amrita sometimes embarrassed about her looks?
 - b) How does Amrita make herself feel better when she is having a bad day?
 - c) What does Amrita realise about her friends?
 - d) What have you learnt from Amrita's story?
 - e) What values does Amrita attach to herself?
 - f) Is she being realistic about her values?
 - g) Give examples of some of your values which you believe in and explain why it is important to you?
2. Give examples of some of your values and explain why they are important to you and why you believe in them?

CASE STUDY: AMRITA'S STORY

Sometimes when I look in the mirror, I am disappointed by the colour of my skin because I think that our society finds blonde-haired, blue eyed girls more beautiful. Sometimes I tell the people at Starbucks that my name is Amy so that they won't have to ask me 10 times how to spell my hard to pronounce, foreign name. Sometimes I cringe at my relatives' thick Indian accents.

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1 Taken from Euvrard G, Findlay H & Normand C. 2012. Life Orientation Today Grade 7 Learner's Book. Maskew Miller.

Sometimes, I make sure to invite my friends over before my mom cooks dinner so that the house doesn't smell like spices and curries.

Even in such a diverse place as the California Bay area, a person can feel out of place and different from her peers. It helps me when I'm having a bad day, however, to remind myself that the people in my life who I love actually embrace all these things – my skin colour, my name, my family members' accents and the scent of my home. These things make up a large part of my identity. I would never have guessed that my best friends would think that the food that stinks up my entire house smells delicious! They actually applauded my relatives for speaking English with excellent grammar, rather than scoffing at their unusual accents.

When I tell people stories about the meaning of my name, the numerous Indian holidays and festivals, or the mythical Hindu tales, they are engrossed and fascinated. This makes me even more proud of my background. More importantly, I remember that all of the things I can be embarrassed by are the superficial aspects of my life and that CASE it's more significant to show others that I have a kind heart and bright mind rather than a certain name or skin colour.



RESOURCES

POSTER 7.2.1: WHAT ARE VALUES?

1. Values are what we consider important or of great worth.
2. Values serve as guidelines to help us to make decisions about life choices. They help us to decide between right and wrong. Values are a like a compass – they tell us which direction to follow.
3. As a general rule, when we act in accordance with our values, we tend to feel good about ourselves and our actions.

POSTER 7.2.2: VALUE STATEMENTS

1. Both men and women are equally responsible for making decisions about their children.
2. All the members of a household share housekeeping chores.
3. Both boys and girls make responsible decisions regarding sex during puberty.
4. All teenagers are responsible for their own decisions about having sex.
5. Early unprotected sexual activity may lead to unplanned parenthood.
6. To love someone does not mean you must engage in sex.



GLOSSARY

- acceptance
- appreciation
- gender
- gender constructs
- negative stereotypes
- puberty
- sexual health
- stereotype
- value



Lesson 7.3

Is there a difference between
gender and sex?

Lesson 7.3

Is there a difference between gender and sex?

Grade	7
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	Peer pressure: the effects of peer pressure How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour
This lesson will deal with the following:	<ul style="list-style-type: none"> describing how peer pressure may influence an individual's behaviour: use of substances, crime, sexual behaviour, bullying and rebellious behaviour; explaining the difference between the terms sex, gender and sexual orientation; identifying at least two gender messages that girls and boys receive within their community; distinguishing between characteristics and attitudes that are determined by our sex, and those determined by our gender; and explaining how harmful gender messages can affect health and well-being.
Concepts	<ul style="list-style-type: none"> behaviour sexual behaviour bullying crime influence peer peer pressure rebellious substance
Teaching methodologies	<ul style="list-style-type: none"> brief lectures case studies/scenarios classroom discussions quizzes or myth or fact (comparison)
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.3: Is there a difference between gender and sex?* your learners will explore the difference between the concepts of sex, gender, and sexual orientation. Your learners will then discuss a variety of gender messages that girls and boys receive from multiple forces in their community about how girls and boys are expected to behave and express themselves. Your learners will then read a story about a pair of twins, Samuel and Sarah. They will then participate in a classroom discussion about how harmful gender messages can affect health and well-being.

KEY POINTS

1. Our sex is determined by our biology.
2. Our gender or how we behave as a man or a woman is determined by the messages and expectations we receive from our society.
3. Some gender messages are harmless. Some gender messages can put our health and well-being at risk.
4. Ultimately, YOU get to decide what it means to be a woman or man.
5. BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- *Poster 7.3.1: Definitions (Reading 1 in your learners' books)*
- *Reading 7.3.1: Sarah and Samuel (Reading 2 in your learners' books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of the terms that defines all the new concepts used in all the Grade 7 SLPs.
2. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
3. Prepare *Poster 7.3.1: Definitions* and post it up on the wall/board. Cover the poster with another piece of flip chart paper so that you can reveal the definitions progressively throughout the lesson as needed. The content for this poster can be found at the end of this lesson plan.



ACTIVITIES

A.1 Clarification of the concepts “sex” and “gender”

1. Write the words “sex” and “gender” on a piece of flip chart paper or on the blackboard. Ask the group if anyone can explain the difference between our sex and our gender. Take a few responses.
2. Reveal the first definition on *Poster 7.3.1: Definitions*. Explain that sex is the biological way in which people are born, either male or female, and is based on their sex organs (penis or vagina), as well as their hormones, chromosomes and certain physical characteristics (e.g., men grow beards, women grow breasts). We are born with our sex. Examples of sex differences are: women give birth to babies (men do not), and men produce sperm (women do not).
3. Reveal the second definition on *Poster 7.3.1: Definitions*. Explain that “gender,” unlike sex, is determined by society’s expectations of how we are supposed to act based upon our sex. Some gender messages are harmless, for example, in many cultures parents dress their daughters in pink and their sons in blue. However, other gender norms can be harmful to our health and well-being. For example, in many cultures men are expected to be fighters, tough and strong all the time, and women are supposed to be quiet and passive all the time. Having to behave in these ways all the time can be stressful and can also put a boy at risk for physical injury and a girl at risk for doing something she does not want to do.
4. When these messages are *rigidly* assigned they can also be harmful. For example, there is no reason why girls should not be tough and strong and no reason why boys cannot be nurturing and caretakers.
 - a) Whether these messages are harmful or not, also depends on how they are interpreted. For example, a person can show their strength by defending a friend who is being bullied or by running a marathon. Strength is not about beating someone up or forcing someone to have sex. In another example, a person can be nurturing by caring for a sick parent or helping someone in need. However, if a person puts everyone else’s needs ahead of their own or lets other people cross their personal boundaries, they suffer.
 - b) These traits are not exclusive to one sex and each of these traits is important to being a human being; masculine gender traits are not more important or better than feminine gender traits.
5. Reveal the third definition on *Poster 7.3.1: Definitions*. Ask the group if someone can explain this term “sexual orientation.” Take a few responses.
6. Clarify that sexual orientation describes who a person is romantically attracted to. If a person is attracted to or wants to romance the opposite sex, then this person identifies as *heterosexual*. If a person is attracted to and wants to romance the same sex, then they identify as *homosexual*. If a person is attracted to and wants to romance both sexes, then they identify as *bisexual*.
7. Explain that people often get gender and sexual orientation confused. Gender has to do with how you express yourself as a man or a woman, while sexual orientation has to do with who you are attracted to romantically or whom you want to build a life with. We often make false assumptions that a man who is considered tough must be “straight”, or that a man who is considered to be sensitive must be gay. However, the opposite could be true, because gender expression and sexual orientation are two totally different things.

Note: Please explain to your learners that it is preferable to use the word “heterosexual” instead

of the word “straight” because it implies that someone who is not heterosexual is somehow “crooked”.

8. Read the story about Sarah and Samuel

- a) Explain to your learners that you would like to share the story of Sarah and Samuel. As they listen to the story you would like them to pay careful attention to the messages Sarah and Samuel receive from other people in their lives about how to be a girl or how to be a boy. Explain that after they hear the story, there will be a classroom discussion about their thoughts and opinions.
- b) Direct your learner to Reading 1: *Sarah and Samuel* in their workbooks.
- c) Invite different learners to read the story of Samuel and Sarah out loud while others read along. Read the story twice if you think your learners need to reinforce their comprehension.
- d) Tell the group that you would like to talk about Samuel first. Lead a classroom discussion about Samuel using the questions listed below.

- What were some of the messages that Samuel received about how to be a boy?

Examples of responses may be:

- o boys are not supposed to play with dolls;
- o boys are supposed to play soccer;
- o boys should not do kitchen work;
- o it is a girl’s job to do kitchen work; and
- o in order to become a man you must have sex.

- How fair do you think these messages are?

Emphasise that boys and girls have the right to do all the things that Samuel is doing. They have this right because these behaviours are human behaviours; they do not belong to one sex or the other. Society makes up the rules about what is appropriate for girls and for boys; sometimes denying us the experience of what it means to be a full human being.

- How do you think these messages made Samuel feel?

Examples of responses may be: embarrassed, defensive, bad, shamed, anxious, etc.

- What do you think about the pressure that Samuel is feeling right now to have sex? Does having sex prove that you are a man?

Emphasise that having sex does not equate to manhood. Manhood is defined by responsibility, consideration of others, living by your values, respecting others, being patience, etc.

- What could happen to Samuel if he gives into the pressure of having sex?

Examples of responses may be:

- o he could get his partner pregnant;
- o he could acquire a sexually transmitted infection, like HIV; or
- o he might feel bad afterwards for living against his values, etc.

- If you were Samuel’s friend, what would you advise him to do?

e) Tell the group that you would like to switch the discussion now to Sarah. Lead a classroom discussion about Sarah using the questions listed below.

- What were some of the messages that Sarah received about how to be a girl?

Examples of responses may be:

- o girls have to worry about their reputation;
- o people in the village will make assumptions, about a girl spending time with boys;
- o it is most important to get married and have children; and
- o women should not choose big careers.

- How fair do you think these messages are?

Emphasise that boys and girls have the right to do all the things that Sarah is doing. They have this

right because these behaviours are human behaviours; they do not belong to one gender or the other. Society makes up the rules about what is appropriate for girls and for boys; sometimes denying us the experience of what it means to be a full human being.

- How do you think these messages made Sarah feel?
Examples of responses: sad, frustrated, shamed, worried, confused, etc.
- What do you think about the advice that the neighbour gave Sarah about becoming a nurse rather than a doctor? Do you think if Sarah was a boy, the neighbour would have said the same thing? Why or why not?
Emphasise that career choice should be YOUR decision. You know what is best for you and should be free to choose your career. Becoming a doctor would be a great achievement for Sarah. And it is also possible to marry and have children if you are doctor; in fact, most doctors are married and have children. There are also some people who opt not to have children; this does not make them any less of a man or a woman.
- If you were Sarah's friend, what would you advise her to do?



HOMWORK

1. Written task

If the activity on the "Sarah and Samuel" story is not complete, allow your learners to complete it at home.



CONSOLIDATION

1. Conclude the activity by stating the following key points:
 - a) Our sex is determined by our biology.
 - b) Our gender or how we behave as a man or a woman is determined by the messages and expectations we receive from our society.
 - c) Some gender messages are harmless. Some gender messages can put our health and well-being at risk.
 - d) Ultimately, YOU get to decide what it means to be a woman or man.
 - e) **BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.**
2. Tell your learners that in the next lesson, you are going to talk about puberty and the great changes that boys and girls go through during this time of their lives.



ASSESSMENT

1. Peer assessment quiz

Ask your learners to quiz each other on the following questions to test each other's knowledge. Keep a score of the correct and incorrect answers and discuss.

2. Review quiz

As a review of the content just shared, conduct the short quiz below with the learners as a large group. Tell your learners that you are going to read five statements and they need to tell you whether the answer is true or false. If the answer is false, they should give you the correct answer.

a) Our gender is determined by our biology.

FALSE: Our gender is determined by the messages we receive from society, e.g., family, friends, neighbours, television, magazines, etc.

b) We are born with our sex.

TRUE: Sex is determined by our reproductive organs, chromosomes, hormones and certain physical characteristics.

c) Sexual orientation and gender are the same thing.

FALSE: Sexual orientation is who we are attracted to romantically and whom we want to build a life with. Gender is how we express ourselves as a man or woman based on the messages we receive from society.

d) We learn our gender from our biology.

FALSE: We learn our gender from the messages and expectations we receive from society.

e) If a man is very sensitive, he must be gay (homosexual).

FALSE: Being sensitive is a human emotion that everyone has the right to experience. Being sensitive has nothing to do with who you are attracted to physically or romantically.

Test your knowledge

Ask your learners the following questions:

1. What is the definition of sex?
2. What is the definition of gender?
3. What is the definition of sexual orientation?
4. What are two examples of common messages that boys in our community receive about how they should behave as boys?
5. What are two examples of common messages that girls in our community receive about how they should behave as girls?



RESOURCES

POSTER 7.3.1: DEFINITIONS

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

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

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

READING 7.3.1: SARAH AND SAMUEL

Background on Sarah and Samuel

Sarah and Samuel are 13-year old twins. They are both in Grade 7. Sarah, Samuel and their older brother and sister live with their mother. Sarah and Samuel share a close bond and really enjoy spending time together.

About Samuel

When Samuel was about five years old he liked to play with Sarah and his other sisters, and he liked to play with their dolls. But one day when he was playing outside with his sisters some boys from his village made fun of him for playing with dolls. The boys said that Samuel should be a “real boy” and play soccer with them. Sam left the dolls and started playing soccer.

Samuel’s mother worked very hard to support her four children. After Samuel’s mother prepared dinner each night, Samuel could see how tired she was. So when Sam was about eight years old he started helping his mother by washing dishes after dinner. But one day, his uncle was visiting and said to Samuel’s mother: “Why do you have this boy washing dishes? This is not work for a boy. His sisters should be washing the dishes.” Ever since that day, Sam finds excuses for not helping his mother to wash the dishes. He does not want anyone to think he is a girl.

Now that Sam is 13, he hears some of his friends talk about having sex. One of his friends said that he had sex and now he feels like a man. Samuel is starting to feel pressure from his friends to have sex.

About Sarah

Last year, when Sarah was 12, she would often spend time with Samuel and his friends playing soccer. One day, one of her girlfriends told her that she should stop playing with the boys. She said that people were saying that if Sarah keeps hanging out with those boys she is going to get pregnant. Sarah worries about her reputation so she stops playing with Samuel and his friends.

Sarah is a good student and she hopes to be a doctor one day. One day she talked about her dreams of being a doctor with her mother while a neighbour was visiting. The neighbour commented that Sarah should think about being a nurse, instead of a doctor. The neighbour said that becoming a doctor would take too much time and would make it hard for Sarah to get married and have children.



