




Sexuality Education in
Life Orientation
Scripted Lesson Plans
Grade 8 Learner Book



Sexuality Education in
Life Orientation

Scripted Lesson Plans



Grade 8 Learner Book

A COMPREHENSIVE GLOSSARY OF TERMS

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

Aggressive communication: expressing your feelings and opinions in a way that violates the rights of others

AIDS: the late stage of HIV infection, when an HIV-infected person's immune system is severely damaged and has difficulty fighting the disease; AIDS means Acquired Immunodeficiency Syndrome: A stands for "acquired" – AIDS cannot be inherited but can be acquired during or any time after birth; I stands for "immuno" – which refers to the body's immune system, including all the organs and cells that fight off infection or disease; D stands for "deficiency" – AIDS occurs when the immune system is not working properly; S stands for "syndrome" – a syndrome is a collection of symptoms and signs of disease

Assertive communication: to present what you have to say in a clear, confident way without denying the rights of others

Bacterial infections: infection caused by germs that can cause disease; The growth of many disease-causing bacteria can be stopped by using antibiotics, which can be prescribed by a doctor

Behavioural change: change in human behaviour, typically towards good

Biological sex: the biological and physiological characteristics that define men and women

Bisexual: an individual who is sexually and emotionally attracted to men and women

Blood transfusion: transfer of blood from one person (donor) into the bloodstream of another person (recipient)

Discrimination: the acting out of unjust or unfair treatment of different categories of people, especially on the grounds of race, gender or religion

Emotional scars: the lasting effect of grief, fear, or other emotion left on a person's character by an unpleasant experience

Gay: describes a man who is sexually and emotionally attracted to other men (also called homosexual)

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

Gender identity: a person's private sense, and their own experience, of their gender; Most people develop a gender identity that corresponds to their biological sex, but some do not

Gender stereotypes: generalisations about gender characteristics, differences, and roles of individuals and/or groups

Gender-based violence: any acts of violence that result in, or are likely to result in, physical, sexual or psychological harm, coercion or suffering of girls or women; occurring in public or private life

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

Goal attainment: the achievement of your goals

Harmful gender messages: messages about the distinct roles and behaviours of men and women that give rise to gender inequalities and stereotypes, and have harmful consequences; See unhealthy gender messages

Healthy gender messages: messages about the distinct roles and behaviours of men and women that do not give rise to gender inequalities and stereotypes

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

HIV: HIV refers to the Human Immunodeficiency Virus; AIDS refers to the late stage of HIV infection: when an HIV-infected person's immune system is severely damaged and has difficulty fighting the disease

HIV status: whether or not you are infected with HIV

HIV transmission: act of transferring HIV from one person to another

Homosexual: an individual who is sexually and emotionally attracted to a person of the same sex (synonym for gay)

Individuality: the quality or characteristic that distinguishes a person from others

Intimacy: a close, familiar, and usually affectionate personal relationship with another person, sometimes used to refer to warm feelings and sexual relations

Masturbation: the self- sexual stimulation of the genitals for sexual arousal or other sexual pleasure

Monogamous relationship: engaging in a sexual relationship with only one person, that is both partners are having sex only with each other

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

Obstacles: things that prevent one from succeeding or achieving a goal, or stand in the way of getting to those goals

Passive communication: individuals avoid expressing their opinions or feelings, but may show how they feel through their posture, expression or other non-verbal means

Perception: awareness or understanding of something by means of the sense or of the mind

Perpetrator: a person who commits any wrongdoing

Personal achievements: achieving personal goals

Personal limits: guidelines or boundaries that a person creates to identify what are reasonable, safe and permissible ways for other people to behave around them and how they will respond when someone steps outside those limits

Positive self-talk: an encouraging internal conversation with yourself, which influences how you feel and behave; Positive thoughts help you achieve goals and be more successful in everyday life

Prevention of STIs: process of eliminating the risk of contracting STIs

Refusal skills: set of skills designed to help children say no to harmful situations and to avoid participating in high-risk behaviours

Rights and responsibilities: rights are the basic prescribed rules about what is allowed of people or owed to people; Your rights are balanced by your responsibilities towards others

Risk: the possibility that something bad may happen

Role play: a learning technique in which members play characters in a particular dramatic situation

Self-concept formation: how you see yourself and what you feel about yourself

Self-esteem: self-respect and confidence in your abilities

Self-image: describing yourself and how you feel about yourself

Self-motivation: believing in your abilities and being inspired to do things that interest you without giving up or needing encouragement from others

