



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

Participant Manual



**basic education**

Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

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

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## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	i
INTRODUCTION .....	1
OVERVIEW OF THE THREE-DAY TRAINING AGENDA .....	3
MODULE 1: ORIENTATION TO THE TRAINING .....	6
MODULE 2: EXPLORING OUR VALUES, BEHAVIOUR AND ATTITUDES REGARDING SEXUALITY EDUCATION .....	12
MODULE 3: EFFECTIVE PEDAGOGICAL STRATEGIES FOR SEXUALITY EDUCATION; SLP DEMONSTRATION AND PRACTICE 1 AND 2 .....	20
MODULE 4: UNDERSTANDING SEXUALITY EDUCATION TERMS AND DEFINITIONS; SLP DEMONSTRATION AND PRACTICE 3 .....	29
APPENDICES.....	37
REFERENCES.....	74

## INTRODUCTION

This manual has been developed specifically for provincial and district education officials to receive training 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 education 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 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 South Africa 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.”<sup>1</sup>

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 your 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 education officials’ capacity to train educators in teaching comprehensive sexuality education (CSE) using SLPs by increasing their knowledge, skills and comfort with CSE and the SLPs.

### Training outcomes

By the end of the training, you 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 you would help them meet these challenges; and
- develop a training plan for the Grade 4–12 Life Skills and Life Orientation educators in your province and districts, where the Activity is being implemented.

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<sup>1</sup> Knowles, M.S. (1970). *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. New York: The Association Press.

## OVERVIEW OF THE THREE-DAY TRAINING AGENDA

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



DAY ONE TRAINING PROGRAMME			
Module	Time	Duration	Topic
<b>Opening</b>	08.00 – 08.30	30 mins	Registration Pre-training assessment
	08.30 – 08.45	15 mins	Welcome remarks by DBE and/or DOE officials Introduction of trainers
<b>Module 1: Orientation to the training</b>	08.45 – 09:15	30 mins	<b>Session 1: Getting Started</b> <ul style="list-style-type: none"> <li>Participant introductions</li> <li>Expectations and ground rules</li> <li>Objectives of the training</li> <li>Housekeeping</li> <li>Introduction to Pandora’s box</li> </ul>
	09:15 – 10:15	1 hour	<b>Session 2: The South Africa School-Based Sexuality and HIV Prevention Activity and the SLPs</b> <ul style="list-style-type: none"> <li>Presentation on the South Africa School-Based Sexuality and HIV Prevention Activity</li> <li>Presentation of the DBE policy framework for the Activity</li> <li>Discussion on the roles of district staff in the Activity</li> </ul>
	<b>10:15 – 10:30</b>	<b>15 mins</b>	<b>TEA BREAK</b>
	10.30–11.30	1 hour	<b>Session 3: SLPs and their relationship to CAPS</b> <ul style="list-style-type: none"> <li>The development of the SLPs</li> <li>Linking the sexuality and HIV prevention education SLPs to the CAPS</li> </ul>
<b>Module 2: Exploring our values, behaviour and attitudes regarding sexuality education</b>	11.30 – 12:30	1 hour	<b>Session 1: Examining our personal and professional values</b> <ul style="list-style-type: none"> <li>Agree/Disagree: Review of personal and professional values</li> <li>The comprehensive sexuality education core messages in the SLPs for all phases</li> <li>Confronting your discomfort (Walk the line)</li> </ul>
	<b>12.30 –13.15</b>	<b>45 mins</b>	<b>LUNCH BREAK</b>
	13.15 –14:15	1 hour	<b>Session 2: CSE – What’s it got to do with me?</b> <ul style="list-style-type: none"> <li>Reconstructing the six dimensions of sexuality development</li> <li>The stages of adolescence</li> </ul>
	<b>14:15 – 14:30</b>	<b>15 mins</b>	<b>TEA BREAK</b>
	14:30 – 15:30	1 hour 30 mins	<b>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</b>
	15:30 – 16:00	15 mins	Review of Day 1
	<b>16:00</b>		<b>Closing</b>

## REGISTRATION

### NOTE TO THE PARTICIPANT

Please make sure that you complete the registration form, even if you arrive late.

## PRE-TRAINING ASSESSMENT

### NOTE TO THE PARTICIPANT

- After registration complete the pre-training assessment form. Ensure that you submit the completed form to the facilitator before the plenary session begins.
- Latecomers must also fill in the pre-training assessment form.

## MODULE 1: ORIENTATION TO THE TRAINING

### Module 1 Objectives

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

- identify your 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

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

## SESSION 1: GETTING STARTED

**Objectives :** By the end of this activity, you will:

- *know your 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

### Introductions

#### Methodology

1. Take five minutes to interview the participant sitting closest to you so that you can introduce them to the rest of the training group.
2. Introduce yourself to one another. Ask your neighbour the following 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. As a pair, you will be given a total of four minutes to introduce one another to the rest of the training group.

### Ground Rules and Participants' Expectations

#### Methodology

1. Ground rules will be established for the training. You have come to this training with some expectations, i.e. something you expect to get out of the training.
2. Think for a minute about what you expect from the facilitator, and what you expect from the other participants in the group and be ready to share your thoughts with the rest of the group.
3. 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 your environment one in which everyone can learn and grow.
4. Think of what you are willing to offer, to help you to benefit from the training. Think about behaviour that:
  - a) will make the learning environment productive and comfortable for everyone;
  - b) show your respect for one another; and
  - c) will help the groups to succeed at their tasks.

## Goals and objectives

1. The facilitator will present the goals and the objectives of the training. Feel free to ask any questions after the presentation.

## Pandora's box

1. The facilitator will introduce the Pandora's box or question box. If you feel uncomfortable asking a question in front of the whole group, you can write it on a piece of paper and put it in the box. You can also use Pandora's box if you would like to raise an issue or situation that is difficult for you to speak about.
2. At the beginning of each day the facilitator(s) will check the box and answer any questions that were 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. This question box is also used in the educator training and the educators are encouraged to use it with their learners as well. It is a useful tool because its goal is to protect the anonymity of the learners should they want to ask difficult or worrisome questions. 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: THE SOUTH AFRICA SCHOOL-BASED SEXUALITY AND HIV PREVENTION EDUCATION ACTIVITY

**Objectives:** By the end of the activity, you will be able to:

- *describe the goals and objectives of the South Africa 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 your role in relation to the Activity*

**Time required:** 1 hour and 30 minutes

**Methodology:** Presentation and large group discussion

### Methodology

1. The facilitator will take you through a PowerPoint presentation on the South Africa School-Based Sexuality and HIV Prevention Education Activity and the DBE policy framework that guides the implementation of the Activity. You will have an opportunity to ask questions about the Activity.
2. Name all the directorates present within the department and discuss the role that each directorate plays in the Activity.
3. This training will focus on building your capacity as trainers. As noted in the PowerPoint, the ToT 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 .
3. Planning for these training sessions will occur at the end of this training.

## SESSION 3: THE SLPs AND THEIR RELATIONSHIP TO THE CAPS

**Objectives:** By the end of the activity, you will be able to:

- *Define the areas covered by the SLPs;*
- *Demonstrate an understanding of the link between CAPS and SLPs for Grades 4 - 12;*
- *Describe the development of 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**

- CAPS document for Intermediate (Grades 4 - 6), Senior (Grades 7 - 9) and FET (Grades 10 - 12) phases
- 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 PARTICIPANT**

This activity contains a lot of information which can be difficult to take in when delivered in a lecture format. You will be asked to find the information before the slide presentation. You will be expected to engage with the CAPS as well as the SLPs as much as possible.

Feel free to ask questions as the facilitator goes through the presentations.

## **The development of the SLPs**

### **Methodology**

1. The facilitator will take you through a presentation on the development of the SLPs. Feel free to ask questions at the end of the presentation.
2. The facilitator will ask you to take notes while they lead you in a discussion on behaviour-determinant-intervention (BDI) logic model.
3. Complete the graphic provided below to summarise your understanding of the BDI logic model used to design the SLPs. Use the following information to complete the graphic and give an example for each element:
  - 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.

4. The BDI logic model for the Activity can be represented as below:

Interventions	Determinants	Behaviour	Health goal
Provide accurate information about the risk of pregnancy.	Increase perceived risks and costs of getting pregnant if sexually active.	Delay sexual debut	Reduce teenage pregnancy rates.

### 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.
2. The facilitator will take you through a presentation of **Appendix 1: The 80 scripted lesson plans for Grades 4–12** at a glance.
3. Split up into groups of four or five and in your groups explore the relationship between the CAPS and the SLPs. Your group should have copies of the CAPS documents for the Intermediate, Senior and FET phases.
4. Each group will be allocated a grade to focus on. Turn to the first SLP in the educator guide of the grade that you are focusing on. For example, if you are focusing on Grade 4, turn to Lesson 4.1 in the educator guide; if you are focusing on Grade 5 turn to Lesson 5.1 of the educator guide, etc.
5. Refer to the table on the first page of the lesson. Identify which CAPS topics and subtopics are addressed in the lesson.
6. Open the CAPS document to the Annual Teaching Plan for the grade that you are focusing on. Identify where the CAPS topics and subtopics addressed by the SLP appear. Repeat this exercise for two more lessons. Discuss your answers with the facilitator. Use **Appendix 2: Alignment of the SLPs to CAPS topics and subtopics for Grades 4–12** as a reference for this discussion.
7. Share your initial responses to what you 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.
8. The SLPs address topics related to sexuality education in a comprehensive manner, covering topics which would normally be difficult for educators to address. On Day 2, the structure of the SLPs is explored in greater depth.