GLOSSARY

- behaviour
- crime
- influence
- peer
- peer pressure

- pressure
- rebellious
- sexual behaviour
- substance

ACKNOWLEDGEMENTS

This lesson has been partly adapted from the following curricula:

1. Levack, A., Roller,

L.A., DeAtley, J.M. (2013). *Gender Matters: A Gender-Transformative Teenage*



Lesson 7.4

Understanding puberty – physical,
social and emotional changes

Lesson 7.4

Understanding puberty – physical, social and emotional changes

Grade	7
CAPS topic(s)	Development of the self in society. Health, social and environmental responsibilities
CAPS subtopic(s)	Changes in boys and girls: puberty and gender constructs <ul style="list-style-type: none"> Physical and emotional changes Understanding the changes and how these impact on relationships Respect for own and others' body changes and emotions Appreciation and acceptance of the self and others
Link to other subtopics in CAPS	<p>Concept: self-image</p> <ul style="list-style-type: none"> Strategies to enhance self-image through positive actions: respect for self <p>Common diseases: tuberculosis, diabetes, epilepsy, obesity, anorexia, HIV and AIDS</p> <ul style="list-style-type: none"> Causes of diseases: social, economic and environmental factors including use of alcohol and tobacco, poor eating habits and physical inactivity
This lesson will deal with the following:	<ul style="list-style-type: none"> identifying 4 to 6 internal and external physical changes that occur during puberty for girls and boys; defining and describe the process of menstruation; defining and describe the processes of erection and ejaculation; and describing how to care for oneself during puberty.
Concepts	<ul style="list-style-type: none"> ejaculation erection external internal menstruation physical changes puberty individual reflection
Teaching Methodologies	<ul style="list-style-type: none"> classroom discussions small-group work categorisation independent reading note-taking learner presentations drawing
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.4: Understanding puberty - Physical, social and emotional changes* – Part 1, your learners will learn about the changes that happen in their bodies during puberty and how to manage them. The lesson begins with a definition of puberty. Learners then break up into small groups and read a brochure about puberty. Each of your learners will prepare a presentation on a portion of the brochure. Your learners will then deliver their presentations in groups of six. While each learner is presenting, the other learners will categorise the changes discussed in the presentation by type and depict the changes on a figure drawing. Your learners will then return to the whole class to offer their reactions to what they learned about puberty. The lesson ends with a homework assignment to write a letter to a fictional aunt posing some questions about puberty.

KEY POINTS

1. Puberty is a normal process of physical, social and emotional changes.
2. During puberty, girls grow into women and boys grow into men. It is also a time when our bodies become biologically able to reproduce.
3. Our bodies mature differently and at different times.
4. It is okay to be different. Everyone is unique.
5. Your body may mature before you feel emotionally ready; find adults and friends that you trust to talk to about your feelings.



RESOURCES/MATERIALS

- chalkboard
- chalk (different colours)
- flip chart paper
- permanent markers (various colours)
- Prestik/tape
- watch or cell phone for time-keeping
- Educator *Resource 7.4.1: Jigsaw instructions and reading assignments* (*Resource 1* in your learners' books)
- *Educator Resource 7.4.2: Asking Sis Dolly about puberty*
- *Reading 7.4.1: Puberty – Expect big changes* (*Reading 1* in your learners' books)
- *Worksheet 7.4.1: Pre-pubescent human figure* (*Worksheet 1(A) and (B)* in your learners' books)



PREPARATION FOR THE LESSON

1. Please refer to Pages 4–6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 7 SLPs.
2. Study the lesson plan to ensure that you understand the content, methodology and the time allocated for the lesson.
3. Make a large version of *Resource 7.4.1: Jigsaw instructions and reading assignments*, on the board or a sheet of poster-sized paper.

4. Write the homework assignment on the board using *Educator Resource: 7.4.2: Asking Sis Dolly about puberty*, as your reference. Write an appropriate due date in place of where the resource says <<DUE DATE>>.



ACTIVITIES

A.1 Defining puberty

1. Ask your learners to raise their hands if they have heard of the word puberty before.
2. Ask your learners if they can give you a definition for the word puberty. Take a few responses and then direct your learners to the definition of the word puberty that you have written on the board.
3. Review the definition with your learners:
“Puberty is a normal process of physical, social and emotional changes. Girls grow into women and boys grow into men. It is also a time when our bodies become able to reproduce.”
4. Answer any questions that your learners have about clarifying the definition to ensure that the meaning is clear. Table any other types of questions for another time.

A.2 The changes puberty brings

NOTE TO THE EDUCATOR If your class cannot be divided evenly into groups of six it is recommended that you divide your learners into groups of five and drop the sixth section of the reading. This information is important but is also covered in other places in the Life Orientation curriculum. If your class doesn't divide evenly into groups of five or six, choose the divisor that leaves the largest possible undersized group and assign double sections to your most academically advanced learners.

1. Explain to your learners that they are going to complete an activity called a “jigsaw”.
2. Explain that they are going to work in a group of six learners and that each group member will be responsible for learning a portion of information about puberty and then teaching it to the other members in their group.
3. Divide your learners up into groups of six learners.
4. Once your learners are in their groups, ask them to turn to the following in their workbooks:
 - a) *Reading 1: Puberty – Expect big changes*
 - b) *Resource 1: Jigsaw instructions and reading assignments*
 - c) *Worksheet 1 (A) and (B): Pre-pubescent human figure.*
5. Ask your learners to assign each group member a number between one and six. Remind your learners to write their number down on their handout so they don't forget. Explain the activity to your learners while they read the instruction section of *Resource 1: Jigsaw instructions and reading assignments* in their workbooks.

NOTE TO THE EDUCATOR

Assign the reading to individual learners as follows:

Group Member #1 – Introduction: the 1st three paragraphs: When?; What's happening? and Breasts

Group Member #2 – Being seen as men and women; Hair, where?! and Pimples!

Group Member #3 – Curves and muscles, size differences ? and Wet dreams

Group Member #4 – Period, Voice breaking and New feelings

Group Member #5 – Sex and sexuality, Society sees you as adults

Group Member #6 – Some answers, Taking care of yourself

- Each group member must read their **assigned** section of *Puberty – Expect big changes*, on their own.
- Remind your learners that while they read their assigned section, they need to take notes on, underline or highlight the main ideas.
- Explain to your learners that they then need to turn their notes and/or underlines/highlights into a list of **NO MORE THAN FIVE MAIN IDEAS**. They will use this list for a 90 second presentation to the rest of the class. The presentation needs to be short and simple enough to be presented within the time limit.
- When all the group members are prepared to present, take a moment to label one of your copies of the human figure worksheet “Girl” and one “Boy”.
- Allow your learners to take turns in doing their presentations.
- During other learners’ presentations the changes they describe need to be drawn on the appropriate human figure. For example, if the presenter says “During puberty girls develop breasts and hips”, draw breasts and hips on the figure you labelled “Girl”.
- After all of the presenters’ main ideas have been presented, your learners need to identify what kind(s) of change(s) each of the presenter’s main ideas describes: physical, social or emotional. It is okay for your learners to categorise an idea as representing more than one type of change.

NOTE TO THE EDUCATOR

When teaching topics such as puberty and the reproductive system, keep in mind that young people are often sensitive about whether they are “normal.” Focus on the wide range of what is natural and avoid using words such as “abnormal” and “unnatural.” Using technical/medical terms for body parts (e.g. penis, vagina, uterus, etc.) will help learners feel more comfortable. Strongly encourage learners to do the same.



HOMework

- Ask your learners to write an anonymous letter to “Sis Dolly” asking her as many questions as they can think of about puberty in relation to both boys and girls.
- Emphasise that your learners must NOT include their real name in the letter; they must give themselves a pseudonym (an imaginary name).



CONSOLIDATION

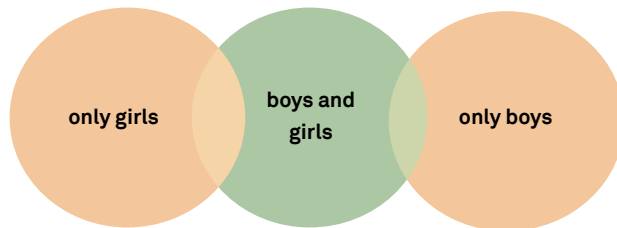
1. Conclude the lesson by stating the following key messages:
 - a) Puberty is a normal process of physical, social and emotional changes.
 - b) During puberty, girls grow into women and boys grow into men. It is also a time when our bodies become biologically able to reproduce.
 - c) Our bodies mature differently and at different times.
 - d) It is okay to be different - everyone is unique.
 - e) Your body may mature before you feel emotionally ready. Find adults and friends that you trust to talk to about your feelings.



ASSESSMENT

1. Paired activity:

- a) Your learners must work with a partner and discuss what physical changes happen to boys and girls during puberty.
- b) Ask your learners to draw and complete the diagram below by filling in the information.



Test your knowledge

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

1. What is the definition of puberty?
2. What are some of the physical and emotional changes that males experience at puberty?
3. What are some of the physical and emotional changes that females experience at puberty?
4. What is a “wet dream?”
5. What happens during a woman’s menstrual cycle?
6. Why is puberty a critical time to determine your personal values and limits in relation to sexual behaviour?





RESOURCES

READING 7.4.1: PUBERTY – EXPECT BIG CHANGES

Puberty is the time in your life when your body starts changing from that of a child to that of an adult. At times you may feel like your body is totally out of control! Your arms, legs, hands and feet may grow faster than the rest of the body. You may feel a little clumsier than usual. Compared to your friends, you may feel too tall, too short, too fat or too skinny. You may feel self-conscious about these changes, but many of your friends probably do too. Everyone goes through puberty, but not always at the same time or in the same way. In general here's what you can expect:

WHEN?

There's no right time for puberty to begin, but girls start a little earlier than boys: usually between 8 and 13 years of age. Puberty for boys usually starts at about 10-14 years of age.

WHAT'S HAPPENING?

Chemicals called hormones will cause many changes in your body.

BREASTS

GIRLS: The first sign of puberty in most girls is breast development: small, tender lumps under one or both nipples. The soreness goes away as your breast grow. Don't worry if one breast grows faster than the other. By the time your breasts are fully developed, they usually ended up being the same size.

When your breasts get larger, you may want to start wearing a bra. Some girls are excited about this. Other girls may feel embarrassed, especially if they are the first of their friends to need a bra. Do what is comfortable for you.

BOYS: During puberty, boys may have swelling under their nipples too. If this happens to you, you may worry that you're growing breasts. Don't worry; you're not. This swelling is very common and only temporary. But if you're worried, talk to your doctor.

HAIR, WHERE?

GIRLS AND BOYS: During puberty soft hairs start to grow in the pubic area: the area between your legs and around your genitals, i.e. the vagina or penis. This hair will become thick and very curly. You may also notice hair under your arms and on your legs. Boys might get hair on their faces or chests. Shaving is a personal choice. If your shave, remember to use your own clean razor or electric shaver.

Being seen as “men” or “women”

Children are viewed as all the same - as children. After puberty, society starts to see you within your gender role and sexuality. It can bring a new gap in boy's and girls' equalities and opportunities.

BOYS: You might start experiencing pressure to be brave and strong or disapproval of emotions like vulnerability or tenderness. You'll likely be pressured to have sex to prove your manliness and heterosexuality.

GIRLS: In some settings your freedom may start being restricted or puberty may signal that it is time for you to get married or take on more household duties. Your style of dress may be limited. You may be expected to act only in ways considered appropriate to women and “ladies”.

PIMPLES

GIRLS AND BOYS: Another change that happens during puberty is that your skin gets oilier and you might start to sweat more. This is because your glands are growing too. It is important to wash every day to keep your skin clean. Most people use a deodorant or antiperspirant to keep odour and wetness under control. Do not be surprised, even if you wash your face every day, that you still get pimples. This is called acne and it is normal during this time, when your hormone levels are high. Almost all teenagers get acne at one time or another. Whether your case is mild or severe, there are things you can do to keep it under control. For more information on controlling acne, talk to your doctor or a dermatologist.

CURVES AND MUSCLES

GIRLS: As you go through puberty, you will get taller, your hips will get wider and your waist will get smaller. Your body also begins to build up fat in your belly, bottom, and legs. This is normal and gives your body the curvier shape of a woman.

BOYS: As you go through puberty, you will get taller, your shoulders will get broader and, as your muscles get bigger, your weight will increase.

Sometimes the weight gain of puberty causes girls and boys to feel so uncomfortable with how they look that they try to lose weight by throwing up, not eating or taking medicines. This is not a healthy way to lose weight and can make you very sick. If you feel this way or you have tried any of these ways to lose weight, please talk to your parents or doctor.

SIZE DIFFERENCES?

BOYS: During puberty, the penis and testes get larger. There is also an increase in sex hormones. You may notice that you will get erections (when penis gets stiff) more often than before. This is normal. Even though you may feel embarrassed, try to remember that unless you draw attention to it, most people will not even notice your erection. Also remember that the size of your penis has nothing to do with manliness or sexual function.

WET DREAMS

BOYS: During puberty your testes begin to produce sperm. This means that during an erection, you may also ejaculate. This is when semen (made up of sperm and other fluids) is released through the penis. This could happen while you are sleeping. You might wake up to find that your sheets or pyjamas are wet. This is called a nocturnal emission or a “wet dream”. This is normal and will stop as you get older.

PERIODS

GIRLS: Your menstrual cycle, or “period”, starts during puberty. Most girls get their periods 2- 2 ½ years after their breasts start to grow (between 10-16 years of age). During puberty, your ovaries begin to release eggs. If an egg connects with sperm from a man’s penis (fertilisation), it will grow inside your uterus and develop into a baby. To prepare for this, a thick layer of tissue and blood cells build up in your uterus. If the egg does not connect with sperm, the body does not need these tissues and cells. They turn onto a blood-like fluid and flow out of your vagina. Your period is the monthly discharge of this fluid out of the body. A girl who has started having periods is able to get pregnant, even if she does not have a period every month.

You will have to wear a sanitary pad and /or tampon to absorb this fluid and keep it from getting on your clothes. Most periods last from 3-7 days. Having your period does not mean you have to abandon any of your former activities like swimming, horseback riding or gym class. Exercise can even help get rid of cramps and other discomforts that you may feel during your period.

VOICE BREAKING

BOYS: Your voice will get deeper, but does not happen all at once. It usually starts with your voice breaking. As you keep growing, the breaking will stop and your voice will stay at the lower range.

NEW FEELINGS

BOYS AND GIRLS: In addition to all the physical changes you will go through during puberty, there are many emotional changes as well. For example, you may start to care more about what other people think about you because you want to be accepted and liked. Your relationships with others may begin to change. Some become more important and some less so. You will start to separate yourself from your parents and identify more with others your age. You may begin to make decisions that could affect the rest of your life.

