Education Official Training
Comprehensive Sexuality Education in Life Skills and Life Orientation
Scripted Lesson Plans

Facilitator Manual
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Life Skills and Life Orientation
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ACKNOWLEDGEMENTS


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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>i</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>OVERVIEW OF THE THREE-DAY TRAINING AGENDA</td>
<td>3</td>
</tr>
<tr>
<td>MODULE 1: ORIENTATION TO THE TRAINING</td>
<td>6</td>
</tr>
<tr>
<td>MODULE 2: EXPLORING OUR VALUES, BEHAVIOUR AND ATTITUDES REGARDING</td>
<td>13</td>
</tr>
<tr>
<td>SEXUALITY EDUCATION</td>
<td></td>
</tr>
<tr>
<td>MODULE 3: EFFECTIVE PEDAGOGICAL STRATEGIES FOR SEXUALITY EDUCATION;</td>
<td>22</td>
</tr>
<tr>
<td>SLP DEMONSTRATION AND PRACTICE 1 AND 2</td>
<td></td>
</tr>
<tr>
<td>MODULE 4: UNDERSTANDING SEXUALITY EDUCATION TERMS AND DEFINITIONS;</td>
<td>33</td>
</tr>
<tr>
<td>SLP DEMONSTRATION AND PRACTICE 3</td>
<td></td>
</tr>
<tr>
<td>APPENDICES</td>
<td>41</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>78</td>
</tr>
</tbody>
</table>
INTRODUCTION
This manual was developed specifically for facilitators who are tasked with training education officials on the scripted lesson plans (SLPs) for school-based sexuality and HIV prevention education, for Grades 4–12. This material is intended to build the capacity of provincial and district officials to train Life Skills (LS) and Life Orientation (LO) educators on sexuality and HIV prevention education using the SLPs. The training material was piloted in Mpumalanga province. The lessons learned from this pilot training were used to finalise these materials, which were then be rolled out in the other provinces. The School-Based Sexuality HIV Prevention Education Activity, (hereafter referred to as “the Activity”), supports the Department of Basic Education (DBE) to implement HIV prevention education; support life skills and provide care and support for learners in public schools.

The activities, herein, will address sexual and reproductive health (SRH) education, age-appropriate SRH and HIV-related life skills delivered through curricular means in schools. This includes a targeted focus on adolescents in school, to reduce risky behaviours amongst school-going youth. Activities will be focused on improving learner knowledge and achievement in targeted areas of the life skills programme. The activities will focus, particularly, on topics that address adolescent sexual reproductive health (ASRH), safe sexual behaviour, the mitigation of issues related to sexual gender-based violence, reduction of teenage pregnancy, increased retention of learners in schools and the improvement of education achievement levels.

Although the programme concentrates on sexuality education and HIV prevention education, it is recognised that HIV and AIDS do not occur within a social vacuum. To implement an effective strategy, it is necessary to deal with both causal and resultant behaviours. To this end, the scripted lesson plans have been designed to reach beyond the basic knowledge of HIV and AIDS, to address values, skills and attitudes through life skills topics which are aligned to the Intermediate (IMP), Senior and Further Education and Training (FET) phases (Grades 4–12) Life Skills and Life Orientation Curriculum Assessment and Policy Statement (CAPS).

THE SOUTH AFRICA SCHOOL-BASED SEXUALITY AND HIV PREVENTION ACTIVITY
The School-Based Sexuality and HIV Prevention Education Activity has five closely related objectives:

1. Increased number of educators qualified to teach sexuality education
2. Strengthened capacity of the Department of Basic Education (DBE) to provide education and training for educators to teach sexuality and HIV education lessons in the classroom and improve life skills programme
3. Improved quality of school-based sexuality and HIV education programs – evidence informed and effective to reduce risky behaviours amongst school-going youth; improved learner knowledge and achievement in targeted areas of the life skills programme
4. Increased DBE capacity to work in partnership with the Department of Health to implement the Integrated School Health Program (ISHP); reduce teenage pregnancy levels, and increase retention of girls in school and increased potential to complete high school
5. Improved systems to evaluate the effectiveness of the sexuality and HIV education programme.
THE TRAINING
This training has been designed to prepare education officials to train LS and LO educators in the use of scripted lesson plans (SLPs) for Grades 4–12. The full training of trainers (ToT) consists of this training and participation as a co-facilitator at a training of Life Skills and Life Orientation educators on the SLPs. This manual provides all the information and materials needed to conduct this training.

This training is based on adult learning principles, specifically that adults learn best when they are provided with opportunities that are “autonomous and self-directed, acknowledge and build upon existing experiences and knowledge, are relevant and goal oriented, and include practical or experiential opportunities.”

The training is structured around a series of activities that combine self-assessment, content delivery, reflection on one’s own experience and practice. In addition, throughout the training, there are opportunities to consider the lived experiences of South Africa’s learners and educators, as well as activities to build the participants’ understanding and empathy for learners and educators. It is clear, therefore, that the fundamental goal of the intervention is to promote the health and well-being of all South Africans.

TRAINING GOALS AND OBJECTIVES
Training goals
The goal of this three-day district-level training programme is to build the participants’ capacity to support educators who are teaching comprehensive sexuality education (CSE) using SLPs, by increasing their knowledge, skills and comfort in coaching and mentoring.

Training outcomes
By the end of the training, participants will be able to:

- articulate why comprehensive sexuality education, taught through SLPs, is important to education overall, and to the CAPS in particular;
- state the core messages of the comprehensive sexuality education curriculum, and explain the importance of reinforcing these messages throughout the curriculum;
- clarify personal values related to sexuality and support educators to manage their personal values when implementing the Life Skills and Life Orientation CAPS with their learners;
- describe the variety of instructional methods used in the SLPs and how they would support educators in using them in their classrooms;
- identify some of the challenges educators may face in teaching comprehensive sexuality education and how they would help them meet these challenges; and
- develop a training plan for the Grade 4–12 Life Skills and Life Orientation educators in their province and districts, where the Activity is being implemented.

## OVERVIEW OF THE THREE-DAY TRAINING AGENDA

<table>
<thead>
<tr>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration and pre-training assessment</td>
<td>Welcome</td>
<td>Welcome</td>
</tr>
<tr>
<td>Opening session</td>
<td>Understanding the SLPs and effective pedagogical strategies for sexuality and HIV prevention education</td>
<td>Understanding human sexuality terms and definitions</td>
</tr>
<tr>
<td>Introductions and orientation to the training</td>
<td>Building empathy and the Child Protection and Disclosure Protocol</td>
<td>Demonstration of Lesson 9.3: Safer Sex: Using condoms</td>
</tr>
<tr>
<td>The South Africa School-Based Sexuality and HIV Prevention Activity</td>
<td>Demonstration of Lesson 7.4: Understanding puberty</td>
<td>Debrief of Lesson 9.3</td>
</tr>
<tr>
<td>Scripted lesson plans and their relationship to CAPS</td>
<td>SLP preparation of Lessons 5.4, 8.5 &amp; 10.9</td>
<td>Planning and next steps</td>
</tr>
<tr>
<td>Examining our personal and professional values</td>
<td>SLP practice of Lessons 5.4: Child abuse – “Keeping myself safe from abuse”</td>
<td>Planning training activities (by district)</td>
</tr>
<tr>
<td>CSE – What’s it got to do with me?</td>
<td>SLP practice of Lesson 8.5: What young adults need to know about STIs, HIV and AIDS</td>
<td>Post-training assessment and final training evaluation</td>
</tr>
<tr>
<td>Presentation and discussion of the facilitator’s manual for the training of Grades 4–12 LS and LO educators on SLPs</td>
<td>SLP practice of Lesson 10.9: Consent, rape and taking action</td>
<td>Post-training assessment and final training evaluation</td>
</tr>
<tr>
<td>Closing</td>
<td>Closing</td>
<td>Closing</td>
</tr>
</tbody>
</table>
# DAY ONE TRAINING PROGRAMME

<table>
<thead>
<tr>
<th>Module 1: Orientation to the training</th>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Session</td>
<td>08.00 – 08.30</td>
<td>30 mins</td>
<td>Registration, Pre-training assessment</td>
</tr>
<tr>
<td></td>
<td>08.30 – 08.45</td>
<td>15 mins</td>
<td>Welcome remarks by DBE and/or DOE officials, Introduction of trainers</td>
</tr>
<tr>
<td></td>
<td>08.45 – 09:15</td>
<td>30 mins</td>
<td>Session 1: Getting Started</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Participant introductions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Expectations and ground rules</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Objectives of the training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Housekeeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Introduction to Pandora’s box</td>
</tr>
<tr>
<td>Module 2: Exploring our values, behaviour and attitudes regarding sexuality education</td>
<td>09:15 – 10:15</td>
<td>1 hour</td>
<td>Session 2: The South Africa School-Based Sexuality and HIV Prevention Activity</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Presentation on the South Africa School-Based Sexuality and HIV Prevention Activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Presentation of the DBE policy framework for the Activity</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>• Discussion on the roles of district staff in the Activity</td>
</tr>
<tr>
<td></td>
<td>10:15 – 10:30</td>
<td>15 mins</td>
<td>TEA BREAK</td>
</tr>
<tr>
<td></td>
<td>10.30 – 11.30</td>
<td>1 hour</td>
<td>Session 3: SLPs and their relationship to CAPS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The development of the SLPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Linking SLPs on sexuality and HIV prevention education to CAPS SLP</td>
</tr>
<tr>
<td></td>
<td>11.30 – 12:30</td>
<td>1 hour</td>
<td>Session 1: Examining our personal and professional values</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Agree/Disagree: Review of personal and professional values</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The comprehensive sexuality education core messages in the SLPs for all phases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Confronting your discomfort (Walk the line)</td>
</tr>
<tr>
<td></td>
<td>12.30 – 13.15</td>
<td>45 mins</td>
<td>LUNCH BREAK</td>
</tr>
<tr>
<td></td>
<td>13.15 – 14:15</td>
<td>1 hour</td>
<td>Session 2: CSE – What’s it got to do with me?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Reconstructing the six dimensions of sexuality development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The stages of adolescence</td>
</tr>
<tr>
<td></td>
<td>14:15 – 14:30</td>
<td>15 mins</td>
<td>TEA BREAK</td>
</tr>
<tr>
<td></td>
<td>14:30 – 15:30</td>
<td>1 hour</td>
<td>Session 3: Presentation and discussion of the EOG facilitator manual for the training of LS and LO educators for Grades 4–12 on the SLPs</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Review of Day 1</td>
</tr>
<tr>
<td></td>
<td>15:30 – 16:00</td>
<td>15 mins</td>
<td>Closing</td>
</tr>
<tr>
<td></td>
<td>16:00</td>
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</tr>
</tbody>
</table>
REGISTRATION

NOTE TO THE FACILITATOR
Please make sure that all participants, including latecomers, complete the registration form.

PRE-TRAINING ASSESSMENT

NOTE TO THE FACILITATOR
After registration, ask the participants, including the latecomers, to complete the pre-training assessment form. Ensure that you have collected all the forms before the plenary session begins.

WELCOME

NOTE TO THE FACILITATOR
Ensure that you have spoken to the appropriate representatives from the province and district levels who will give the opening remarks. Make sure to tell them the time allocated for their remarks.
Module 1 Objectives

By the end of the module participants will be able to:

- identify their expectations for the training and know the objectives of the training; and
- identify the objectives of the South Africa School-Based Sexuality and HIV Prevention Education Activity.

Module Overview

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 1: Getting Started</strong></td>
<td>30 min</td>
</tr>
<tr>
<td>Introductions and welcome</td>
<td>10 min</td>
</tr>
<tr>
<td>Expectations and ground rules</td>
<td>10 min</td>
</tr>
<tr>
<td>Reviewing objectives of the training and housekeeping</td>
<td>5 min</td>
</tr>
<tr>
<td>Pandora’s Box</td>
<td>5 min</td>
</tr>
<tr>
<td><strong>Session 2: The South Africa School-Based Sexuality and HIV Prevention Activity</strong></td>
<td>1 hour</td>
</tr>
<tr>
<td>Overview of the Activity</td>
<td>30 min</td>
</tr>
<tr>
<td>The DBE policy framework for the Activity</td>
<td>15 min</td>
</tr>
<tr>
<td>Role of district staff in the Activity</td>
<td>15 min</td>
</tr>
<tr>
<td><strong>Session 3: The SLPs and their relationship to the CAPS</strong></td>
<td>1 hour</td>
</tr>
<tr>
<td>Presentation on the development of the SLPs</td>
<td>30 min</td>
</tr>
<tr>
<td>Linking the SLPs on sexuality and HIV prevention education to the CAPS</td>
<td>30 min</td>
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</tbody>
</table>
SESSION 1: GETTING STARTED

Objectives – By the end of this activity, participants will be able to:

- know their co-participants (and possibly some of their characteristics);
- agree on the ground rules for the training;
- identify the training objectives; and
- explain the purpose of the Pandora’s box and how it can be used with educators.

Time required: 30 minutes (depending on size of group)

Methodology: large group activity

Materials and preparation

- flip chart paper
- markers
- a ball made of paper
- PowerPoint presentation on the training objectives
- Pandora’s box or other means for collecting questions from the participants confidentially

Introductions

Methodology:

1. Welcome the participants, introduce yourself to the group, and ask the participants to take five minutes to interview their neighbour, so they can introduce them to the rest of the group.

2. Ask the participants to introduce one another. To do this, each participant should interview the participant sitting closest to them, by asking the following three questions:
   a) What is your name?
   b) What is your role and where do you work?
   c) Share one thing that no one here knows about you.

3. Ask each pair of participants to introduce their partner to the rest of the group.

4. You will use a ball of paper to signal when someone must speak. The participants will throw the ball around the room, until they have all had a chance to introduce their partners. No one else should speak while someone is in possession of this ball.

5. Once all the pairs have been introduced, thank the participants for their engagement and encourage them to get to know the other participants over the course of the training.
Ground rules and participants’ expectations

1. Explain to the participants that ground rules must be established for the training. Explain that each of them came to this training with some expectations: i.e. things they hope to get out of the training.

2. Ask the participants to think for a minute about what they expect from you as the facilitator, and what they expect from the other participants in the group. Explain that they should be ready to share their thoughts with the rest of the group.

3. Write the heading “What I hope to get” on the flip chart and write the participants’ ideas down as they share.

4. Tell the participants that in order for everyone to get what they hope for from the training, you will need to work together as a group, with each person contributing, in their own way, toward making the environment one in which everyone can learn and grow.

5. Ask the participants to think of what they are willing to offer to help them to benefit from the training. Suggest that they think about behaviour that will:
   a) make the learning environment productive and comfortable for everyone;
   b) show their respect for one another; and
   c) help the groups to succeed at their tasks.

6. List their ideas (and yours) on the flip chart titled “What I will give”.

7. Use open-ended questions to clarify the ground rules, making sure that the participants understand the expected behaviour.

8. Ask for a consensus on the ground rules. If there is anything else that needs to be added (rules such as: switching off ringers or switching off cell phones, prohibiting side conversations etc. should be on the list). If there are some items on the list which some of the participants do not agree with, discuss these with all the participants. All the participants should ensure that the ground rules are followed.

Goals and objectives

Methodology:

1. Using flip charts, prepared ahead of time, or a PowerPoint presentation, state the goals and the objectives of the training.

2. Invite questions or comments from the participants.

Pandora’s box

1. Explain the Pandora’s box or question box. There are instances where the participants in a training session may not feel comfortable asking a question in front of the whole group –especially questions related to sexuality, HIV and AIDS or other STIs. The participants can write their questions on a piece of paper and place them in the question box, anonymously. Highlight that all their questions are important, and that any issues that they may not know how to address, or are afraid to address, are likely to be issues that other participants will have similar questions about.
2. Explain that at the beginning of each day the facilitator(s) will check the box and answer the questions that have been placed in the box. By sharing and discussing the questions, there is hope that learners and educators will get the information that they need about sex, sexuality, HIV, etc., and will be equipped to make good decisions.

3. Explain that this box is also used in the educator training and the educators are encouraged to use it with their learners as well. The goal is to protect the anonymity of the learners should they want to ask difficult or worrisome questions. Make it clear to the participants that using this approach in the classroom also gives educators an opportunity to research the answers to the difficult questions that learners may ask. If educators feel uncomfortable answering a question from their learners, they may ask a colleague who is willing to discuss the uncomfortable question with the learners. It is important to note that the learners who ask their questions anonymously will get a response to their questions and that the responses will be given publicly, without compromising their anonymity.