Sensuality: refers to the fulfilment of the senses or bodily appetites, and sometimes describes expression of physical or sexual pleasure

Sex: refers to biological characteristics that define humans generally as female or male; In ordinary language the word is often interpreted as referring to sexual activity

Sexual and reproductive health services: defined as the methods, techniques and services that contribute to sexual and reproductive health and well-being through preventing and solving reproductive health problems; This includes services for family planning; prevention of unsafe abortion and post-abortion care; diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer; and the promotion of sexual health, including sexuality counselling

Sexual behaviour: sexual actions or activities

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

Sexual identity: an individual's sexual orientation, preferences, gender roles, and how they define their individual sexuality

Sexual lifestyle: individual's sexual behaviour pattern in terms of partners, sexual orientation and activities

Sexual orientation: your sexual orientation is who you are naturally romantically and sexually attracted to; If you are sexually attracted to someone of the opposite sex, your sexual orientation is heterosexual; Current terms for other sexual orientations include lesbian, gay, bisexual, transgender, queer, questioning and intersex people (LGBTQI); An intersex person does not fit into a distinctly male or female body; An intersex person could, for example, be born with both male and female sex organs

Sexuality: how we feel about ourselves and our relationship with others; It includes our sexual thoughts, experiences, feelings, ideas and values

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

Stigma: a process through which an individual attaches a negative social label of disgrace, shame, prejudice or rejection onto another person, because that person is different in a way that the individual finds undesirable

Stigmatise: holding discrediting or offensive attitudes towards another person on the basis of some feature that distinguishes the other such as colour, race or HIV status

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

Support: to provide comfort, encouragement or assistance to someone in need

Transgender: is a broad term, generally used to include any person who feels their sex does not completely or adequately reflect their internal gender identity; This includes a group of people who are inclined to cross gender lines, including transsexuals, cross-dressers and other gender non-conforming individuals

Unhealthy gender messages: messages about the distinct roles and behaviours of men and women that give rise to gender inequalities and stereotypes, and have harmful consequences

Unhealthy relationships: one person controls the other with threats or violence

Uniqueness: being the only one of its kind

Victim: a person that suffers harm from some adverse act

Violation of human rights: to deny people what is owed to them

Viral infections: an infection caused by a virus and cannot be treated with antibiotics

Young people: Youth between ages of 15 and 24 years

Zero probability: something that is unlikely to happen

TABLE OF CONTENTS

GLOSSARY OF TERMS	2
BACKGROUND AND CONTEXT FOR THE GRADE 8 SLPs	6
INTRODUCTION	6
PURPOSE	6
STRUCTURE	7
THE SIX CORE MESSAGES	8
THE SCRIPTED LESSON PLANS FOR GRADE 8	
Lesson 8.1	
Setting goals and reaching your potential	9
Lesson 8.2A	
Healthy and unhealthy messages about our gender	17
Lesson 8.2B	
Healthy and unhealthy messages about our gender	22
Lesson 8.3	
Making healthy sexual choices and knowing your limits	28
Lesson 8.4	
Sexuality is more than sex	32
Lesson 8.5	
What young adults need to know about STIs and HIV and AIDS	38
Lesson 8.6	
Your risk for STIs, HIV and AIDS and pregnancy	53
Lesson 8.7	
HIV and AIDS and stigma	57
Lesson 8.8	
The art of saying: “No, thanks”	60

A. BACKGROUND AND CONTEXT FOR THE GRADE 8 SLPs

1. INTRODUCTION

The estimated overall HIV prevalence rate of the total population in South Africa is approximately 11,2%. The total number of people living with HIV is estimated at approximately 6,19 million in 2015. For adults aged 15–49 years, an estimated 16,6% of the population is HIV positive.⁵

HIV and AIDS presents one of the greatest challenges to the health and well-being of young people in South Africa. Through their study on early sexual debut and associated risk factors among young males and females, Chirinda, Peltzer and Ramlagan (2012)⁶ found that the rate at which young people enter into sexual relations is low, typically occurring before age 15. Sexual experience rapidly increases by age 16 where more than half of the female sample (53.8%) reported having sex by age 16.

Young people continue to report high-risk sexual behaviour despite sound knowledge about sexual health risks (Reddy et al, 2009; Shisana et al, 2009). HIV prevalence among children aged 2–14 years is 2.5% while prevalence among 15–24 year olds is 8.6% (Shisana et al, 2009). The National Strategic Plan for HIV, STIs and TB 2012-2016 (NSP) has identified young people as a key population for preventive interventions.