## MODULE 2: EXPLORING OUR VALUES, BEHAVIOUR AND ATTITUDES REGARDING SEXUALITY EDUCATION

### Module 2 Objectives

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

- *identify your 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 your discomfort in training educators on CSE and the role empathy plays in teaching learners.*

### Module Overview

Activity	Time
<b>Session 1: Examining our personal and professional values</b>	<b>1 hour</b>
Agree/Disagree: Reviewing personal and professional values	30 min
The comprehensive sexuality education core messages	30 min
<b>Session 2: CSE – What’s it got to do with me?</b>	<b>1 hour</b>
Reconstructing the six dimensions of psychosexual development	30 min
The stages of adolescence	30 min
<b>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</b>	<b>1 hour 30 minutes</b>
Presentation and discussion of the facilitator manuals for the training of LS and LO educators on the SLPs	1 hour 30 minutes

## SESSION 1: EXAMINING OUR PERSONAL AND PROFESSIONAL VALUES

**Objectives:** By the end of this activity, you will be able to:

- *Identify your 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 your level of comfort when it comes to CSE.*

**Time required:** 1 hour

**Materials and preparation:**

- **Appendix 3: Core sexuality education values represented in DBE sexuality education lessons**
- **Appendix 4: The comprehensive sexuality education core messages per phase**
- journals or notebooks for you to write in

### Reviewing personal and professional values

#### Methodology

1. The facilitator is going to read out a list of statements from Appendix 3: Core sexuality education values represented in DBE sexuality education lessons. If you agree with the statement, you should move to the side of the room with the “AGREE” sign on the wall. If you do not agree you should move to the side of the room that has the “DISAGREE” sign on the wall. If you are not certain, you can stand under the sign that reads “UNCERTAIN”.
2. For each statement, explain why you feel the way you do. Identify how each statement protects learners.
3. Discuss how these values make up the core messages in the SLPs and reflect ways in which you can support educators as they deal with CSE in the classroom.
4. Note that the ten values are incorporated into the SLPs and promoted by the DBE. As district staff who train and support the educators using the SLPs, you need to be able to embrace these values.
5. Note that our own life experiences influence our values and our values often change over time. How we feel as adults may be quite different 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.
6. As a self-reflection exercise, examine your own personal and professional values by responding, in writing, to the questions listed below:
  - a) Have you ever felt that your personal values or beliefs oppose the values stated in a curriculum? How did you manage this potential conflict?

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b) What can an educator do to manage a personal value or belief that is inconsistent with the DBE curriculum?

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c) How do your values regarding sexuality education impact on your effectiveness in supporting those teaching CSE?

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7. Be prepared to share a few of your responses as the facilitator may ask a few of the participants to share their answers.

### The comprehensive sexuality education core messages

1. This exercise will focus on the core messages in the SLPs and you will learn and internalise the core messages in the SLPs, so that they can be communicated effectively, in the classroom.
2. The facilitator will divide you into six groups and ask one member from your group to collect a page of flip chart paper, markers and other materials to decorate a poster with. For your reference, the cores messages are listed in **Appendix 4: The comprehensive sexuality education core messages per phase**. The facilitator will ask each group to select one core message to work with for this activity.
3. Appoint one group member to be the timekeeper. You have 20 minutes to complete two tasks in this activity.
4. You will write your core message on the flip chart paper and the message should fill the whole sheet of paper. Decorate the sheet of paper to make a bright and colourful poster. You will have 10 minutes to complete this task.
5. Your group will have 10 minutes to come up with a rap/song to about your core message, which should be no more than three minutes long.
6. You will be asked to present the rap/song about your core message to the other groups. Each performance should not be longer than three minutes.
7. After the presentations, stick your poster up on the wall, where it will remain for the duration of the training.
8. Note that all the SLPs link to at least one or more of the core messages and that these messages should be repeated at every opportunity with learners – at the beginning, middle and end of every lesson.
9. Note 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, you will be able to:

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

**Time required:** 1 hour

**Methodology:** small group activity, group presentation and discussion

**Materials and preparation:**

- **Appendix 5: Dimensions of psychosexual development**
- EOG facilitator manuals
- **Appendix 6: Stages of adolescent development**

### Dimensions of Psychosexual development

#### Methodology

1. This is an exercise for you to reflect on your own psychosexual development. It will assist you to understand your own development, as well as the development process of the learners and the educators.
2. Psychosexual development is a critically important area of human growth, whether a person is in a relationship or remains 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.
3. 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. Healthy psychosexual development includes six dimensions, which will be demonstrated in a game called, “Reconstruct the Table”.
5. One member from your group will collect an envelope from the facilitator containing a table that has been cut into small pieces. Your group must find the headings of the table in the envelope and arrange the other pieces under the corresponding headings. The first group to reconstruct the table correctly wins. (Refer to **Appendix 5: Dimensions of psychosexual development.**)
6. 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 PARTICIPANT

This activity is designed to help you to understand the different stages of adolescence. You will do this in small groups and note down what you have read on a flip chart as a way of consolidating the information.

1. The facilitator will give each group a stage from **Appendix 6: Stages of adolescent development** to read and discuss.
2. After you have read through the stage, you should note down the age and characteristics for that stage on the flip chart paper provided. The facilitator will ask you to present what you have discussed in your groups.
3. Discuss the similarities and differences between each of the stages and how they can have an impact on 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, you will be able to:

- *identify the different sections of the EOG facilitator's manuals.*
- *explain what is included in the training of LS and LO educators; and*
- *reflect on your preparedness to train educators on comprehensive sexuality education.*

**Time required:** 1 hour 30 mins

**Methodology:** lecture discussion

**Materials and preparation:**

- copies of the EOG facilitator manuals for Grade 4–12

### The Educator Orientation Guide (EOG) Facilitator Manual

#### Methodology

1. The facilitator will pass out the EOG facilitator manuals that are used for the educator training on the SLPS for Grades 4–12. This is the material you will use to train educators.
2. It is important to note 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. The facilitator will go through the manual with you, focusing on the topics that are covered with educators during their training.
4. The facilitator will review the structure of the manual by exploring 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.
5. For the overview of the training. modules the facilitator will:
- a) explain how the modules are structured;
  - b) explain the “notes to the facilitator”; and
  - c) explain how the educators practise teaching the SLPs.

### **End of day one**

1. Before closing for the day, provide feedback on your experience of the training so far.
2. You will write your comments on post-it notes, and you will post these onto flip charts with the following headings: “I LIKE”, “I DON’T LIKE” and “I STILL NEED”, respectively.
3. Share your ideas with the group on how you would like to close the day.

DAY TWO TRAINING PROGRAMME			
Module	Time	Duration	Topic
Opening	08:00 – 08:30	30 min	Reflection on Day 1 Review of <b>Pandora's box</b>
Module 3: Effective Pedagogical Strategies for Sexuality Education; Increasing Empathy; SLP Demonstration and Practice 1 and 2	08:30 – 09:30	1 hour	<b>Session 1: Understanding the SLPs</b> <ul style="list-style-type: none"> <li>The structure of the SLPs</li> <li>Effective pedagogical strategies for sexuality education</li> <li>Barriers to interactive teaching</li> </ul>
	09:30 - 10:30	1 hour	<b>Session 2: Building Empathy</b> <ul style="list-style-type: none"> <li>Key facts affecting learners and educators</li> <li>Child Protection and Disclosure Protocol</li> </ul>
	<b>10:30 – 10:45</b>	<b>15 min</b>	<b>TEA BREAK</b>
	10:45 -11:45	1 hour	<b>Session 3: SLP demonstration of Lesson 7.4 : Understanding puberty – Physical, social and emotional changes</b> <ul style="list-style-type: none"> <li>Lesson demonstration—Lesson 7.4</li> <li>Debrief of the lesson demonstration</li> </ul>
	11:45 – 12:45	1 hour	<b>Session 4: SLP preparation and practice</b> <ul style="list-style-type: none"> <li>Lesson preparation in groups: Lessons 5.4; 8.5 &amp; 10.9</li> </ul>
<b>12:45– 13:30</b>		<b>45 min</b>	<b>LUNCH BREAK</b>
	13:30 – 15:30	2 hour	Practice session in groups: <ul style="list-style-type: none"> <li>Lesson 5.4: Child abuse – "Keeping myself safe from abuse"</li> <li>Lesson 8.5: What young adults need to know about STIs, HIV and AIDS</li> <li>Lesson 10.9: Consent, rape and taking action</li> <li>Lesson feedback</li> </ul>
	15:30 – 16:00	1 hour	Review of Day 2 Preview of Day 3
	<b>16:00</b>		<b>Closure</b>



## MODULE 3: EFFECTIVE PEDAGOGICAL STRATEGIES FOR SEXUALITY EDUCATION; SLP DEMONSTRATION AND PRACTICE 1 AND 2

### Module 3 Objectives

By the end of this module you 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

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

## REFLECTION ON DAY 1 AND PANDORA'S BOX

### Methodology

1. Share one new thing that you learned or an "a-ha!" moment from Day 1.
2. If you have any questions or would like more information on a specific issue, the facilitator will allow time for questions and discussion.
3. The facilitator will introduce you to the "parking lot", which allows the facilitator to park some issues that can be discussed training. The facilitator will also respond to any anonymous questions that were submitted to the Pandora's box.