4. Pandora’s box is a tool for educators to build a culture of trust and privacy with their learners so that they feel comfortable to ask about sensitive issues related to sexuality education.
SESSION 2: SOUTH AFRICA SCHOOL-BASED SEXUALITY AND HIV PREVENTION EDUCATION ACTIVITY

Objectives – By the end of the activity, participants will be able to:

- describe the goals and objectives of the South African School-Based Sexuality and HIV Prevention Education Activity;
- explain how the Activity fits into the policy framework of the DBE on HIV and teenage pregnancy; and
- describe their role in relation to the Activity.

Time required: 1 hour

Methodology: presentation and large group discussion

Materials and preparation

- flipcharts
- markers
- PowerPoint presentation on the South African School-Based Sexuality and HIV Prevention Education Activity
- PowerPoint presentation on the DBE policy framework for the Activity

Methodology:

1. Present the PowerPoint on the Activity. Go over all of the components of the Activity and take questions and comments.

2. Present the DBE policy framework that guides the implementation of the Activity.

3. Ask the participants to help you to name all the directorates present within the DBE and discuss the role that each directorate plays in the Activity. Take notes of the discussion on a flip chart.

4. Explain that this training will focus on building their capacity as trainers. As noted in the PowerPoint, the training of trainers for CSE and the SLPs consists of:
   a) a two-day training of trainers (ToT), followed by;
   b) participation as co-facilitator for at least one educator training.

5. Planning for these training sessions will occur at the end of this training.
SESSION 3: THE SLPS AND THEIR RELATIONSHIP TO THE CAPS, BDI LOGIC MODELS AND UNESCO FRAMEWORK FOR SEXUALITY EDUCATION

Objectives – By the end of the activity, participants will be able to:
- define the topics covered in the SLPS;
- demonstrate an understanding of the link between the CAPS and the SLPS for Grades 4–12;
- describe the development of the SLPS and the evidence that informed their development; and
- identify the structure of the SLPS.

Time required: 1 hour

Methodology: large group presentation and small group work

Materials and preparation: flip charts, marker pens, tape
- flip charts, marker pens, tape
- presentation slides on the development of the SLPS
- CAPS document for Intermediate (Grades 4 - 6), Senior (Grades 7 - 9) and FET (Grades 10 - 12)
- educator guides for the SLPS for Grades 4–12
- Appendix 1: The 80 scripted lesson plans for Grades 4–12 at a glance
- Appendix 2: Alignment of the SLPS to CAPS topics and subtopics for Grades 4–12

NOTE TO THE FACILITATOR

The information offered in this activity is dense and can be difficult to absorb if given in a lecture format. An alternative is offered which will help to maintain the interest of the participants by getting them to find information before you conduct your slide presentation. As far as possible, the participants should engage with the CAPS as well as the SLPS.

For the development of SLPS, present the slides provided. If you do not have access to a projector, use handouts of the presentation. For the structure of the SLPS, ensure that the participants have copies of the SLPS as you go through them. Encourage the participants to ask questions as you go through the presentations.

The development of the SLPS

Methodology:
1. Using the PowerPoint to take the participants through the information on the development of the SLPS and take any questions.
2. Ask the participants to take notes on the discussion on the BDI logic models in the table in their participant manuals. The participants must use the following prompts to complete their tables and provide an example for each element of the BDI logic model:
   a) a health goal to be achieved;
   b) the behaviours that need to be changed to achieve the health goal;
   c) the determinants (i.e. the risks or protective factors) of each those behaviours; and
   d) the intervention components or activities designed to change each selected determinant.
3. The BDI logic models for the Activity can be represented as below:

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Determinants</th>
<th>Behaviour</th>
<th>Health goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide accurate information about the risk of pregnancy.</td>
<td>Increase perceived risks and costs of getting pregnant if sexually active.</td>
<td>Delay sexual debut</td>
<td>Reduce teenage pregnancy rates.</td>
</tr>
</tbody>
</table>

Linking the sexuality and HIV prevention education SLPs to the CAPS

1. The following activities will map the links between the structure of the SLPs and the format of the Annual Teaching Plan (ATP) in the CAPS. Make sure that each group has copies of the CAPS for each of the three phases – IMP, Senior and FET.

2. Using the PowerPoint slides, present Appendix 1: The 80 scripted lesson plans for Grades 4–12 at a glance.

3. Divide the participants into groups and allocate each group a grade to focus on.

4. Ask each group to turn to the first SLP in the educator guide of the grade that they are focusing on. For example, those focusing on Grade 4, should turn to Lesson 4.1 in the educator guide, etc.

5. Refer the participants to the table on the first page of the lesson. Ask them to identify which CAPS topics and subtopics are addressed by the lesson.

6. Ask the participants to open the CAPS document to the Annual Teaching Plan for the grade that they are focusing on. They should identify where the CAPS topics and subtopics addressed by the SLP appear. They should do this for two more lessons. After ten minutes, ask each group to present what they have identified. Tell them to explain what they were looking for and their answers. Ask the other groups to comment on the presentations, correcting mistakes they find by referring to the CAPS document and the SLPs.

7. Address any questions and comments from the participants.

8. Using Appendix 2: Alignment of the SLPs to CAPS topics and subtopics for Grades 4–12 for each of the phases discuss the answers to this activity.

9. At the end of the activity, ask the participants to share their initial responses to what they read in the SLPs regarding the content, activities, teaching methodology, or any other important aspects of what educators need for teaching the content of the SLPs. It is important that the participants are able to explain that there is more content specified for the teaching of sexuality education in the SLPs than in the CAPS ATP.

10. Explain that the SLPs address topics related to sexuality education in a comprehensive manner, covering topics which would normally be difficult for educators to address. Refer the participants to the agenda for Day 2 where the structure of the SLPs is explored in greater depth.

11. Clarify any questions or concerns that the participants may have.
MODULE 2: EXPLORING OUR VALUES, BEHAVIOUR AND ATTITUDES REGARDING SEXUALITY EDUCATION

Module 2 Objectives

By the end of the module participants will be able to:

- identify their own experiences teaching about values, behaviours and attitudes related to sexuality education;
- define the core messages in CSE and the SLPs, and their use in the classroom; and
- describe their discomfort in training educators on CSE and the role empathy plays when teaching learners.

Module Overview

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Examining our personal and professional values</td>
<td>1 hour</td>
</tr>
<tr>
<td>Agree/Disagree: Reviewing personal and professional values</td>
<td>30 min</td>
</tr>
<tr>
<td>The comprehensive sexuality education core messages</td>
<td>30 min</td>
</tr>
<tr>
<td>Session 2: CSE – What’s it got to do with me?</td>
<td>1 hour</td>
</tr>
<tr>
<td>Reconstructing the six dimensions of psychosexual development</td>
<td>30 min</td>
</tr>
<tr>
<td>The stages of adolescence</td>
<td>30 min</td>
</tr>
<tr>
<td>Session 3: Presentation and discussion of the EOG facilitator manual</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>for the training of LS and LO educators for Grades 4–12 on the SLPs</td>
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<tr>
<td>Presentation and discussion of the facilitator manuals for the training</td>
<td>1 hour 30 minutes</td>
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<tr>
<td>of LS and LO educators on the SLPs</td>
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</table>
SESSION 1: EXAMINING OUR PERSONAL AND PROFESSIONAL VALUES

Objectives - By the end of this activity, participants will be able to:

• identify their own values regarding sexuality education topics;
• understand the importance of providing sexuality education to learners in an objective, non-judgmental manner;
• identify the core sexuality education messages to be emphasised throughout the curriculum; and
• explore their level of comfort when it comes to CSE.

Time required: 1 hour

Materials and preparation

• AGREE, UNCERTAIN and DISAGREE signs
• Appendix 3: Core sexuality education values represented in DBE sexuality education lessons
• Appendix 4: The comprehensive sexuality education core messages per phase
• flip chart paper and marker pens in different colours
• journals or notebooks for the participants to write in

Reviewing personal and professional values

Methodology

1. Hang three signs – each in a different area of the room – labelled “AGREE”, “DISAGREE” and “UNCERTAIN” respectively.

2. Explain that you are going to read out a series of statements, focusing on one statement at a time. If they agree with the statement, they should move to the side of the room with the “AGREE”, sign. If they do not agree, they should move to the side of the room that has the “DISAGREE” sign. If they are not certain, they should move to the side of the room that has the “UNCERTAIN” sign.

3. Read out the first statement in Appendix 3: Core sexuality education values represented in DBE sexuality education lessons. Once the participants have assembled according to their opinions, ask those who agree, disagree or are uncertain to explain their stances. Ask those that agree to convince those that disagree or are uncertain to join their group. If any participants cannot be convinced, advise them on how to address the matter presented in the statement in their classrooms, as the statement represents a core value of the scripted lessons.

4. Repeat this process for each of the 10 statements in Appendix 3.

5. Open up a discussion about these values that are embedded in the SLPs. Discuss the ways that the participants – in their roles as education officials – can support educators, particularly educators that may not agree with any of the values, as they deal with this topic in the classroom.

6. Emphasise that all ten of the values are incorporated into the SLPs and promoted by the DBE. As district staff, who train and support the educators using the SLPs in their teaching, they need to be able to embrace these values.
7. Point out that our own life experiences affect our values, which often change over time. How we feel as adults may differ from how we felt as young people. We can help learners and educators, more effectively, if we are able to empathise with them by recalling our own experiences.

8. Ask the participants to go back to their seats. As a self-reflection exercise, ask the participants to examine their own personal and professional values by responding in writing to the questions listed below:
   a) Have you ever had an experience in which your personal values or beliefs contradict the values stated in the curriculum? How did you manage this potential conflict?
   b) What can an educator do to manage any personal values or beliefs that are inconsistent with the DBE curriculum?
   c) How do your values concerning sexuality education impact your effectiveness in supporting those teaching CSE?

9. Ask a few volunteers to share their answers with the group.

The comprehensive sexuality education core messages

1. Explain that in this exercise the participants will learn and internalise the core messages in the SLPs, so that they can be communicated effectively, in the classroom. The participants will be able to provide a rationale for core messages being linked to certain SLPs and how they introduce the behaviours that the learners will be exposed to through the content of the SLPs.

2. Divide the participants into six groups and ask one member from each group to collect a page of flip chart paper, marker pens and other materials to decorate a poster with.

3. Place the strips of paper that you cut up from Appendix 4: The comprehensive sexuality education core messages per phase into a box, a hat or a bag. Ask one member from each group to pick out a strip of paper from the box. If there are more groups than there are messages, let each group pick two messages.

4. Ask the groups to pick one person to be the timekeeper for their group. They will be required to complete 2 activities of 10 minutes each.

5. Explain that each group has 10 minutes to write their core message(s) on the flip chart paper – the message should fill the sheet of paper. Ask them to decorate the sheet of paper and to make a bright and colourful poster.

6. Ask each group to come up with a rap/song about their core message which should be no more than three minutes long. They should practise their rap/song, with the necessary sound effects. They will have 10 minutes to do this.

7. Give each group an opportunity to present their rap song to the other groups. Each performance should not be longer than 3 minutes.

8. You may serve as the judge and give a small prize to the group with the most creative rap and/or the group that elicited the loudest applause from their “audience”.

9. Ask the participants to stick their posters up on the wall. Make sure that the posters are kept on the wall for the duration of the training.
10. Explain to the participants that all of the scripted lessons link to at least one or more of the core messages. These messages should be repeated at every opportunity with learners – at the beginning, middle and end of every lesson.

11. Wrap up the discussion by emphasising these key points:
   a) It is important to communicate these core messages clearly to learners.
   b) The core messages should be communicated in an objective, non-judgmental and unbiased manner.
   c) We need to ensure that our personal values do not interfere with the support we give educators who will teach using the SLPs.
SESSION 2: CSE – WHAT’S IT GOT TO DO WITH ME

Objectives - By the end of this activity, participants will be able to:

- identify the dimensions of psychosexual development
- have a better understanding of the psychosexual development of their learners; and
- reflect on their own feelings as an adolescent and their own psychosexual development.

Time required: 1 hour

Methodology: small group activity, group presentation and discussion

Materials and preparation

- five or six copies of the table in Appendix 5: Dimensions of psychosexual development cut up into pieces along the dotted lines and placed in an envelope
- EOG facilitator manuals
- Appendix 6: Stages of adolescent development

Dimensions of Psychosexual development

Methodology

1. Explain to the participants that this is an exercise to enable them to reflect on their own psychosexual development. It will assist them to understand their own development, as well as the development process of learners and educators. This activity is relevant for education officials as it can increase their capacity to empathise with both educators and learners and help them to support educators as they teach using the SLPs.

2. Explain that psychosexual development is a critically important area of human growth, whether a person is in a relationship or single. It is important for educators to understand that psychosexual development describes the stages of our development as sexual beings – in relation to ourselves and others: physically, emotionally and spiritually. It is our personal journey toward integration as an embodied human being.

3. Explain that psychosexual development refers to the dynamic interplay of experiences, circumstances, developmental phases, tasks, awareness and decisions that lead us towards mature and loving relationships. It is a process of growth that embraces all aspects of our human reality.

4. Explain that healthy psychosexual development includes six dimensions, which will be demonstrated in a game called, “Reconstruct the Table”.

5. Divide the participants into five or six small groups (no more than five participants in a group).

6. One member from each group should collect an envelope from you containing a table that has been cut into small pieces. Each group must find the headings of the table in the envelope and arrange the other pieces under the headings. The first group to reconstruct the table correctly wins.

7. Give the team enough time to try to figure out the table fully. Walk around the groups and offer encouragement.

8. Once one of the groups has completed the activity successfully, ask one member of the group to read the correct answers given in the table below:
### Dimensions

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>The genetic, biological, hormonal factors that influence our sexual response from the first moments of conception and throughout the seasons of our lives.</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Perceiving one’s body, gender and growth-producing sexual behaviour, as well as that of the opposite sex, with a positive attitude.</td>
</tr>
<tr>
<td>Emotional</td>
<td>Feeling comfortable, confident and competent with one’s body and sexuality, and with that of the opposite sex.</td>
</tr>
<tr>
<td>Social</td>
<td>Relating with persons of the same and opposite sex in a healthy way; having the capacity for self-disclosure; being able to sustain friendship and intimacy.</td>
</tr>
<tr>
<td>Moral</td>
<td>Valuing the ways that allow and encourage the behaviours necessary for ongoing sexual growth.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Affirming the presence of a god/power beyond our reality and the sacred in our sexual feelings and expressions; coming to recognise that sexuality and spirituality are complementary forces.</td>
</tr>
</tbody>
</table>

9. Conclude by saying that when any of these six dimensions are absent or limited, or if they develop in unhealthy ways, our journey toward sexual integration will, in some way, be hindered or delayed, leading to our sexual energy being expressed in ways that are harmful to ourselves and to others. Sexual integration is an important part of a sexual being developing. It happens when there is an integration of the psychological, emotional, intellectual and social aspects of being sexual in ways that are positively enriching and help to express and enhance how we communicate about sexuality. To become psychosexually mature, a person must pass through a series of stages, each comprised of developmental tasks and responses that are normal and natural.

### Stages of adolescent development

**NOTE TO THE FACILITATOR**

The next activity is designed to help the participants to understand the different stages of adolescence. Rather than ask them to read independently, the participants will do this activity in small groups and note down what they have read on flip chart paper as a way of consolidating the information. This makes the activity more interactive and interesting.

1. For this next session on the stages of adolescence prepare three flipcharts. On each chart write one of the following headings and sub-headings:
   - Late Adolescent Stage – Age:
     - Characteristics:
   - Middle Adolescent Stage – Age:
     - Characteristics:
   - Early Adult Stage – Age:
     - Characteristics:

2. Divide the participants into three groups. Give each group a stage from **Appendix 6: Stages of adolescent development** to read and discuss.

3. Each group should write down the age and characteristics associated with that stage on the flip chart paper provided. Tell the participants that each group will have to present what they have discussed.

4. Call the groups back into a plenary and ask each group to present what they wrote on their flip chart paper. Ask the participants to discuss the similarities and differences between each of the stages and how they impact psychosexual development.
SESSION 3: PRESENTATION AND DISCUSSION OF THE EOG FACILITATOR MANUAL FOR THE TRAINING OF LS AND LO EDUCATORS ON THE SLPS

Objectives - By the end of this activity, participants will be able to:

• identify the different sections of the EOG facilitator manual;
• explain what is included in the training of LS and LO educators; and
• reflect on their preparedness to train educators on comprehensive sexuality education.

Time required: 1 hour 30 mins

Methodology:

• Lecture
• Discussion

Materials and preparation

• Copies of EOG facilitator manuals for Grade 4-12

The Educator Orientation Guide (EOG) Facilitator Manual

Methodology

1. Hand out the EOG facilitator manuals and explain that these are the manuals that they will use when they train educators.