Between 2010 and early 2011, newspapers reported 3248 learner pregnancies in four provinces of South Africa, namely Limpopo, Mpumalanga, Gauteng and KwaZulu-Natal (Mclean, 2011; Mngoma, 2010; Moselakgomo, 2010). In Limpopo Province, 15 pregnancies were reported from one school, while Mpumalanga reported 70 from another school. In Gauteng, 3127 pregnancies were reported from 366 schools, while the province of KwaZulu-Natal reported 36 from 25 schools.⁷

2. PURPOSE

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

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

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

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

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

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

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

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

3. STRUCTURE

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



4. THE SIX CORE MESSAGES

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

choose to do!

You, the South African youth know:

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



5. KEY TO ICONS

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



HOMEWORK INSTRUCTIONS



ACTIVITIES



READING



HOMEWORK



RESOURCES



ASSESSMENT



GLOSSARY



CONSOLIDATION



Lesson 8.1

Setting goals and reaching
your potential

Lesson 8.1

Setting goals and reaching your potential

BRIEF LESSON SUMMARY

Lesson 8.1: Setting goals and reaching your potential begins with a review of the concept and relevance of goal-setting. You will review the technique of SMART goal-setting and write a SMART goal that you want to accomplish in the next year. The lesson continues with a review of the ways that the behaviours you choose – especially sexual behaviours – can either support you in accomplishing your goals or get in the way of reaching your goals. You will practise using the force field analysis technique which will be introduced to follow on from the decision-making analysis model you learned in Grade 7. The lesson ends with you making a commitment to positive, goal-supporting behaviours related to health and sex.

KEY POINTS

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



ACTIVITIES

A.1 Activity

You will learn new concepts in this activity.

1. This lesson deals with how your choice of behaviours – especially around sex – can either help you achieve your goals or get in the way of those goals.
2. Healthy behaviours can be more difficult to engage in, depending on the circumstances in our lives and what we choose to allow to influence us.
3. You are going to set goals today and then practise the technique you learned in Grade 7 called the “force field analysis” to identify behaviours that will help you achieve your goals.
4. The lesson will end with you making a commitment to yourselves to engage in a set of behaviours that will support you in accomplishing your goals.

Introduction to the activity

1. Do you remember the definition of what “a goal” is?
2. Definition: A goal is a specific thing that we want to achieve. We all have the ability to make the best of ourselves and goal-setting helps us to do that.

- a) Goals help us to plan our lives and get what we want.
- b) Goals can be short or long-term.
- c) Long-term goals can be broken down into short term ones.
 - For example, if you have the long-term goal of becoming a lawyer, short-term goals that would support that long-term goal would be:
 - passing every subject with more than 70% in Grade 8;
 - finding out how much it costs to study a law degree; and
 - speaking to your parents about planning to finance your studies.
3. Without goals, we will have no direction in life. Setting goals will help us to make the best of our lives.

A.2 Review of SMART goal-setting

1. You will find one copy of each of the following: *Reading 1: SMART goals*, *Worksheet 1: Review of SMART goal criteria* and *Worksheet 2: "Vote" for behaviours that support your goals* in your learners' book.
2. Your educator will show you the poster about SMART goals that is displayed in the room.
3. Your educator will explain SMART goals and review how a goal is written as a SMART goal.
4. Spend 1 to 2 minutes reviewing how to use *Worksheet 1: Review of SMART goal criteria*.
5. Do you have any questions about this definition or key points?

This year's goal

1. Please copy onto a piece of paper the four squares that your educator has drawn on the board with the headings: family, school, friends and health.
2. Spend three minutes writing down as many things you can think of that you want to accomplish in each of these areas during the next 12 months.
3. After you have filled in the four boxes, choose the thing you wrote down that is the most important to you and develop a SMART goal version of it on *Worksheet 1: Review of SMART goal criteria*. Remember the steps for using the worksheet:
 - a) Write out your goal at the top of the chart.
 - b) Evaluate how well your draft is written for each of the five parts of a SMART goal using the criteria in the five rows on the worksheet.
 - c) Rewrite your goal in the space provided in the bottom row of the worksheet.
4. Improve the qualifications of your goal, as a SMART goal, by incorporating suggestions from the evaluation of the draft goal and using the criteria. Do you have any questions about how to complete the assignment?
5. You can work on the assignment on your own. You have 5-6 minutes to complete your work. While you are working on the task, your educator will circulate around the room offering assistance, supervising your progress and helping you manage your time.