## SESSION 1: UNDERSTANDING SLPs

**Objectives:** By the end of this activity, you 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:**

- educator guides for the SLPs for Grades 4–12
- **Appendix 7: Effective pedagogical strategies for comprehensive sexuality education**

### The structure of the SLPs

#### Methodology

1. The facilitator will select one lesson from the SLPs to explain its structure. Turn to the selected lesson in the educator guide.
2. The facilitator will take you through the entire structure of the SLP, systematically, (i.e., CAPS topics addressed by the SLP, activities, assessment, etc.) and you will be asked to explain what you think each section is for.
3. Feel free to ask questions as you go through each of the sections.
4. Next, you will explore the interactive and participatory teaching methods that are used to teach CSE through the SLPs and why it is important to use these methodologies. The SLPs clearly state what method(s) should be used for each activity.
5. Re-join your groups from the day before. In your groups, select a new SLP and identify the methodologies that are used in the SLP.
6. In your groups, brainstorm what you understand by interactive or participatory teaching and use **Appendix 7: Effective pedagogical strategies for comprehensive sexuality education** as a reference.
7. Choose a method from the list in **Appendix 7** to discuss in your group. Discuss how you think this method works in the classroom.
8. Share what you think about educators using these methods in the classroom:
  - a) What successes and challenges might educators expect?
  - b) How might you help educators to use these methodologies?

## SESSION 2: BUILDING EMPATHY

**Objectives:** By the end of this activity, you 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 your 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**

### Key facts affecting learners and educators

#### Health facts related to adolescent sexual and reproductive health

##### Methodology

1. This session involves an in-depth review of the current situation for learners and schools in South Africa. The purpose of this activity is to build a greater 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 these challenges.
2. Each of the five fact sheets in **Appendix 8: Key facts affecting learners and educators** gives 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 that you serve as education officials.
3. You will be divided into small groups of about four or five each. Each group will be given a fact sheet.
4. In your group, you should read through the information on your own first, and then review the information as a group. Analyse and discuss how the topic on your fact sheet is likely to affect learners in the classroom. Discuss the questions at the end of each fact sheet.
5. After about 30 minutes, prepare a flip chart about the subject on your 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 your schools.
6. Present the notes that your group has made on your flip chart to the rest of the groups and discuss as needed.
7. 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. Take a moment name the ways that educators can create a safe space for their learners.

## Confronting Your Discomfort (Walk the Line)

### NOTE TO THE PARTICIPANT

This activity can be extremely challenging for you since it may push your comfort levels and personal boundaries to their limits – like lessons on comprehensive sexuality education. Should you feel uncomfortable with this activity, you can opt out from participating and observe. You can share your 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. Remember 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. 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. 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. Remember that we are all in the same position. Once you have experienced and managed your feelings in this activity, you will have a better understanding of the levels of discomfort that educators may feel when teaching sexuality education lessons.
3. The facilitator will place a strip of masking tape on the floor in the middle of the training room.
4. Split up into two groups and stand on opposite ends of the tape silently facing each other.
5. The facilitator will read out a series of statements, ranging from less to more personal. If you have experienced or identify with the statement, you should silently take one step towards the tape and stop.
6. If the you do not feel comfortable enough to move forward, you can remain in your position.
7. Take note of how it feels to move towards the tape and how it feels to watch other people move towards the tape. Observe who is with you and who is not with you.
8. After about five seconds of silent reflection, return to your starting position.
9. The facilitator will repeat this process with more statements, depending on the time available. You will then return to your seats and reflect on the activity. The facilitator will guide you in a discussion of your experience.
10. Wrap up the activity by responding to 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 PARTICIPANT**

The aim of this activity was to demonstrate that as much as you have been through some good and bad experiences, so to have the learners and educators that you will be training and supporting, in your roles as education officials. It is important for you not to judge, but to be empathetic, at all times. It is also important for you 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. Split up into groups of four or five and in your groups take 20 minutes to read through **Appendix 9: Child Protection and Disclosure Protocol**. Feel free to ask questions about the protocol.
2. Remain in your 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?
3. Discuss how educators can be assisted to use the protocol.

## SESSION 3: SLP DEMONSTRATION OF LESSON 7.4: UNDERSTANDING PUBERTY – PHYSICAL, SOCIAL AND EMOTIONAL CHANGES

**Objectives:** By the end of this session, you will:

- *practise presenting a lesson on puberty using the SLPs.*

**Time required:** 1 hour

**Methodology:** demonstration

**Materials:**

- Grade 7 educator guides and learner books

### NOTE TO THE PARTICIPANT

During our 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.

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

### Lesson demonstration

#### Methodology

1. The facilitator will demonstrate a scripted lesson and you will play the role of the learners in a classroom setting, while the facilitator teaches the lesson.
2. Observe the methodologies that the facilitator uses during the lesson demonstration.
3. The facilitator will 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, you 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

### Lesson preparation

#### Methodology

1. You will prepare a practice lesson from the SLPs in groups of about five or six people. Your group can choose one of the following lessons: Lesson 5.4; 8.5 or 10.9. Your task is to prepare the lesson as if you are teaching learners. All the members of your group should prepare the lesson, as a team, and then identify one person who is going to present it as the educator. Those not teaching the lesson will play the role of the learners.
2. The facilitator will move around the room, answering any questions and making sure you are following the steps of the lesson. Remember that the SLPs are designed to be followed step by step.

### Lesson practice

1. The facilitator will call you back together for the lesson presentations. The group that prepared Lesson 5.4 will be the first to present.
2. Observe the lesson and make notes guided by **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 Lesson 5.4 has been presented, you will be asked share your notes on the questions from **Appendix 10: Observer or “critical friend” checklist**.
4. The group that prepared Lesson 8.5 will be asked to present their lesson to the group. You should observe the lesson and take notes as with the previous lesson.
5. After the presentation of Lesson 8.5 is complete, you will be invited to share your notes on the questions from 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. The facilitator will ask for your ideas on how to close proceedings for the day.



DAY THREE TRAINING PROGRAMME			
Module	Time	Duration	Topic
Opening	08.00 – 08.30	30 min	Reflection on Day 2 Questions with responses from <i>Pandora's Box</i>
Module 4:  Understanding Sexuality Education Terms and Definitions; SLP Demonstration and Practice 3	08:30 – 09:45	1 hour 15 min	<b>Session 1: Understanding sexuality education terms and definitions</b> <ul style="list-style-type: none"> <li>Human sexuality discussion: Binaries and boxes</li> </ul>
	09:45 – 10:00	15 min	TEA BREAK
	10:00 – 11:30	1 hour 30 min	<b>Session 2: Lesson 9.3 demonstration</b> <ul style="list-style-type: none"> <li>Lesson demonstration: Lesson 9.3</li> <li>Debrief of lesson demonstration</li> <li>Challenges for educators and how you can support them</li> </ul>
	11:30 – 13:30	1 hour 30 min	<b>Session 3: Planning next steps for training educators</b> <ul style="list-style-type: none"> <li>Training of educators on the SLPs</li> <li>Post-training assessment</li> <li>Training evaluation</li> <li>Clearing the parking lot</li> <li>Review of group expectations and training objectives</li> <li>Closing the training</li> </ul>
13:30		LUNCH & DEPARTURE	

## MODULE 4: UNDERSTANDING SEXUALITY EDUCATION TERMS AND DEFINITIONS; SLP DEMONSTRATION AND PRACTICE 3

### Module 4 Objectives

By the end of this module you 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

Activity	Time
<b>Reflection on Day 2 and review of Pandora's box</b>	<b>30 min</b>
<b>Session 1: Understanding sexuality education terms and definitions</b>	<b>1 hour 15 min</b>
Human sexuality discussion: Binaries and boxes	1 hour 15 min
<b>Session 2: Lesson 9.3 demonstration</b>	<b>1 hour 30 min</b>
Demonstration of lesson	1 hour
Debrief of lesson demonstration	30 min
Discussion of challenges for educators and how you can support them	
<b>Session 3: Planning next steps for training educators</b>	<b>1 hour 30 min</b>
Training of educators on the SLPs	30 min
Post-training assessment and training evaluation	30 min
Clearing the parking lot	15 min
Review of group expectations and training objectives and closing	15 min

## REFLECTION ON DAY 2 AND PANDORA'S BOX

### Methodology

1. Share anything that surprised you from Day 2 and ask questions if there are any areas that need clarification.
2. The facilitator will use the parking lot to record questions that cannot be answered in the time allocated. Questions in the parking lot will be answered by the end of the training.
3. Remember Pandora's box or question box. The facilitator will respond to any questions that have been submitted anonymously.

## SESSION 1: UNDERSTANDING SEXUALITY EDUCATION TERMS AND DEFINITIONS

**Objectives:** By the end of this activity, you will:

- *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 and 15 minutes

**Methodology:** large and small group activities

**Materials and preparation:**

- **Appendix 11: Human sexuality discussion: Binaries and boxes**

### NOTE TO THE PARTICIPANT

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

### Human sexuality discussion: Binaries and boxes

#### Methodology

1. In this activity you will define some of the terms used in sexuality education, so that you can increase your knowledge and comfort with using the terms. This is important if you are to support educators as they teach CSE, through coaching and mentoring. This lesson is also shared with educators, but it is taught for their own knowledge and not for educators to teach to the learners.
2. Consider the two definitions of sexuality education cited by World Health Organisation<sup>2</sup> and UNESCO's International Technical Guidance on Sexuality Education (ITGSE).

*"...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."<sup>3</sup>*

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*

<sup>2</sup> This definition does not represent an official WHO position, and should not be used or quoted as WHO definition.

<sup>3</sup> World Health Organization. (2006). Defining sexual health: report of a technical consultation on sexual health, 28-31 January 2002, Geneva. World Health Organization.