2. Explain the following:
   a) The training of educators is focused on building their capacity and increasing their comfort levels with teaching about sexuality and HIV.
   b) Educators are provided with opportunities to practise teaching the SLPs and to support each other in a simulated environment.
   c) Throughout the training, the educators are shown how the SLPs are linked to the CAPS for IMP, Senior and FET phases.
   d) Where possible, the educators are trained in separate groups according to the phase that they teach, i.e. IMP, Senior and FET phases.
   e) After the training, the educators are expected to implement the SLPs in line with the topics as outlined in the CAPS.
   f) Subject advisors, LS and LO HODs are being trained to provide ongoing support to educators – as they implement the SLPs – through school-based coaching and mentoring.

3. Review the structure of the manual by going through the following sections of the manual:
   a) table of contents
   b) three-day training agenda
   c) information on registration (how to conduct it, the forms to use, etc.)
   d) pre-training assessment
   e) opening/plenary session
f) overview of the training

g) overview of the CAPS and the development of SLPs

h) training modules

i) appendices.

4. For the overview of the training modules make sure to:

a) explain how the modules are structured;

b) explain the “notes to the facilitator”; and

c) explain how the educators practise teaching the SLPs; point out the lessons that are practised and how micro-teaching is organised (emphasise that the approach is similar to the approach taken in this training).

End of day one

1. Before closing for the day, conduct a brief reflection exercise. Using a flip chart, label three pages with the following headings: “I LIKE”, “I DON’T LIKE” and “I STILL NEED”, respectively. Ask the participants to post their responses using post-it notes on the appropriate page.

2. Ask the participants how they would like to close the day and thank them for their participation.
### DAY TWO TRAINING PROGRAMME

<table>
<thead>
<tr>
<th>Module</th>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
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</thead>
</table>
| **Opening**                                 | 08:00 – 08:30 | 30 min   | Reflection on Day 1  
Review of **Pandora’s box**                                     |
| **Module 3: Effective Pedagogical Strategies for Sexuality Education; Increasing Empathy; SLP Demonstration and Practice 1 and 2** | 08:30 – 09:30 | 1 hour   | **Session 1: Understanding the SLPs**  
• The structure of the SLPs  
• Effective pedagogical strategies for sexuality education  
• Barriers to interactive teaching |
|                                             | 09:30 - 10:30 | 1 hour   | **Session 2: Building Empathy**  
• Key facts affecting learners and educators  
• Child Protection and Disclosure Protocol |
|                                             | 10:30 – 10:45 | 15 min   | **TEA BREAK**                                                        |
|                                             | 10:45 -11:45 | 1 hour   | **Session 3: SLP demonstration of Lesson 7.4 : Understanding puberty – Physical, social and emotional changes**  
• Lesson demonstration—Lesson 7.4  
• Debrief of the lesson demonstration |
|                                             | 11:45 – 12:45 | 1 hour   | **Session 4: SLP preparation and practice**  
• Lesson preparation in groups: Lessons 5.4; 8.5 & 10.9 |
|                                             | 12:45 – 13:30 | 45 min   | **LUNCH BREAK**                                                      |
|                                             | 13:30 – 15:30 | 2 hour   | Practice session in groups:  
• Lesson 5.4: Child abuse – "Keeping myself safe from abuse"  
• Lesson 8.5: What young adults need to know about STIs, HIV and AIDS  
• Lesson 10.9: Consent, rape and taking action  
• Lesson feedback |
|                                             | 15:30 – 16:00 | 1 hour   | Review of Day 2  
Preview of Day 3 |
|                                             | 16:00       |          | **Closure**                                                          |
Module 3 Objectives

By the end of this module participants will be able to:

- describe how the SLPs are structured;
- describe the interactive and participatory teaching methodologies that are used to teach CSE;
- discuss the importance of empathy towards learners, to ensure delivery of SLPs in a supportive and non-stigmatising way; and
- identify some of the challenges educators may have in teaching CSE and how they can be supported.

Module Overview

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
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<tbody>
<tr>
<td>Reflection on Day 1 and review of Pandora’s box</td>
<td>30 min</td>
</tr>
<tr>
<td>Session 1: Understanding the SLPs</td>
<td>1 hour</td>
</tr>
<tr>
<td>The structure of the SLPs</td>
<td>20 min</td>
</tr>
<tr>
<td>Effective pedagogical strategies for sexuality education</td>
<td>20 min</td>
</tr>
<tr>
<td>Barriers to interactive teaching</td>
<td>20 min</td>
</tr>
<tr>
<td>Session 2: Building empathy</td>
<td>1 hour</td>
</tr>
<tr>
<td>Key facts affecting learners and educators</td>
<td>30 min</td>
</tr>
<tr>
<td>Child Protection and Disclosure Protocol</td>
<td>30 min</td>
</tr>
<tr>
<td>Session 3: SLP demonstration of Lesson 7.4: Understanding puberty – Physical, social and emotional changes</td>
<td>1 hour</td>
</tr>
<tr>
<td>Demonstration of lesson</td>
<td>45 min</td>
</tr>
<tr>
<td>Debrief of lesson demonstration (Discussion of educator challenges)</td>
<td>15 min</td>
</tr>
<tr>
<td>Session 4: SLP preparation and practice</td>
<td>3 hours</td>
</tr>
<tr>
<td>Lesson preparation Lessons 5.4, 8.5 &amp; 10.9</td>
<td>1 hour</td>
</tr>
<tr>
<td>Lesson practice and feedback: Lesson 5.4, 8.5 &amp; 10.</td>
<td>2 hours</td>
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</table>
REFLECTION ON DAY 1 AND PANDORA’S BOX

Methodology
1. Ask the participants to share one new thing that they learned or an “a-ha!” moment from Day 1.
2. Invite questions about anything that was covered on Day 1 and answer all the questions to the best of your ability. Create a “parking lot” for questions that cannot be answered immediately and tell the participants that you will get back to the parking lot by the end of the training.
3. Remind the participants of Pandora’s box. If there are any questions in the box, respond to these questions and if you cannot address all of them in the allocated time, make time in the evening to respond to the questions. If there are questions you are not able to answer, read them and inform the participants that you will take some time to research or refer it to the appropriate resource person for clarity.

SESSION 1: UNDERSTANDING SLPs

Objectives - By the end of this activity, participants will be able to:
- describe the structure of SLPs;
- describe the interactive, participatory teaching methodologies that are used in the SLPs; and
- explain the importance of using interactive, participatory methods in comprehensive sexuality education

Time required: 1 hour
Methodology: large and small group activity
Materials and preparation:
- Pandora’s Box/question Box
- Appendix 7: Effective pedagogical strategies for sexuality education

The structure of the SLPs

Methodology
1. Explain to the participants that this activity will explore the structure of the SLPs. Choose one scripted lesson plan from any grade that you will use to explain the structure.
2. Ask the participants to turn to the scripted lesson plan that you will be using.
3. Take the participants through the entire structure of the SLP, systematically, (i.e., CAPS topics addressed by the SLP, activities, assessment, etc.).
4. Ask a few volunteers to explain what they think each section is for. Address any challenges that the participants may have in explaining the sections. Encourage the participants to ask questions as you go through each of the sections.
5. Make sure to show the link between the steps for each lesson and the corresponding handouts and posters, which are attached to the lesson plan.
6. Emphasise the interactive and participatory teaching methods that are used to teach CSE through the SLPs and why it is important to use these methodologies. Explain that the SLPs clearly state which method(s) should be used for each activity. Highlight the importance of following the steps given in the scripted lesson plans and the participatory methods that are employed by the prescribed steps.

7. Ask the participants to re-join their groups from the day before. Ask each group to find a new SLP and to identify the methodologies that are used in the SLP.

8. Ask them to brainstorm, in their groups, what they understand by interactive or participatory teaching. After five minutes of discussion, ask the groups to share what they have concluded. Note their responses on a flip chart.

9. Review their responses using Appendix 7: Effective pedagogical strategies for comprehensive sexuality education as a reference. Add any information that may have been left out.

10. Ask each group to choose a method from the list in Appendix 7 and discuss how it works. After a few minutes, ask each group to share what they have discussed.

11. Ask the participants to share what they think about educators using these methods in the classroom:
   a) What successes and challenges may educators face when using these methods?
   b) How can they help educators to use these methodologies?
SESSION 2: BUILDING EMPATHY

Objectives - By the end of this activity, participants will be able to:

- discuss some of the current health facts related to adolescent reproductive health, and HIV and AIDS;
- discuss the importance of empathy, from the learner perspective, to ensure delivery of SLPs in a supportive and non-stigmatising way.
- discuss the Child Protection and Disclosure Protocol and its implementation in schools; and
- discuss how the referral system in their schools works and how the Child Protection and Disclosure Protocol can help to ensure that learners are referred to the services that they need.

Time required: 1 hour

Methodology: large group activity, small group activity and individual reflection

Materials and preparation

- Appendix 8: Key facts affecting learners and educators
- Appendix 9: Child Protection and Disclosure Protocol
- flip chart paper
- marker pens

KEY FACTS AFFECTING LEARNERS AND EDUCATORS

Health facts related to adolescent sexual and reproductive health

Methodology

1. Explain that this activity is designed to give the participants an in-depth look into the current situation for learners and schools in South Africa. The aim of the activity is to increase their understanding of the relationship between the data we hear and the lives of the learners in the classroom – and to recognise that schools play an important role in addressing the challenges.

2. Explain that each of the five fact sheets in Appendix 8: Key facts affecting learners and educators contains basic information about key issues related to the sexual and reproductive health of young people. Much of what is found in these fact sheets will be true of the learners in the schools the participants serve as education officials.

3. Divide the participants into small groups of about four/five. Assign a fact sheet to each group.

4. In their groups, the participants should read through the information alone and then review the information together, analysing and discussing how the topic is likely to affect learners in the classroom. Ask the participants to discuss the questions at the end of each fact sheet.

5. Allow about 30 minutes for this discussion, and then ask the groups to prepare a flip chart about the subject on their fact sheet. The flip chart should contain:
   a) two or three main statistics from the fact sheet; and
   b) how the statistics have an impact on the learners in their schools.

6. Ask each group to present the notes from their flip chart to the other groups and allow discussion as needed.
7. Emphasise that teaching sexuality education goes hand in hand with empathising with learners and creating a safe space where educators, and learners, can feel free to ask questions. The learning environment should allow learners to participate freely, without feeling judged. Ask the participants to name the ways that educators can create a safe space for their learners.

**Confronting Your Discomfort (Walk the Line)**

**NOTE TO THE FACILITATOR**

This activity can be extremely challenging for the participants since it may push their comfort levels and personal boundaries to their limits – like lessons on comprehensive sexuality education. Should they feel uncomfortable with this activity, the participants can opt out from participating and observe. They can share their thoughts with the rest of the group later.

The “Walk the Line” activity is designed to build empathy and understanding through movement and reflection. Some strong feelings might come up like sadness or anger. Remind the participants that all feelings are important. We need to be respectful and caring about one another’s feelings so that everyone feels safe while we do this activity.

**Methodology**

1. Explain that teaching lessons on sex and sexuality is not easy. We all have different levels of comfort, knowledge, skills and values that may hinder or help us to teach about sex and sexuality, successfully and without any bias.

2. Explain that this activity will endeavour to create an experience in which everyone will be confronted with different levels of uneasiness, feelings of dissonance and differences of opinion. Remind the participants that they are all in the same position. Once they have experienced and managed their feelings in this activity, they will have a better understanding of the levels of discomfort that educators may feel when teaching sexuality education lessons.

3. Place a strip of masking tape on the floor in the middle of the room.

4. Ask all the participants to divide themselves into two groups, one on each side of the line, silently facing each other.

5. Tell the participants that you will read out a series of statements, ranging from less to more personal. If they have experienced or identify with the statement, they should silently take one step towards the tape and stop.

6. If the participants do not feel comfortable enough to move forward, they can remain in their position.

7. Ask the participants to take note of how it feels to move towards the tape and how it feels to watch other people move towards the tape. They should observe who is with them and who is not with them.

8. After about five seconds of silent reflection, let the participants return to their starting positions.

9. Continue to read more statements depending on the time.
10. After reading out the statements, ask the participants to return to their seats and let them reflect on the activity. Lead a group discussion using the following questions:
   a) Can anybody tell me what just happened?
   b) How did you feel doing this activity?
   c) What would you do differently?
11. Wrap up the activity by asking the participants the following questions:
   a) Why do you think empathy is important for a teacher/parent/leader?
   b) What do you like about an environment where empathy is part of the way people are?
   c) How are you feeling right now?

The set of statements to be read out is as below:
- I played sports in high school.
- I got picked on in school.
- I am the first person in my family to go to college.
- I was a leader in high school.
- I got suspended from school.
- I have/had an eating disorder/problem.
- I have a learning challenge.
- I have/am a step-parent.
- I take medication on a daily basis for health reasons.
- I have broken someone’s heart.
- I have caught myself judging someone before I even met them.
- I have a friend or family member who has been sexually assaulted or raped.
- I abandoned my faith at some point in my life.
- I have had someone close to me die.
- I love someone who has been or is in jail.
- I have a friend or family member who has, or I have, thought about or attempted suicide.
- I have someone in my life, that I love, who is affected by alcoholism.
- I am close to someone who is homosexual.
- I have a friend or family member who has been, or I was, abused as a child.
- I depended on financial aid to attend college.
NOTE TO THE FACILITATOR

Explain to the participants that the aim of this activity was to demonstrate that as much as they have been through some good and bad experiences, so to have the learners and educators that they will be training and supporting, in your roles as education officials. It is important for them not to judge, but to be empathetic, at all times. It is also important for them to identify the available resources within the Department where learners and educators can be referred for further assistance.

The Child Protection and Disclosure Protocol

Methodology
1. Ask the participants to split up into groups of four/five and to read through Appendix 9: Child Protection and Disclosure Protocol. The groups will have 20 minutes to do this.
2. Invite and respond to any questions the participants may have regarding the protocol.
3. Ask the participants to remain in their groups to discuss the following:
   a) What is the overall message given to the child in the protocol?
   b) What are the services that learners can be referred to for challenges related to abuse?
   c) Do educators know the protocol?
   d) Do they follow it?
   e) What challenges do they face in following the protocol?
   f) How can educators be helped to follow it through the training on the SLPs?
4. Ask a few volunteers to share what they have discussed.
5. Discuss how educators can be assisted to use the protocol when teaching.
SESSION 3: SLP DEMONSTRATION OF LESSON 7.4: UNDERSTANDING PUBERTY – PHYSICAL, SOCIAL AND EMOTIONAL CHANGES

Objectives - By the end of this session, participants will be able to:

- practise presenting a lesson on puberty using the SLPs.

Time required: 1 hour

Methodology: facilitator demonstration

Materials and preparation

- Grade 7 educator guides and learner books
- flip chart paper
- marker pens

NOTE TO THE FACILITATOR

During the training of educators, we model the SLPs and educators are asked to practise teaching the lessons that they have seen modelled. It is important for district staff to also understand how the SLPs are taught. Only one lesson will be modelled in this ToT due to the shorter time allocated for the training. The lessons for demonstration have been selected because most educators are not very comfortable with these topics.

The lessons should take 45 minutes to one hour to demonstrate, depending on the grade level. Lesson demonstrations will be followed by a debriefing session and discussion. The participants will be given the opportunity to practise conducting the lesson themselves in order to fully internalise how the SLPs are used.

Lesson Demonstration

Methodology

1. Explain to the participants that you will demonstrate a scripted lesson and they will play the role of the learners in the class while you teach.

2. Emphasise that you would like them to observe the methodologies that you use in the lesson.

3. Introduce and demonstrate the steps of the lesson as found in Lesson 7.4. Take 45 minutes to conduct the lesson.

4. Next, take the participants through the lesson, step by step, pointing out each step you took and how you prepared for that step.

5. Conduct a debrief of the lesson by asking the following questions:
   a) What type of teaching and learning methodologies were used?
   b) What was the level of participation of the learners like?
   c) What are the challenges that you think educators may face when teaching this lesson?
   d) How might you support the educators who teach this SLP?
SESSION 4: SLP PREPARATION AND PRACTICE: LESSONS 5.4, 8.5 AND 10.9

Objectives - By the end of this session, participants will be able to:

• practise presenting a lesson using the SLPs;
• practise observing a lesson and providing constructive feedback; and
• identify areas that educators may find challenging when delivering this lesson and ways to offer support to educators.

Time required: 2 hours

Methodology: lesson preparation and practice

Materials and preparation:

• Appendix 10: Observer or “critical friend” checklist
• educator guides for Lessons 5.4, 8.5 and 10.9, including handouts
• flip chart paper
• marker pens

NOTE TO THE FACILITATOR

The process for conducting this session is the same as for the previous session. Now that the participants have seen a lesson demonstrated, they should have gained confidence to practice teaching with the SLPs. Due to limited time, you will not demonstrate another lesson but instead, the participants will prepare and present one lesson from the SLPs. For this practice, each group will present their lesson to the entire training group. After each presentation, the group will be given feedback by all the participants.