A.3 Force field analysis

Relationship of behaviour choices to accomplishing goals

1. Bear in mind that in order to accomplish your goals you have to take **Action** – the “A” in SMART. Furthermore, you are reminded that “behaviour” is another word for action and we can review the relationship between behaviour and reaching our goals using the following points:
 - a) Behaviours can be the specific actions we take to pursue and accomplish our goals, (e.g. I will use a condom every time I have sex, so that I can prevent pregnancy and STIs).

- b) Behaviours can support what we need to do to accomplish our goals (e.g. I will not go out alone with a boy/girl; it is safer to go out as a group of friends than going out alone).
- c) However, negative behaviours can also get in the way of us accomplishing our goals, (e.g. underage drinking when you are at a party is harmful to your health).

Practising force field analysis

- 1. In Grade 7 you did a “force field analysis”, which is a technique for looking at the behaviours you choose and assessing whether these behaviours will help you to accomplish your goals or get in the way of your accomplishing your goals.
- 2. Your educator will review how to conduct a force field analysis.
- 3. Now try it on one of your own goals.
- 4. Identify factors or influences that hinder or inhibit the BEHAVIOUR or lead to other, negative/unhealthy behaviours, which in turn become AN OBSTACLE TO ACHIEVING THE GOAL.

A.4 Making a commitment to behaviour choices

- 1. You have already been shown, and have done your own examples of, how to:
 - a) write a SMART goal;
 - b) identify behaviours that will support you in accomplishing your goals; and
 - c) identify factors and influences that will encourage or hinder healthy behaviours.
- 2. Do *Worksheet 2: “Vote” for behaviours that support your goals.*
- 3. On your own, write a goal for yourself that you would like to achieve in the next 12 months.
- 4. Do a force field analysis on that goal.
- 5. Identify the behaviours that will impact your future goal.
- 6. Keep this activity in your POE.



ASSESSMENT

- 1. **Journal or self-reflection:** make a journal entry, every day for the next four days, and apply the force field analysis in your lives. Note how you can apply the SMART goal-setting technique to set up your own goals.
- 2. Design and make a poster that clearly outlines your goals for this year. You can use pictures to illustrate.

Test your knowledge

Answer the following questions:

1. What is the definition of a goal?
2. What does the acronym “SMART” stand for?
3. What is one (or more) goal(s) you are determined to achieve in the next six months?
4. What obstacles or barriers are you experiencing in your efforts to achieve your goals?
5. What is the definition of “behaviour”?
6. How does your choice of behaviours affect your ability to achieve your goals?
7. How are your choices concerning sexual behaviours affecting your ability to achieve your goals? How do circumstances and influences affect our behaviour choices?
8. How do you conduct a force field analysis?
9. What is the definition of a commitment?
10. What commitments have you made to yourself or your family that embody your personal values or limits?



READING 1: SMART GOALS



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

A **SMART** goal is:

Specific: States exactly what you want to do.

Answers the question: What?

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

Answers the question: How much? How well?

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

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

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

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

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

Answers the question: When?

WORKSHEET 1: REVIEW OF SMART GOAL CRITERIA

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

Rewritten goal that meets SMART criteria.

WORKSHEET 2: “VOTE” FOR BEHAVIOURS THAT SUPPORT YOUR GOALS

Name:

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

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

Learner Book: Grade 8

I.....(your name) am committing to the behaviours I have

checked above because they will help me to accomplish my goals.

Description of how these behaviours will help me accomplish my goal:

.....
.....
.....
.....

Three or more people who will help me commit to these behaviours are:

.....
.....
.....
.....



Your signature



Lesson 8.2A

Healthy and unhealthy
messages about our gender

Lesson 8.2A

Healthy and unhealthy messages about our gender

BRIEF LESSON SUMMARY

During *Lesson 8.2A: Healthy and unhealthy messages about our gender*, you will revisit important definitions related to gender that you learned in Grade 7. You will then work in small groups to explore some of the harmful and unhealthy messages that exist in society about how boys and girls should behave. In *Lesson 8.2B: Healthy and unhealthy messages about our gender*, you will work to change harmful and unhealthy gender messages into healthy ones.

KEY POINTS

1. Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are completely fine. However, some messages may be unhealthy and harmful.
2. Harmful gender messages contribute to social problems like unplanned pregnancy, HIV and other STIs and gender-based violence.
3. **BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.**
4. Ultimately, YOU get to decide how you want to act as a man or woman.