At times you may not like the attention of your parents and other adults, but they too are trying to adjust to the changes that you are going through. Many teens feel that their parents do not understand them: this is a normal feeling. It is best to let them know, politely, how you feel and then talk things through together. It is also normal to lose your temper more easily and to feel that nobody care about you. Talk about your feelings with your parents, another adult that you trust or your doctor. You may be surprised at how much better you will feel.

SEX AND SEXUALITY

BOYS AND GIRLS: During this time, many young people also become very aware of their feminine and masculine sides. A look, a touch, or just thinking about someone may make your heart beat faster and produce a warm, tingling feeling all over. Talking to your parents or doctor is a good way to get information and to help you think about how these changes affect you. You may ask yourself:

1. When should I start dating?
2. When is it okay to kiss?
3. Is it okay to masturbate (to stimulate your genitals for sexual pleasure)?
4. How far would I go sexually?
5. When will I be ready to have sexual intercourse?
6. Will having sex help my relationship?
7. Is oral sex really sex?

SOME ANSWERS:

MASTURBATION is normal and will not hurt you. Many boys and girls masturbate. Deciding to become sexually active, however, can be very confusing. On one hand, you hear so many warnings and dangers about having sex. On the other hand, movies, TV, magazines and even the lyrics in songs all seem to be telling you that having sex is okay.

The fact is, sex is a part of life and like many parts of life, it can be good or bad. It all depends on you and the choices you make. Take dating for example: if you and a friend feel ready to start dating and it is ok with your parents, that is fine. You may find yourself in a more serious relationship. But if one of you wants to stop dating, try not to hurt the other person's feelings; just be honest with each other. After a breakup both partners may be sad or angry, but carrying on with normal activities and talking it over with an adult that you trust is usually helpful.

Getting close to someone you like is okay too. Holding hands, hugging and kissing may happen, but this does not have to lead to having sex. Deciding whether to have sex is one of the most important decisions you will ever make. Why not take your time and think it through? It can help to talk to your parents or someone you trust. Waiting to have sex until you are older – in a serious relationship and able to accept responsibilities that come along with it – is a great idea. And you can avoid becoming pregnant, getting someone pregnant or getting deadly diseases. There is only one way to avoid pregnancy and infections related to sex and that is by not having sex. You don't have to worry about infections like herpes, gonorrhea and HIV (virus that causes AIDS).

However, if you decide to have sex, talk with a health provider about which type of birth control is best for you and how to protect yourself against sexually transmitted diseases.

TAKING CARE OF YOURSELF

As you get older, there will be many decisions that you will need to make to ensure that you stay healthy. Eating right, exercising and getting enough rest are important during puberty because your body is going through many changes. It is also important to feel good about yourself and the decisions you make. Whenever you have questions about your health or your feelings, do not be afraid to share them with your parents and/or doctor.



RESOURCES

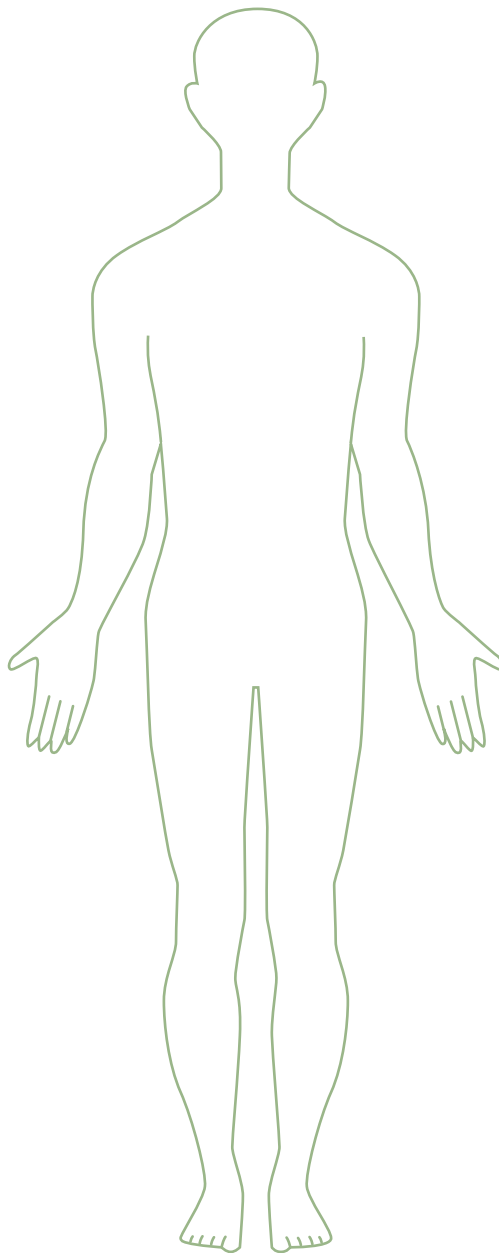
EDUCATOR RESOURCE 7.4.1: JIGSAW INSTRUCTIONS AND READING ASSIGNMENTS

1. Assign each group member a number between one and six. Write your number down on your handout so you do not forget it.
2. Read along with your educator as they explain this activity (Resource 1: Jigsaw instructions and reading assignment).
3. Each group member: individually read their assigned section of Puberty – expect big changes, as follows:
 - a) Group Member #1 – Introduction: the 1st three paragraphs: *When?; What’s Happening? and Breasts*
 - b) Group Member #2 – *Being seen as men and women; Hair, Where?and Pimples!*
 - c) Group Member #3 – *Curves and muscles, Size differences?and Wet dreams*
 - d) Group Member #4 – *Period, Voice breaking and New feelings*
 - e) Group Member #5 – *Sex and sexuality, Society sees you as adults*
 - f) Group Member #6 – *Some answers, Taking care of yourself*
4. Remember that while you read your assigned section, you need to take notes on underline or highlight, the main ideas.
5. You then need to turn your notes, underlines or highlights into a list of NO MORE THAN FIVE MAIN IDEAS.
6. You will now plan, as a group, to do ONE presentation of all your group members’ lists of the MAIN IDEAS from each of the sections assigned to you.
7. Your group presentation to the rest of the class may only be 90 seconds long. This means your presentation needs to be short and simple enough to be presented within the time limit.
8. Label *Worksheet 1(A): The human figure before puberty as “Boy”* and *Worksheet 1(B): The human figure before puberty as “Girl”*.
9. During the other learners’/groups’ presentations your group will need to draw the changes they describe on the appropriate human figure. For example, if the presenter says, “During puberty girls develop breasts and hips”, draw breasts and hips on the figure you labelled “Girl”.
10. After all of the presenters’ main ideas have been presented, your group needs to identify what kind(s) of change(s) each of the presenter’s main ideas describes: physical, social or emotional.

EDUCATOR RESOURCE 7.4.2: ASKING SIS DOLLY ABOUT PUBERTY

1. Write an anonymous letter to “Sis Dolly” asking her as many questions as you can think of about puberty, in relation to both boys and girls.
2. Do NOT include your real name in the letter - give yourself an imaginary name.
3. Bring these letters to class on <<DUE DATE>> for Lesson 7.4B: Understanding puberty – physical, social and emotional changes, Part 2.

WORKSHEET 7.4.1: THE HUMAN FIGURE BEFORE PUBERTY





GLOSSARY

- ejaculation
- erection
- external
- internal
- menstruation
- physical changes
- puberty



Lesson 7.5

Healthy and unhealthy
relationships

Lesson 7.5

Healthy and unhealthy relationships

Grade	7
CAPS topic(s)	<p>Development of the self in society</p> <p>Constitutional rights and responsibilities</p>
CAPS subtopic(s)	<p>Peer pressure: effects of peer pressure</p> <ul style="list-style-type: none"> • How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour • Appropriate responses to pressure: assertiveness and coping skills • Negotiation skills: ability to disagree in constructive ways • Where to find help
Link to other subtopics in CAPS	<p>Human rights as stipulated in the South African Constitution</p> <p>Changes in boys and girls: puberty and gender constructs</p> <ul style="list-style-type: none"> • Understanding the changes and how these impact on relationships • Appreciation and acceptance of the self and others <p>Dealing with abuse in different contexts: between adults and children and between peers</p>
This lesson will deal with the following:	<ul style="list-style-type: none"> • explaining how peer pressure can influence an individual; • understanding how peer pressure affects teenagers; • responding appropriately to peer pressure: assertive and coping skills; • identifying characteristics of healthy and unhealthy relationships; • identifying abusive behaviours and the five categories of abuse; • describing how unhealthy gender messages play a role in promoting unhealthy behaviours and abuse within relationships; • understanding the concept of a relationship non-negotiable point; • identifying which healthy behaviours are most important in relationships, as well as identifying personal “deal-breakers”; and • describing parents’, or other trusted adults’ ideas about what constitutes a healthy relationship.

<p>Concepts</p>	<ul style="list-style-type: none"> • abuse • abusive relationship/ bullying • constructive ways • controlling behaviour (mental/emotional) • cyber-bullying (social networking websites, texts, phone calls) (mental/emotional) • deal-breakers • demeaning (verbal) • Drug abuse (self-abuse) emotionally • gender messages • unhealthy sexual behaviour • verbal insults, unwanted teasing, unwanted sexual comments (verbal) • domestic violence (domestic abuse or one of the • healthy relationships • intimate • lying, misleading, spreading rumours (mental/emotional) • manipulation (mental/emotional) • negotiation skills non-negotiable peer pressure • physical abuse/rape • rebellious behaviour • sexual harassment (physical or emotional) • stalking (mental/emotional) • threats (mental/emotional) • brainstorming
<p>Teaching methodologies</p>	<ul style="list-style-type: none"> • brief lectures • homework assignments • individual reflection • interview • classroom discussions • small-group work • worksheets
<p>Time</p>	<p>60 minutes</p>

BRIEF LESSON SUMMARY

During *Lesson 7.5 – Healthy and unhealthy relationships*, your learners will understand the meaning of peer pressure and its effects, how it can influence them and how to respond appropriately to such pressure. Your learners will also define, through examples, the difference between healthy and unhealthy relationships. Your learners will then analyse sample relationship behaviours and determine whether each behaviour is healthy or unhealthy. Learners look at the extreme end of unhealthy behaviours by identifying actions that constitute abuse of varying levels of severity, across five categories. A definition of abuse is presented. The lesson concludes with a presentation of a four-step process that your learners can use to address unhealthy behaviours that may arise in their relationships. Your learners will go home with an assignment, to reflect on and record what they want their relationships to look like to ensure that they are healthy and to discuss these issues with a parent or other caring adult that they trust.

KEY POINTS

1. Healthy relationships are based on communication, honesty, equality, respect, and responsibility.
2. Abusive relationships often lead to poor health outcomes, like teenage pregnancy and STIs.
3. An important part of being in a relationship is figuring out what your deal-breakers are, i.e. the things that are intolerable or unacceptable and should make you think about leaving the relationship.



RESOURCES / MATERIALS

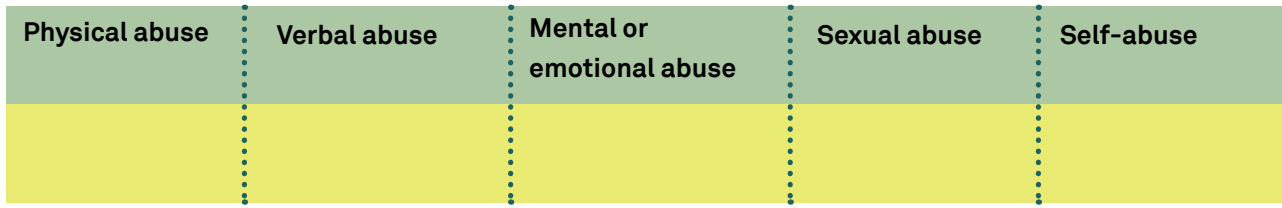
- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- notebook or scrap paper: one sheet for every three learners plus a few extra sheets of paper
- pens or pencils for your learners to write with
- *Educator Resource 7.5.1: Behaviours in relationships*
- *Poster 7.5.1: Defining abuse (Reading 1 in your learners' books)*
- *Reading 7.5.1: Taking action in an unhealthy relationship (Reading 2 in your learners' books)*
- *Homework 7.5.1: The relationship I want (Homework 1 in your learners' books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 7 SLPs.
2. Review the lesson and be sure you understand the content, methodology and time allocated for the lesson.
3. Write the definition of a relationship provided in Activity 1A on the board or on a poster-sized piece of paper.
 - a) Two people are in a relationship when:
 - they spend time with each other and relate in a way that is “more than friendship”;
 - they may not be having sex but they are emotionally and physically intimate;
 - they enjoy spending time together and become intimate; and
 - they may not know how long this will last, but it is not a one-time thing, a “hook-up,” or a “fling”.
4. Make several sets of “relationship behaviour cards” by copying the relationship behaviours from *Educator Resource 7.5.1: Behaviours in relationships*, onto large index cards or ½ notebook-sized sheets of paper. Make enough sets to provide a set for every three learners in your class.
5. Draw a five-column chart on the board or across several poster-sized pieces of paper hung to a wall. The blank chart should look like this:

Five categories of abuse



6. Create a poster-sized version of *Poster 7.5.1: Defining abuse*.
7. Create a poster-sized version of *Reading 7.5.1: Taking action in an unhealthy relationship*.
8. Complete *Reading 7.5.1: Taking action in an unhealthy relationship* by providing the name and contact information of service providers that can provide support for your learners who are threatened with violence or other harm in a relationship.
9. Ensure that you provide the contact information of the service providers that can provide support for your learners in harmful relationships. Your learners can add this contact information to *Reading 7.5.1: Taking action in an unhealthy relationship*.



ACTIVITIES

A.1 Peer-Pressure

NOTE TO THE EDUCATOR

Learners are introduced to the concept of peer pressure and what the effects of peer pressure can be. Peer pressure is when a person feels that they have to change their behaviour, attitudes or values so that they fit in and feel accepted. Most people want to fit in and be part of a group. People often give in to peer pressure because they do not want to seem “un-cool” or they don’t know how to get out of a situation

1. Peer pressure can influence a person. Sometimes, this is a positive influence, for example, encouraging one to study or to participate in a sport. Peer pressure can also have a negative influence, for example, encouraging one to drink, smoke, have unprotected sex, bullying others or disrespect one’s elders.
2. It is often difficult to go against what the group is doing. Knowing how to be assertive and developing coping skills are some of the ways that one can manage peer pressure. An assertive person is someone who is confident and can stand up for their rights without being aggressive. Assertive behaviour can help one to keep control of a situation when one feels under pressure.
3. Being assertive is the best way to cope with difficult situations. Understanding coping skills can help you to manage difficult situations in assertive ways. It also shows your confidence and your ability to assert yourself.