*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)*

3. The following model of sexuality education terms was developed to clarify definitions.
4. The facilitator is going to draw a large square divided into four sections, each with one of the following as headings: **sex**, **gender**, **sexual orientation** and **sexual play**.
5. The facilitator will ask you to share what comes to mind when the word “sex” is mentioned. *Sex refers to the biological characteristics that define human beings – whether male or female.*
6. Under the section labelled “**SEX**” the facilitator will write down the biological characteristics that distinguish male and female human beings.
7. Below this, the facilitator will write a sub-heading, “**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. (See **Appendix 4: Human sexuality: Binaries and boxes**)*

8. The second section is labelled “**GENDER**”. Share what you understand by the term “gender”. The facilitator will write some of your examples on the chart.
9. 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.*
10. 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.
11. Come up with examples of the types of behaviour expected of men and of women by culture and society, from childhood to adulthood.
12. Now think of what would be considered out of the norm regarding gender. The facilitator may ask a few of you to share your thoughts. The facilitator will take a moment to discuss how society dictates gender norms and explain the terms **transgender**, **transvestite** and **transsexual**.
13. The third box is labelled “**SEXUAL ORIENTATION**”. Share what you understand by the term “sexual orientation”.
14. Sexual orientation is defined as:

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

15. The facilitator will take a moment to discuss some examples of different types of sexual orientation:
  - 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.
16. Think about the kind of things that you do with your partner, when you are in a relationship, (e.g. going on walks, going to restaurants, travelling, gardening etc.). Couples do many things with each other besides having sex. Often when heterosexual people think of homosexual people, they tend to only think about homosexuality in terms of people having sex. There is a lot more to a relationship than sex, whether you are in a heterosexual or homosexual relationship, like love, companionship, etc.
17. 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.
18. *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.*
19. 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.
20. The facilitator will ask you to share assess each combination, i.e. whether it is a low-risk activity or a high-risk activity. Share your thoughts on how you can reduce risk during sexual play (e.g. use condoms and get tested for STIs and HIV).
21. The facilitator will wrap up the discussion and respond to any questions that you might have. It is important that you understand these terms and that you are comfortable using them and that you are accepting of people with diverse sexual orientations.

## SESSION 2: DEMONSTRATION OF LESSON 9.3: SAFER SEX: USING CONDOMS

**Objectives:** By the end of this session, you 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 and 30 minutes

**Methodology:** demonstration; large group discussion; small group work

**Materials and preparation:**

- Grade 9 educator guide

### Methodology

1. The facilitator will demonstrate how to insert the internal and external condom using anatomical models. Share any concerns you may have about educators demonstrating condom use to learners.
2. After the lesson, discuss with the facilitator why the lesson is important for learners; how you now feel about its use in the classroom, and how you could support educators to teach this lesson.

## SESSION 3: PLANNING NEXT STEPS FOR TRAINING EDUCATORS

**Objectives:** By the end of this session, you will be able to:

- plan for the training of educators in the future; and
- provide feedback on the training.

**Time required:** 1 hour and 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 the SLPs

#### Methodology

1. The focus now is on your role as trainers of educators who will use the SLPs. Over the next six months you will be completing your ToT by assisting as co-facilitators alongside EDC provincial operations managers at educator trainings. In the next session you will be developing the schedule together with your colleagues in this training. This week's training was preparation for that co-facilitator role.
2. Take out the **Educator Orientation Guide Facilitator Manual**. The facilitator will now hand out the **Educator Orientation Guide Participant Manual**.
3. Your training has covered most of the information that is covered in the educator training
4. Remember:
  - 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 heads of department are being trained to provide ongoing support to educators – as they implement the SLPs – through school-based coaching and mentoring.
5. In addition, note 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, you will co-facilitate educator training workshops with EDC staff. After this training it is expected that you will be able to conduct full trainings on your own. This will make it possible for the DBE to reach more educators, who will in turn reach more learners.
6. Share any questions on what the facilitator has shared so far.
  7. Work in groups according to your districts. Discuss the following:
    - a) Since it is important to ensure that educators trained on SLPs will be the implementers of SLPs in the classroom, it is important to time the training of educators in such a way that they will be able to implement the lessons soon after they are trained.
    - b) Discuss possible dates for training and a training plan which will ensure that all schools in your districts with Grades 4–12 LS and LO educators will be reached by the end of the year.
    - c) Identify possible government venues which can be used for training educators on the SLPs.
    - d) Identify which topics you feel most comfortable leading during the next training from the facilitator manual.
  8. Present your plans to the group on a flip chart and submit them to the facilitator.

### **Post-training assessment**

1. The facilitator will hand out the post-training assessment form and ask you to complete it.
2. It is the same assessment you completed at the beginning of the training. This will help the facilitator to see if the training has been effective.

### **Training evaluation**

1. Spend a few minutes thinking individually about:
  - a) one thing you will implement, right away, after the workshop;
  - b) something new that you learned; and
  - c) something you still have questions about.
2. Share your reflections with the group.

### **Clearing the parking lot**

1. The facilitator will discuss all the items in the parking lot until it is clear. If any questions remain that cannot be answered in the time allocated, the facilitator will take note of them and follow up.



## **Review of group expectations and training objectives**

1. The facilitator will review the “What I hope to get” list that you made at the beginning of the workshop, checking the extent to which each has been fulfilled.
2. The same will be done for the training objectives. You will be asked to take turns reading from the list and to reflect on how well the training objectives have been achieved.
3. Give your final remarks on the training.

## **Closing the training**

1. The facilitator will conduct a closing ceremony to mark the end of the time you have spent together, and in recognition of the hard work put in by all to making the training a success.
2. Stand in a circle with all the facilitators and participants.
3. You will all receive a tealight candle. The facilitator will light the first candle and then pass the flame on to the participant standing next to them. The flame will be passed from one participant to the next. As each participant receives the flame, they will make a final remark on the training. The facilitator will invite you to sing a song as you close.

### ***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)

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

**Table 2: Senior Phase (SP)**

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

**Table 3: Further Education and Training (Fet)**

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

## APPENDIX 4: ALIGNMENT OF THE SLPs TO CAPS TOPICS AND SUBTOPICS FOR GRADES 4–12

### Intermediate Phase ATP Alignment

Grade 4				
SLP name	CAPS topic	CAPS subtopic	Time allocated	ATP term
4.1: Respect for my own body	Development of the self	Respect for own and other's bodies: privacy, bodily integrity and not subjecting one's body to substance abuse - How to respect and care for own body	1 hr	1
4.2: Respecting the bodies of others	Development of the self	Respect for own and other's bodies: privacy, bodily integrity and not subjecting one's body to substance abuse - How to respect other's bodies	1 hr.	1
4.3: Dealing with conflict	Development of the self	Dealing with conflict: examples of conflict situations at home and at school - Strategies to avoid conflicts - Useful responses to conflict situations	1 hr.	1
4.4: Emotions – Why am I feeling this way?	Development of the self	Emotions - Understanding a range of emotions: love, happiness, grief, fear and jealousy - Understanding own emotions: appropriate ways to express own emotions - How to understand and consider other's emotions	1 hr.	1
4.5: Bullying	Development of the self	Bullying: how to protect self from acts of bullying - Examples of acts of bullying	1 hr.	1
4.6: Responding to bullying	Development of the self	Bullying: how to protect self from acts of bullying - Appropriate responses to bullying: where to find help	1 hr.	2
4.7: Culture, society and sexuality	Social responsibility	Cultures and moral lessons - Cultural groups in South Africa	1 hr.	3
4.8: The basics of HIV and AIDS	Health and environmental responsibility	HIV and AIDS education: basic facts including blood management - Basic explanation of HIV and AIDS	1 hr.	4
4.9: Transmission of HIV	Health and environmental responsibility	HIV and AIDS education: basic facts including blood management - Transmission of HIV through blood	1 hr.	4
4.10: Celebrating the life of Nkosi Johnson	Health and environmental responsibility	HIV and AIDS education: basic facts including blood management - How to protect oneself against infection through blood	1 hr.	4

**Grade 5**

SLP name		CAPS topic	CAPS subtopic	Time allocated	ATP term
5.1: Body image	Development of the self	Positive self-concept formation	<ul style="list-style-type: none"> <li>- Influence of others on self-concept: adults and peers</li> </ul>	1 hr	1
5.2A: I can choose my relationships	Development of the self	Relationship with peers, older people and strangers	<ul style="list-style-type: none"> <li>- Bad and good relationships</li> <li>- Safe and unsafe relationships</li> </ul>	1 hr.	1
5.2B: This is my body and I say what happens to it	Development of the self	Relationship with peers, older people and strangers	<ul style="list-style-type: none"> <li>- Safe and unsafe relationships</li> </ul>	1 hr.	1
5.3: The benefits of good and safe relationships	Development of the self	Relationship with peers, older people and strangers	<ul style="list-style-type: none"> <li>- Benefits of good and safe relationships</li> </ul>	1 hr.	1
5.4: Child abuse – “Keeping myself safe from abuse”	Social responsibility	Child abuse	<ul style="list-style-type: none"> <li>- Different forms of abuse: physical and emotional</li> <li>- Effects of abuse on personal health</li> <li>- Strategies to deal with abuse</li> <li>- Where to get help and report abuse</li> </ul>	1 hr.	2
5.5: Sexual grooming: I can say “NO”!	Social responsibility	Child abuse	<ul style="list-style-type: none"> <li>- Strategies to deal with abuse</li> <li>- Where to get help and report abuse</li> </ul>	1 hr.	2
5.6: Dealing with violent situations – “What is sexual violence?”	Social responsibility	Dealing with violent situations	<ul style="list-style-type: none"> <li>- Identify potential violent situations at home, school and community</li> </ul>	1 hr.	2
5.7: Learning from our elders	Social responsibility	Issues of age and gender in different cultural contexts in South Africa	<ul style="list-style-type: none"> <li>- Relationships between elders and children in different cultural contexts</li> </ul>	1 hr.	2
5.8: Should boys and girls be treated differently?	Social responsibility	Issues of age and gender in different cultural contexts in South Africa	<ul style="list-style-type: none"> <li>- Responsibilities of boys and girls in different cultural contexts</li> </ul>	1 hr.	2
5.9: Dealing with the stigma of HIV	Health and environmental responsibility	HIV and AIDS education	<ul style="list-style-type: none"> <li>- Dealing with stigma</li> <li>- Stigma about HIV and AIDS</li> </ul>	1 hr.	4
5.10: Changing attitudes towards people infected with HIV and AIDS	Health and environmental responsibility	HIV and AIDS education	<ul style="list-style-type: none"> <li>- How to change attitudes towards people infected with HIV and AIDS</li> </ul>	1 hr.	4