Lesson Preparation

Methodology

1. Explain that the participants will now prepare a practice lesson from the SLPs. Ask the participants to get into groups of five or six. Each group should choose one of the following lessons to practise: Lesson 5.4, 8.5 or 10.9. Explain that the participants should prepare the lesson as if they are teaching learners. Those not teaching the lesson will play the role of the learners. All the members of the group should prepare the lesson as a team and then identify one person who is going to present the lesson as the educator.

2. Move around the room, answering any questions and making sure that the participants are following the steps of the lesson. Remind the participants that the SLPs are meant to make the educator’s work easier. They should be followed step by step. Give the groups up to 30 minutes to prepare the lesson.
Lesson Practice

1. Ask the small groups to present their lessons to the entire training group.

2. The group that prepared Lesson 5.4 should be asked to go first. Ask the participants to observe the lesson and to make notes in line with the following questions. Refer to Appendix 10: Observer or “critical friend” checklist:
   
   a) Did the educator that presented the lesson follow the script? What was left out – if anything?
   b) What participatory techniques did you see the educator using in the lesson?
   c) What is one thing you liked, that the educator did, during the lesson?
   d) What is one thing you would recommend, to improve the way the lesson was taught?
   e) What questions do you have about the lesson?

3. After the presentation of Lesson 5.4, conduct a debrief of the lesson by asking participants to share their notes on the questions in Appendix 10: Observer or “critical friend” checklist.

4. Ask the group that prepared Lesson 8.5 to present their lesson to the group. The participants should observe the lesson and take notes as they did with the previous lesson.

5. After Lesson 8.5, conduct a debrief the lesson by asking the participants to share their notes on the questions on the questions in Appendix 10: Observer or “critical friend” checklist.

6. Repeat the process above for the group that prepared Lesson 10.9.

End of day two

1. Tell the participants that you have come to the end of the day.

2. Ask the participants how they would like to close the proceedings of day.
<table>
<thead>
<tr>
<th>Module</th>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening</td>
<td>08.00 – 08.30</td>
<td>30 min</td>
<td>Reflection on Day 2 Questions with responses from <em>Pandora’s Box</em></td>
</tr>
<tr>
<td></td>
<td>08:30 – 09:45</td>
<td>1 hour 15 min</td>
<td><strong>Session 1: Understanding sexuality education terms and definitions</strong></td>
</tr>
<tr>
<td>Module 4: Understanding Sexuality Education Terms and Definitions; SLP Demonstration and Practice 3</td>
<td>09:45 – 10:00</td>
<td>15 min</td>
<td>TEA BREAK</td>
</tr>
<tr>
<td></td>
<td>10:00 – 11:30</td>
<td>1 hour 30 min</td>
<td><strong>Session 2: Lesson 9.3 demonstration</strong></td>
</tr>
<tr>
<td></td>
<td>11:30 – 13:30</td>
<td>1 hour 30 min</td>
<td><strong>Session 3: Planning next steps for training educators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>13:30 LUNCH &amp; DEPARTURE</td>
</tr>
</tbody>
</table>
Module 4 Objectives

By the end of the module participants will be able to:

• define the terms sex, gender, sexual orientation, and sexual play;
• recognise the importance of understanding different terminology in CSE, and acknowledge that learners and educators have different sexual orientations and experiences, in order to support the effective delivery of the curriculum; and
• plan for educator training in the future.

Module Overview

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection on Day 2 and review of Pandora’s box</td>
<td>30 min</td>
</tr>
<tr>
<td><strong>Session 1: Understanding sexuality education terms and definitions</strong></td>
<td>1 hour 15 min</td>
</tr>
<tr>
<td>Human sexuality discussion: Binaries and boxes</td>
<td>1 hour 15 min</td>
</tr>
<tr>
<td><strong>Session 2: Lesson 9.3 demonstration</strong></td>
<td>1 hour 30 min</td>
</tr>
<tr>
<td>Demonstration of lesson</td>
<td>1 hour</td>
</tr>
<tr>
<td>Debrief of lesson demonstration</td>
<td>30 min</td>
</tr>
<tr>
<td>Discussion of challenges for educators and how you can support them</td>
<td></td>
</tr>
<tr>
<td><strong>Session 3: Planning next steps for training educators</strong></td>
<td>1 hour 30 min</td>
</tr>
<tr>
<td>Training of educators on the SLPs</td>
<td>30 min</td>
</tr>
<tr>
<td>Post training assessment and training evaluation</td>
<td>30 min</td>
</tr>
<tr>
<td>Clearing the parking lot</td>
<td>15 min</td>
</tr>
<tr>
<td>Review of group expectations and training objectives and closing</td>
<td>15 min</td>
</tr>
</tbody>
</table>
REFLECTION ON DAY 2 AND PANDORA’S BOX

Methodology
1. Ask the participants to share anything that surprised them from Day 2.
2. Open up the floor for questions and respond as fully as possible.
3. Use the parking lot to record questions that you cannot be answer during the allocated time and tell the participants that you will get back to these questions by the end of the training.
4. Remind the participants of Pandora’s box. If there are any questions in the box, respond to as many questions as you can in the allocated time.
5. If there are questions you are not able to answer, read them and inform the participants that you will take some time to research or refer it to the appropriate resource person for clarity.

SESSION 1: UNDERSTANDING SEXUALITY EDUCATION TERMS AND DEFINITIONS

Objectives - By the end of this activity, participants will be able to:
• practise delivering a lesson using an SLP and receive feedback on the lesson delivery;
• define the terms sex, gender, sexual orientation, and sexual play;
• differentiate between sex, gender and sexual orientation;
• identify risky sexual behaviour and how to minimise that risk; and
• recognise that understanding the different terminology and acknowledging that learners have different sexual orientations and experiences will equip educators to teach sexuality education.

Time required: 1 hour 15 minutes
Methodology: large and small group activities
Materials and preparation
• Appendix 11: Human sexuality discussion: Binaries and boxes
• flipcharts
• marker pens

NOTE TO THE FACILITATOR

If educators are to be successful in teaching CSE, they need to understand and use the correct terms. This activity may take education officials out of their comfort zones as it discusses biological definitions of sex (such as penis or vagina) and sexual play. The goal is to increase knowledge and comfort levels so that educators do not avoid discussing the very things learners need to know about most.
Human sexuality discussion: Binaries and boxes

Methodology

1. Explain that in the next activity you will define some of the terms used in sexuality education, so that the participants can increase their knowledge and comfort with using the terms. This is important if they are to train and support educators to teach CSE. They will teach this lesson to educators in the educator training, but it is taught for their own knowledge and not for the educators to teach to the learners.

2. Draw a large square divided into four sections on the board (or on flip chart paper).

3. Ask the following question: When you hear the term “sexuality” what do you think of? (Answers may include: relationships, sexual intercourse, male and female etc.)


“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

Below is the ITGSE definition:

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (ITGSE, 2018: 16)

5. Explain that the following model of sexuality education terms was developed to clarify definitions.

6. Label the first box “SEX” and ask the participants what comes to mind when they hear the term. Explain that sex refers to the biological characteristics that define human beings – whether male or female. Using the information in Appendix 15: Human sexuality: Binaries and boxes, write down the biological features that distinguish male and female human beings.

7. Below the dotted line write the term “INTERSEX”.

Intersex refers to people with reproductive or sexual anatomy and/or a chromosome pattern that does not fit the typical definitions of female or male. For example, a person may have genitalia that appear to be female externally but having mostly male-typical anatomy internally. Sometimes a person may have genitalia that fall between the typical male and female anatomy, so it is hard to define whether the person is female or male.

8. Label the box on the right “GENDER” and ask the participants what gender is. Explain that “gender” is defined as:

a social construct (things you are not born with). It includes learned behaviour, which is culturally and socially determined. Gender is often understood in the context of gender identity, which refers to a person’s sense of themselves as being a man or a woman, or neither.

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2 This definition does not represent an official WHO position, and should not be used or quoted as WHO definition.
9. Many of our values about human sexuality are influenced by what we perceive to be “normal”. From birth to death, men and women are subjected to messages about what our families, religions, cultures and societies perceive as “right” or “wrong”. For example, we are told that boys and men must be strong and not show emotion and that girls and women are emotional and weaker than men. A person’s gender identity refers to a person’s sense of themselves as a man or woman.

10. Invite the participants to come up with examples of the types of behaviour expected of men and of women by culture and society, from childhood to adulthood.

11. Ask the participants what would be considered out of the norm regarding gender. Allow some time for responses. Now, explain the terms transgender, transvestite and transsexual.

12. Ask the participants to share their understanding of sexual orientation. Take a few responses and then explain that sexual orientation is:

   emotional and sexual expression towards others. It is not only about sexual attraction. Attraction can involve physical, emotional, intellectual, sexual and spiritual aspects.

13. Ask the participants to list different types of sexual orientation. Responses should include:
   a) homosexual: being attracted to the same sex, either female to female or male to male;
   b) heterosexual: being attracted to a different sex, i.e. male to female and vice-versa; and
   c) bisexual: being attracted to both sexes.

14. Ask a few volunteers to raise their hand if they are in a relationship. Ask them about the kind of things that they do with their partner (e.g. going on walks, going to restaurants, travelling, gardening etc.). Ask them if the only thing they do is have sex. Most likely the answer is no. Explain that when heterosexual people think of homosexual people, they tend to only think about homosexuality in terms of people having sex. Emphasise that there is a lot more to a relationship than sex, whether you are in a heterosexual or homosexual relationship, like love, companionship, etc.

15. The sexual relationship is not where the risk of pregnancy, HIV and others STIs lies, even in a homosexual relationship. The risk lies in the sexual behaviours that are practiced within sexual relationships. Many relationships include the practice of sexual play. We need to discuss sexual play in the context of the terms: sex, gender and sexual orientation.

16. Please note that although this is part of the training content, it must not, under any circumstance, be taught in the classroom. This activity is designed to share knowledge about the behaviours that are a greater risk for learners, and to elaborate on areas where learners are most vulnerable regarding sexual and physical abuse.

17. The following activity engages the participants in a discussion about these terms. Label the bottom right box on the page, "SEXUAL PLAY". Ask the participants to name all the body parts that can be used in sexual play (e.g. penis, vagina, breasts, mouth and anus). Ask which parts can be used together: penis and vagina; penis and breasts; penis and mouth; anus and penis and so on. At first, they might say no to “anus and penis” but ask them again and talk about anal sex.

18. For each combination, ask if it is a low-risk activity or high-risk activity. Talk about how to reduce risk (e.g. use condoms and get tested for STIs and HIV).

19. Wrap up the discussion by asking if anyone has any questions about what was just presented. Remind educators of the importance of understanding these terms. Emphasize the statement that the risk of pregnancy, and contracting HIV and other STIs does not lie in the type of sexual relationship, sex, gender and sexual orientation but in the behaviours practiced within the relationship.
SESSION 2: DEMONSTRATION OF LESSON 9.3: SAFER SEX: USING CONDOMS

Objectives - By the end of this session, participants will be able to:

- explain and understand how Lesson 9.3 Safer sex: Using condoms, should be implemented; and
- share concerns about the implementation of this lesson in the classroom and discuss how educators might be supported to teach the lesson.

Time required: 1 hour 30 minutes

Methodology: demonstration; large group discussion; small group work

Materials and Preparation

- Grade 9 educator guide
- male/external and female/internal condoms
- penis and vagina models
- flip chart paper
- marker pens

NOTE TO THE FACILITATOR

You are now going to demonstrate Lesson 9.3 from the SLPs. This lesson is uncomfortable for some as it involves demonstrating condom use. Ensure that you follow each of the steps in the SLP as the demonstration on condom use is linked to previous lessons on goal-setting and value clarification. This will help the participants to feel more comfortable as you go through the lesson.

Answer any questions as accurately as possible. Where you do not have an answer, be honest and let the participants know that you will follow up and give them the correct answer.

Methodology

1. Explain to the participants that the lesson you are going to demonstrate next is about condom use. You will demonstrate how to insert the internal and external condom using anatomical models

2. Ask the participants to share any concerns they may have about educators demonstrating condom use to learners.

3. Echo the responses of the participants in order to gauge their understanding and to reassure the participants that you have heard their concerns. Give them a brief overview of how the lesson is set up. Place the lesson in the context of the statistics that they analysed on Day 2 on how learners are impacted by HIV, teen pregnancy and sexual abuse.

4. Ask them to observe the lesson as you demonstrate it. After the demonstration there will be a discussion on how they can support educators in the classroom as they teach this lesson.

5. Conduct the lesson following the steps as outlined in the SLP.

6. After the lesson, open the discussion by asking the participants why the lesson might be important for learners. Ask how they feel about it and how they would support educators to teach it.

7. Clarify that the lesson is neither vulgar nor is it handled in a light-hearted way. In fact, hopefully, they now see the importance of the lesson and its potential to help learners stay safe.
SESSION 3: PLANNING NEXT STEPS FOR TRAINING EDUCATORS

Objectives - By the end of this session, participants will be able to:
- plan for the training of educators in the future; and
- provide feedback on the training

Time required: 1 hour 15 minutes

Methodology: large group activity

Materials and Preparation:
- flip chart paper
- marker pens
- post-training assessment forms
- tea light candles for each participant
- a lighter or matches

Training of Educators on SLPS

Methodology

1. Explain that the focus of this activity is on the training of educators on how to use the SLPs. Over the next six months, the participants will complete their training by assisting as co-facilitators alongside EDC provincial operations managers at educator trainings. In the next session, the participants will develop the schedule together. Tell the participants that this week’s training was to prepare them for that co-facilitating role.


3. Show the participants how their training has covered most of the information for educator training.

4. Remind them of the following:
   a) The training of educators builds the capacity of educators to use the SLPS and increases their comfort levels in teaching about sexuality and HIV.
   b) Educators are given an opportunity to practise the SLPs and to support each other in a simulated environment.
   c) Throughout the training, educators are shown how the SLPs are linked to the LS and LO CAPS for IMP, Senior and FET phases.
   d) Where possible the LS and LO educators are trained in separate groups according to the phase that they teach, i.e. IMP, Senior and FET phases.
   e) After the training, the educators are expected to implement the SLPs in line with the topics as outlined in the CAPS.
   f) Subject advisors, LS and LO subject head of departments are being trained to provide ongoing support to educators – as they implement the SLPs – through school-based coaching and mentoring.

5. In addition, explain the following:
a) For Grades 7–9, the training was initially approved for five days. However, this was reduced to three days when it became clear that for most provinces and districts, it would not be possible to keep educators at a workshop for five days. The main difference being that the number of lessons which are demonstrated or practised is less than those practised during the 5-day training. Otherwise all topics are still covered.

b) The training is targeted at LS and LO educators for Grades 4–12. One facilitator can train a maximum of 40 participants. Over the coming months, the education officials who have received training will co-facilitate educator training workshops with EDC staff. After this training it is expected that the education officials will be able to conduct full trainings on their own. This will make it possible for the DBE to reach more educators, who will in turn reach more learners.

6. Invite questions from the participants. If you have education officials from more than one district in your group, ask them to work in groups according to their districts. If you have officials from only one district in your group, you can discuss this in plenary:
   a) Inform the participants that after this training, they will serve as co-facilitators in training educators from their district.
   b) Remind the participants that it is important to ensure that the educators who are trained on the SLPs will implement the SLPs in the classroom. The timing of training the educators should be such that they will be able to implement the lessons soon after they are trained.
   c) Ask the participants to hold a discussion in their groups about possible dates for training as well as a training plan which will ensure that Grades 4–12 LS and LO educators will reach the schools in their districts by the end of the year.
   d) Ask the participants to identify possible government venues to be used for training educators on the SLPs.
   e) Explain that for the next training, the participants will co-facilitate the training with an EDC provincial operations manager. They should identify which topics in the facilitator manual they would feel most comfortable leading during the training.

Post-Training assessment

1. Hand out the post-training assessment form and ask the participants to complete it.
2. Remind them that this is the same assessment they completed at the beginning of the training. This will enable you as the facilitator to see if the training has been effective.

Final training evaluation

1. Ask the participants to spend a few minutes thinking individually about:
   a) one thing they will implement, right away, after the workshop;
   b) something new that they learned; and
   c) something they still have questions about.
2. Ask the participants to share their reflections with the group. Note their feedback and answer any questions.
Clearing the parking lot
1. Review the questions in the parking lot. Discuss all the items until the parking lot is clear.
2. If any questions remain that cannot be answered in the session, take note of them and let the participants know that you will follow up.

Review of group expectations and training objectives
1. Using the charts posted on the wall with the participants’ expectations, review the “What I hope to get” list, checking the extent to which each has been met.
2. Do the same for the training objectives by inviting the participants to take turns reading each one and reflecting on how well the training has achieved that particular outcome.
3. Invite final remarks from the participants.