A.2 Relationships: Healthy and unhealthy behaviours

1. Discuss concepts relating to the topic.
2. Explain to your learners that you will assist them in exploring what makes a relationship healthy or unhealthy.
3. Refer your learners to the posted definition of the term relationship.
4. Review this definition with them:
 - a) Two people are in a relationship when:
 - they spend time with each other and relate in a way that is “more than friendship”, they may not be having sex but they are emotionally and physically intimate; and
 - they spend time together and share intimacy on an ongoing basis; they may not know how long this will last, but it is not a one-time thing, a “hook up,” or a “fling”.
5. Some relationships are “exclusive”: the people in the relationship agree not to be intimate with other people; others are not.
6. Slang terms that are used in place of “in a relationship” are “going steady”, “dating,” “having a thing” and “going out (together)”.
7. For the purposes of this lesson we, will refer to the individuals in a relationship as “partners.”
8. On the board or a poster-sized piece of paper oriented the long way, write “Healthy” in middle of the left half and “Unhealthy” in the middle of the right half. Explain to your learners that during this lesson you will be discussing relationships in terms of their healthy and/or unhealthy aspects.
9. Do a one or two minutes brainstorming exercise with your learners about words that help define healthy and unhealthy relationships. Write the words that your learners give on the poster-sized paper until you have something that looks like the table below. Please note that the items listed are only examples of what your learners could say:

Healthy relationship	Unhealthy relationship
honesty	lying
communication	poor communication
equality	cheating
respect	violence
trust	bossy

10. Review the list of words under the “Healthy” column. Point out that everyone has a right to enjoy relationships with these characteristics, even though we may not always see this modelled in the relationships around us.
11. Emphasise that in a healthy relationship each partner respects the other person’s decisions about sexual play. Both partners have the RIGHT to say NO to sex in ANY situation.

A.3 Relationship behaviour cards

1. Ask your learners to divide into groups of three learners per group.
2. Explain to your learners that each small group is going to receive a set of 17 “relationship behaviours” cards. Explain that their task will be to sort the cards into two piles: one pile for healthy behaviours and a second pile for unhealthy behaviours. Point out that the result of their small group work will be just like the two-column chart on the board or wall poster.

3. Choose one behaviour and use it as an example with the whole group. For example you might select the relationship behaviour: “You listen to your partner’s opinions”. Read this sample behaviour to your learners and ask them if they think it is healthy or unhealthy. This one is quite obviously, healthy. Mime putting the behaviour card for this behaviour in a pile of healthy behaviours.
4. Explain to the small groups what to do if not everyone in the group agrees that particular behaviour is either healthy or unhealthy. Explain that, first, all the members of the group should say why they think the behaviour belongs in a particular pile. If the group still does not agree after every group member who has an opinion has spoken, ask the group to vote and to put the behaviour into the pile with the most votes. Ask the groups to make a note of any card for which they do not completely agree on which pile it belongs.
5. Ask your learners to work quickly. Inform them that they have five minutes to sort their collection of 17 cards.
6. As the groups are working, move from group to group to provide clarifications or assistance, as needed. Give your learners regular time warnings. After five minutes working-time, bring the whole class to order.
7. Ask your learners to identify behaviours that they had trouble agreeing on in their small groups. Spend five minutes with the large group considering 2 to 3 cards identified by one or more small groups as ones they found difficult to sort. If you are able to facilitate agreement on where a behaviour belongs, stick it on the appropriate side of the healthy/unhealthy two-column chart you used in the first activity in the lesson.
8. If the group is having difficulty coming to agreement on particular cards, identify the arguments for sorting them into each pile. Ask your learners to indicate by show of hands which pile they believe a particular behaviour belongs in. If, as is likely, the whole class cannot agree, go ahead and place disputed cards under the correct sign. Clarify why the behaviour is placed where it is.

NOTE TO THE EDUCATOR

Even if the class comes to an agreement about where a behaviour belongs, if the consensus on a behaviour is wrong, do not let it pass. Step in and categorise the behaviour correctly and explain the basis for your correction. It is crucial that your learners leave this activity with a better sense of what constitutes healthy and unhealthy relationships than when they started.

A.4 The extreme of unhealthy behaviours: Abuse and types of abuse

1. Inform your learners that some unhealthy behaviour is so serious that we give them a different name and classification, namely abuse. Explain to your learners that all abusive behaviours are unhealthy, but not all unhealthy behaviours are abusive, i.e. not all unhealthy behaviours have effects on a partner that we would consider to constitute abuse.
2. Ask the group to come up with actions that they think are abusive.
3. Record learner responses in the five column poster/chart prepared before class using the categories below, listed across the chart:
 - a) physical abuse
 - b) verbal abuse
 - c) mental/emotional abuse
 - d) sexual abuse
 - e) self-abuse.

4. Examples of learner responses could include:
 - a) physical abuse: hitting, slapping, pushing, kicking (physical) etc.;
 - b) rape (sexual);
 - c) demeaning comments and gestures (verbal);
 - d) verbal insults, unwanted teasing and unwanted sexual comments (verbal);
 - e) sexual harassment (physical or emotional);
 - f) cyber-bullying on social networking websites, texts or phone calls (mental/emotional);
 - g) stalking (mental/emotional);
 - h) manipulation (mental/emotional);
 - i) threats (mental/emotional);
 - j) controlling behaviour (mental/emotional);
 - k) lying, misleading or spreading rumours (mental/emotional);
 - l) drug abuse (self-abuse); and
 - m) domestic violence (domestic abuse or one of the other categories).
5. Write the responses from your learners in a category according to severity with least severe on top and most severe at the bottom.

Physical abuse	Verbal abuse	Mental and emotional abuse	Sexual abuse	Self-abuse
<ul style="list-style-type: none"> • blocking • pinching • pushing • slapping • kicking 	<ul style="list-style-type: none"> • unkind words • teasing • private insults • embarrassing the person in public • putting the person down in public • saying “shut- up” 	<ul style="list-style-type: none"> • silent treatment • manipulating • criticising appearance • making fun of person • lying 	<ul style="list-style-type: none"> • sexting • making fun of a person’s body (body shaming) • forcing a person to touch your body • touching a person where she/he doesn’t want to be touched • having sex with person without consent 	<ul style="list-style-type: none"> • self-deprecation • neglecting your body • drug abuse • self-mutilation • trying to commit suicide • cutting or hurting yourself

6. After your learners have given enough responses to have examples of each of the five categories of abuse, tell them that they did well in this brainstorming activity.

A.5 Definition of abuse

1. Tell your learners that you would like to share a definition of abuse. Review *Poster 7.5.1: Defining abuse*.
2. Discuss the concept of abuse.

NOTE TO THE EDUCATOR

The following statements on what meaning the word abuse has, can be given to your learners to discuss. Get their views on what the word means to them.

Add any meanings that they agree on as a class, which may be valuable for them to remember.

3. Some meanings to consider:
 - a) Abuse is the ongoing misuse of power to achieve unfair advantages or control over another person.
 - b) Abuse causes harm to the person being abused.
 - c) Abuse can take many forms: physical abuse, verbal abuse, mental/emotional abuse, sexual abuse or self-abuse.
 - d) Abuse can grow from something minor to something severe.
 - e) Abusers may shift their behaviour from one category to another; abusers often behave in abusive ways in multiple categories at the same time, e.g., abusing someone physically AND emotionally.
 - f) Abuse of any kind is NEVER acceptable.
4. Make sure that your learners understand that unhealthy and abusive relationships often lead to poor health outcomes. Examples of these outcomes include, but are not limited to: low self-esteem, mental health issues and/or physical impairment due to injuries from violence.
5. Emphasise that in a healthy relationship each partner respects the other's decisions about sexual play.
6. Remind your learners of the message: You have the RIGHT to say NO to sex in ANY situation.
7. Emphasise that unplanned pregnancy, STIs and HIV transmission are also negative health outcomes that can result from unhealthy relationships. Explain how quite a few common unhealthy relationship behaviours – especially ones stemming from unhealthy gender norms – promote sexual risk-taking in relationships that can lead to these outcomes, e.g. in a relationship where one person makes all the decisions, that person may decide not to use condoms, putting both partners at risk. In another example, a partner who lies and does not keep his or her word might cheat on his or her partner, exposing that person to possible STIs or HIV acquisition.
8. Ask your learners to think about what they learned in *Lesson 7.3: Is there a difference between gender and sex?* Ask your learners how they think unhealthy messages about gender might contribute to abusive behaviour.
9. Examples of responses might include:
 - a) Boys who have been taught that they should always be in control might believe that this applies to romantic and intimate relationships.
 - b) Girls who have been taught to avoid conflict might accept abusive behaviour.
10. Emphasise that in healthy relationship each partner respects the other's decisions about sex.
11. BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.

A.6 Taking action against unhealthy behaviours

1. Explain to your learners that now that they have learned to recognise unhealthy behaviours and abuse and to understand how gender norms contribute to the presence of these behaviours in relationships, they also need to get some skills to manage behaviours that could lead to poor health outcomes in their own relationships.

2. Refer learners to *Reading 7.5.1: Taking action in an unhealthy relationship*. Explain that this *reading* outlines a four-step process for dealing with unhealthy behaviours in a relationship. Go over the handout with your learners; the information in the handout is provided below for your reference:
 - Step 1) Recognise the unhealthy behaviour and remember to maintain a personal awareness that you might also be practising an unhealthy behaviour.
 - Step 2) If it is safe to do so, discuss the behaviour with your partner. If you are behaving in an unhealthy way, admit it to yourself and to your partner.
 - Step 3) Get support from friends and /or family that you trust or other caring adults.
 - Step 4) Consider or plan to end the relationship if the unhealthy behaviour continues.
Remember that: You are strong, smart and in charge of your future!

Note 1: Any behaviour that goes against the way you want to be treated and/or in a way that immediately makes you think you should end or leave the relationship is called a deal-breaker. Although your deal-breakers may change over the course of your life, it is very important to figure out what your deal-breakers are early on, in every relationship.

Note 2: If the behaviour jeopardises your safety because it includes any form of violence, threats of violence, forced sex, coerced sex or possible transmission of a disease, talk to an adult you trust, so that they can help you to stay safe during and after the break-up.
3. Ask your learners if they have any questions about the four-step process. Answer any questions your learners may have.

NOTE TO THE EDUCATOR

Some sensitive questions may not be answered immediately. Explain this to your learners. Also, if you feel that a learner's question needs to be dealt with confidentially; do so.



HOMEWORK

1. Explain to your learners that you have a homework assignment that they need to complete and bring back to the next lesson.
2. Give your learners each a copy of Homework 7.5.1: The relationship I want.
3. Point out to your learners that the handout has two sections: one section they must complete on their own and the other they must complete with information they obtain from a parent or another adult they trust, after they share and discuss the first section with that adult.
4. Answer any questions, calling for clarification, that your learners may have.



CONSOLIDATION

1. Let your learners know that it is time to end the lesson.
2. Thank them for their participation, for sharing their ideas and perspectives and for thinking hard about the skills and knowledge they need to acquire to create a happy, healthy life.

3. Summarise the lesson's key points:
 - a) Healthy relationships are based on communication, honesty, equality, respect and responsibility.
 - b) Unhealthy and abusive relationships often lead to poor health outcomes, like teenage pregnancy and STIs.
 - c) An important part of being in relationships is figuring out what your “deal-breakers” are: the things that are intolerable and should make you plan to leave the relationship.
4. Explain to your learners that the next lesson will focus on the likelihood of acquiring an STI or HIV, or of a teenage pregnancy if they engage in unprotected sex.



ASSESSMENT

1. Research:

Topic: Abuse experienced by teenagers in your community.

- a) Do research on the various types of abuse experienced by teenagers. You may use information from the internet, magazines, newspapers, interview questions.
- b) You must also come up with solutions to prevent abuse among teenagers.

2. Oral presentation

Ask your learners to prepare an oral presentation on the following topic:

- a) The importance of forming healthy relationships in the school environment, home and in the community.

Test your knowledge

Ask your learners the following questions:

1. What is the definition of “abuse”?
2. List three examples or qualities of a healthy relationship?
3. List three examples or qualities of an unhealthy relationship?
4. List the five categories of abuse?
5. Give an example for each of the five categories of abuse.
6. True or False?
 - a) Sometimes abuse in a relationship is acceptable.
 - b) Sometimes boys/men in relationship cannot help but be violent.
7. What are two possible outcomes for a person who is being abused?
8. What are four steps that a person can take, to take action against abuse?
9. What do we mean by a “deal-breaker” when it comes to relationships?





RESOURCES

EDUCATOR RESOURCE 7.5.1: BEHAVIOURS IN RELATIONSHIPS

1. You stay in the relationship because, although you are unhappy, it is better than being alone.
2. You talk with your partner about whether or not to have sex.
3. You make all of the decisions in the relationship.
4. You listen to your partner's opinions.
5. You have a friend tell you about where your partner goes, who they spend time with and what your partner does when you're not with them.
6. You can make decisions on your own in the relationship.
7. You talk about problems with your partner when they come up.
8. You argue or fight almost every day.
9. Your partner asks you every day to start having sex; you have said you are not ready.
10. You keep your word.
11. You physically poke and push your partner to emphasise your point when the two of you argue.
12. You talk about avoiding pregnancy and STIs by using protection or abstaining from sex; you do not want to "ruin a good thing".
13. You ask your partner to break the rules set by their parents.
14. You tell your partner how good they look.
15. You look at your partner's personal things without asking.
16. You think about how your partner feels when making decisions that will affect both of you.
17. Your partner hits you when the two of you argue and they get angry.

POSTER 7.5.1: DEFINING ABUSE

1. Abuse is the ongoing misuse of power to achieve unfair advantages or control over another person.
2. Abuse causes harm to the person being abused.
3. Abuse can take many forms: physical abuse, verbal abuse, mental/emotional abuse, sexual abuse or self-abuse.
4. Abuse can seemingly grow from something small to something big.
5. Abusers may shift their behaviour from one category to another; abusers often behave in abusive ways in multiple categories at the same time, e.g., abusing someone physically AND emotionally.
6. Abuse of any kind is NEVER acceptable.