ACTIVITIES

A.1 How gender influences our health

1. In this activity we deal with gender and the influence gender can have on our health and well-being, especially our sexual and reproductive health.
2. Do you remember how we defined sex, gender and sexual orientation, in Grade 7?
3. Try to remember these definitions:

a) Sex is

.....

.....

.....

b) Gender is

.....

.....

.....

c) Sexual orientation is

.....

.....

.....

A.2 Brainstorming gender messages

1. Very often we are confronted with the underlying meanings of the messages we receive about being a girl/woman or boy/man.
2. For this activity, get into all-male or all-female groups.
3. Using *Reading 2: Gender messages – male group (for the all-male group)* and *Reading 3: Gender messages – female group (for the all-female Group)* brainstorm and discuss the gender messages given.

A.3 Sharing and examining male and female gender messages

1. Report back to the whole class on the discussion in your group.
2. Now recap on your discussions as a class by completing the following activity.



ASSESSMENT

1. Written activity



Answer the questions below:

- a) Describe the difference between sex, gender and sexual orientation.
- b) Identify two common gender messages that boys and girls receive in their communities.
- c) Identify at least two messages for each gender that are harmful.
- d) Identify at least one way in which harmful messages contribute to increasing the risk for teenage pregnancy.
- e) Identify common gender stereotype messages.
- f) What is a healthy relationship?
- g) What are the differences between gender and sex?
- h) What is sexual orientation?
- i) What is meant by gender stereotypes?
- j) What are harmful gender messages?





READING 1: DEFINITIONS

Sex:

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

Gender:

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

Sexual orientation:

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

READING 2: GENDER MESSAGES – MALE GROUP

Instructions

As a group, think about the messages and expectations that men receive from society, media, peers and family about what it means to be a man. Read the following categories to help brainstorm your list. Write each message that you receive on an index card.



How are men expected to behave regarding:

Feelings?

Which feelings are men not allowed to show?

Which feelings are acceptable for men to show?

Sex, sexual activity and risk-taking?

What messages do men receive about sex?

How are men expected to treat a partner when comes to sex?

What other messages do men receive about risk-taking behaviours (e.g., alcohol, drugs, driving)?

Physical appearance?

What pressures and expectations are put on men regarding their physical appearance and how their bodies should look?

Relationships with women?

What messages do men receive about how they should interact with women?

How is men's treatment of women portrayed in music videos, movies, television, etc.?

Role in the family?

What are the main roles that men are expected to play in the family?

What roles are men discouraged from playing in the family?

READING 3: GENDER MESSAGES – FEMALE GROUP

Instructions

As a group, think about the messages and expectations that women receive from society, media, peers and family about what it means to be a woman. Read the following categories to help you to brainstorm your list. Write each message that you receive on an index card.

How are women expected to behave regarding:

.....
Feelings?

Which feelings are women not allowed to show?

Which feelings are acceptable for women to show?

.....

.....
Sex, sexual activity and risk-taking?

What messages do women receive about sex?

How are women expected to treat a partner when it comes to sex?

What other messages do women receive about risk-taking behaviours (e.g. alcohol, drugs, driving)?

.....

.....
Physical appearance?

What pressures and expectations are put on women regarding their physical appearance and how their bodies should look?

.....

.....
Relationships with women?

What messages do women receive about how they should interact with men?

How is women's treatment of men portrayed in music videos, movies, television, etc.?

.....

.....
Role in the family?

What are the main roles that women are expected to play in the family?

What roles are women discouraged from playing in the family?

.....



GLOSSARY

Do you know what these words mean?

- gender
- sex
- sexual orientation
- stereotypes
- gender-based violence
- healthy relationships
- gender stereotypes

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



Lesson 8.2 B

Defining healthy and
unhealthy messages about
gender

Lesson 8.2B

Defining healthy and unhealthy messages about gender

BRIEF LESSON SUMMARY

During *Lesson 8.2B: Healthy and unhealthy messages about gender*, you will continue defining healthy and unhealthy messages about gender from the previous lesson. The focus is on having you think about new ways to define unhealthy gender messages – and their associated behaviours and characteristics – and turn them into healthier, more equitable ones.

KEY POINTS

1. Throughout our lives, we receive messages about how we should act as women and men. Some of these messages and expectations are completely fine. However, some messages may be unhealthy and harmful.
2. Harmful gender messages contribute to health or social problems like unprotected sex that leads to teenage pregnancy, HIV and other STIs, and violence.
3. **BOTH men and women are responsible for preventing pregnancy, HIV and other STIs.**
4. **I am strong, smart and in charge of my future!**
5. I get to decide what being a man or a woman means to me.