Grade 6			
SLP name	CAPS topic	CAPS subtopic	ATP term
			Time allocated
6.1: Body image: "My body is changing"	Development of the self	Positive self-esteem: body image <ul style="list-style-type: none"> <li>- Understanding and respecting body changes</li> <li>- Acceptance of the self</li> </ul>	1 hr 1
6.2: Body image: "I am who I am"	Development of the self	Positive self-esteem: body image <ul style="list-style-type: none"> <li>- Other influences on body image: media and society</li> <li>- Acceptance of the self</li> </ul>	1 hr. 1
6.3: Body image: Acceptance of self	Development of the self	Positive self-esteem: body image <ul style="list-style-type: none"> <li>- Acceptance of the self</li> </ul>	1 hr. 1
6.4: Negative and positive peer pressure	Development of the self	Peer pressure <ul style="list-style-type: none"> <li>- Examples of peer pressure in different situations: school and community</li> </ul>	1 hr. 1
6.5: Behaviours that put pressure on us	Development of the self	Peer pressure <ul style="list-style-type: none"> <li>- Appropriate responses to peer pressure in different situations</li> </ul>	1 hr. 2
6.6: Bullying and links to gender-based violence	Development of the self	Bullying: reasons for bullying <ul style="list-style-type: none"> <li>- Getting out of the bullying habit: where to find help</li> </ul>	1 hr. 2
6.7: Bullies can change	Development of the self	Bullying: reasons for bullying <ul style="list-style-type: none"> <li>- Getting out of the bullying habit: where to find help</li> </ul>	1 hr. 2
6.8: What is gender stereotyping, sexism and abuse?	Social responsibility	Gender stereotyping, sexism and abuse: definitions of concepts <ul style="list-style-type: none"> <li>- Dealing with stereotyping, sexism and abuse</li> </ul>	1 hr. 3
6.9: Gender equality, stereotypes and bias	Social responsibility	Gender stereotyping, sexism and abuse: definitions of concepts <ul style="list-style-type: none"> <li>- Dealing with stereotyping, sexism and abuse</li> </ul>	1 hr. 3
6.10: HIV and AIDS, stigma, care, treatment and support	Health and environmental responsibility	HIV and AIDS education: myths and realities about HIV and AIDS including risks and perceptions about HIV and AIDS <ul style="list-style-type: none"> <li>- Caring for people with AIDS</li> </ul>	1 hr. 4



## Senior Phase ATP alignment

Grade 7		CAPS topic		CAPS subtopic		Term	Week
SLP name	CAPS topic	CAPS subtopic	Term	Week			
7.1: Setting goals and reaching your potential	Development of the self in society	Concept: self-image - Identity and reflect on personal qualities: relationship with self, family, friends - Personal interest, abilities and potential	1	12			
7.2: Appreciation and acceptance of self and others	Development of the self in society	Changes in boys and girls: puberty and gender constructs - Appreciation and acceptance of the self and others Peer pressure: effects of peer pressure - How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour	1	3-5 6-8			
7.3: Is there a difference between gender and sex?	Development of the self in society	Peer pressure: effects of peer pressure - How peer pressure may influence an individual: use of substances, crime, unhealthy sexual behaviour, bullying and rebellious behaviour	1	6-8			
7.4: Understanding puberty – physical, social and emotional changes	Development of the self in society	Changes in boys and girls: puberty and gender constructs - 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	1	3-5			
7.5: Healthy and unhealthy relationships	Development of the self in society	Peer pressure: effects of peer pressure - 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	1	6-8			
7.6: Making decisions about sex	Development of the self in society	Changes in boys and girls: puberty and gender constructs - Respect for own and others' body changes and emotions - Appreciation and acceptance of the self and others	1	3-5			
7.7: Assertive communication	Development of the self in society	Peer pressure: effects of peer pressure - Appropriate responses to pressure: assertiveness and coping skills - Negotiation skills: ability to disagree in constructive ways	1	6-8			
7.8: Revisiting your goals and moving forward	Development of the self in society	Concept: self-image - Strategies to enhance others' self-image through positive actions; respect for others and respect for diversity	1	1-2			

Grade 8			
SLP name	CAPS topic	CAPS subtopic	Term
8.1: Setting goals and reaching your potential	Development of the self in society	<p>Concepts: self-concept formation and self-motivation</p> <ul style="list-style-type: none"> <li>- Positive self-talk: individuality and uniqueness; and personal achievements</li> </ul>	1 1-3
8.2A: Healthy and unhealthy messages about our gender	Development of the self in society  Constitutional rights and responsibilities	<p>Concept: self-concept formation and self-motivation</p> <ul style="list-style-type: none"> <li>- Factors that influence self-concept formation and self-motivation: media, environment, friends and peers, family, culture, religion and community</li> </ul> <p>Concept: sexuality</p> <ul style="list-style-type: none"> <li>- Influence of friends and peers on one's sexuality</li> <li>- Family and community norms that impact sexuality</li> <li>- Social pressures including media that impact sexuality</li> </ul> <p>Concept: cultural diversity in South Africa</p> <ul style="list-style-type: none"> <li>- Influence of cultural norms and values on individual behaviour, attitude and choices: cultural expectations, practices and traditions</li> <li>- Respect difference: culture, religion and gender</li> </ul>	1 1 1 4 5-7
8.2B: Healthy and unhealthy messages about our gender	Development of the self in society	<p>Concept: sexuality</p> <ul style="list-style-type: none"> <li>- Understanding one's sexuality: personal feelings that impact on sexuality</li> <li>- Influence of friends and peers on one's sexuality</li> <li>- Family and community norms that impact on sexuality</li> <li>- Cultural values that impact on sexuality</li> <li>- Social pressures including media that impact on sexuality</li> <li>- Problem-solving skills: identity formation and development</li> </ul> <p>Sexual behaviour and sexual health (Linkage to Grade 9 CAPS)</p> <ul style="list-style-type: none"> <li>- Risk factors leading to unhealthy sexual behaviour</li> <li>- Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS, low self-image and emotional scars</li> <li>- Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</li> </ul>	1 2 (Grade 9) 4-7

## Grade 8

### CAPS subtopic

### CAPS topic

### SLP name

### Week

### Term

8.3: Making healthy sexual choices and knowing your limits	Development of the self in society	<p>Concept: sexuality</p> <ul style="list-style-type: none"> <li>- Understanding one's sexuality: personal feelings that impact on sexuality</li> </ul> <p>Peer pressure (Linkage to Grade 7 CAPS)</p> <ul style="list-style-type: none"> <li>- How peer pressure may influence an individual: use of substances, crime, sexual behaviour, bullying and rebellious behaviour</li> <li>- Appropriate responses to pressure: assertiveness and coping skills</li> </ul>	<p>1</p> <p>1 (grade 7)</p>	<p>4-6</p> <p>6-8</p>
8.4: Sexuality is more than sex	Health, social and environmental responsibility	<p>Informed, responsible decision-making about health and safety: HIV and AIDS</p> <ul style="list-style-type: none"> <li>- Prevention and safety issues relating to HIV and AIDS</li> </ul>	3	7-8
8.5: What young adults need to know about STIs, HIV and AIDS	Development of the self in society  Health, social and environmental responsibility	<p>Concept: sexuality</p> <ul style="list-style-type: none"> <li>- Understanding one's sexuality: personal feelings that impact on sexuality</li> <li>- Influence of friends and peers on one's sexuality</li> <li>- Problem-solving skills: identity formation and development</li> </ul> <p>Informed, responsible decision-making about health and safety: HIV and AIDS</p> <ul style="list-style-type: none"> <li>- Prevention and safety issues relating to HIV and AIDS</li> </ul>	1  3	4-6  7-8
8.6: Your risk for STIs, HIV and AIDS and pregnancy	Development of the self in society  Constitutional rights and responsibilities	<p>Concept: self-concept formation and self-motivation</p> <ul style="list-style-type: none"> <li>- Factors that influence self-concept formation and self-motivation: media, environment, friends and peers, family, culture, religion and community</li> </ul> <p>Issues relating to citizens' rights and responsibilities (Linkage to Grade 9 CAPS)</p> <ul style="list-style-type: none"> <li>- Respect for others' rights: people living with different disabilities and HIV and AIDS (infected and affected)</li> </ul>	1  2 (Grade 9)	1-3  1-2
8.7: HIV, AIDS and stigma	Health, social and environmental responsibility	<p>Informed, responsible decision-making about health and safety: HIV and AIDS</p> <ul style="list-style-type: none"> <li>- Prevention and safety issues relating to HIV and AIDS</li> </ul>	3	7-8