READING 7.5.1: TAKING ACTION IN AN UNHEALTHY RELATIONSHIP

- Step 1) Recognise the unhealthy behaviour and remember, it might be coming from you.**
- Step 2) If it is safe to do so, discuss the behaviour with your partner. If you are behaving in an unhealthy way, admit it to yourself and your partner.**
- Step 3) Get support from trusted friends, family or other caring adults.**
- Step 4) Consider and/or plan to end the relationship if the unhealthy behaviour continues.**

Note 1: Any behaviour that goes against the way you want to be treated and/or in a way that immediately makes you think you should end or leave the relationship is called a “deal-breaker”. Although your deal-breakers may change over the course of your life, it is very important to figure out what your deal breakers are, early on in every relationship,

Note 2: If the behaviour jeopardises your safety because it includes any form of violence, threats of violence, forced sex, coerced sex or possible transmission of a disease, talk with an adult you trust, so that they can help you to stay safe during and after the break-up if you need help, please contact your nearest clinic and speak a professional health care provider.

HOMEWORK 7.5.1: THE RELATIONSHIP I WANT

Instructions: Complete Section 1 on your own. Then share Section 1 with a parent or other caring adult that you trust and ask them help you to complete Section 2.

SECTION 1 (To be written by the learner)

1. For me, **three important behaviours** in a healthy relationship are:

.....

.....

.....

2. For me, **the most important behaviour** of a healthy relationship is: Because:

.....

.....

.....

3. **Three unhealthy behaviours** I would **not tolerate** in a relationship are:

.....

.....

.....

Deal-breakers are negative behaviours in a relationship that a person should immediately walk away from. We call this behaviour a “deal-breaker” because it is unacceptable and non-negotiable.

4. For me, a deal-breaker is:

.....

.....

.....

SECTION 2 (Parent or caring adult speaks – learner writes)

Name of Parent(s)/Adult(s):.....

1. What do YOU think is the most important healthy behaviour for me to look for in a relationship?

.....

.....

.....

.....

2. Are there behaviours other than the one(s) I listed that you would want to be “deal breakers” for me in relationships?

.....

.....

.....

.....

PEER PRESSURE SLOWS DOWN BATTLE AGAINST AIDS

In South Africa, there are six million people who are HIV-positive. There has been some progress in the battle against this alarming figure. However, the message on how to prevent infection is not getting through to teenagers fast enough. Nearly 14 percent of pregnant girls in South Africa are testing positive for HIV, according to official figures, which highlights how teenagers' behaviour is a challenge AIDS education campaigns still needs to overcome.

A recent survey released publicly by the Medical Research Council states that only 31 percent of sexually active South African teenagers regularly used condoms. Considering that these teenagers are young people who have received education on the prevention of HIV the figure is alarming.

South African teenagers seem to indulge in risky sexual behaviour, making the country's fight against AIDS even harder. Judging by what teenagers say themselves, peer pressure clearly has a huge role to play in their decisions about sex.

Mandy, 14, says there is constant pressure to fit in. "Being a virgin makes you the odd one out," she said, describing the peer pressure she faces. "It is common to take pictures of yourself posing sexy or better yet have a sex video and post it on Facebook or circulate them; then you're really cool."

Her words are confirmed by Musa, 16. "Everybody in the movies takes sexual risks. Why can't we? Having sexual adventures is something we all enjoy; why think too deeply about it? There are so many girls out there who are willing."

It seems that what is often sexy to teenagers is the idea of risk itself. This, along with the need to be popular and liked by peers, makes it very difficult for safe sex campaigns to succeed. Add to that the idea that "everyone is doing it, why not me?" and the fight becomes an even more difficult, uphill battle.

APPROPRIATE RESPONSES TO PRESSURE

It is difficult to go against what the group is doing. Knowing how to be assertive and developing coping skills are some of the ways that we can manage peer pressure.

An assertive person is someone who is confident and can stand up for their rights without being aggressive. Assertive behaviour can help you to keep control of a situation when you feel under pressure.

Passive people:	Aggressive people:	Assertive people:
accept things the way they are	try to control others	stand up for their rights but also respect the rights of others
give in easily to others	can be rude, mocking or violent	express their views but also listen to the other person's views
go along with what others want	want their own way	are calm and polite even if they don't agree
do not stand up for themselves	do not listen to other people's views	respond by looking relaxed, have a friendly face and make eye contact
do not voice their opinions	attack other people's opinions	
do not take action easily	lose their tempers easily	

For you to do

SITUATION

A person in your grade asks to borrow money. This has happened before and they never pay you back.

Here are three different responses. Decide if each one is passive, aggressive or assertive.

1. Look them in the eye and explain that you cannot lend them money and maybe they should ask someone else.
2. You get angry and shout at them, telling them to go away and never to ask you for anything again.
3. You give them the money as you feel too embarrassed to mention the money they owe you.

Coping skills: Being assertive

Being assertive is the best way to cope with difficult situations. Understanding coping skills helps you to manage difficult situations in assertive ways. It also shows your confidence and your ability to assert yourself. The following coping skills are examples of how to manage difficult situations in assertive ways. If you are in a situation where you are feeling pressured, there are a few skills that you can practise that can help you.

1. You can make a joke. A joke can help change the atmosphere.
2. You can give a reason why you cannot do what they are asking you to do.
3. Just say no in an assertive way. Be firm and polite to show you are not interested.
4. You can suggest something else to do instead.
5. You can ignore what the person has said. Talk about something else.
6. You may have to repeat yourself. Carry on saying no. Do not give in.
7. Get away from the situation. If you don't like what is happening, leave.
8. Make an agreement with friends to stick together and support each other. If you know your friends will support you, you will have confidence to deal with peer pressure.
9. Be clear on what you believe is right and wrong. This can give you confidence and help you to say no to peer pressure.
10. Talk to an adult you can trust or a friend who can give you advice on how to assert yourself.



GLOSSARY

- abuse
- abusive relationship
- bullying
- constructive ways
- controlling behaviour (mental/emotional)
- cyber-bullying (social networking websites, texts, phone calls) (mental/emotional)
- deal breakers
- demeaning (verbal)
- drug abuse (self-abuse)
- emotionally
- gender messages
- healthy relationships
- intimate
- lying, misleading, spreading rumours (mental/emotional)
- manipulation (mental/emotional)
- negotiation skills
- non-negotiable



Lesson 7.6

Making decisions about sex

Lesson 7.6

Making decisions about sex

Grade	7
CAPS topic(s)	Development of the self in society
CAPS subtopic(s)	<p>Changes in boys and girls: puberty and gender constructs</p> <ul style="list-style-type: none"> • Respect for own and other's body changes and emotions • Appreciation and acceptance of the self and others
Link to other subtopics in CAPS	<p>Concept: self-image</p> <ul style="list-style-type: none"> • Personal interests, abilities and potential • Strategies to enhance self-image through positive actions: respect for self <p>Peer pressure: effects of peer pressure</p> <ul style="list-style-type: none"> • How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour • Appropriate responses to pressure: assertiveness and coping skills • Where to find help <p>Dealing with abuse in different contexts: between adults and children and between peers</p> <ul style="list-style-type: none"> • Identify threatening and risky situations
This lesson will deal with the following:	<ul style="list-style-type: none"> • reviewing: "Appreciation and acceptance of self and others"; • describing the seven-steps of the "CLARIFY" decision-making model presented in this lesson; • applying the "CLARIFY" decision-making model to make decisions about sex for characters in a case study; • discussing how personal values influence decision-making; and • employing the steps of decision-making for a personal decision.
Concepts	<ul style="list-style-type: none"> • accepting others • accepting self • appreciation • appreciating self • body changes • changes in boys • personal values • changes in girls • decision-making • brainstorming
Teaching methodologies	<ul style="list-style-type: none"> • case studies/scenarios • homework assignments • individual reflection • interview • classroom discussions • skill demonstrations • small-group work • worksheets
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.6: Making decisions about sex*, there will be a focus on the changes, especially bodily and emotional changes, that boys and girls go through and how to appreciate and accept the self and others. Your learners will also be oriented to a seven-step decision-making model called “CLARIFY”. They will apply these steps to a case study related to making sexual decisions, taking into account gender-based power differences. For homework they will each apply the steps of decision-making to one of their own decisions. This can be used as an assessment and form part of individual learner portfolios of evidence.

KEY POINTS

1. An important part of growing up is learning to make good decisions.
2. Decisions should always be guided by our values.
3. In decisions related to sex, we need to consider possible short-term and the long-term consequences.
4. **I am strong, smart and in charge of my future! I make smart decisions!**



RESOURCES/MATERIALS

- chalkboard
- chalk
- Prestik
- watch or cell phone for time-keeping
- *Worksheet 7.6.1: Case study: Thabo and Pamela’s story (Worksheet 1 in your learners’ books)*
- *Poster: 7.6.1: CLARIFY decision-making steps*
- *Poster 7.2.1: What are values? from the Lesson 7.2: Appreciation and acceptance of the self and others*
- *Worksheet 7.6.2: Making a decision (Worksheet 2 in your learners’ books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 7 SLPs. Study the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
2. Prepare *Poster 7.6.1: CLARIFY decision-making steps* and post it up on the wall/board.



ACTIVITIES

A.1 Physical and emotional changes

NOTE TO THE EDUCATOR

Recap on information from Lesson 7.4 on Puberty.

1. Discuss concepts pertaining to physical and emotional changes.
2. Discuss what happens to girls.
3. Discuss what happens to boys.
4. Complete the activity called “Dear Diary”.

A.2 Decision-making steps: CLARIFY decision-making model

1. Explain to your learners that an important part of growing up is being able to make decisions that are based on good judgment. Certain core steps generally help people to make decisions that they can be proud of in the long term.
2. Emphasise to your learners that they are strong, smart and in charge of their future. They make smart decisions!
3. Ask your learners to identify the steps they think are needed to make a good decision. Write their responses on the board. If your learners need an example, ask them to think about what steps they would go through if they were going to buy a cell phone or some other item.
4. Below, find the seven steps of the CLARIFY decision-making model with some illustrative examples.

a) **CLARIFY the decision you want to make.**

Example: What career do you want to have? Should I smoke cigarettes? Should I lie to my parents about where I am going tonight? Should I have sex with my girlfriend/boyfriend? How can I earn extra money to help to pay for my school fees? How can I make sure that I do not acquire HIV?

b) **Create a LIST of your possible options.**

Example: In order to avoid acquiring HIV I have several options. I could: abstain from sex, this would be a 100% foolproof choice; if I have sex, I can minimise my risk by using a condom correctly every time I have sex; I can ask my partner to get tested for HIV before we have sex and I can stay faithful to one partner.

c) **Identify the ADVANTAGES and DISADVANTAGES of each option.**

Example: Abstaining from sex (not having sex)

Advantages:

- It is a 100% foolproof method for avoiding HIV and unplanned pregnancy.
- When I am older, I will be more equipped to make decisions about sex as well as deal with the possible consequences.
- Abstinence is more in line with my personal, religious and/or family values.

Disadvantages:

- I may feel left out if my peers pressure me into having sex.
- I may feel pressured by my boyfriend/girlfriend into having sex.
- I may feel sexually frustrated.

d) **Where appropriate, REFER to the people that you trust to get advice from.**

It is important to identify the people who could advise you in making this decision, e.g. parents, health workers, other trusted adults, your educators, etc.

NOTE TO THE EDUCATOR

It is a good idea to get learners to make a list of the people that they would trust to ask about matters related to their sexuality and sexual decisions. The class can jointly make a list of possible resources that they could use to assist them to make healthy decisions about sex and sexuality. This could be placed in the classroom and be added to throughout the year.

e) **IDENTIFY the values that should guide your decision.**

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

f) **FOLLOW THROUGH and make your decision.**

Explain that the decision should be made after taking into account the advantages and disadvantages of each option; our values (the things we believe in) and based on the advice of adults that we trust.

g) **YOU can evaluate and reconsider the decision if necessary.**

Explain to your learners that they can always reconsider the decision. For example, some young people may make the decision to have sex without thinking through all the consequences. This does not mean that they have to continue to have sex. They can decide to stop and then wait until later or until marriage to become sexually active again.

5. Ask your learners whether they have any questions about the CLARIFY decision making model. Respond to their questions.

A.3 Applying the decision-making steps

1. Introduce the topic of sexual decisions to your learners. Tell your learners that many decisions related to sex are important decisions, as the consequences can have both short and long-term effects. Sexual decisions can also be quite difficult to make. Ask your learners to provide some examples of decisions related to sex and sexuality that are big decisions. Examples of responses may include:
 - a) whether or not to have sex;
 - b) whether or not to use a condom;
 - c) whether or not to have sex in exchange for money or gifts; and
 - d) whether or not to have an abortion.
2. Read the story of Thabo and Pamela found in Worksheet 7.6.1: Thabo and Pamela.
3. Depending on the class size, either divide the class into small groups or let each learner work with a partner. Half of the pairs/groups should play the role of Thabo and the other half of the group should be Pamela.

Each group/pair should apply the first six steps of the CLARIFY decision-making model to decide:

- a) For Thabo: Should I continue to pressure Pamela into having sex with me?
 - b) For Pamela: Should I have sex with Thabo in order to prove that I love him?
4. Make sure that the learners understand that they need to apply each of the first six steps of the CLARIFY decision-making model.
 5. Ask each group to elect (a) a scribe, (b) a reporter and (c) a timekeeper, by raising their hands. Give the small groups 15 minutes to complete this task.
 6. Move around the classroom while the small groups are working and provide support as needed. Provide regular time-checks so that your learners know how much time they have left for the task.

NOTE TO THE EDUCATOR

An acceptable alternative way to conduct this activity is to collect a number of letters or emails written to magazines, bloggers or on social media asking for help with problems, for example an agony aunt such as Dear Aunt Dolly letters. Let your learners answer these questions using the steps of the CLARIFY decision-making model. You can also make up case studies for learners to analyse. This exercise can be done in pairs or in small groups.

Here is an example of a letter or email:

I am in Grade 8 and my boyfriend is in Grade 11. He wants to have sex, but I am not sure about this at all. He says if we do not have sex, he will leave me. I don't want to lose him. What should I do?

A.4 Feedback and review of the process

1. Ask at least two groups/pairs to report on their work to the rest of the learners. One group should report on Thabo and the other on Pamela. Ask each group to explain how they went through each of the six decision-making steps.
2. Lead a classroom discussion with the questions listed below.
 - a) What differences and similarities are there in the decisions made by Thabo and Pamela? What is the reason for these differences?
At this point, there should be some discussion about gender and power inequality. If gender does not come up in the discussion then consider asking the following probing questions:
 - b) What pressures does Thabo face, as a boy, to have sex?
 - c) What pressures does Pamela face, as a girl, to have sex?
 - d) Do you think these pressures are fair? Why or why not?
 - e) What could Thabo and Pamela do to resist these pressures?
3. Ask your learners to think back to *Lesson 7.2: Appreciation of self: What are values?* Take a few responses from your learners. Review *Poster 7.2.1: What are values?*
4. Ask your learners about what values they think should influence Thabo and Pamela's decisions.
5. Ask your learners what they think about the CLARIFY decision-making model.
6. Ask your learners if they think they could use these steps in real life and why or why not.