ACTIVITIES



A.1 Gender messages

1. From the previous lesson, we discussed how gender messages affect our decisions, especially about sex.
2. We can turn harmful gender messages into healthy ones.
3. We agreed that:
 - a) Our gender is formed by the messages we receive about being a man or a woman from society. We are not born with our gender; we learn about gender issues as we grow.
 - b) Some gender expectations are harmless. Some can put our health and well-being at risk.
 - c) Ultimately it is YOU who gets to decide how you want to be a man or how you want to be a woman.

A.2 Exploring alternative definitions of gender

1. There are many ways in which young people can define what it means for them to be male or female. YOU get to decide what being a man or woman means to you. This means that you do not have to buy into any of the harmful messages used by others.
2. Complete *Worksheet 1: How I choose to be a man (for the male learners)* as well as *Worksheet 2: How I choose to be a woman (for the female learners)*.
3. What are some of the “new messages to men” that you discussed? How are these messages different from the ones we created during our previous discussion?
4. What are some of the “new messages to women” that you discussed? How are these messages different from the ones we created during our last lesson?

A.3 Group discussion

1. Now compare the two new lists (the list of gender messages created from the previous lesson and list of gender messages created from today's lesson). Thinking about the key messages of this activity (see above), your educator will lead a group discussion using the following questions:
 - a) How are the two lists different from each other?
 - b) What makes it hard to live by these new messages that we created?
 - c) Do you know of any men who live by these new messages? Who? Tell us about what they do to demonstrate these messages? Is it hard for them?
 - d) Do you know of any women who live by these new messages? Who? Tell us about what they do to demonstrate these messages? Is it hard for them?



ASSESSMENT

1. Journal or self-reflection

- a) Make a journal entry on unhealthy gender messages that are common among your peers at school.
- b) On the second day make a journal entry and turn the unhealthy messages into healthy messages.



Test your knowledge

Answer the following questions:

1. Give an example of a common gender message for boys/men that you disagree with. Explain why you disagree with this message. Write an alternative, better gender message for men.
2. Give an example of a common gender message for girls/women that you disagree with. Explain why you disagree with this message. Write an alternative, better gender message for girls.
3. Give an example of a gender message that you think contributes to teenage pregnancy. Explain why you think it contributes to this problem.



WORKSHEET 1: HOW I CHOOSE TO BE A MAN

Take a moment and think about how you want to define yourself as a man in each of the following roles:

As a man:

The type of son I want to be is:

.....

.....

The type of brother I want to be is:

.....

.....

The type of father/caregiver I want to be is:

.....

.....



The type of friend I want to be is:

.....

.....

The type of lover or romantic partner I want to be is:

.....

.....

The type of learner want to be is:

.....

.....

WORKSHEET 2

HOW I CHOOSE TO BE A WOMAN

Take a moment to think about how you want to define yourself as a woman, in each of the following roles and complete the sentences below:

As a woman:

The type of daughter I want to be is:

.....

.....

The type of sister I want to be is:

.....

.....

The type of mother/caregiver I want to be is:

.....

.....



The type of friend I want to be is:

.....

.....

The type of lover or romantic partner I want to be is:

.....

.....

The type of learner want to be is:

.....



GLOSSARY

Do you know what these words mean?

- harmful gender messages
- healthy gender messages

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





Lesson 8.3

Making healthy sexual choices
and knowing your limits

Lesson 8.3

Making healthy sexual choices and knowing your limits

BRIEF LESSON SUMMARY

During *Lesson 8.3, Making healthy sexual choices and knowing your limits*, you will explore safe and unsafe choices regarding sexual behaviour. You will learn about “personal limits” and three important steps you can take to protect your personal limits and avoid unsafe sexual choices. You will further explore your personal limits and how to stick to them.

KEY POINTS

1. The best way to avoid pregnancy and STIs, including HIV is NOT to have sex. **The SAFEST choice is abstinence.**
2. **For teenagers who choose to have sex, they must use a method of contraception and a condom every time they have sex.** This is a safer choice.
3. It is important to identify your personal relationship limits and think about ways to stick to these now, even if you don't yet have a boyfriend or girlfriend.