Grade 9				
SLP name	CAPS topic	CAPS subtopic	Term	Week
9.1: Setting goals and reaching your potential	Development of the self in society	Goal-setting skills: personal lifestyle choices <ul style="list-style-type: none"> <li>- Appropriate responses to influences on personal lifestyle choices</li> <li>- Informed decision-making skills: positive and negative influences</li> </ul>	1	1-3
9.2: Safer sex: Hormonal contraception	Development of the self in society	Sexual behaviour and sexual health: <ul style="list-style-type: none"> <li>- Risk factors leading to unhealthy sexual behaviour</li> <li>- Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</li> </ul>	1	4-7
9.3: Safer sex: Using condoms	Development of the self in society	Sexual behaviour and sexual health: <ul style="list-style-type: none"> <li>- Risk factors leading to unhealthy sexual behaviour</li> <li>- Unwanted results of unhealthy sexual behaviour: teenage pregnancy, sexually transmitted infections (STIs), HIV and AIDS, low self-image and emotional scars</li> <li>- Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</li> </ul>	1	4-7
9.4: Barriers to condom use	Development of the self in society	Sexual behaviour and sexual health: <ul style="list-style-type: none"> <li>- Risk factors leading to unhealthy sexual behaviour</li> <li>- Factors that influence personal behaviour including family, friends, peers and community norms</li> <li>- Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour</li> </ul>	1	4-7
9.5: One partner at a time	Development of the self in society	Goal-setting skills: personal lifestyle choices <ul style="list-style-type: none"> <li>- Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices</li> </ul>	1	1-3
9.6: Using sexual and reproductive health resources in the community	Development of the self in society Health, social and environmental responsibility	Goal-setting skills: personal lifestyle choices <ul style="list-style-type: none"> <li>- Appropriate responses to influences on personal lifestyle choices</li> <li>- Informed decision-making skills: positive and negative influences</li> </ul> Sexual behaviour and sexual health <ul style="list-style-type: none"> <li>- Protective factors: where to find help and support: community structures that offer protection or resilience against high risk behaviour</li> </ul> Concept: volunteerism <ul style="list-style-type: none"> <li>- Different types of volunteer organisations: contributions of community-based and non-profitable organisations to social and environmental health and sustainable development</li> </ul>	1  1  3	1-3  4-7  4-6

## Grade 9

SLP name	CAPS topic	CAPS subtopic	Term	Week
9.7: Are you ready for parenthood?	Development of the self in society	Sexual behaviour and sexual health Goal-setting skills: personal lifestyle choices	1 1	1-7 1-3
9.8: Sexual consent	Development of the self in society	Goal-setting skills: personal lifestyle choices - Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices - Appropriate responses to influences on personal lifestyle choices - Informed decision-making skills: positive and negative influences - Assertiveness skills: confident and firm decision-making Sexual behaviour and sexual health - Strategies to deal with unhealthy sexual behaviour: abstinence and change of behaviour	1	1-3 4-7
9.9: Power and control in relationships	Development of the self in society	Goal-setting skills: personal lifestyle choices - Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices - Appropriate responses to influences on personal lifestyle choices - Informed decision-making skills: positive and negative influences - Assertiveness skills: confident and firm decision-making	1	1-3
9.10: Condoms: Being assertive and staying protected	Development of the self in society	Goal-setting skills: personal lifestyle choices - Influence of media, environment, friends and peers, family, culture, religion and community on personal lifestyle choices - Appropriate responses to influences on personal lifestyle choices - Informed decision-making skills: positive and negative influences - Assertiveness skills: confident and firm decision-making	1	1-3
9.11: Consolidating intentions for Grade 9	Development of the self in society	Goal-setting skills: personal lifestyle choices - Appropriate responses to influences on personal lifestyle choices - Informed decision-making skills: positive and negative influences	1	1-3

## Further Education and Training ATP Alignment

Grade 10			
SLP name	CAPS topic	CAPS subtopic	Week
10.1: Developing my self-confidence	Development of the self in society	<p>Strategies to enhance <b>self-awareness, self-esteem and self-development: factors influencing self-awareness and self-esteem including media</b></p> <ul style="list-style-type: none"> <li>- 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</li> <li>- Acknowledge and respect the uniqueness of self and others and respect differences (race, gender and ability)</li> </ul> <p><b>Value of participation in exercise programmes</b> that promote fitness: cardiovascular fitness, muscular strength, endurance and flexibility</p> <ul style="list-style-type: none"> <li>- Relationship between physical and mental health</li> </ul>	1-3
10.2: Understanding power. Getting to share it.	Development of the self in society	<p>Definition of concepts: <b>power, power relations, masculinity, femininity and gender</b></p> <ul style="list-style-type: none"> <li>- Differences between a man and a woman: reproduction and roles in the community, <b>stereotypical views of gender roles and responsibilities, gender differences</b> in participation in physical activities</li> </ul>	1-3
10.3: Gender, equality and healthier relationships	Development of the self in society	<p>Definition of concepts: <b>power, power relations, masculinity, femininity and gender</b></p> <ul style="list-style-type: none"> <li>- <b>Influence of gender inequality on relationships</b> and general well-being: sexual abuse, teenage pregnancy, violence, STIs including HIV and AIDS</li> </ul>	1-3
10.4: Social and environmental justice: We can make a difference	Development of the self in society	<p>Contemporary social issues that impact negatively on local and global communities:</p> <ul style="list-style-type: none"> <li>- Concepts: <b>social justice and environmental justice</b></li> <li>- <b>Social issues: crime, poverty, food security, food production, violence, HIV and AIDS</b>, safety, security, unequal access to basic resources, lack of basic services (water and health services)</li> <li>- Harmful effects of these issues on personal and community health</li> </ul>	4-7
10.5: My changing life roles and life goals	Development of the self in society	<p>Life roles: child, student, adult, role in family, partner, mother, father, grandparent, breadwinner, employee, employer, leader and follower</p> <ul style="list-style-type: none"> <li>- Evolving nature of and responsibilities inherent in each role; how roles change and affect relationships</li> <li>- Handling each role effectively: influence of society and culture</li> </ul> <p>Changes associated with development towards adulthood: adolescence to adulthood</p>	1-5

## Grade 10

### CAPS subtopic

### CAPS topic

### SLP name

### Term

### Week

SLP name	CAPS topic	CAPS subtopic	Term	Week
10.6: Understanding sexual interest	Development of the self in society	Changes associated with development towards adulthood: adolescence to adulthood <ul style="list-style-type: none"> <li>- 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</li> <li>- Emotional changes: maturing personality, depth and control of emotions, feelings of insecurity, changing needs, interests, feelings, beliefs, values and sexual interest</li> <li>- 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</li> </ul>	3	1-5
10.7: Our choices, our decisions	Development of the self in society	Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential <ul style="list-style-type: none"> <li>- Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape</li> <li>- 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</li> <li>- Where to find help regarding sexuality and lifestyle choices</li> </ul>	3	1-5
10.8: I know what I want	Development of the self in society	Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential <ul style="list-style-type: none"> <li>- Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape</li> <li>- 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</li> <li>- 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</li> <li>- Where to find help regarding sexuality and lifestyle choices</li> </ul>	3	1-5
10.9: Consent, rape and taking action.	Development of the self in society	Values and strategies to make responsible decisions regarding sexuality and lifestyle choices to optimise personal potential <ul style="list-style-type: none"> <li>- Behaviour that could lead to sexual intercourse and teenage pregnancy, sexual abuse and rape</li> <li>- 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</li> <li>- Where to find help regarding sexuality and lifestyle choices</li> </ul>	3	1-5

## Grade 11

CAPS topic		CAPS subtopic		Term	Week
SLP name	Development of the self in society	Development of the self in society	Development of the self in society	1	1-3
11.1: My priorities and life goals	Development of the self in society	Development of the self in society	<p><b>Plan and achieve life goals: apply various life skills as evidence of an ability</b></p> <ul style="list-style-type: none"> <li>- Types of goals: short-term, medium and long-term; steps in planning and goal-setting, problem-solving skills, perseverance and persistence</li> <li>- <b>Important life goals and prioritising: family, marriage, parenting, career choices and relationships</b></li> <li>- Relationship between personal values, choices and goal-setting</li> </ul>	1	1-3
11.2: Healthy relationships: Choosing the right influences	Development of the self in society	Development of the self in society	<p><b>Relationships and their influence on our well-being: different types of relationships with different people/groups, and their changing nature</b></p> <ul style="list-style-type: none"> <li>- 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</li> <li>- <b>Impact of the media on values and beliefs about relationships</b></li> </ul>	1	1-3
11.3: Healthy and unhealthy relationships and the media	Development of the self in society	Development of the self in society	<p><b>Relationships and their influence on our well-being: different types of relationships with different people/groups, and their changing nature</b></p> <ul style="list-style-type: none"> <li>- 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</li> <li>- <b>Impact of the media on values and beliefs about relationships</b></li> </ul>	1	1-3
11.4: Living a balanced lifestyle, staying in control	Development of the self in society	Development of the self in society	<p>Healthy and balanced lifestyle choices:</p> <ul style="list-style-type: none"> <li>- Characteristics of a healthy and balanced lifestyle: physical, psychological, social, emotional and spiritual facets</li> <li>- Factors that impact negatively on lifestyle choices</li> </ul>	3	1-5
11.5: Understanding the consequences of risky behaviour	Development of the self in society	Development of the self in society	<p>Healthy and balanced lifestyle choices</p> <ul style="list-style-type: none"> <li>- Accidents; types of accidents; lack of knowledge and skills; unsafe attitudes and behaviours; unsafe environments and emotional factors</li> <li>- Risky behaviour and situations: personal safety, road use, substance use and abuse, <b>sexual behaviour, risk of pregnancy, teenage suicides, hygiene and dietary behaviour, sexually-transmitted infections (STIs), HIV and AIDS and peer pressure</b></li> </ul>	3	1-5