7. Emphasise the following statements to your learners:
 - a) **I am strong, smart and in charge of my future!**
 - b) **You have the RIGHT to say NO to sex in ANY situation.**
 - c) **BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.**

NOTE TO THE EDUCATOR

Remember that there may be learners in your class who are already sexually active and/or HIV-positive. There are others who may have experienced sexual abuse. Deal sensitively with the issue of decision-making. In many instances, your learner did not have a choice on whether or not to participate in sex. There is also tremendous peer pressure to engage in sex at this age and all teenagers want to belong or fit in.

Teenagers are in an experimental stage of their development and sex and sexuality should be portrayed as positive with the right partners, values and timing. Be careful to not give the message that all sex is negative.

Your learners should be encouraged to weigh the long-term consequences against the short-term pleasures of having sex. Link this lesson with the lessons on goal-setting and values (Lessons 7.1: Setting goals and reaching your potential and 7.2: Your values, your compass).



HOMEWORK

1. For homework, ask your learners to choose a decision which they are personally struggling with.
2. Ask them to practise using the first six steps of the CLARIFY decision-making process they learned today.
3. They should complete Worksheet 2: Making a decision and hand it in at the next lesson.
4. Learners are encouraged to continue this activity until they feel satisfied that they have made the right decision.
5. This assignment can then be used for assessment purposes and used as part of a learner's portfolio of evidence.



CONSOLIDATION

1. Conclude the lesson by stating the following key points:
 - a) An important part of growing up is learning to make good decisions.
 - b) Decisions should always be guided by our values.
 - c) In decisions related to sex, we need to consider possible short-term and long-term consequences.
 - d) **I am strong, smart and in charge of my future! I make smart decisions!**



ASSESSMENT

Written Activity

Ask your learners to answer the questions below:

1. List each of the steps of the CLARIFY decision-making model.
2. Let us say that a friend of yours is trying to make a decision about whether or not to get tested for HIV. What are three examples of the OPTIONS they have with regard to this decision?
3. Pick one of the options you identified in the question above. List at least one advantage and one disadvantage of choosing that option.
4. Pick one of the options you identified in the question above. Give two examples of personal values that would guide a person in choosing this option.
5. What is one example of negative peer pressure that boys face in our community to have sex? Do you agree or disagree with this pressure? Explain your answer.
6. What is one example of negative peer pressure that girls face in our community not to have sex? Do you agree or disagree with this pressure? Explain your answer.



RESOURCES

POSTER 7.6.1 CLARIFY DECISION-MAKING STEPS

1. **C**LARIFY the decision you want to make.
2. Create a **L**IST of your possible options.
3. Identify the **A**DVANTAGES and DISADVANTAGES of each option.
4. Where appropriate, **R**EFER to the people you trust to get advice.
5. **I**DENTIFY the values that should guide your decision.
6. **F**OLLOW THROUGH and make your decision.
7. **Y**OU can evaluate and reconsider the decision if necessary.

WORKSHEET 7.6.1: CASE STUDY

CASE STUDY: THABO AND PAMELA'S STORY

Thabo and Pamela are in Grade 7. They are starting to feel serious about each other. One day after school they go to Thabo's house, when no one else is at home. They start to hug and kiss each other and Thabo tells Pamela that he loves her. She is happy to hear that, but when he says to her that they must have sex in order to prove that they love each other, she is uncertain about what to do.

Apply the first six steps of the CLARIFY decision-making model to decide:

- a) For Thabo: Should I continue to pressure Pamela into having sex with me?
- b) For Pamela: Should I have sex with Thabo in order to prove that I love him?

(Show all your decision-making steps)

1. **CLARIFY** the decision you want to make.
2. Create a **LIST** of your possible options.
3. Identify the **ADVANTAGES** and **DISADVANTAGES** of each option.
4. Where appropriate, **REFER** to the people you trust, to give you advice.
5. **IDENTIFY** the values that should guide your decision
6. **FOLLOW THROUGH** and make your decision.
7. **YOU** can evaluate and reconsider the decision if necessary.
8. Take as much time as you need to go through all the steps of the decision-making process.
9. We often feel happier with our decisions when we really think about them.

WORKSHEET 7.6.2: MAKING A DECISION

“To worry about sex now (already); does this make me a nerd? Why does everything feel so different from a year ago?”

(Show all your decision-making steps)

1. **CLARIFY** the decision you want to make.
2. Create a of your possible options.
3. Identify the **ADVANTAGES** and **DISADVANTAGES** of each option.
4. Where appropriate, **REFER** to the people you trust, to give you advice.
5. **IDENTIFY** the values that should guide your decision
6. **FOLLOW THROUGH** and make your decision.
7. **YOU** can evaluate and reconsider the decision if necessary.
8. Take as much time as you need to go through all the steps of the decision-making process.
9. We often feel happier with our decisions when we really think about them.

POSTER 7.2.1: WHAT ARE VALUES?

1. Values are what we consider important or of great worth.
2. Values serve as guidelines to help us to make decisions about life choices. They help us to decide between right and wrong. Values are a like a compass – they tell us which direction to follow.
3. As a general rule, when we act in accordance with our values, we tend to feel good about ourselves and our actions.



GLOSSARY

- accepting others
- accepting self
- appreciating self
- appreciating others
- body changes
- changes in boys
- changes in girls
- decision-making
- personal values



Lesson 7.7

Assertive communication

Lesson 7.7

Assertive communication

Grade	7
CAPS topic(s)	Development of the self in society Health, social and environmental responsibilities
CAPS subtopic(s)	Peer pressure <ul style="list-style-type: none"> • Appropriate responses to pressure: assertiveness and coping skills • Negotiation skills: ability to disagree in constructive ways
Link to other subtopics in CAPS	<p>Concept: self-image</p> <ul style="list-style-type: none"> • Identify and reflect on positive personal qualities: relationship with self, family, friends <p>Changes in boys and girls: puberty</p> <ul style="list-style-type: none"> • Respect for own and others' body changes and emotions • Appreciation and acceptance of the self and others <p>Peer pressure</p> <ul style="list-style-type: none"> • How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour
This lesson will deal with the following:	<ul style="list-style-type: none"> • defining non-verbal communication; • explaining the importance of non-verbal communication matching verbal communication; • describing three approaches to communication: passive, aggressive and assertive; and • explaining how inequitable gender norms may affect boys' and girls' ability to communicate assertively.
Concepts	<ul style="list-style-type: none"> • aggressive • assertive • communication • gender norms • inequitable • non-verbal communication • passive
Teaching Methodologies	<ul style="list-style-type: none"> • brief lectures • classroom discussions • skits/dramas • small-group work • other: straw poll
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.7: Assertive communication*, your learners will learn the definition of non-verbal communication and its role in both unclear “mixed- message” communication and clear communication. Your learners will then learn definitions for three approaches to communication: passive, aggressive and assertive. They will observe a skit that demonstrates these three approaches to communication and will identify the characteristics of each approach. Finally, your learners will identify ways in which gender messages can shape approaches to communication, focusing on difficulties that stem from gender norms that both men/boys and women/girls can experience when trying to communicate assertively.

KEY POINTS

1. Communication is a combination of what you say with your body and your words.
2. It is very important in romantic and sexual situations to match what you say with your body to your words.
3. “Mixed messages,” or not matching your body language to your words often leads to miscommunication, which can cause problems in relationships.
4. Assertive communication is the best kind of communication.
5. Reject gender norms that make assertive communication difficult for women and men.



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- Prestik
- watch or cell phone for time-keeping
- notebook or scrap paper: one sheet for every 3 learners and a few extra sheets of paper
- pens or pencils for your learners
- *Poster 7.7.1: Three approaches to communication (Reading 1 in your learners' books)*
- *Poster 7.7.2: Non-verbal communication (Reading 2 in your learners' books)*
- *Reading 7.7.1: Assertive, passive and aggressive communication (Reading 3 in your learners' books)*
- *Poster 7.7.3: How do gender norms affect communication? (Reading 4 in your learners' books)*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 7 SLPs. Review the lesson and be sure that you understand the content, methodology and the time allocated for the lesson.
2. Prepare *Poster 7.7.1: Three approaches to communication*, and put it up on the wall/board. Content for the poster is found at the end of this lesson plan.

3. Prepare *Poster 7.7.2: Non-verbal communication*, and put it up on the wall/board. Content for poster is found at the end of this lesson plan. Cover the list so that your learners cannot see it until you reveal it as needed for the lesson.
4. Prepare *Poster 7.7.3: How do gender norms affect communication?* and put it up on the wall/board. Content for poster is found at the end of this lesson plan. Cover the list so that your learners cannot see it until you reveal it, as needed for the lesson.



ACTIVITIES

A.1 Verbal and non-verbal communication

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

A.2 Importance of non-verbal communication

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

A.3 Approaches to communication

1. Explain to your learners that they will be looking at three different approaches to communicating their needs and feelings: passive, aggressive and assertive. Explain that in order to communicate clearly and to be understood by other people, in the exact way that one wants, it helps to be able to recognise and to understand the differences between these three approaches.
2. Ask your learners to turn to Reading3: Assertive, passive and aggressive communication in their workbooks.
3. Define the terms assertive, passive, aggressive and passive-aggressive to your learners.
 - a) **When you communicate assertively:**
 - speak clearly and directly;
 - provide specific information, i.e. don't use broad generalisations like, "You ALWAYS do such-and-such...";
 - own your message by using "I-statements";
 - do not blame other people for your feelings or experiences;
 - do not try to hurt or offend the other person (though the receiver may not take it this way); and
 - acknowledge that others have different beliefs, feelings, opinions, experiences and perspectives.
 - b) **When you communicate passively:**
 - you don't express what you really feel or want. You may not say anything at all;
 - you probably look defensive, withdrawn or avoidant;
 - your non-verbal communication or body language does not line up with the words that you are speaking;
 - you are indirect;
 - you may, yourself, be unclear about what message you are trying to communicate;
 - you use words that say "yes" when your message is really "no"; and
 - you try to avoid conflict or avoid hurting the other person's feelings by not communicating the message you really want to deliver. This is driven by fear or worry about what will happen if the person you are talking to does not like what you have to say.
 - c) **When you communicate aggressively:**
 - you are hostile and forceful;
 - you are confrontational or intentionally hurtful;
 - you threaten, pressure or force another person to get your way;

- you do not take the other person's feelings or rights into consideration;
 - you manipulate, i.e. saying or doing something to control or force the other person to doing something that you want;
 - Your verbal and non-verbal cues match up, i.e. your words AND your body language are hostile, aggressive and over-active; and
 - alternatively, your body language may be intensely defensive: arms folded, eyes glaring.
4. Ask your learners if they have any questions about the three definitions you have just given to them. Answer any questions they may have about the definitions.

A.4 Gender and assertive communication

1. Review the definition of gender messages that your learners have already learned.
2. Remind your learner that our gender helps us to express ourselves as boys/men and as girls/women. We learn our gender from the messages we receive from our society.
3. Ask your learners to think back to *Lesson 7.3: Is there a difference between gender and sex?* Ask them to remind you of the gender messages that boys and girls receive. For example, girls are often taught to kind, gentle and passive and boys are often taught to be strong, fearless and aggressive.
4. Ask your learners to turn to their peers and form a group of four. Ask them to think about the two questions below and the questions you have written on *Poster 7.7.3: How do gender norms affect communication?*
 - a) How are boys taught to behave – in order to be considered to be “real men” – that makes it difficult for them to communicate assertively, and instead, causes them to communicate aggressively or passively?
 - b) How are girls taught to behave – in order to be considered to be “a lady” or “feminine” – that makes it more difficult for them to communicate assertively, and instead, causes them to communicate aggressively or passively?
5. Ask the groups to spend three minutes to come up with as many answers as they can to the question posed. Ask the groups to appoint a member who can write quickly and clearly to record the group's answers.

NOTE TO THE EDUCATOR

Your learners may find it difficult to see how the gender messages that apply to their own gender work as obstacles to assertive communication. In particular, learners who are boys in a male-dominant culture may have a difficult time seeing past their male privilege, in order to identify the problems created for them by gender norms that generally appear to favour them. You may wish to have a few groups answer the questions or conduct their analysis on a gender different to the one with which their small group identifies, i.e., have a few groups of young women/girls complete the task thinking about young men/boys and vice versa.

6. After three minutes, call your learners back to attention. Ask the groups to read one of their answers to the questions. Ask the groups not to repeat an answer if another group has already shared the same answer. They must share a different answer that hasn't already been shared when their turn comes. Spend three to four minutes hearing answers from a few groups and discussing them. Look for answers to include the following:
 - a) **Girls:**
 - are taught to be “demure” and “ladylike,” not outspoken;
 - learn, in a sexist culture, to get what they want or need indirectly or through subtle approaches; for example, it was traditionally considered too “forward” for a woman/girl to ask a man/boy out on a date, so women/girls employed flirtation to show that they were attracted to a man/boy;
 - are conditioned to take care of others or put their needs before others’;
 - are told that girls who speak out are “mouthy” or “bitchy”;
 - are taught that the sign of a “good boyfriend” is that they know your needs without having to be told or shown;
 - are taught to avoid conflict and keep the peace;
 - are taught that physical appearance is very important;
 - are taught not to talk too much about sex for fear of developing a reputation for being “easy”; and
 - Are taught that men are “in charge” and more powerful.
 - b) **Boys:**
 - are taught to be tough and self-sufficient and to show this by pretending that they do not have needs and by not communicating (their needs);
 - are taught that being a “real man” means “taking it,” or “toughing it out,” not “complaining;”;
 - are taught that “real men” take what they want and they do not ask or negotiate for what they want;
 - are conditioned to only express a limited number of emotions, primarily anger or aggression, which leads to aggressive rather than assertive communication;
 - are taught not to take on behaviours or characteristics that can be interpreted as feminine;
 - are taught to be ready for sex all the time; and
 - are taught that men are superior and in charge and that women are weaker and subordinate.
7. If any of the above points are not made by your learners, introduce them to the discussion with your learners.
8. Be sure to point out the statements below to your learners.
 - a) It is VERY important that girls are able to communicate assertively, because one of the unhealthy gender messages in society taught to boys is to ignore the needs or boundaries expressed by girls, i.e. the “she says no but she really means yes” phenomenon.
 - b) Skillfully delivered assertive communication helps to combat another inequitable gender message in society – the norm of accepting aggressive communication from boys and finding it acceptable – the “boys will be boys” attitude, while labelling assertive communication from girls as “bitchy,” “mouthy,” or “unladylike”.
 - c) BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.