Closing the Training
1. Invite closing remarks from any officials who are present. Conduct a closing ceremony to mark the end of the time you have spent together and in recognition of the hard work everyone has put in to making the workshop a success.
2. An example of a closing ceremony is as follows: Ask the participants to stand in a circle with all the facilitators. Hand out a tea light candle to each participant. Light one participant’s candle and invite them to make a closing comment and to pass the flame along by lighting the next person’s tea light candle. Continue until everyone has their candle lit and has made a comment.
3. Invite the participants to sing a song with you as you close.
4. Conclude the session wishing the participants well with the task ahead.

Song: This little light of mine

This little light of mine
I’m gonna let it shine x3
Let it shine, let it shine, let it shine
APPENDICES
### APPENDIX 3: THE 80 SCRIPTED LESSON PLANS FOR GRADES 4-12 AT A GLANCE

#### Table 1: Intermediate Phase (IMP)

<table>
<thead>
<tr>
<th>Grade 4 (10 lessons)</th>
<th>Term</th>
<th>Grade 5 (11 lessons)</th>
<th>Term</th>
<th>Grade 6 (10 lessons)</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10-year-olds</strong></td>
<td></td>
<td><strong>11-year-olds</strong></td>
<td></td>
<td><strong>12-year-olds</strong></td>
<td></td>
</tr>
<tr>
<td>4.1 Respect for my own body</td>
<td>1</td>
<td>5.1 Body image</td>
<td>1</td>
<td>6.1 Body image: “My body is changing”</td>
<td>1</td>
</tr>
<tr>
<td>4.2 Respecting the bodies of others</td>
<td>1</td>
<td>5.2A I can choose my relationships</td>
<td>1</td>
<td>6.2 Body image: “I am who I am”</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.2B This is my body and I say what happens to it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Dealing with conflict</td>
<td>1</td>
<td>5.3 The benefits of good and safe relationships</td>
<td>1</td>
<td>6.3 Body image: Acceptance of self</td>
<td>1</td>
</tr>
<tr>
<td>4.4 Emotions - Why am I feeling this way?</td>
<td>2</td>
<td>5.4 Child abuse – “Keeping myself safe from abuse”</td>
<td>2</td>
<td>6.4 Negative and positive peer pressure</td>
<td>1</td>
</tr>
<tr>
<td>4.5 Bullying</td>
<td>2</td>
<td>5.5 Sexual grooming: I can say “NO”!</td>
<td>2</td>
<td>6.5 Behaviours that put pressure on us</td>
<td>1</td>
</tr>
<tr>
<td>4.6 Responding to bullying</td>
<td>2</td>
<td>5.6 Dealing with violent situations – “What is sexual violence?”</td>
<td>2</td>
<td>6.6 Bullying and links to gender-based violence</td>
<td>2</td>
</tr>
<tr>
<td>4.7 Culture, society and sexuality</td>
<td>3</td>
<td>5.7 Learning from our elders</td>
<td>2</td>
<td>6.7 Bullies can change</td>
<td>2</td>
</tr>
<tr>
<td>4.8 The basics of HIV and AIDS</td>
<td>4</td>
<td>5.8 Should boys and girls be treated differently?</td>
<td>2</td>
<td>6.8 What is gender stereotyping, sexism and abuse?</td>
<td>3</td>
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<tr>
<td>4.9 Transmission of HIV</td>
<td>4</td>
<td>5.9 Dealing with the stigma of HIV</td>
<td>4</td>
<td>6.9 Gender equality, stereotypes and bias</td>
<td>3</td>
</tr>
<tr>
<td>4.10 Celebrating the life of Nkosi Johnson</td>
<td>4</td>
<td>5.10 Changing attitudes towards people infected with HIV and AIDS</td>
<td>4</td>
<td>6.10 HIV and AIDS, stigma, care, treatment and support</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 2: Senior Phase (SP)

<table>
<thead>
<tr>
<th>Grade 7 (8 lessons)</th>
<th>Term</th>
<th>Grade 8 (8 lessons)</th>
<th>Term</th>
<th>Grade 9 (11 lessons)</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13-year-olds</strong></td>
<td></td>
<td><strong>14-year-olds</strong></td>
<td></td>
<td><strong>15-year-olds</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 Setting goals and reaching your potential</td>
<td>1</td>
<td>8.1 Setting goals and reaching your potential</td>
<td>1</td>
<td>9.1 Setting goals and reaching your potential</td>
<td>1</td>
</tr>
<tr>
<td>7.2 Appreciation and acceptance of self and others</td>
<td>1</td>
<td>8.2A Healthy and unhealthy messages about our gender</td>
<td>1/4</td>
<td>9.2 Safer sex: Hormonal contraception</td>
<td>1</td>
</tr>
<tr>
<td>7.3 Is there a difference between gender and sex?</td>
<td>1</td>
<td>8.2B Healthy and unhealthy messages about our gender</td>
<td>1</td>
<td>9.3 Safer sex: Using condoms</td>
<td>1</td>
</tr>
<tr>
<td>7.4 Understanding puberty – physical, social and emotional changes</td>
<td>1</td>
<td>8.3 Making healthy sexual choices and knowing your limits</td>
<td>1</td>
<td>9.4 Barriers to condom use</td>
<td>1</td>
</tr>
<tr>
<td>7.5 Healthy and unhealthy relationships</td>
<td>1</td>
<td>8.4 Sexuality is more than sex</td>
<td>1</td>
<td>9.5 One partner at a time</td>
<td>1</td>
</tr>
<tr>
<td>7.6 Making decisions about sex</td>
<td>1</td>
<td>8.5 What young adults need to know about STIs, HIV and AIDS</td>
<td>3</td>
<td>9.6 Using sexual and reproductive health resources in the community</td>
<td>1/3</td>
</tr>
<tr>
<td>7.7 Assertive communication</td>
<td>1</td>
<td>8.6 Your risk for STIs, HIV and AIDS and pregnancy</td>
<td>1/3</td>
<td>9.7 Are you ready for parenthood?</td>
<td>1</td>
</tr>
<tr>
<td>7.8 Revisiting your goals and moving forward</td>
<td>1</td>
<td>8.7 HIV, AIDS and stigma</td>
<td>1</td>
<td>9.8 Sexual Consent</td>
<td>1</td>
</tr>
<tr>
<td>8.8 The art of saying: “No, thanks”</td>
<td>3</td>
<td>9.9 Power and control in relationships</td>
<td>1</td>
<td>9.10 Condoms: Being assertive and staying protected</td>
<td>1</td>
</tr>
<tr>
<td>9.11 Consolidating intentions for Grade 9</td>
<td>1</td>
<td></td>
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</table>
### Table 3: Further Education and Training (Fet)

<table>
<thead>
<tr>
<th>Grade 10 (9 lessons)</th>
<th>Term</th>
<th>Grade 11 (9 lessons)</th>
<th>Term</th>
<th>Grade 12 (4 lessons)</th>
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<tbody>
<tr>
<td>10.1 Developing my self-confidence</td>
<td>1</td>
<td>11.1 My priorities and life goals</td>
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<td>12.1 Our needs and our rights, taking action</td>
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<tr>
<td>10.2 Understanding power. Getting to share it.</td>
<td>1</td>
<td>11.2 Healthy relationships: choosing the right influences</td>
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<td>12.2 Human factors affecting our health – and what we can do about them</td>
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<tr>
<td>10.3 Gender, equality and healthier relationships</td>
<td>1</td>
<td>11.3 Healthy and unhealthy relationships and the media</td>
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<td>12.3 STIs: Protecting ourselves, protecting our future</td>
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<tr>
<td>10.4 Social and environmental justice: we can make a difference</td>
<td>2</td>
<td>11.4 Living a balanced lifestyle, staying in control</td>
<td>3</td>
<td>12.4 Looking ahead: My personal protection plan</td>
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<tr>
<td>10.5 My changing life roles and life goals</td>
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<td>11.5 Understanding the consequences of risky behavior</td>
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<td>10.6 Understanding sexual interest</td>
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<td>11.6 Positive role models</td>
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<tr>
<td>10.7 Our choices, our decisions</td>
<td>3</td>
<td>11.7 Gender, power and violence</td>
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<td>10.8 I know what I want</td>
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<td>11.8 Rape – Prevention, support and change</td>
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<td>10.9 Consent, rape and taking action.</td>
<td>3</td>
<td>11.9 Taking action against abuse</td>
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### Grade 4 - Alignment of SLPS to CAPS Topics and Subtopics for Grades 4–12

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<tbody>
<tr>
<td>4.1: Respect for my own body</td>
<td>Development of the self</td>
<td>Respect for own and other’s bodies: privacy, bodily integrity and not subjecting one’s body to substance abuse</td>
<td>How to respect and care for own body</td>
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<td>4.2: Respecting the bodies of others</td>
<td>Development of the self</td>
<td>Respect for own and other’s bodies: privacy, bodily integrity and not subjecting one’s body to substance abuse</td>
<td>How to respect and care for own body</td>
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<td>4.3: Dealing with conflict</td>
<td>Development of the self</td>
<td>Dealing with conflict: examples of conflict situations at home and at school</td>
<td>How to respect other’s bodies</td>
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<td>4.4: Emotions — Why am I feeling this way?</td>
<td>Development of the self</td>
<td>Emotions</td>
<td>Understanding a range of emotions: love, happiness, grief, fear and jealousy</td>
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<td>4.5: Bullying</td>
<td>Development of the self</td>
<td>Bullying: how to protect self from acts of bullying</td>
<td>Examples of acts of bullying</td>
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<td>4.6: Responding to bullying</td>
<td>Development of the self</td>
<td>Bullying: how to protect self from acts of bullying</td>
<td>Appropriate responses to bullying: where to find help</td>
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<td>4.7: Culture, society and sexuality</td>
<td>Social responsibility</td>
<td>Cultures and moral lessons</td>
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<td>4.8: The basics of HIV and AIDS</td>
<td>Health and environmental responsibility</td>
<td>HIV and AIDS education: basic facts including blood management</td>
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<td>4.9: Transmission of HIV</td>
<td>Health and environmental responsibility</td>
<td>HIV and AIDS education: basic facts including blood management</td>
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<td>4.10: Celebrating the life of Nkosi Johnson</td>
<td>Health and environmental responsibility</td>
<td>HIV and AIDS education: basic facts including blood management</td>
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**Intermediate Phase ATP Alignment**

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<tr>
<td>4.1: Respect for my own body</td>
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<td>4.2: Respecting the bodies of others</td>
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<tr>
<td>4.3: Dealing with conflict</td>
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<tr>
<td>4.4: Emotions — Why am I feeling this way?</td>
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<tr>
<td>4.5: Bullying</td>
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<tr>
<td>4.6: Responding to bullying</td>
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<tr>
<td>4.7: Culture, society and sexuality</td>
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<tr>
<td>4.8: The basics of HIV and AIDS</td>
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<td>4.9: Transmission of HIV</td>
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<tr>
<td>4.10: Celebrating the life of Nkosi Johnson</td>
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<td>5.1: Body image</td>
<td>Development of the self</td>
<td>Positive self-concept formation</td>
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<td>- Influence of others on self-concept: adults and peers</td>
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<td>5.2A: I can choose my relationships</td>
<td>Development of the self</td>
<td>Relationship with peers, older people and strangers</td>
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<td>- Bad and good relationships</td>
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<td>- Safe and unsafe relationships</td>
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<td>5.2B: This is my body and I say what happens to it</td>
<td>Development of the self</td>
<td>Relationship with peers, older people and strangers</td>
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<td>5.3: The benefits of good and safe relationships</td>
<td>Development of the self</td>
<td>Relationship with peers, older people and strangers</td>
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<td>- Benefits of good and safe relationships</td>
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<td>5.4: Child abuse – “Keeping myself safe from abuse”</td>
<td>Social responsibility</td>
<td>Child abuse</td>
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<td>- Different forms of abuse: physical and emotional</td>
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<td>- Effects of abuse on personal health</td>
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<td>- Strategies to deal with abuse</td>
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<td>- Where to get help and report abuse</td>
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<td>5.5: Sexual grooming: I can say “NO”!</td>
<td>Social responsibility</td>
<td>Child abuse</td>
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<td>- Strategies to deal with abuse</td>
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<td>- Where to get help and report abuse</td>
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<td>5.6: Dealing with violent situations – “What is sexual violence?”</td>
<td>Social responsibility</td>
<td>Dealing with violent situations</td>
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<td>- Identify potential violent situations at home, school and community</td>
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<td>5.7: Learning from our elders</td>
<td>Social responsibility</td>
<td>Issues of age and gender in different cultural contexts in South Africa</td>
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<td>- Relationships between elders and children in different cultural contexts</td>
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<td>5.8: Should boys and girls be treated differently?</td>
<td>Social responsibility</td>
<td>Issues of age and gender in different cultural contexts in South Africa</td>
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<td>- Responsibilities of boys and girls in different cultural contexts</td>
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<td>HIV and AIDS education</td>
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<td>- Dealing with stigma</td>
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<td>- Stigma about HIV and AIDS</td>
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<td>5.10: Changing attitudes towards people infected with HIV and AIDS</td>
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<td>HIV and AIDS education</td>
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<td>- How to change attitudes towards people infected with HIV and AIDS</td>
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<td>6.1: Body image: &quot;My body is changing&quot;</td>
<td>Development of the self</td>
<td>Positive self-esteem: body image</td>
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<td>- Understanding and respecting body changes</td>
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<td>- Acceptance of the self</td>
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<td>6.2: Body image: &quot;I am who I am&quot;</td>
<td>Development of the self</td>
<td>Positive self-esteem: body image</td>
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<td>- Other influences on body image: media and society</td>
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<td>6.3: Body image: Acceptance of self</td>
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<td>Positive self-esteem: body image</td>
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<td>Development of the self</td>
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<td>- Examples of peer pressure in different situations: school and community</td>
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<td>6.5: Behaviours that put pressure on us</td>
<td>Development of the self</td>
<td>Peer pressure</td>
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<td>- Appropriate responses to peer pressure in different situations</td>
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<td>6.6: Bullying and links to gender-based violence</td>
<td>Development of the self</td>
<td>Bullying: reasons for bullying</td>
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<td>- Getting out of the bullying habit: where to find help</td>
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<td>6.7: Bullies can change</td>
<td>Development of the self</td>
<td>Bullying: reasons for bullying</td>
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<td>6.8: What is gender stereotyping, sexism and abuse?</td>
<td>Social responsibility</td>
<td>Gender stereotyping, sexism and abuse: definitions of concepts</td>
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<td>- Dealing with stereotyping, sexism and abuse</td>
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<td>6.9: Gender equality, stereotypes and bias</td>
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<td>Gender stereotyping, sexism and abuse: definitions of concepts</td>
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<td>6.10: HIV and AIDS, stigma, care, treatment and support</td>
<td>Health and environmental responsibility</td>
<td>HIV and AIDS education: myths and realities about HIV and AIDS including risks and perceptions about HIV and AIDS</td>
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<td>- Caring for people with AIDS</td>
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## Senior Phase ATP alignment