## Grade 11

### CAPS subtopic

### CAPS topic

### SLP name

### Term

### Week

11.6: Positive role models	Development of the self in society	<p>Positive role models; parents and peers; personal values; belief system; religion; media, social and cultural influences; economic conditions:</p> <ul style="list-style-type: none"> <li>- Impact of unsafe practices on self and others: physical, emotional, spiritual, social, economic, political and environmental</li> <li>- Individual responsibility for making informed decisions and choices: coping with and overcoming barriers regarding behaviour and seeking support, advice and assistance</li> </ul>	3	1-5
11.7: Gender, power and violence	Development of the self in society	<p><b>Gender roles and their effects on health and well-being: self, family and society</b></p> <ul style="list-style-type: none"> <li>- <b>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)</b></li> <li>- Negative effects on health and well-being</li> <li>- Addressing unequal power relations and power inequality between genders</li> </ul>	4	1-3
11.8 Rape – Prevention, support and change	Development of the self in society	<p><b>Gender roles and their effects on health and well-being: self, family and society</b></p> <ul style="list-style-type: none"> <li>- 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)</li> <li>- <b>Negative effects on health and well-being</b></li> <li>- <b>Addressing unequal power relations and power inequality between genders</b></li> </ul>	1	1-2
11.9 Taking action against abuse		<p><b>Gender roles and their effects on health and well-being: self, family and society</b></p> <ul style="list-style-type: none"> <li>- <b>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)</b></li> <li>- Negative effects on health and well-being</li> <li>- <b>Addressing unequal power relationships and power inequality between genders</b></li> </ul>		

## Grade 12

SLP name		CAPS topic		CAPS subtopic		Term	Week
12.1: Our needs and our rights, taking action	Democracy and human rights	Responsible citizenship:	1/2	1-4	<ul style="list-style-type: none"> <li>- 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</li> <li>- Evaluation regarding outcomes of campaigns and events</li> </ul>		
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:	3	1-4	<ul style="list-style-type: none"> <li>- 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</li> <li>- Contributing factors: eating habits, lack of exercise, smoking, substance abuse and unsafe sexual behaviour</li> <li>- Intervention strategies: prevention and control, early detection, treatment, care and support</li> </ul>		
12.3: STIs: Protecting ourselves, protecting our future	Development of the self in society	<b>Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives</b>	3	1-4	<ul style="list-style-type: none"> <li>- <b>Sexually-transmitted infections including HIV and AIDS</b></li> <li>- Contributing factors: eating habits, lack of exercise, smoking, substance abuse and <b>unsafe sexual behaviour</b></li> <li>- <b>Intervention strategies: prevention and control, early detection, treatment, care and support</b></li> </ul>		
12.4: Looking ahead: My personal protection plan	Development of the self in society	<b>Human factors that cause ill-health, accidents, crises and disasters: psychological, social, religious, cultural practices and different knowledge perspectives</b>	3	1-4	<ul style="list-style-type: none"> <li>- <b>Intervention strategies: prevention and control, early detection, treatment, care and support</b></li> </ul>		

## APPENDIX 3: CORE SEXUALITY EDUCATION VALUES REPRESENTED IN DBE SEXUALITY EDUCATION LESSONS

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

## APPENDIX 4: THE COMPREHENSIVE SEXUALITY EDUCATION CORE MESSAGES PER PHASE

### Grade 4-6

Eight core messages to be integrated throughout the IMP curriculum

**SOUTH AFRICAN CHILDREN DECLARE THE FOLLOWING:**

1.	I choose to respect my own body and the bodies of others.
2.	I have the right to say “no” and the responsibility to respect a “no” to any unwanted touch or attention.
3.	I make good choices for my health.
4.	I choose friends who are loyal and good for me.
5.	I have the right to be protected, safe and loved. I can get help when I need it.
6.	I think boys and girls should be valued equally.
7.	I care for you; I care for me. We care for each other.
8.	I have a purpose in life and who I am matters.

### Grade 7-9

Eight core messages to be integrated throughout the IMP curriculum

**SOUTH AFRICAN CHILDREN DECLARE THE FOLLOWING:**

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

## 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

DIMENSION	DESCRIPTION
Physical	The genetic, biological and hormonal factors that influence our sexual response from the first moments of conception and throughout the seasons of our lives.
Cognitive	Perceiving one’s body, gender and growth-producing sexual behaviour, as well as that of the opposite sex, with a positive attitude.
Emotional	Feeling comfortable, confident and competent with one’s body and sexuality, and with that of the opposite sex.
Social	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.
Moral	Valuing the ways that allow and encourage the behaviours necessary for ongoing sexual growth.
Spiritual	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.

## 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:

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

#### 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).

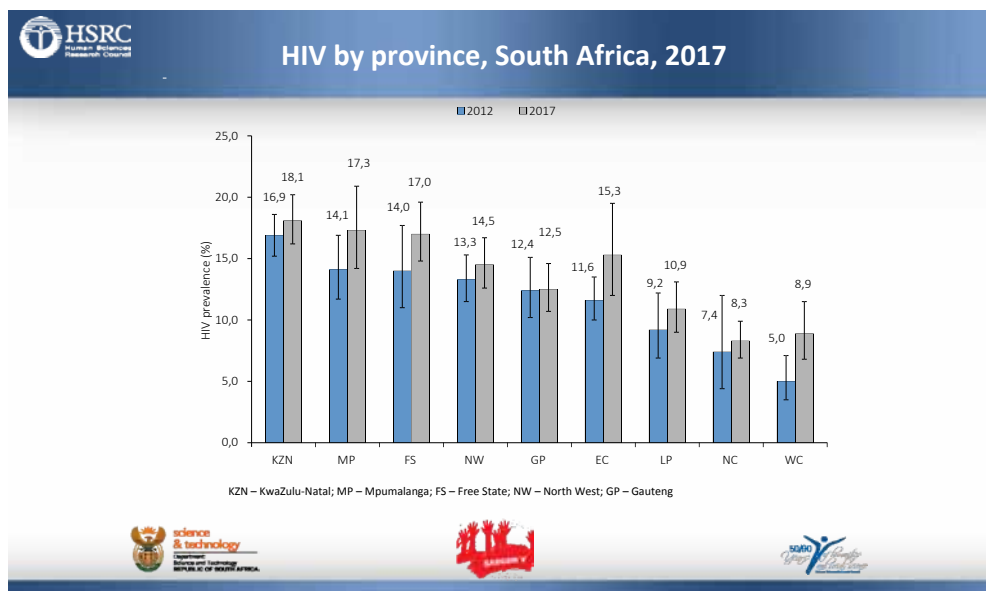


Fig. 1: HIV prevalence by province<sup>4</sup>

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.

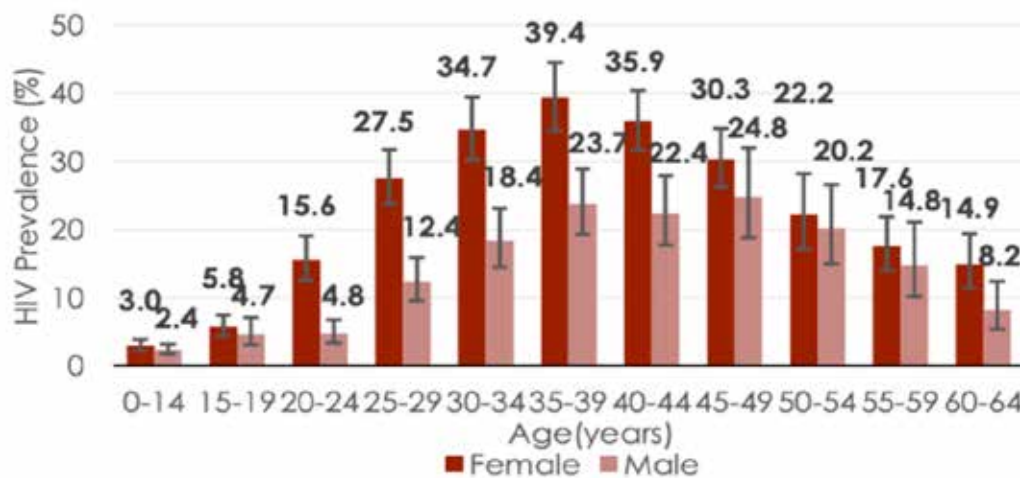
#### Discussion:

- What key facts should we be paying attention to as educators?

<sup>4</sup> South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017 (SABSSM V1)

- 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<sup>5</sup>**

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.

<sup>5</sup> *ibid.*

### 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.

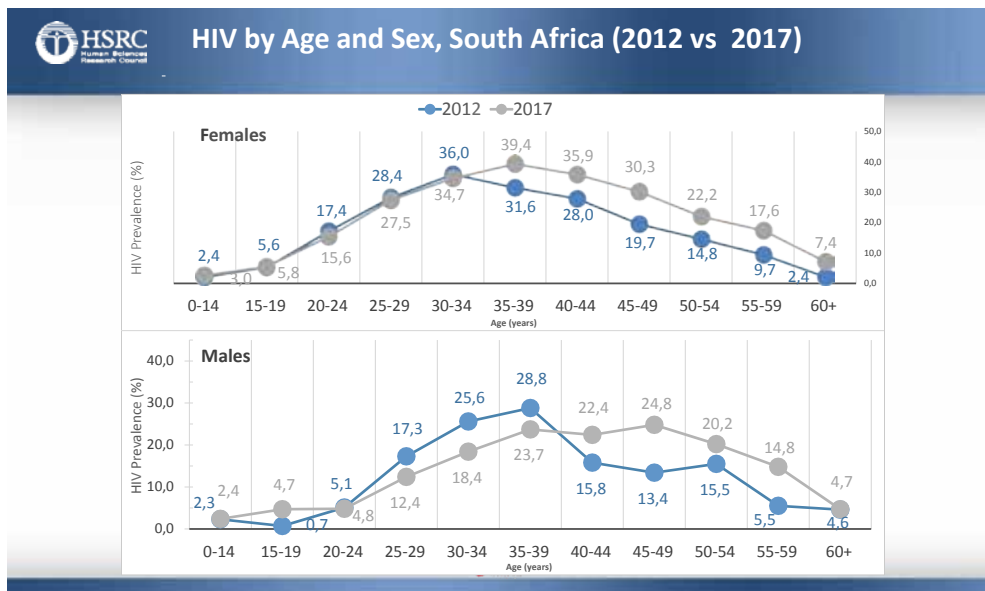


Figure 3: HIV prevalence by age and sex, South Africa (2012 vs 2017)<sup>6</sup>

#### 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<sup>7</sup>. 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.