HOMEWORK

1. Activities that were not completed by your learners in class, may be taken home as their homework assignment.



CONSOLIDATION

1. Summarise the lesson's key points:
 - a) Communication is a combination of what you say with your body and your words.
 - b) It is very important in romantic and sexual situations to match what you say with your body to your words.
 - c) "Mixed messages," or not matching your body language to your words often leads to miscommunication, which can cause problems in relationships.
 - d) Assertive communication is best kind of communication.



ASSESSMENT

1. **Group work**
 - a) Work in a group of six. In this activity you will practise the skill of assertiveness.
 - b) Do a role-play in your group. Four learners must try to persuade the remaining two to do something wrong. The four should think hard about what to say to the two who do not want to do this thing. The two learners who are resisting negative peer pressure should also think about what they can say to avoid being pressurised.
 - c) Take turns to be the ones trying to resist negative peer pressure.
 - d) Write down three good things you can say to resist negative peer pressure.
 - e) In pairs, change this sentence into an "I statement": "You are always so pushy and you don't listen to what I want."
 - f) In the same pair, practise saying your new "I statement" assertively.
 - g) Remember, this includes keeping your voice calm and your body language confident.

Test your knowledge

Ask your learners the following questions:

1. Define passive communication.
2. Define aggressive communication.
3. Define assertive communication.
4. What are three examples of “body language”?
5. What happens when one’s body language does not match with one’s words?
6. Why is assertive communication needed in a romantic relationship?



RESOURCES

POSTER 7.7.1: THREE APPROACHES TO COMMUNICATION

Passive:

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

Aggressive:

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

Assertive:

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

POSTER 7.7.2: NON-VERBAL COMMUNICATION

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

READING 7.7.1: ASSERTIVE, PASSIVE AND AGGRESSIVE COMMUNICATION

When you communicate assertively:

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

When you communicate passively:

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

When you communicate aggressively:

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

POSTER 7.7.3: HOW DO GENDER NORMS AFFECT COMMUNICATION?

1. How are boys taught to behave – in order to be considered to be "real men" – that makes it difficult for them to communicate assertively, and instead, causes them to communicate aggressively or passively?
2. How are girls taught to behave – in order to be considered to be "a lady" or "feminine" – that makes it more difficult for them to communicate assertively, and instead, causes them to communicate aggressively or passively?



GLOSSARY

- aggressive
- assertive
- communication
- gender norms
- inequitable
- non- verbal communication
- passive



Lesson 7.8

Revisiting your goals and
moving forward

Lesson 7.8

Revisiting your goals and moving forward

Grade	7
CAPS topic(s)	Development of the self in society Health, social and environmental responsibilities
CAPS subtopic(s)	Concept: self-image <ul style="list-style-type: none"> Strategies to enhance others' self-image through positive actions: respect for others and respect for diversity
Link to other subtopics in CAPS	Common diseases: tuberculosis, diabetes, epilepsy, obesity, anorexia, HIV and AIDS <ul style="list-style-type: none"> Causes of diseases: social, economic and environmental factors including use of alcohol and tobacco, poor eating habits and physical inactivity
This lesson will deal with the following:	<ul style="list-style-type: none"> explaining how setting goals will help them to realise their potential; formulating SMART goals; reciting a SMART goal that describes something they feel is important to accomplish this year; identifying the obstacles that unhealthy behavioural choices would present for goal attainment; and conducting a force field analysis of factors and influences that encourage or inhibit healthy behaviour.
Concepts	<ul style="list-style-type: none"> abstinence decisions forced field analysis having multiple sexual relationships during the same period of time intentions kissing sexual intercourse touching using a condom
Teaching methodologies	<ul style="list-style-type: none"> individual reflection worksheets force field analysis SMART goal-setting setting intentions content review progress check on goal
Time	60 minutes

BRIEF LESSON SUMMARY

During *Lesson 7.8: Revisiting your goals and moving forward*, your learners begin with an assessment of their progress on the SMART goal they set for themselves at the beginning of the SLPs in Grade 7 Life Orientation. They will revise the goal or set a new goal to practice the SMART goal-setting technique. The lesson continues with your learners examining how their behaviours can either support them in accomplishing their goals or get in the way of reaching their goals. Your learners will think critically of their behaviours and decisions and the impact of certain decisions, to bring about behaviour change. The lesson ends with your learners making a commitment to positive, goal-supporting behaviours related to health and sex.

KEY POINTS

1. Setting goals will help you to reach your potential.
2. Though obstacles and people will get in the way of you accomplishing your goals, you still have the power to make your life better.
3. There are people and resources that can help you to achieve your goals.
4. Avoiding HIV, STIs and unplanned pregnancy can help you achieve your goals.
5. Making a commitment to positive and healthy behaviours is key to achieving your goals.
6. **I am strong, smart and in charge of my future!**



RESOURCES/MATERIALS

- chalkboard
- chalk
- flip chart paper
- Koki pens (various colours)
- tape or Prestik
- watch or cell phone for time-keeping
- *Poster 7.1.1: SMART goals* (Reading 1 in your learners' books)
- *Worksheet 7.8.1: Review of SMART goal criteria* (*Worksheet 1* in your learners' books)
- *Poster 7.8.1: Example of a "force field" analysis* (*Worksheet 2* in your learners' books)
- *Worksheet 7.8.2: "Vote" for behaviours that support your goals* (*Worksheet 3* in your learners' books)
- two of your learners' *SMART goals from Lesson 7.1*



PREPARATION FOR THE LESSON

1. Please refer to Pages 4-6 in this guide for a comprehensive glossary of terms that defines all the new concepts used in all the Grade 7 SLPs.
2. Study the lesson and be sure that you understand the content, methodology and the time allocated for each lesson.

NOTE TO THE EDUCATOR

This lesson contains a brief review of the skill of setting SMART goals that your learners learned in Life Orientation SLP Lesson 7.1: Setting goals and reaching your potential. If you have not taught that lesson you should familiarise yourself with it.

3. Prepare and display *Poster 7.8.1: Example of a force field analysis model* on the board or a large sheet of newsprint. If you think it will be difficult for all your learners to see a single poster, make more than one poster or photocopy the poster to provide as handouts for your learners to share in groups.
4. Prepare and display a large-sized version of *Poster 7.1.1: SMART goals* on the board or a large sheet of newsprint.
5. On the board or flip chart, draw four large squares. Write each of the following four themes in one of the boxes: family, school, friends, and health.
6. Write the following questions on the board or flip chart:
 - a) Has the due date for this goal passed?
 - b) What progress have you made on the goal? Have you accomplished it? If you have not accomplished it: why not? Is it still a goal you want to accomplish?



ACTIVITIES

A.1 Review of goal-setting

1. Explain to your learners that in today's lesson you are going to look at the way that their choices of healthy behaviours – especially concerning sex – can either help them to achieve their goals or get in the way of those goals.
2. Explain that healthy behaviour can be more difficult to engage in – or less difficult – depending on the circumstances in our lives and what we choose to allow to influence us.
3. Explain that this lesson is going to teach them a technique called a “force field analysis” that will help them to:
 - a) identify behaviours that will help them achieve their goals;
 - b) identify factors and influences that can support those behaviours; and
 - c) identify factors and influences that make it more difficult to choose healthy behaviours.

A.2 Review of SMART goals

1. Refer your learners to the definition of a goal written on the board:
“A goal is something that we want to achieve. We all have the ability to make the best of ourselves and setting and achieving goals helps us to do that.”
2. Refer your learners to *Poster 7.1.1: SMART goals*. Remind your learners that developing SMART goals was a skill they learned at the beginning of the year in an earlier SLP for Grade 7 Life Orientation.

3. Remind your learners of the five characteristics of a SMART goal:
 - S** goals should be **S**pecific;
 - M** goals should be **M**easurable in terms of their outcome(s);
 - A** goals should be written in terms of the specific **A**ction(s) that will be done to achieve them;
 - R** goals should be **R**elevant (matter to you) and **R**ealistic (actually achievable); and
 - T** goals should be “**T**ime-bound”, that is they have a specific due date.
4. Ask your learners if they have any questions about the definition of a goal or how to write a SMART goal.
5. Answer the questions and hold off other types of questions for another time.

A.3 This year's goal

1. Ask your learners to turn to the two SMART goals they wrote for Lesson 7.1 (one during class and one for homework, from *Worksheet and Homework 7.1.1: SMART goal criteria*); or, if learners have these stored in a notebook or portfolio of evidence have them find it and take it out.
2. Ask your learners to review the SMART goals they set in Lesson 7.1. Learners who did not complete the SMART goal worksheets should work with another learner, using *Worksheet 7.8.1: Review of SMART goal criteria*
3. Instruct them to choose one of the two goals and assess their progress on that goal by writing answers to the following questions in the margins or in the space at the bottom of the SMART goal worksheet:
 - a) Has the due date for this goal passed?
 - b) What progress have you made on the goal? Have you accomplished it? If you have not accomplished it: why not?
 - c) Is it still a goal you want to accomplish?
4. Direct your learners' attention to the four squares you drew on the board labelled with the themes: family, school, friends, and health.
5. Ask your learners to spend four or five minutes writing a SMART goal for something they want to achieve, in one of these areas, in the next 12 months. Tell your learners that if they did not accomplish the goal they assessed from their worksheet, and the goal is still important to them, they should write a new version of THAT goal in the appropriate box.
6. While learners are working on the task, move around the room offering assistance, supervising your learners' progress and helping them to manage their work time.

A.4 The relationship of behaviour choices to accomplishing goals

1. Direct your learners' attention back to *Poster 7.1: SMART goals*.
2. Point out the “A” in the SMART acronym and ask your learners to identify what the “A” represents in the technique of setting SMART goals.
3. Take responses from your learners until you receive the correct response:

“The ‘A’ stands for ‘action-oriented’ which means that a good goal has the actions necessary to accomplish it spelled out in detail.”
4. Write the word “behaviour” on the board and explain that behaviour is a synonym for action.
5. Ask your learners to give you a few examples of behaviours.

Possible responses will be varied and diverse and could include the following:

 - a) watching TV,
 - b) exercising or playing sports,

- c) brushing your teeth,
 - d) studying, or
 - e) arguing with someone.
6. Make sure that your learners include some sexual behaviours in their list. Prompt them as necessary to generate items on the list such as:
 - a) sexual intercourse;
 - b) using a condom;
 - c) having multiple sexual relationships, during the same period of time;
 - d) kissing;
 - e) touching; and
 - f) abstinence.
 7. Explain to your learners that many of our actions – or our behaviours – are subconscious. They come from our personality, our upbringing, etc. Examples of subconscious behaviours may include scratching an itch, doing things with your right or left hands or drinking water when you feel thirsty.
 8. Stress to your learners that we can also make conscious choices about our actions and behaviours. Part of becoming an adult is to choose our behaviours and accept responsibility for those choices and the results of those behaviours.
 9. Ask your learners to tell you what they think the relationship is between behaviours and accomplishing goals. Take a few responses from your learners.
 10. Summarise your learners' responses in a way that covers the key points, below:
 - a) Behaviours can be the actions we take to pursue and accomplish our goals.
 - b) Some behaviours can support the actions we need to take, to accomplish our goals.
 - c) Some behaviours can also get in the way of us accomplishing our goals.
 - d) At their age, the choices learners make regarding sexual behaviour can influence their ability to accomplish important short-term and long-term goals.

A.5 Overview of the “force field” analysis technique

1. Explain that the next activity presents a technique for looking at the behaviour they choose and assessing whether these behaviours will help them, or get in the way of accomplishing their goals.
2. Direct your learners to Poster 7.8.1: *Example of a “force field” analysis*.
3. Walk your learners through the example on the poster.
4. Point out how the analysis starts with a SMART goal.
5. Show your learners how the example has generated two lists:
 - a) Behaviour choices that will **help to** accomplish the goal.
 - b) Behaviour choices that will **get in the way of** accomplishing the goal.
6. Show your learners how the example brings one behaviour that can help with accomplishing a goal down into the box in order to focus on it. Point out:
 - a) What is in the box is written as a behaviour and should **always** be written as a behaviour in this step of the process.
7. The behaviour must be chosen for the box **SUPPORTS ACCOMPLISHING THE GOAL**.
 - a) The example uses a sexual behaviour and they should too!
8. Show learners the part of the analysis that identifies factors or influences that can support the **BEHAVIOUR**, which in turn **SUPPORT THE GOAL**.
9. Show your learners the part of the analysis that identifies factors or influences that hinder or inhibit the **BEHAVIOUR** or lead to other, negative or unhealthy behaviours, which in turn become **AN OBSTACLE TO ACHIEVING THE GOAL**.

10. Point out that this example only looks at one behaviour. Explain to your learners that they could do a force field analysis on ANY behaviour that they could brainstorm as one that might help or hinder the achievement of their goal.

A.6 Practising force field analysis

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

A.7 Making a commitment to behaviour choices

1. Explain to your learners that they now know:
 - a) how to identify behaviours that will support them in accomplishing their goals; and
 - b) how to identify factors and influences that will encourage or hinder their ability to choose healthy, positive behaviours.With this knowledge it is time for them to commit to behaviour choices that will support the goal they set at the start of the lesson.
2. Ask your learners to turn to *Worksheet 3: “Vote” for behaviours that support your goals* in their workbooks.
3. Remind your learners that when they get older they will vote in elections, choosing people to run the government and accomplish the goals of their town, or the nation. Explain that when someone casts a vote for someone running for office it is called “committing to a candidate”.
4. Explain that on this worksheet they are going to cast imaginary votes for behaviours; committing to those behaviours so that they can better accomplish their goal.
5. Spend a few minutes going over the worksheet with your learners:
 - a) Tell them to write their name on the sheet.
 - b) Show them where to write the SMART goal they set at the start of the lesson.
 - c) Review the chart that presents the positive, goal-supporting behaviours they learned throughout the SLPs for Grade 7 Life Orientation.
 - d) Point out the box in the chart next to each behaviour where they will “vote” for that behaviour.
 - e) Explain that their task is to commit to one or more behaviours that will support their goal, by marking votes in the boxes next to each behaviour which they are committing to.
 - f) Explain that they have six votes that they can cast. Explain that they cast a vote and commit to a behaviour by ticking the box to the left of a behaviour on the chart.
 - g) Explain that they may cast more than one vote for the same behaviour.
 - h) Explain that casting multiple votes for the same behaviour indicates that they think the behaviour is very important to them, in order to accomplish their goal.
 - i) Explain that it also indicates an extra level of commitment on their part to behaving that way during the next twelve months.