ACTIVITIES



A.1 A. Personal limits

1. There are many ways to prevent sexually transmitted infections, including HIV and pregnancy. The safest way to do this is abstinence. For those teenagers that chose to have sex, they need to use a method of contraception and/or a condom every time they have sex.
2. Many teenagers who get pregnant or get an STI say that they did not protect themselves because they did not expect to have sex. In fact, this is the number one reason that teenagers do not use protection: they say that they were not planning to have sex and “it just happened”!
3. In order to prevent pregnancy and STIs, people must understand the situations that could lead to sex, know their personal limits regarding sex, ahead of time, and have planned ways to stick to those limits.

B. Personal limits

1. Think about something you would never do, that is, something you feel so strongly about that you would never budge, no matter what. Keep your thoughts to yourself and write them in your journal.
2. Now think about why you would never do this activity. Again, keep this to yourself and write your thoughts in your journal.
3. In doing this, you have just been thinking about one of your “personal limits”. Everyone has different limits in a lot of different areas.
4. What do you think “personal limits” means in terms of boy/girlfriend relationships and sex?

5. People may have different limits for relationships and sex. A person's limits can be based on many factors such as personal and family values, past experience, age, length of relationship etc.
6. Brainstorm a list of examples of personal limits that teenagers might choose regarding relationships and sex.
7. Why is it important to set personal limits for relationships and sex?

A.2 Avoiding unsafe choices

Personal limits

1. Continue thinking about how to set and stick to personal limits and avoid making unsafe choices, such as having sex when you do not want to, or you are not ready, or having sex without protecting yourself from HIV or other STIs.
2. Here is an acronym ACE to help you about avoiding unsafe sex.
 - a) Know your personal limits **A**head of time.
 - By setting personal relationship limits ahead of time, people can avoid the added pressure of having to make decisions in the “heat of the moment”.
 - If you let friends and partners know your limits, they can support you instead of pressuring you.
 - Do not let unhealthy gender messages affect your personal limits. Make sure your personal limits are really YOUR personal limits.
 - b) Watch for signs or situations that might **C**hallenge your limits.
 - If you look out for things that will challenge your limits, it will be easier to avoid or get out of those situations.
 - c) Have a plan to your stick with your limits **E**very time.
 - Plan ahead, you will be more likely to stick to your limits even in a difficult situation.
 - Avoid the use of drugs or alcohol. Drugs and alcohol can make you forget your limits and make it more difficult to stick to them.

A.3 Brainstorm

Scenario 1

Tsheliso and Vuyelwa, both learners, are planning to bunk the Life Orientation period because Tsheliso has not completed the project that is supposed to be submitted today. Vuyelwa has completed the project and has promised herself that she will never bunk school, but because she loves her friend she is prepared to bunk the period.

1. Brainstorm in your groups why it is hard for Vuyelwa to keep to her personal limits.
2. Give examples of what made it hard to stick to their limits.
3. Considering Vuyelwa's decision to bunk the period, do you think it will be easy for her to say no to other advances?
4. There are many situations that might make it hard for people to stick to their personal limits regarding relationships and sex, and that these situations make having sex, or having sex without a condom, more likely.
5. You can think of these times as “sex-possible” signs or situations. You should begin to think about sex-possible signs or situations, now, before you actually encounter one.
6. Brainstorm a list of signs or situations that might challenge your personal limits regarding relationships and sex.
7. Now brainstorm a list of ways that teenagers can stick to personal relationship limits.



HOMework

1. Summarise why it is important to think about personal limits and ways to stick to those limits. Name the three steps for avoiding unsafe choices.



ASSESSMENT

Journal or self-reflection

Make a journal entry and write about the consequences of having sex early. Also explain why you think it is better to wait.

Test your knowledge

Answer the following questions:

- a) What is the safest way to avoid pregnancy and STIs?
- b) If someone decides to have sex, what must he/she use every time he/she has sex?
- c) What is the most common reason teenagers give for not using a condom?
- d) Define “personal limit”.
- e) Give an example of a personal limit that someone might have with regard to sexual activity.
- f) Why is it important to know your personal limits about sexual activity?
- g) What does “ACE” stand for?
- h) What are two examples of signs or situations that could challenge your personal limits with regard to sexual activity?
- i) What are two examples of things you can do to protect your personal limits



GLOSSARY

Do you know what these words mean?

- sexuality
- self-image
- emotional scars
- abstinence
- behavioural change
- personal limits

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



Lesson 8.4

Sexuality is more than sex

Lesson 8.4

Sexuality is more than sex

BRIEF LESSON SUMMARY

During *Lesson 8.4: Sexuality is more than sex*, you will brainstorm the meanings behind the concepts of *sex* and *sexuality* and provide contextually relevant examples of each. You will work in small groups to distinguish love from related emotions and consider ways to express affection in a relationship without having sex.