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

<sup>6</sup> *ibid.*

<sup>7</sup> United Nations Children’s Fund for Every Child, End AIDS – Seventh Stocktaking Report, 2016

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.

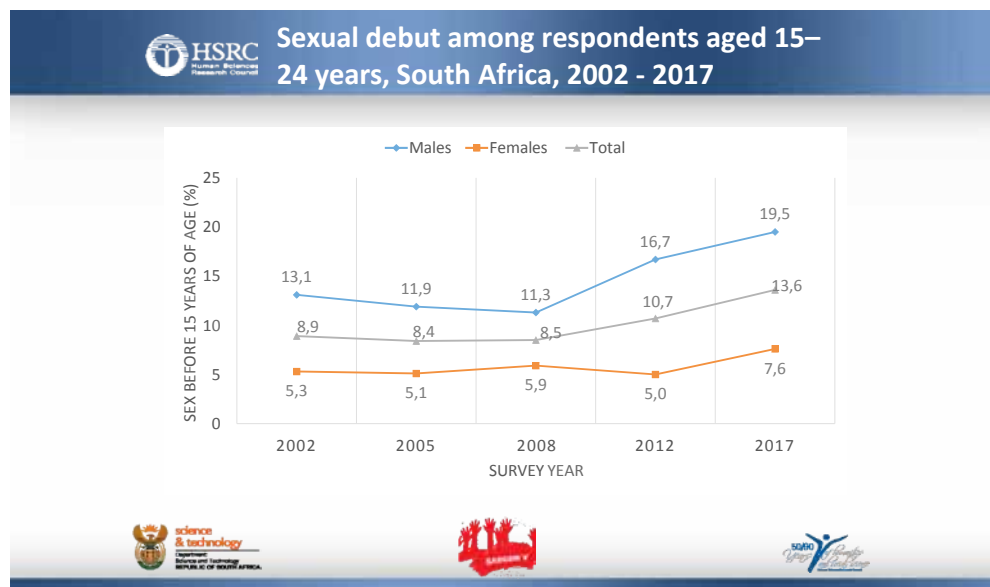
**Discussion:**

- *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.



**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.

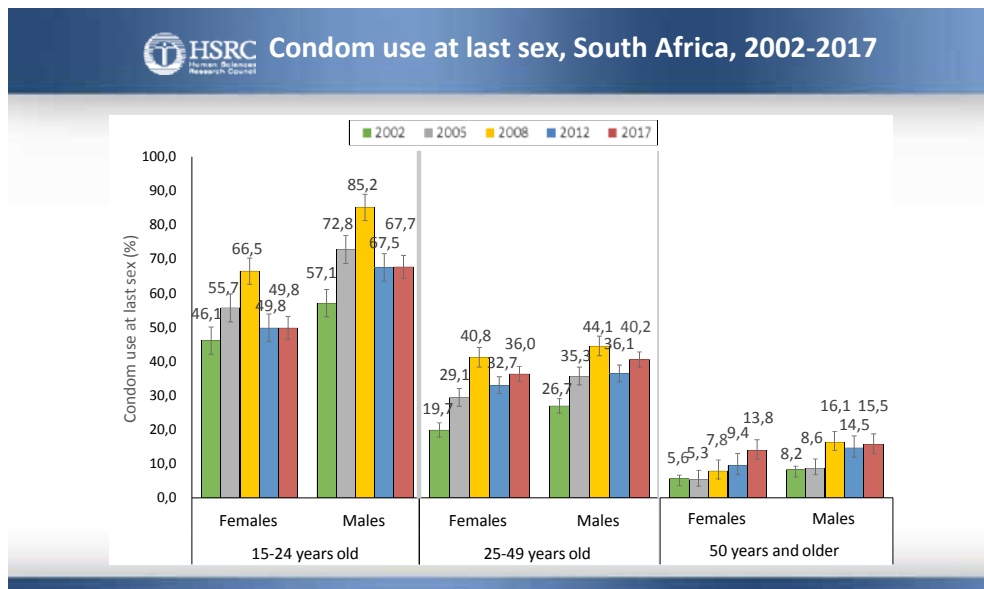


Figure 5: Most recent condom use by age and sex, South Africa – 2002, 2005, 2008, 2012 and 2017

### 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)<sup>8</sup>. 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<sup>9</sup> 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<sup>10</sup>. 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

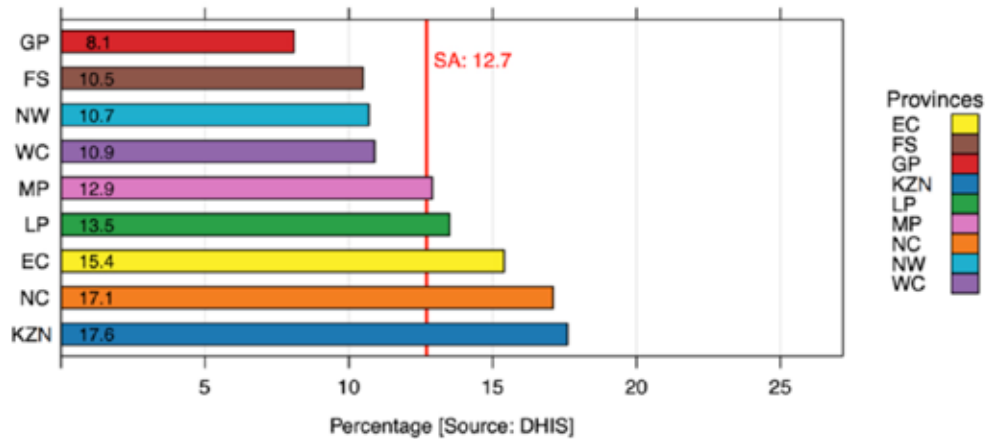
Four provinces had a delivery in 10–19 years in facility rate below the national rate of 12.7% in 2017/18 (Figure 6). KwaZulu-Natal (KZN) had the highest delivery in 10–19 years in facility rate of 17.6% followed by Northern Cape (NC) at 17.1%. Gauteng (GP) and Free State (FS) reported the lowest rates 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), eThekweni (KZN) (7 914), Cape Town (WC) (5 942) and Ehlanzeni (MP) (5 653)

<sup>8</sup> NIDS Indicator Data Set: Data Element Definitions: April 2017 to March 2019.

<sup>9</sup> United Nations defines adolescents as those between the ages of 10 and 19.

<sup>10</sup> Indicators for monitoring the Millennium Development Goals

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:**

*"(1) 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 Offences 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.).
10. Complete **Form 22: Reporting of Abuse or Deliberate Neglect of Child**.
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 Offences 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.).
  12. Complete **Form 22: Reporting of Abuse or Deliberate Neglect of Child**.
  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<sup>11</sup> 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? <hr/> <hr/> <hr/>
4. What participatory techniques did you see the educator using in the lesson? <hr/> <hr/>
5. What is one thing you liked, that the educator did, during the lesson? <hr/> <hr/>
6. What is one thing you liked, that the educator did, during the lesson? <hr/> <hr/>

<sup>11</sup> 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

Sex	Gender
<p><b>Biological characteristics:</b></p> <ul style="list-style-type: none"> <li>• male: penis, testes, male sex hormones (testosterone)</li> <li>• female: vagina, breasts, ovaries and uterus, female sex hormones (oestrogen, progesterone)</li> </ul>	<p><b>Socially constructed:</b> what society tells us</p> <ul style="list-style-type: none"> <li>• man: must be <b>masculine</b> – big, strong, muscles</li> <li>• woman: must be <b>feminine</b> – dainty, makeup, wears dresses</li> </ul>
<p><b>Intersex</b></p> <p>Intersex people have biological characteristics that are considered “female” and others that are considered “male”.</p> <p>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</p>	<p><b>Transgender</b></p> <p>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.”</p> <p><b>Transvestite/cross-dresser<sup>12</sup></b></p> <p>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.</p> <p><b>Transsexual</b></p> <p>Medical term: related to surgery, hormone therapy</p> <p>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 <b>adjective</b> as below:</p> <ul style="list-style-type: none"> <li>• male to female: transsexual woman</li> <li>• female to male: transsexual man</li> </ul>
Sexual Orientation	Sexual Play
<p>Who you are attracted to, want to spend your life with, etc.</p> <ul style="list-style-type: none"> <li>• heterosexual (male and female)</li> <li>• homosexual (male and male; female and female)</li> </ul> <p>Bisexual people are attracted to and fall in love with people from both sexes.</p>	<p>Body parts that go together in sexual play:</p> <ul style="list-style-type: none"> <li>• penis</li> <li>• vagina</li> <li>• hands</li> <li>• mouth</li> <li>• anus</li> <li>• breasts</li> </ul>

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

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