- j) Also show your learners where they need to write a few sentences explaining how they expect these behaviours to help them accomplish their goal.
 - k) Show your learners where they need to identify people who can help them to keep their commitment.
6. Ask your learners if they have any questions about their assignment.
 7. Answer any questions that require you to clarify the instructions and put aside any other types of questions for another time.
 8. Set your learners to work on the task. While learners are working on the task, circulate around the room offering assistance, supervising their progress and helping them to manage their work time. They should have about five minutes to complete the assignment.



HOMEWORK

Learners are encouraged to reflect on what has been dealt with in this activity.



CONSOLIDATION

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



ASSESSMENT

1. Written activity

Ask your learners to answer the questions below:

- a. What is a goal?
- b. Why are goals important to our lives?
- c. What does the acronym “SMART” stand for?
- d. What is the significance of HIV, STIs and teenage pregnancy to goal attainment?
- e. What is one (or more) goal(s) you are determined to achieve in the next six months?
- f. How does your choice of behaviours affect your ability to achieve your goals?
- g. How do circumstances and influences affect our behaviour choices?
- h. How do you conduct a “force field” analysis?
- i. How would you define what a commitment is?
- j. What commitments have you made to yourself or your family that embody your personal values or limits?



RESOURCES

POSTER 7.1.1: SMART GOALS

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

A SMART goal is:

Specific: States exactly what you want to do.

Answers the question: What?

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

Answers the questions: How much? How well?

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

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

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

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

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

Answers the question: When?

WORKSHEET 7.8.1: REVIEW OF SMART GOAL CRITERIA

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

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

Rewritten goal that meets SMART criteria.

POSTER 7.8.1: EXAMPLE OF A “FORCE FIELD” ANALYSIS

NOTE TO THE EDUCATOR

This is a completed example. See the blank one for YOUR learners' reference in the learners' workbooks

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

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

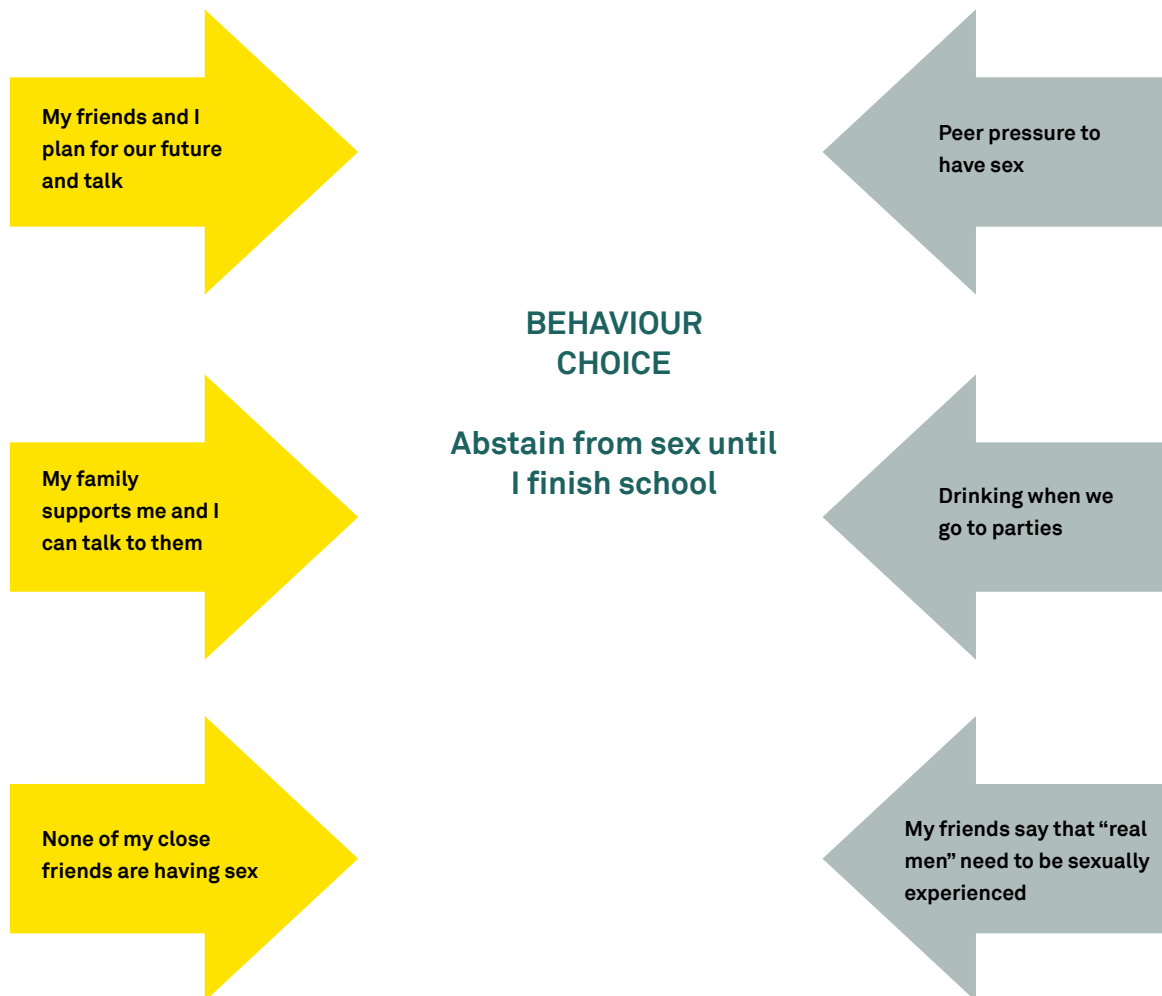
1. If I do not get good grades my parents will not let me have a job.
2. If I have bad references they will not give me a job.
3. If I had a baby I would not have time to apply.
4. If I acquired HIV I could be too sick to work.

Things that would help me to accomplish my goal or behaviour:

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

Factors that positively support behaviour

Factors that make behaviour difficult or lead to negative behaviours



WORKSHEET 7.8.2: “VOTE” FOR BEHAVIOURS THAT SUPPORT YOUR GOALS

Name:

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

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

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

.....

.....

.....

.....

.....

- The names of three or more people who will help me commit to these behaviours are:

.....

.....

.....

.....

Your Signature

.....



GLOSSARY

- abstinence
- decisions
- forced field analysis
- having multiple sexual relationships during the same period of time
- intentions
- kissing
- sexual intercourse
- touching
- using a condom

ANNEXURES

ANNEXURE A: ADDITIONAL BACKGROUND READING AND CONTEXT

HIV and AIDS in South Africa

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

Similar to other generalised HIV epidemics, South Africa's epidemic is largely, though not entirely, driven by sexual transmission. A number of underlying individual behavioural, social, and structural factors underpin the severe HIV epidemic in South Africa. These include: low rates of male circumcision; lack of knowledge of HIV status; inconsistent and non-use of condoms; intergenerational and transactional sex; multiple and concurrent sexual partnerships; alcohol and drug abuse, and harmful gender and social norms. Internal and external migration and economic inequality together with incomplete education also fuel HIV transmission. Low marriage rates and later age at marriage, among those who eventually marry, are additional structural factors contributing to high HIV risk.²

Young people and HIV

Young people in South Africa, especially young women, are at high risk of HIV acquisition. In the 2012 national survey, HIV prevalence rose from 3.1% among girls under age 14, to 5.2% among adolescent girls age 15-19, and then jumped sharply to 17.9% in young adult women aged 20-24 . HIV rates continued to increase steeply until they peaked at 36.7% among women aged 30-34. HIV prevalence among young males is much lower than for their female peers: 2.2% for boys under age 14, 1.2% for boys aged 15-19, and 5.6% for young men aged 20-24.

³Some experts believe that incidence rises sharply after girls leave school owing to their lack of economic opportunities and reliance on transactional sex for financial support. Most young women initiate childbearing soon after they leave school, and some data suggest that pregnancy may be a co-factor for HIV acquisition. Nonetheless, the 2012 national survey found some positive trends in HIV among young people. HIV prevalence among 15 to 24-year-olds decreased from 8.7% in 2008 to 7.3% in 2012. The proportion of young people aged 15-24 who reported sex before the age of 15 declined, with the decline especially marked among young females. However, condom use, which increased among all segments of the population in previous surveys in 2002, 2005 and 2008, declined in almost all age groups including young males and females in 2012⁴. The proportion of young people engaging in multiple sexual partnerships also continued a steady upward trend from previous surveys.

1 South African National HIV Prevalence, Incidence and Behavior Survey 2012. Presentation delivered at the 6th SA AIDS Conference, Durban ICC, 19th June 2013.
2 Ibid
3 Studies in Family Planning, 2008 - Pregnancy related school dropout and prior school performance in KwaZulu Natal South Africa
4 HIV/AIDS-related stigma and discrimination Module 4 R. Smart

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

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

The education sector and HIV

South Africa has roughly 12.4 million children in 25,850 public primary and secondary schools in 9 provinces.⁵ The education system is characterised by high levels of participation and completion compared to other countries in sub-Saharan Africa. The education system has equal female to male participation in primary and secondary education.⁶ Thus, schools provide a platform for reaching the majority of both female and male learners with comprehensive sexuality and HIV prevention education.

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

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

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

The Curriculum and Assessment Policy Statement for Life Orientation

The history, the related reviews and evaluations of the life skills programme are documented in the DBE Integrated Strategy on HIV, STIs and TB 2012 – 2016. The life skills programme has evolved with the overall DBE curriculum changes over the years and it is currently included in the Curriculum and Assessment Policy Statements (CAPS). According to the DBE National Curriculum Statement (NCS), CAPS for the Senior Phase – Grades 7, 8 and 9, Life Orientation is central to the holistic development of learners. It addresses skills,

5 Education Realities 2012, Department of Basic Education

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

knowledge and values for the personal, social, intellectual, emotional and physical growth of learners. Life Orientation guides and prepares learners for life and its possibilities and equips them for meaningful and successful living in a rapidly changing and transforming society. Learners are guided to develop their full potential and to make informed choices regarding personal and environmental health, study opportunities and future careers. Life Orientation also helps learners to develop beneficial social interactions, and promotes lifelong participation in recreational and physical activity. The health, social and environmental responsibility life skills component is the area under which HIV programmes are mainly covered.⁷

Teenage pregnancy

Data sets indicate that childbearing in South Africa begins early. The mean age at first sex in South Africa amongst young people aged 16 – 24 in 2012 was 16.9 years. Adolescent girls aged 15-19 accounted for roughly one in five of all pregnant women tested for the 2011 antenatal sentinel survey. Other data sources indicate that approximately 94,000 schoolgirls became pregnant in 2011, with about 77,000 having had abortions performed at public facilities. According to the DBE's *2009/2010 Annual Survey for Ordinary Schools*, KwaZulu-Natal and Limpopo account for about half of the total of 45,276 learners reported as pregnant in 2009.⁸ In the 2011 General Household Survey, about 4.5% of all females in the age group 13–19 years were reported to be pregnant during the reference period. High levels of teenage pregnancy demonstrate that young girls are engaging in unprotected sex. Provincial education departments have started profiling schools and districts with high levels of teenage pregnancy and are developing interventions to address this issue.

The vast majority of pregnant adolescents are neither married nor in stable relationships. Many teenage girls have sex with older, sexually-experienced men who are more likely to be HIV-positive. Girls may also be less empowered to use condoms with older men, thereby increasing their risk of HIV acquisition. Once pregnant, teenage girls may be forced to drop out of school and may face motherhood unprepared, at an early age. Young women who struggle to meet immediate material needs, may engage in multiple and concurrent transactional partners and other risky behaviours.⁹ In addition to contributing to school drop-out, teenage pregnancy presents immediate health challenges such as higher maternal mortality among younger adolescents. Conversely, while HIV has lifelong health, financial and social implications it is often felt less “urgently” as an issue by many adolescents. Both HIV, sexual and reproductive health, are critical to well-being and development and must be addressed simultaneously and in an integrated manner.

Sexual and gender-based violence

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

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

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

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

Sexual abuse of boys is not a new phenomenon. Yet, globally very little is known about the nature and extent of sexual violence against boys.¹⁰ While scant, South African research has shown that sexual abuse of boys by men has serious health consequences, such as an increased risk of acquiring HIV and mental health problems, including alcohol abuse.¹¹ A survey with students in the Northern Province estimate that 8.8% of males experienced sexual abuse.¹² Similarly a general population survey with men in KwaZulu-Natal and Eastern Cape estimate that nearly 10% of men have been forced into sex.¹³ One of the few qualitative studies, conducted in the rural Eastern Cape expanded understanding of the sexual abuse of young boys within a rural context.¹⁴ The lack of adult supervision while tending to duties such as herding of livestock, places boys in remote settings, increasing the risk for young boys to be physically bullied and forced into sex. Importantly this study highlighted the context of sexual coercion by women, is markedly different. Such acts often occur in the safety of the boy's home and female perpetrators were commonly older lodgers, domestic helpers and family friends who subjected boys to unwanted touching or exposed themselves, culminating in persuasion to have sex.¹⁵ The majority of such acts of abuse by men and women were not disclosed to families or friends or reported to the police.¹⁶ Given the high rates of nondisclosure it is anticipated that rates of sexual assault of boys is likely to be much higher than estimated. The HIV acquisition risk for children who have experienced sexual violence is also largely unknown, because poor reporting, stigma and poverty can result in failure to provide related testing, care and support.

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

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

Poverty

In the 2011 academic year, 60% of public school learners were in no-fee schools; these are schools declared poor, located in poverty-stricken areas, and learners are exempt from paying school fees. The “No-Fee Schools” are part of the DBE policy aimed at improving education access for poor learners. Most of these

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

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

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

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

14 Ibid

15 Ibid

16 Ibid

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

schools do not provide adequate life skills programmes, and lack relevant sexuality, HIV prevention, or peer education activities. Due to the schools' locations in remote, rural and poverty stricken areas, educators lack resources and training to offer quality life skills and comprehensive sexuality and HIV prevention education programmes. In consideration of all the above challenges, adequately addressing the needs of South Africa's learners calls for a well-tailored and targeted, systemic approach to addressing comprehensive sexuality and HIV prevention education at school level. These SLPs shall assist in meeting the need for standardised, high quality lesson plans and strengthened systems to support the implementation of comprehensive sexuality and HIV prevention education as a central component of the DBE's life skills programme.

Institutionalisation of comprehensive sexuality education on a sustained basis is a key contributor to social change by influencing social and gender norms, which may ultimately benefit not only population-level public health indicators, but crucially the well-being and development of adolescents. Scripted lesson plans (SLPs) have been prepared for educators to facilitate their teaching of content specifically related to comprehensive sexuality education (CSE) in CAPS.

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

NOTE TO THE EDUCATOR

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

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

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