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<tr>
<td>7.1: Setting goals and reaching your potential</td>
<td>Development of the self in society</td>
<td>Concept: self-image</td>
<td>- Identity and reflect on personal qualities: relationship with self, family, friends - Personal interest, abilities and potential</td>
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<td>7.2: Appreciation and acceptance of self and others</td>
<td>Development of the self in society</td>
<td>Changes in boys and girls: puberty and gender constructs</td>
<td>- Appreciation and acceptance of the self and others Peer pressure: effects of peer pressure</td>
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<td>Peer pressure: effects of peer pressure</td>
<td>- How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour</td>
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<td>7.3: Is there a difference between gender and sex?</td>
<td>Development of the self in society</td>
<td>Peer pressure: effects of peer pressure</td>
<td>- How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour</td>
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<td>7.4: Understanding puberty – physical, social and emotional changes</td>
<td>Development of the self in society</td>
<td>Changes in boys and girls: puberty and gender constructs</td>
<td>- 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</td>
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<td>7.5: Healthy and unhealthy relationships</td>
<td>Development of the self in society</td>
<td>Peer pressure: effects of peer pressure</td>
<td>- 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</td>
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<td>7.6: Making decisions about sex</td>
<td>Development of the self in society</td>
<td>Changes in boys and girls: puberty and gender constructs</td>
<td>- Respect for own and others’ body changes and emotions - Appreciation and acceptance of the self and others</td>
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<td>7.7: Assertive communication</td>
<td>Development of the self in society</td>
<td>Peer pressure: effects of peer pressure</td>
<td>- Appropriate responses to pressure: assertiveness and coping skills - Negotiation skills: ability to disagree in constructive ways</td>
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<td>7.8: Revisiting your goals and moving forward</td>
<td>Development of the self in society</td>
<td>Concept: self-image</td>
<td>- Strategies to enhance others’ self-image through positive actions; respect for others and respect for diversity</td>
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<tr>
<td>8.1: Setting goals and reaching your potential</td>
<td>Development of the self in society</td>
<td>Concepts: self-concept formation and self-motivation - Positive self-talk: individuality and uniqueness; and personal achievements</td>
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<tr>
<td>8.2A: Healthy and unhealthy messages about our gender</td>
<td>Development of the self in society</td>
<td>Concept: self-concept formation and self-motivation - Factors that influence self-concept formation and self-motivation: media, environment, friends and peers, family, culture, religion and community - Influence of friends and peers on one's sexuality - Family and community norms that impact sexuality - Social pressures including media that impact sexuality</td>
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<td>8.2A: Healthy and unhealthy messages about our gender</td>
<td>Constitutional rights and responsibilities</td>
<td>Concept: sexuality - Influence of friends and peers on one's sexuality - Family and community norms that impact sexuality - Social pressures including media that impact sexuality - Problem-solving skills: identity formation and development</td>
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<tr>
<td>8.2A: Healthy and unhealthy messages about our gender</td>
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<td>Concept: cultural diversity in South Africa - Influence of cultural norms and values on individual behaviour, attitude and choices: cultural expectations, practices and traditions - Respect difference: culture, religion and gender</td>
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<td>8.2B: Healthy and unhealthy messages about our gender</td>
<td>Development of the self in society</td>
<td>Concept: sexuality - Understanding one’s sexuality: personal feelings that impact on sexuality - Influence of friends and peers on one’s sexuality - Family and community norms that impact on sexuality - Cultural values that impact on sexuality - Social pressures including media that impact on sexuality - Problem-solving skills: identity formation and development - Risk factors leading to unhealthy sexual behaviour - Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS, low self-image and emotional scars - Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</td>
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<tr>
<td>8.2B: Healthy and unhealthy messages about our gender</td>
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<td>Sexual behaviour and sexual health (Linkage to Grade 9 CAPS) - Risk factors leading to unhealthy sexual behaviour - Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS, low self-image and emotional scars - Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</td>
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*(Grade 9)*
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<tr>
<td>8.3: Making healthy sexual choices and knowing your limits</td>
<td>Development of the self in society</td>
<td>Concept: sexuality - Understanding one’s sexuality: personal feelings that impact on sexuality - Peer pressure (Linkage to Grade 7 CAPS) - How peer pressure may influence an individual: use of substances, crime, sexual behaviour, bullying and rebellious behaviour - Appropriate responses to pressure: assertiveness and coping skills</td>
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<tr>
<td>8.4: Sexuality is more than sex</td>
<td>Health, social and environmental responsibility</td>
<td>Informed, responsible decision-making about health and safety: HIV and AIDS - Prevention and safety issues relating to HIV and AIDS</td>
<td>3</td>
<td>7-8</td>
</tr>
<tr>
<td>8.5: What young adults need to know about STIs, HIV and AIDS</td>
<td>Development of the self in society</td>
<td>Concept: sexuality - Understanding one’s sexuality: personal feelings that impact on sexuality - Influence of friends and peers on one’s sexuality - Problem-solving skills: identity formation and development - Informed, responsible decision-making about health and safety: HIV and AIDS - Prevention and safety issues relating to HIV and AIDS</td>
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<td>Health, social and environmental responsibility</td>
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<td>7-8</td>
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<tr>
<td>8.6: Your risk for STIs, HIV and AIDS and pregnancy</td>
<td>Development of the self in society</td>
<td>Concept: self-concept formation and self-motivation - Factors that influence self-concept formation and self-motivation: media, environment, friends and peers, family, culture, religion and community - Issues relating to citizens’ rights and responsibilities (Linkage to Grade 9 CAPS) - Respect for others’ rights: people living with different disabilities and HIV and AIDS (infected and affected)</td>
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<td>Constitutional rights and responsibilities</td>
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<tr>
<td>8.7: HIV, AIDS and stigma</td>
<td>Health, social and environmental responsibility</td>
<td>Informed, responsible decision-making about health and safety: HIV and AIDS - Prevention and safety issues relating to HIV and AIDS</td>
<td>3</td>
<td>7-8</td>
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<td>Grade 9</td>
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<tr>
<td>9.1: Setting goals and reaching your potential</td>
<td>Development of the self in society</td>
<td>Goal-setting skills: personal lifestyle choices - Appropriate responses to influences on personal lifestyle choices - Informed decision-making skills: positive and negative influences</td>
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<tr>
<td>9.2: Safer sex: Hormonal contraception</td>
<td>Development of the self in society</td>
<td>Sexual behaviour and sexual health: - Risk factors leading to unhealthy sexual behaviour - Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</td>
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<tr>
<td>9.3: Safer sex: Using condoms</td>
<td>Development of the self in society</td>
<td>Sexual behaviour and sexual health: - Risk factors leading to unhealthy sexual behaviour - Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS, low self-image and emotional scars - Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</td>
<td>1</td>
<td>4-7</td>
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<tr>
<td>9.4: Barriers to condom use</td>
<td>Development of the self in society</td>
<td>Sexual behaviour and sexual health: - Risk factors leading to unhealthy sexual behaviour - Factors that influence personal behaviour including family, friends, peers and community norms - Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</td>
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<td>4-7</td>
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<tr>
<td>9.5: One partner at a time</td>
<td>Development of the self in society</td>
<td>Goal-setting skills: personal lifestyle choices - Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices</td>
<td>1</td>
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<tr>
<td>9.6: Using sexual and reproductive health resources in the community</td>
<td>Development of the self in society</td>
<td>Goal-setting skills: personal lifestyle choices - Appropriate responses to influences on personal lifestyle choices - Informed decision-making skills: positive and negative influences Sexual behaviour and sexual health - Protective factors: where to find help and support: community structures that offer protection or resilience against high risk behaviour Concept: volunteerism - Different types of volunteer organisations: contributions of community-based and non-profitable organisations to social and environmental health and sustainable development</td>
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<td>Health, social and environmental responsibility</td>
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<td>Goal-setting skills: personal lifestyle choices</td>
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<td>Are you ready for parenthood?</td>
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<td>Sexual content</td>
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<td>Goal-setting skills: personal lifestyle choices</td>
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<td>Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices</td>
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<td>Appropriate responses to influences on personal lifestyle choices</td>
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<td>Informed decision-making skills: positive and negative influences</td>
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<td>Assertiveness skills: confident and firm decision-making</td>
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<td>Strategies to deal with unhealthy sexual behaviour, abstinence and change of behaviour</td>
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<td>Power and control in relationships</td>
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<td>Consolidating intentions for Grade 9</td>
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$^*$ SL$^*$: Sexuality Learning
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<tr>
<th>SLP name</th>
<th>CAPS topic</th>
<th>Grade 10</th>
<th>CAPS subtopic</th>
<th>Term</th>
<th>Week</th>
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</thead>
<tbody>
<tr>
<td>10.1: Developing my self-confidence</td>
<td>Development of the self in society</td>
<td>Strategies to enhance self-awareness, self-esteem and self-development: factors influencing self-awareness and self-esteem including media</td>
<td>- Strategies to build confidence in self and others: communication, successful completion of tasks or projects, participation in community organisation or life, making good decisions and affirmation of others - Acknowledge and respect the uniqueness of self and others and respect differences (race, gender and ability) Value of participation in exercise programmes that promote fitness: cardiovascular fitness, muscular strength, endurance and flexibility - Relationship between physical and mental health</td>
<td>1</td>
<td>1-3</td>
</tr>
<tr>
<td>10.2: Understanding power. Getting to share it.</td>
<td>Development of the self in society</td>
<td>Definition of concepts: power, power relations, masculinity, femininity and gender</td>
<td>- Differences between a man and a woman: reproduction and roles in the community, stereotypical views of gender roles and responsibilities, gender differences in participation in physical activities</td>
<td>1</td>
<td>1-3</td>
</tr>
<tr>
<td>10.3: Gender, equality and healthier relationships</td>
<td>Development of the self in society</td>
<td>Definition of concepts: power, power relations, masculinity, femininity and gender</td>
<td>- Influence of gender inequality on relationships and general well-being: sexual abuse, teenage pregnancy, violence, STIs including HIV and AIDS</td>
<td>1</td>
<td>1-3</td>
</tr>
<tr>
<td>10.4: Social and environmental justice: We can make a difference</td>
<td>Development of the self in society</td>
<td>Contemporary social issues that impact negatively on local and global communities:</td>
<td>- Concepts: social justice and environmental justice - Social issues: crime, poverty, food security, food production, violence, HIV and AIDS, safety, security, unequal access to basic resources, lack of basic services (water and health services) - Harmful effects of these issues on personal and community health</td>
<td>2</td>
<td>4-7</td>
</tr>
<tr>
<td>10.5: My changing life roles and life goals</td>
<td>Development of the self in society</td>
<td>Life roles: child, student, adult, role in family, partner, mother, father, grandparent, breadwinner, employee, employer, leader and follower</td>
<td>- Evolving nature of and responsibilities inherent in each role; how roles change and affect relationships - Handling each role effectively: influence of society and culture Changes associated with development towards adulthood: adolescence to adulthood</td>
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<td>10.6: Understanding sexual interest</td>
<td>Development of the self in society</td>
<td>Changes associated with development towards adulthood: adolescence to adulthood - Physical changes: hormonal, increased growth rates, bodily proportions, secondary sex/gender characteristics, primary changes in the body (menstruation, ovulation and seed formation), and skin problems - Emotional changes: maturing personality, depth and control of emotions, feelings of insecurity, changing needs, interests, feelings, beliefs, values and sexual interest - Social changes: relationship with family, interaction with social groups, need for acceptance by and dependence on peer group, moving into the workforce and increased responsibilities</td>
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<td>1-5</td>
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</tr>
<tr>
<td>10.7: Our choices, our decisions</td>
<td>Development of the self in society</td>
<td>Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential - Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape - Skills such as self-awareness, critical thinking, decision making, problem solving, assertiveness, negotiations, communication, refusal, goal setting and information gathering relating to sexuality and lifestyle choices - Where to find help regarding sexuality and lifestyle choices</td>
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<tr>
<td>10.8: I know what I want</td>
<td>Development of the self in society</td>
<td>Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential - Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape - Values such as respect for self and others, abstinence, self-control, right to privacy, right to protect oneself, right to say ‘No’ and taking responsibility for own actions - Skills such as self-awareness, critical thinking, decision-making, problem-solving, assertiveness, negotiations, communication, refusal, goal-setting and information gathering relating to sexuality and lifestyle choices - Where to find help regarding sexuality and lifestyle choices</td>
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<tr>
<td>10.9: Consent, rape and taking action.</td>
<td>Development of the self in society</td>
<td>Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential - Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape - Values such as respect for self and others, abstinence, self-control, right to privacy, right to protect oneself, right to say ‘No’ and taking responsibility for own actions - Where to find help regarding sexuality and lifestyle choices</td>
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<td>11.1: My priorities and life goals</td>
<td>Development of the self in society</td>
<td>Plan and achieve life goals: apply various life skills as evidence of an ability - Types of goals: short-term, medium and long-term; steps in planning and goal-setting, problem-solving skills, perseverance and persistence - Important life goals and prioritising: family, marriage, parenting, career choices and relationships - Relationship between personal values, choices and goal-setting</td>
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<tr>
<td>11.2: Healthy relationships: Choosing the right influences</td>
<td>Development of the self in society</td>
<td>Relationships and their influence on our well-being: different types of relationships with different people/groups, and their changing nature - Relationships that contribute to or are detrimental to our well-being: rights and responsibilities in relationships, social and cultural views that influence and/or affect relationships, qualities sought in different relationships, and individuality in relationships - Impact of the media on values and beliefs about relationships</td>
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<tr>
<td>11.3: Healthy and unhealthy relationships and the media</td>
<td>Development of the self in society</td>
<td>Relationships and their influence on our well-being: different types of relationships with different people/groups, and their changing nature - Relationships that contribute to or are detrimental to well-being: rights and responsibilities in relationships, social and cultural attitudes and norms that influence and/or affect relationships, qualities sought in different relationships, and individuality in relationships - Impact of the media on values and beliefs about relationships</td>
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<tr>
<td>11.4: Living a balanced lifestyle, staying in control</td>
<td>Development of the self in society</td>
<td>Healthy and balanced lifestyle choices: - Characteristics of a healthy and balanced lifestyle: physical, psychological, social, emotional and spiritual facets - Factors that impact negatively on lifestyle choices</td>
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<tr>
<td>11.5: Understanding the consequences of risky behaviour</td>
<td>Development of the self in society</td>
<td>- Healthy and balanced lifestyle choices - Accidents; types of accidents; lack of knowledge and skills; unsafe attitudes and behaviours; unsafe environments and emotional factors - Risky behaviour and situations: personal safety, road use, substance use and abuse, sexual behaviour, risk of pregnancy, teenage suicides, hygiene and dietary behaviour, sexually-transmitted infections (STIs), HIV and AIDS and peer pressure</td>
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</table>
| 11.6: Positive role models | Development of the self in society | Positive role models; parents and peers; personal values; belief system; religion; media, social and cultural influences; economic conditions:  
- Impact of unsafe practices on self and others: physical, emotional, spiritual, social, economic, political and environmental  
- Individual responsibility for making informed decisions and choices: coping with and overcoming barriers regarding behaviour and seeking support, advice and assistance | 3    | 1-5  |
| 11.7: Gender, power and violence | Development of the self in society | Gender roles and their effects on health and well-being: self, family and society  
- Unequal power relations, power inequality, power balance and power struggle between genders: abuse of power towards an individual (physical abuse), in family (incest), cultural (different mourning periods for males and females), social (domestic violence and sexual violence/rape) and work settings (sexual harassment)  
- Negative effects on health and well-being  
- Addressing unequal power relations and power inequality between genders | 4    | 1-3  |
| 11.8 Rape – Prevention, support and change | Development of the self in society | Gender roles and their effects on health and well-being: self, family and society  
- Unequal power relations, power inequality, power balance and power struggles between genders: abuse of power towards an individual (physical abuse), in family (incest), cultural (different mourning periods for males and females), social (domestic violence and sexual violence/rape) and work settings (sexual harassment)  
- Negative effects on health and well-being  
- Addressing unequal power relations and power inequality between genders | 1    | 1-2  |
| 11.9 Taking action against abuse |                                   | Gender roles and their effects on health and well-being: self, family and society  
- Unequal power relations, power inequality, power balance and power struggle between genders: abuse of power towards and individual (physical abuse), in family (incest), cultural (different mourning periods for males and females), social (domestic violence and sexual violence/rape) and work settings (sexual harassment)  
- Negative effects on health and well-being  
- Addressing unequal power relationships and power inequality between genders |          |
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<th>Week</th>
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</table>
| 12.1: Our needs and our rights, taking action | Democracy and human rights | Responsible citizenship:  
- Evaluating own position when dealing with discrimination and human rights violations, taking into account the Bill of Rights: participation in discussions, projects, campaigns and events which address discrimination and human rights violations  
- Evaluation regarding outcomes of campaigns and events | 1/2  | 1-4  |
| 12.2: Human factors affecting our health – and what we can do about them | Development of the self in society | Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives:  
- Lifestyle diseases as a result of poverty and gender imbalances: cancer, hypertension, diseases of the heart and circulatory system, tuberculosis, sexually-transmitted infections including HIV and AIDS  
- Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour  
- Intervention strategies: prevention and control, early detection, treatment, care and support | 3    | 1-4  |
| 12.3: STIs: Protecting ourselves, protecting our future | Development of the self in society | Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives  
- Sexually-transmitted infections including HIV and AIDS  
- Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour  
- Intervention strategies: prevention and control, early detection, treatment, care and support | 3    | 1-4  |
| 12.4: Looking ahead: My personal protection plan | Development of the self in society | Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives  
- Intervention strategies: prevention and control, early detection, treatment, care and support | 3    | 1-4  |
### APPENDIX 3: CORE SEXUALITY EDUCATION VALUES REPRESENTED IN DBE SEXUALITY EDUCATION LESSONS

<table>
<thead>
<tr>
<th>Value statements</th>
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<tbody>
<tr>
<td><strong>1.</strong> All learners have the right to medically accurate and up-to-date information about human sexuality and sexual health.</td>
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<td><strong>2.</strong> All learners have the right to access sexual and reproductive health services that are affordable, high-quality, confidential, and non-judgmental.</td>
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<td><strong>3.</strong> Learners are sexual beings and have a right to enjoy their sexuality.</td>
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<td><strong>4.</strong> Learners should wait to have sex until they are in a mature, loving, healthy and responsible relationship.</td>
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<td><strong>5.</strong> Sexual activity must always be consensual and free of coercion.</td>
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<td><strong>6.</strong> Learners have the right to enjoy safe, healthy relationships that are free from physical violence and emotional abuse.</td>
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<td><strong>7.</strong> Learners in consensual sexual relationships should always take the responsibility to protect themselves from pregnancy and sexually transmitted infections.</td>
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<td><strong>8.</strong> Sexual orientation and gender identity are fundamental components of an individual’s identity.</td>
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<td><strong>9.</strong> Traditional gender norms for men and women can sometimes reinforce harmful behaviour.</td>
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<td><strong>10.</strong> Every person’s sense of sexual orientation and gender identity is deserving of respect.</td>
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**APPENDIX 4: THE COMPREHENSIVE SEXUALITY EDUCATION CORE MESSAGES PER PHASE**

**Grade 4-6**
Eight core messages to be integrated throughout the IMP curriculum

<table>
<thead>
<tr>
<th>SOUTH AFRICAN CHILDREN DECLARE THE FOLLOWING:</th>
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<tbody>
<tr>
<td>1. I choose to respect my own body and the bodies of others.</td>
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<tr>
<td>2. I have the right to say “no” and the responsibility to respect a “no” to any unwanted touch or attention.</td>
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<td>3. I make good choices for my health.</td>
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<td>4. I choose friends who are loyal and good for me.</td>
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<td>5. I have the right to be protected, safe and loved. I can get help when I need it.</td>
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<td>6. I think boys and girls should be valued equally.</td>
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<td>7. I care for you; I care for me. We care for each other.</td>
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<tr>
<td>8. I have a purpose in life and who I am matters.</td>
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**Grade 7-9**
Eight core messages to be integrated throughout the IMP curriculum

<table>
<thead>
<tr>
<th>SOUTH AFRICAN CHILDREN DECLARE THE FOLLOWING:</th>
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<tbody>
<tr>
<td>1. The safest choice is not to have sex.</td>
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<td>2. You have the right to say no to sex in any situation.</td>
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<td>3. If you choose to have sex, use a condom every time.</td>
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<td>4. Stay faithful to one partner at a time to protect yourself, your partner and your community.</td>
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<tr>
<td>5. If you are having sex, get tested for HIV and other STIs regularly.</td>
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<tr>
<td>6. Both men and women are responsible for preventing pregnancy, HIV and other STIs.</td>
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</tbody>
</table>
Grade 10-12
Eight core messages to be integrated throughout the IMP curriculum

SOUTH AFRICAN CHILDREN DECLARE THE FOLLOWING:

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

APPENDIX 5: THE DIMENSIONS OF PSYCHOSEXUAL DEVELOPMENT

<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>The genetic, biological and hormonal factors that influence our sexual response from the first moments of conception and throughout the seasons of our lives.</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Perceiving one’s body, gender and growth-producing sexual behaviour, as well as that of the opposite sex, with a positive attitude.</td>
</tr>
<tr>
<td>Emotional</td>
<td>Feeling comfortable, confident and competent with one’s body and sexuality, and with that of the opposite sex.</td>
</tr>
<tr>
<td>Social</td>
<td>Relating with persons of the same and opposite sex in a healthy way; having the capacity for self-disclosure; being able to sustain friendship and intimacy.</td>
</tr>
<tr>
<td>Moral</td>
<td>Valuing the ways that allow and encourage the behaviours necessary for ongoing sexual growth.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Affirming the presence of a god/power beyond our reality and the sacred in our sexual feelings and expressions; coming to recognise that sexuality and spirituality are complementary forces.</td>
</tr>
</tbody>
</table>
APPENDIX 6: THE STAGES OF ADOLESCENCE

Adolescence is characterised by profound biological, psychological, and social developmental changes. It is considered one of the stormiest times in a human being’s life cycle. It is commonly divided into three periods:

1. early adolescence (ages 11 to 14),
2. middle adolescence (ages 14 to 17), and
3. late adolescence (ages 17 to 20).

These divisions, however, are arbitrary; growth and development occur along a continuum that varies from person to person. Traditionally, the adolescent has been characterised as idealistic, unstable, rebellious, uncertain, loving, dependent, conforming, and, above all, as sexually confused. The biological onset of adolescence is signalled by a rapid acceleration of skeletal growth and the beginning of physical sexual development. The psychological onset is characterised by an acceleration of cognitive development and the consolidation of personality formation. Socially, adolescence is a period of intensified preparation for the coming role of young adulthood.

**Early adolescent stage (approximately 10-14 years of age)**

With the emergence of secondary sex characteristics, a powerful new energy becomes present in the adolescent’s body. They naturally explore their sexuality. In early adolescence, the random, generally disconnected sexual thoughts and feelings of childhood begin to weave themselves into thematic fantasies. In these fantasies, adolescents imagine themselves to be in sexual and romantic situations with real or imagined people. These fantasies enable the adolescent to integrate emotions and intellect with genital sexuality and lead them towards socially-oriented sexuality. Many boys will experience their first nocturnal emission in early adolescence. This experience may be confusing or pleasurable and may include sexual fantasies.

**Movement toward independence:** emerging identity shaped over time by internal and external influences; moodiness; improved abilities to use speech to express oneself; more likely to express feelings by action than by words (may be more true for males); close friendships gain importance; less attention shown to parents, with occasional rudeness; realisation that parents are not perfect; identification of their own faults; search for new people to love in addition to parents; tendency to return to childish behaviour during times of stress; peer group influence on personal interests and clothing styles.

**Future interests and cognitive development:** increasing career interests; more interested in the present and near future; greater ability to work.

**Sexuality:** girls mature physically faster than boys; shyness, blushing, and modesty; more showing off; greater interest in privacy; experimentation with body (masturbation); worries about being normal.
**Middle adolescent stage (approximately 15-16 years of age)**

Middle adolescence is a time of being highly distracted and absorbed by sexuality and sexually related physical changes. Middle adolescents masturbate with more frequency and intensity than any other phase. They are preoccupied with sex-related issues, such as sexually-oriented books, magazines or T.V. programmes, and with clothes, music, dates, and dances. Homosexual experiences, usually transient, may also occur in middle adolescence. Many adolescents need reassurance about the normality of an isolated homosexual experience and confirmation that it does not indicate a permanent homosexual orientation. During late adolescence, boys and girls spend increasingly more time together and sometimes even engage in sexual acts like kissing, petting etc. Relating sexually during this phase is primarily experimental, self-centred, and mixed with other needs and emotions.

**Movement toward independence:** self-involvement; alternating between unrealistically high expectations and worries about failure; complaints that parents interfere with independence; extremely concerned with appearance and with one’s own body; feelings of strangeness about oneself and one’s body; lowered opinion of and withdrawal from parents; effort to make new friends; strong emphasis on the new peer group; periods of sadness as the psychological loss of parents takes place; examination of inner experiences, which may include keeping a diary.

**Future interests and cognitive development:** intellectual interests gain importance; some sexual and aggressive energy directed into creative and career interests; anxiety can emerge related to school and academic performance.

**Sexuality:** concerns about sexual attractiveness; frequently changing relationships; more clearly defined.

**Late adolescent stage (approximately 17-21 years of age)**

This period extends from the end of adolescence to the mid-thirties. Early adulthood is the time of peak physical abilities (e.g. strength, speed, agility, and fertility), the assumption of major social roles, and the evolution of an adult self and life structure. The successful passage into adulthood depends on satisfactory resolution of childhood and adolescent crises. The 20s are spent, for the most part, exploring options for occupation and marriage or alternative relationships, and making commitments in various areas. In this period, the tasks are enormous as they are exhilarating: to shape a dream, that vision of ourselves that will generate energy, aliveness and hope; to prepare for a lifework; and to form the capacity for intimacy. Throughout this stage, the individual has the opportunity to further develop and reach sexual maturity. Biologically the young adult begins to engage a sexual lifestyle, i.e., celibacy, commitment to marriage, or multiple sexual partners.

**Movement toward independence:** firmer identity; ability to delay gratification; ability to think through ideas; ability to express ideas in words; more developed sense of humour; interests become more stable; greater emotional stability; ability to make independent decisions; ability to compromise; pride in one’s work; self-reliance; greater concern for others.

**Future interests and cognitive development:** more defined work habits; higher level of concern for the future, thoughts about one’s role in life.

**Sexuality:** Concerned with serious relationships; clear sexual identity; capacities for tender and sensual love.

**Physical changes:** Most young women are fully developed. Young men continue to gain height, weight, muscle mass and bodily body hair.

**Ethics and self-direction:** Capable of useful insight; focus on personal dignity and self-esteem; ability to set goals and follow through; acceptance of social institutions and cultural traditions; self-regulation of self-esteem.
APPENDIX 7: EFFECTIVE PEDAGOGICAL STRATEGIES FOR COMPREHENSIVE SEXUALITY EDUCATION

Sexuality education and interactive methods

Using interactive methods which actively involve learners in their learning process, is an effective way of teaching about sexuality and HIV prevention. Here are some of the methodologies that can be used to successfully develop skills:

<table>
<thead>
<tr>
<th>role play</th>
<th>brainstorming</th>
<th>class discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>research</td>
<td>storytelling</td>
<td>fishbowl technique</td>
</tr>
<tr>
<td>drama</td>
<td>educational games and stimulation</td>
<td>demonstration and guided practice</td>
</tr>
<tr>
<td>group discussions</td>
<td>decision mapping or problem trees</td>
<td>case study</td>
</tr>
<tr>
<td>pair work</td>
<td>debate</td>
<td>audio and visual activities, e.g. art</td>
</tr>
</tbody>
</table>

1. **Interactive teaching methods promote self-discovery by:**
   - involving learners in the learning process, the materials enable the learners to discover solutions for themselves.

2. **Promote peer learning through:**
   - interactive methodologies which allow learners to learn from each other.

3. **Interactive teaching methods reinforce life skills through:**
   - interactive methodologies which help learners to practise skills such as communication, decision-making, assertiveness, self-awareness and stress management.

Listed below are principles of sexuality and HIV prevention, which prove to be essential to sexuality education:

- **Promote inclusion** because sexuality education is for all people, regardless of their HIV status, to live positive and healthy lives.
- **Require** educators and learners to challenge gender stereotypes so that all people learn to protect themselves and others.
- **Organise** classes around **learner-centred and participatory methods** so that learners can practise developing skills.
- **Validate learners’ self-discovery** so that they can apply positive healthy behaviours to their own lives.
- **Encourage mutual respect** in the classroom so that learners can express themselves without fear of being shamed.
APPENDIX 8: KEY FACTS AFFECTING LEARNERS AND EDUCATORS

1. HIV and AIDS in South Africa

Learning from the data: Understanding our epidemic:

In 2017, the overall national HIV prevalence estimate, for people of all ages who were living in South Africa, was 14.0% (95% CI: 13.1–15.0). This figure was significantly higher than the 2012 estimate of 12.2% (95% CI: 11.4–13.1; p<0.001). The 2017 estimate translates to an estimated 7.9 million people living with HIV (95% CI: 7.1–8.8 million). It represents an increase of approximately 1.6 million people living with HIV, compared to the 2012 survey estimates. Excluding children younger than 2 years, the prevalence estimate was 14.6%, which is significantly higher (p<0.001) than that reported for the same population in 2012 (12.6%; 95% CI: 11.7–13.5) and 2008 (10.9%; 95% CI: 10.0–11.9). These results show a consistent trend of HIV prevalence increasing over time.

With regard to provincial results, HIV prevalence ranged from 8.3% in Northern Cape to 18.1% in KwaZulu-Natal (see Figure 1).

Fig. 1: HIV prevalence by province

South Africa’s epidemic is mostly driven by sexual transmission. A number of underlying individual behavioural, social, and other factors underpin the severe HIV epidemic in South Africa. These include multiple sexual partnerships, sex without knowing current HIV status, low rates of male circumcision, low and inconsistent condom use, intergenerational relationships (mostly girls with older men), and relationships for things (transactional sex). Heavy alcohol use, drug use, and harmful beliefs about gender roles and relationships contribute to unsafe sexual relationships. Sexual violence, unsafe living and risky employment-associated migration and poverty, as well as incomplete education also fuel HIV transmission.

Discussion:

- What key facts should we be paying attention to as educators?
- How does HIV play out in our own lives?
- How do we feel when HIV data is discussed like this? How does it play out in the school environment?
- HIV is personal for all of us: What is needed to make space for more open discussion? What can we do as educators to prevent the feeling of “us” and “them” and to communicate, more effectively, the idea that we are all in this together?
- Prepare a statement on why this issue is critical for schools to address. Be creative. This statement will be shared in the plenary.

2. Young People and HIV: Our learners and the numbers

Fig. 2: HIV prevalence by age and sex

Based on point estimates, overall HIV peak prevalence occurs in 35–39-year-olds at 31.5% (females at 39.4% and males at 23.7%) but differs by sex, peaking at an older age among males (45–49 years) at 24.8% compared to females (35–39 years).

This disparity in HIV prevalence by sex is most pronounced among young adults: HIV prevalence among 20–24-year-olds is three times higher among females (15.6%) than males (4.8%).

Discussion:

- What is the data telling us about our learners?
- What might explain the differences we see between boy and girl learners?
- What are the critical needs for schools to address?
- Prepare a statement on why this issue is critical for schools to address. Be creative. This statement will be shared in the plenary.
3. Young people affected by HIV and AIDS

HIV prevalence by age and sex, 2017

Figure 3, below, presents the original age categories and breakdown by sex. In all the adult age categories, females carry a disproportionately higher burden of HIV than males. Statistically significant differences by sex were evident from the 20–24 years age group through to the 40–44 years age group. Women aged 20–24 years had an HIV prevalence of 15.6% compared to 4.8% among men (p<0.001). The HIV prevalence among women in this age group was comparable to that of men aged 25–29 years (12.4%) and 30–34 years (18.4%). Among people aged 25–29 years, HIV prevalence was more than double among females than males.

Among women, HIV prevalence peaked at 39.4% in the 35–39 years age group, whereas among men it peaked at 24.8% in the 45–49 years age group. HIV prevalence was above 20% for both men and women aged 50–54 years but dropped among people aged 55 years and older. The prevalence among people aged 60 years and older was similar to that among youth aged 15–19 years.

![HIV prevalence by age and sex, South Africa (2012 vs 2017)](image)

Figure 3: HIV prevalence by age and sex, South Africa (2012 vs 2017)\(^6\)

Children living with HIV

A significant minority of young people are already living with HIV. Infection may have occurred in the prenatal or postnatal period (before, during or after birth), or through sexual and other risky practices.

Many more children are living with sick and bedridden caregivers. About 150,000 children are believed to be living in child-headed households\(^7\). Children who have lost one or both parents are at higher risk of HIV infection. For these young people, careless discussion of HIV can be hurtful and lead them to experience feelings of stigma and isolation, both at school and in their community. Evidence suggests that stigma and discrimination in schools may contribute to dropping out among infected and affected children and may cause some to abandon their treatment.

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\(^6\) ibid.

Everyone – teachers, students and others – needs to do their part to help young people affected by HIV and AIDS to feel accepted and to understand that they can still have a healthy and happy life. It is also important for these young people to stay on their treatment to protect their health and the health of the people who they have relationships with.

Above all, there is cause to hope. All young people must gain the knowledge and skills necessary to make healthy choices about their sexual behaviour, as they transition to young adulthood, and have safe relationships and healthy lives as a result. Waiting to become sexually active, getting tested regularly, knowing your partner’s status before starting a sexual relationship and only having safe, protected sex can become the “new normal”. And for those living with HIV: adhering to “treatment as prevention” can provide a pathway to a healthy, productive and fulfilling life.

**Discussion:**
- What does this mean for learners in our classrooms?
- How can we make things more supportive for them- and prevent stigma?
- What is our responsibility as educators, administrators and mentors?
- **Prepare a statement on why this issue is critical for schools to address.** Be creative. **This statement will be shared in the plenary.**

4. Young people and sexual activity

**Sexual debut before the age of 15 years by respondents in 15-24 age group**

Overall, early sexual debut among males and females – that is, the people who indicated that they were younger than 15 years old when they had sex for the first time – remained relatively stable between 2002 and 2008. Fewer than 10% of 15–24-year-olds stated that they had an early sexual debut. However, the proportion of people who had an early sexual debut increased from 8.5% in 2008 to 13.6% in 2017 (Figure 4). Across all survey rounds, early sexual debut was more common among males than females.

![Sexual debut among respondents aged 15–24 years, South Africa, 2002 - 2017](image)

**Figure 4:** Early sexual debut among young men and women aged 15–24 years, South Africa, 2002, 2005, 2008, 2012 and 2017
Condom use at last sex by respondents aged 15 and older

Figure 5 shows the trends in condom use at last sexual encounter, among people aged 15 years and older, by sex. The results across the survey series (2002–2017) are shown. The graphs show the proportions of each group that reported having used a condom at their last sexual encounter. Reported condom use at last sexual encounter was generally higher among males than females across all age groups. A peak in condom use occurred in 2008 for males of all ages and for females aged 15–49 years, followed by a decline in 2012. Thereafter, a slight increase was observed in 2017 among all adults aged 25 years and older.

Condom use at last sexual encounter was consistently highest among people aged 15–24 years (Figure 5). For women aged 50 years or older, since 2002 there has been a steady increase in condom use at the last sexual encounter.

Discussion:

- What does the data in the two tables above tell us?
- Why should this be of concern to educators?
- How might learners who are sexually active feel when topics related to sex are discussed in class?
- What do we need to think about as educators to ensure that our classrooms are safe spaces for learners who may be struggling with issues concerning sexual activity?
- Prepare a statement on why this issue is critical for schools to address. Be creative. This statement will be shared in the plenary.
5. Teenage pregnancy: Delivery in 10–19 years in facility rate

This indicator is included for the first time in the District Health Barometer in line with the 2017 National Indicator Data Set (NIDS). It replaced the previous indicator of the delivery in facility under 18 years rate. The purpose of the change was to align data collection with the international definition of teenagers and further monitor the implementation of the National Adolescent and Youth Health Policy, which was approved in 2017. The delivery in 10–19 years in facility rate indicator is defined as: deliveries where the mother is 10–19 years old and such delivery is conducted by a trained healthcare worker in a health facility. The numerator is the number of deliveries among women 10–19 years in public health facilities, while the denominator includes the total number of deliveries in public health facilities over the same time period. The data elements for the numerator are delivery 10–14 years in facility and delivery 15–19 years in facility. The subdivision of the age categories will provide data to enable the programme to develop specific interventions to reduce early teenage pregnancy.

As this indicator monitors the proportion of deliveries in facility by young women aged 10 –19 years, it can be used as a proxy for the adolescent birth rate. The adolescent birth rate is the annual number of live births to adolescent women per 1 000 adolescent women. The South Africa Demographic and Health Survey (SADHS) 2016, indicates that most young women become sexually active by the age of 18. The proportion of women aged 15–19 who have begun childbearing rises rapidly with age, from 4% among women at age 15, to 28% among women at age 19. Due to this rapid rise, the change in this indicator will provide additional information on the rate of teenage pregnancy.

National and provincial overview

Four provinces had a delivery in 10–19 years in facility rate below the national rate of 12.7% in 2017/18 (Figure 6). KwaZulu-Natal (KZN) had the highest delivery in 10–19 years in facility rate of 17.6% followed by Northern Cape (NC) at 17.1%. Gauteng (GP) and Free State (FS) reported the lowest rates at 8.1% and 10.5%, respectively. KwaZulu-Natal (609) had the highest number of deliveries 10–14 years in facility followed by Limpopo (LP) (378) and Mpumalanga (MP) (363). Among the districts Tshwane (GP) (271) and Ehlanzeni (MP) (244) had the most deliveries 10–14 years in facility. KwaZulu-Natal (31 893) also had the highest number of deliveries 15–19 years in facility followed by Gauteng (17 315), Limpopo (15 860) and Eastern Cape (EC) (15 114). Among the districts Tshwane (GP) (8 043), eThekwini (KZN) (7 914), Cape Town

8 NIDS Indicator Data Set: Data Element Definitions: April 2017 to March 2019.
9 United Nations defines adolescents as those between the ages of 10 and 19.
10 Indicators for monitoring the Millennium Development Goals.
(WC) (5 942) and Ehlanzeni (MP) (5 653) had the most deliveries 15–19 years in facility.

Figure 6: Delivery in 10 to 19 years in facility rate by province, 2017/18

**Discussion:**
- How does early pregnancy affect educational outcomes?
- In your opinion, what factors are driving young people to get pregnant?
- What can/should educators and school administrators do about it?
- **Prepare a statement on why this issue is critical for schools to address.** Be creative. *This statement will be shared in the plenary.*
APPENDIX 9: CHILD PROTECTION AND DISCLOSURE PROTOCOL

The role of the educator

- Identify child abuse, neglect or forms of child labour.
- Record incidences of child abuse.
- Report/notify authorities if a learner that has been abused physically or sexually or has been deliberately neglected as outlined in the Children’s Act, 2005 (Act 38 of 2005).
  - When notifying, report the implications first (refer to Form 22).
- Refer cases of abuse.

CHILD ABUSE GUIDELINES

APPROVED JUNE 2005; REVISED APRIL 2010

- To facilitate disclosure where appropriate.
- To support the learner throughout the process.
- To facilitate preventative measures/programmes through life skills education.

NB: The role of the educator is to report abuse and to provide support to the learner and NOT to investigate the case.

PROCEDURE

Section 110 of the Children’s Act, Act 38 of 2005 states:

“(I) Any correctional official, dentist, homeopath, immigration official, labour inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social service professional, social worker, speech therapist, teacher, traditional health practitioner, traditional leader or member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexually abused or deliberately neglected, must report that conclusion in the prescribed form to a designated child protection organisation, the provincial department of social development or a police official;

a) Any person who, on reasonable grounds believes that a child is in need of care and protection, may report that belief to the provincial department of social development, a designated child protection organisation or a police official (3) A person referred to in subsection (1) or (2) – must substantiate that cone/avian or belief to the provincial department of social development, a designated child protection organisation or police official; and

b) Who makes a report in good faith is not liable to civil action on the basis of the report.”

The above-mentioned section compels persons, as outlined above, to notify either the Department of Social Development, a designated child protection organisation (e.g. Child Welfare South Africa, Christelike Maatskaplike Raad (CMR), Rata Social Services, Tutela, etc.) or a police official, through the completion of Form 22.
On notification, the Director General (DG) will request a police officer, social worker or authorised officer to take appropriate action to ensure the safety and welfare of the child. A social worker or other designated person will conduct a preliminary investigation into the circumstances giving rise to the concerns with regard to the child.

Should the preliminary investigation reveal reasonable grounds for taking action, further prescribed actions will be taken to comply with the regulation of the Children’s Act.

A provincial child protection register will be kept at the various provincial offices of the Department of Social Development. Other departments such as the DoH, DBE, the South African Police Services (SAPS) and the Department of Justice (DoJ) are encouraged to keep their own registers with a view to provide prevention services.

Copies of Form 22 must be kept in every school principal’s office and should be available to all educators for completion in the event of suspected or disclosed abuse. Three copies of the form must be completed and distributed as follows:

1. The original is to be submitted to the nearest Department of Social Development (DSD) or designated child protection organisation for intervention.
2. A copy is to be submitted to Special Needs Education Services (SNES) of the relevant district office of the provincial education department for record keeping and coordination.
3. A copy is to be kept at the school.

**SCENARIOS**

There are three scenarios to consider:

1. Suspicion or allegation of any form of abuse of one of the learners, including risk factors relating to worst forms of child labour
2. A learner has disclosed or someone else reports an incident to you
3. Any incidents of alleged abuse committed by an educator/staff member

**SCENARIO 1: Suspicion or allegation of any form of abuse of a learner**

Start gathering information as soon as you begin to suspect child abuse. Build a case in the learner’s file. As a suggestion, draw a picture of a child and as you observe signs of abuse, draw these onto the picture, specifying the injury and the date upon which you observed it.

**Example:**

A. Leg injury/broken leg: 12-11-2010
B. Arm injury/severe bruises: 11-01-2011
C. Head injury: 15-06-2011
Monitor behaviours such as absenteeism and, if the learner does not disclose directly, note whether behaviour patterns such as late arrival or the poor condition of a child could indicate forms of child labour. For example, absence on market days, dipping days, during planting/harvest seasons etc. may be indications of child labour.

Consult with the principal and notify the local DSD or any designated child protection organisation and complete Form 22 as indicated in the circular of the Department of Education, Sports and Culture. The case must then be referred to the school management team (SMT) for ongoing support.

**SCENARIO 2: A learner has disclosed or someone else reports an incident of child abuse to you**

1. Write down what the learner/person has shared (verbatim, if possible).
2. Remember that non-verbal communication is very important:
   a) Your position when speaking to the learner/person is important:
      • sit next to the learner and not behind your desk.
   b) Be relaxed and open-minded.
   c) Maintain a comfortable level of eye contact.
   d) Be mindful of your tone of voice.
   e) Be mindful of your facial expressions, i.e. take care not to express shock, disbelief, anger, etc.

**NB: ALWAYS be aware of the LEARNER’S needs.**

3. Ascertain the learner’s immediate need for safety.
4. Discuss the matter with the principal or the school counsellor ONLY.
5. Discuss the next steps with the principal/school counsellor, e.g. contacting a social worker/specialists/support persons, contacting the parents, visiting the clinic/hospital for a medical opinion. Do not take sole responsibility for this step.
6. Think through the potential consequences of each action for the learner and the school.
7. To decide on further steps to be taken, consult with the parent(s)/guardian(s); the SNES official responsible for child abuse cases; the area social worker; the community nurse; the Family Violence, Child Abuse and Sexual Offenses office (FCS) of the SAPS (formerly the Child Protection Unit) etc.
8. Take action as decided after consultation with those you have consulted.
9. If it has been decided, refer to a specialist for attention (i.e. hospital, police, social worker etc.).
11. Refer to the school-based support team (SBST) for ongoing support of the learner.
12. FOLLOW UP. For example, contact the social worker or the FCS officer regularly for updates.
13. Provide support to the learner throughout the process.

**VERY IMPORTANT**

- Should there be a police investigation and court case, the case is treated as sub judice – be careful not to discuss any information regarding the incidence of child abuse.
- Should you be the first person to whom a child has disclosed abuse, you can be subpoenaed to appear in court to give evidence on what the child told you.
• Be specific in your description of what the child told you. Do not expand or give your own opinion on the matter. Use the words that were used by the child.
• You cannot refuse to appear in court once you have been subpoenaed. Should you be subpoenaed, inform your principal and discuss the court procedures with the social worker or your lawyer.

### POSITIVE RESPONSES TO THE LEARNER

- I believe you.
- I am glad you told me.
- I am sorry it happened to you.
- This must have been a bad experience. (NB: This should be used carefully – when the learner expresses negative feelings – as a way of expressing empathy and reflecting the learner’s feelings)
- Always remember, it is not your fault.
- I cannot make promises not to tell.
- I need to speak to someone who will help you, but I will be there to support you.

### OTHER IMPORTANT RESPONSES TO THE LEARNER

- Your body belongs to you. You have the right not to be abused.
- Sexual abuse is never your fault. Nothing a child does or doesn’t do, excuses an older person who uses a child for sexual pleasure.
- Sexual abuse is harmful. The deepest hurt is the way sexual abuse makes children feel about themselves.
- Good people can do bad things. Abusers may be good people in other ways, but abuse is wrong and must be stopped.
- Usually sexual abuse does not stop by itself. Tell someone who will listen and do something about it.
- Keep telling people you trust until someone listens.
- What happens to the abuser is never your fault.

### SCENARIO 3: In cases of alleged abuse by an official of the Department of Education (e.g. educator, principal, admin staff member etc.)

1. Inform the principal (if the perpetrator is school personnel) or the circuit manager (if the perpetrator is the principal), immediately. The principal or circuit manager has to follow the prescribed departmental procedures for disciplinary action.
2. Follow up with a letter of confirmation to the principal or circuit manager with copies to the district manager and the labour section of the Department.
3. Write down, verbatim (as far as possible), what the child/person has said.
4. Remember that **non-verbal** communication is very important:
   a) Your position when speaking to the learner/person is important:
   • sit next to the learner and not behind your desk.
   b) Be relaxed and open-minded.
   c) Maintain a comfortable level of eye contact.
   d) Be mindful of your tone of voice.
   e) Be mindful of your facial expressions, i.e. take care not to express shock, disbelief, anger, etc.
5. Ascertain the learner’s immediate need for safety.
   a) When did it happen?
   b) Where did it happen?
   c) Who did this to you?
   d) When was the first time this happened to you?
   e) Do you need immediate medical attention? (If the child has been raped, has open wounds, severe marks, etc.)

6. Discuss the matter with the principal or the school counsellor ONLY.

7. Discuss the next steps with the principal/school counsellor, e.g. contacting a social worker/specialists/support persons, contacting the parents, visiting the clinic/hospital for a medical opinion. Do not take sole responsibility for this step.

8. Think through the potential consequences of each action for the learner and the school.

9. To decide on further steps to be taken, consult with the parent(s)/guardian(s); the SNES official responsible for child abuse case; the area social worker; the community nurse; the Family Violence, Child Abuse and Sexual Offenses office (FCS) of the SAPS (formerly the Child Protection Unit) etc.

10. Take action as decided after consultation with those you have consulted.

11. If it has been decided, refer to a specialist for attention (i.e. hospital, police, social worker etc.).


13. Refer to the school-based support team (SBST) for ongoing support of the learner.

14. FOLLOW UP. For example, contact the social worker or the FCS officer regularly for updates.

15. Provide support to the learner throughout the process.

IMPORTANT: IN CASES WHERE THE ALLEGED PERPETRATOR IS A LEARNER AT THE SCHOOL.

- Specialist intervention is necessary.
- The dynamics of a child perpetrator are very complex.
- Consult with Childline or a SNES official responsible for child abuse cases, before taking any disciplinary action with regard to the alleged perpetrator.
- Refer the case to the SBST for a support intervention programme.
APPENDIX 10: OBSERVER OR “CRITICAL FRIEND” CHECKLIST

**Instructions**
Once the lesson is over, please put on your observer or critical friend\(^{11}\) cap and reflect on what happened during the lesson. What did you see, feel and hear? Your observations will help your colleague who has just conducted the lesson as well as all those in your group to improve the lesson for the next time it is taught in the classroom. Your feedback is very important! You have five minutes to complete the following checklist.

1. Title of the lesson you observed:

2. Lesson number:

3. Did the educator that presented the lesson follow the script? What was left out, if anything?

4. What participatory techniques did you see the educator using in the lesson?

5. What is one thing you liked, that the educator did, during the lesson?

6. What is one thing you liked, that the educator did, during the lesson?

7. What questions do you have about the lesson?

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\(^{11}\) A critical friend is typically a colleague or other educational professional, who is committed to helping an educator; a critical friend is someone who is encouraging and supportive, but who also provides honest and often candid feedback that may be uncomfortable or difficult to hear. In short, a critical friend is someone who agrees to speak truthfully, but constructively, about weaknesses, problems, and emotionally charged issues. (http://edglossary.org/critical-friend/)
### APPENDIX 11: HUMAN SEXUALITY: BINARIES AND BOXES

<table>
<thead>
<tr>
<th>Sex</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological characteristics:</strong></td>
<td><strong>Socially constructed:</strong> what society tells us</td>
</tr>
<tr>
<td>- male: penis, testes, male sex hormones (testosterone)</td>
<td>- man: must be <strong>masculine</strong> – big, strong, muscles</td>
</tr>
<tr>
<td>- female: vagina, breasts, ovaries and uterus, female sex hormones (oestrogen, progesterone)</td>
<td>- woman: must be <strong>feminine</strong> – dainty, makeup, wears dresses</td>
</tr>
</tbody>
</table>

**Intersex**
Intersex people have biological characteristics that are considered “female” and others that are considered “male”.

For example, a woman with a vagina but with internal testes producing high levels of male sex hormones. i.e. external female characteristics but internally also has male characteristics

**Transgender**
Some people feel that their sex (their biological identity) does not match their gender identity/expression. These people are called transgender men and women. They may express the way they feel by verbally: e.g. “I was born in the wrong body.”

**Transvestite/cross-dresser**
A gender expression where a person wears clothing, associated with the opposite sex, e.g. a man who likes to dress in clothing, make-up associated with women.

**Transsexual**
Medical term: related to surgery, hormone therapy
Term to describe a person who identifies as a gender different to their biological characteristics and decides to have surgery and hormone therapy in order to change their physical appearance, i.e. a trans person may feel that they are a man trapped in a woman’s body or a woman trapped in a man’s body. Must only be used as an **adjective** as below:
- male to female: transsexual woman
- female to male: transsexual man

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Sexual Play</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who you are attracted to, want to spend your life with, etc.</td>
<td>Body parts that go together in sexual play:</td>
</tr>
<tr>
<td>- heterosexual (male and female)</td>
<td>- penis</td>
</tr>
<tr>
<td>- homosexual (male and male; female and female)</td>
<td>- vagina</td>
</tr>
<tr>
<td>Bisexual people are attracted to and fall in love with people from both sexes.</td>
<td>- hands</td>
</tr>
</tbody>
</table>

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12 Transvestite is an outdated term and often viewed as offensive. As a rule, use cross-dresser.
REFERENCES


Education Official Training
Comprehensive Sexuality Education in Life Skills and Life Orientation
Scripted Lesson Plans

Facilitator Manual