KEY POINTS

1. People can be attracted to the opposite sex, the same sex, or both sexes.
2. According to the South African Constitution, all people have a right to express their sexual orientation without the fear of discrimination.
3. Respect and acceptance of others' sexuality is important step towards ending violence and discrimination.
4. Most sexual relationships begin with sexual attraction, but this does not mean that they are based on true love.
5. You can express love in a relationship without having sex.



ACTIVITIES

A.1 Understanding sexuality

1. We want to explore the difference between sex and sexuality. We also want to discuss how to show affection in a relationship in ways other than sexual intercourse.
2. In small groups, discuss both these aspects of sexuality.

A.2 Brainstorming sexuality

1. *Reading 1: Circles of sexuality* will assist you to think about your discussions.

Learner Book: Grade 8

2. Brainstorm points you would put in your circle, using the following questions to guide you:
 - a) What do you think the circle title you were assigned means?
 - b) What examples can you give to illustrate your meaning?
3. Report back to the class what your group thought the circle title meant and give one example.

A.3 The difference between love and other emotions

1. Look at *Reading 3: Sexual rights and responsibilities* that your educator has pasted up on the board.
2. Discuss the importance of how we act in a relationship and how to be treated with respect, and that we also have the responsibility to treat our partner with respect.

Love and other emotions

1. In groups, consider: What is the difference between love and other emotions?
2. Report back to the class on your discussion.



HOMEWORK

Consolidate what you have learned today by going over *Reading 2: The difference between love and other emotions*.



ASSESSMENT



Test your knowledge

Answer the following questions:

- a) Explain the concept “sensuality”.
- b) Explain the term “sexual health”.
- c) Explain the term “intimacy”.
- d) Explain briefly what “gender identity” means.
- e) Complete this sentence: People attracted to someone of the same sex are referred to as being _____.
- f) List three ways that you can show love to a romantic partner without having sex.





READING 1: CIRCLES OF SEXUALITY

Sensuality

How our bodies give and receive pleasure (touch, sight, smell, taste, sound). We need to be touched and this includes the ability to fantasise.

Intimacy/Relationships

our ability to love, trust and care for others.

Sexual identity (3 elements)

Biological sex: male or female

Gender identity: how we feel about being male/female

Gender roles: what society says it is to be male/female.



Sexual health

How we look after the health of our reproductive system (e.g. HIV/STIs/pregnancy).

**Not an acceptable
expression of sexuality**



Sexuality to control others

Using sex to violate rights or get something from them.
e.g. rape/violence.

READING 2: THE DIFFERENCE BETWEEN LOVE AND OTHER EMOTIONS

1. What is “falling in love”?

- a) Falling in love involves feelings of passion, sexual attraction and excitement.
- b) Sometimes this feeling is called a crush, romance or infatuation.
- c) Falling in love is often a thrilling experience, but it usually fades within six months.
- d) A romantic relationship sometimes (although not always) involves feelings of commitment and intimacy.
- e) Falling in love can be a one-sided experience; the object of the love may not feel the same.
- f) Everyone can fall in love. Adults, as well as adolescents, fall in love.
- g) People may fall in love only once, more than once, or many times in their lives.

2. What is “true love”?

- a) Loving someone is caring deeply for that person and being committed to their well-being and happiness. Loving and being loved can be the source of deep joy and meaning in life.
- b) Love is one of the most powerful emotions that people experience. It has inspired great works of art, literature and music.
- c) There are many different ways to love somebody.
- d) People may feel love for members of their immediate or extended family, for close friends and for their partners or spouse of the same or a different sex.
- e) The terms “true love” or “real love” often refer to an intimate partner bond that has moved beyond the “falling in love” or infatuation stage.
- f) Sorting out feelings of affection, romantic love, sexual desire and “true love” is often difficult and confusing.
- g) Everyone receives messages from their culture about what love is, whom they should (or should not) love and how they should express (or not express) their love.

READING 3: SEXUAL RIGHTS AND RESPONSIBILITIES

- It is my right to decide whether, when, and with whom I will be sexual.
- I have the right to trust my own values and decision-making about being sexual.
- I have the right to express my sexuality without experiencing violence.
- I have the right to be in control of my own sexual experience and to set my own sexual limits.
- I have the right to say “yes”. I have the right to say “no”.
- I have a right to be heard and a responsibility to listen.
- I have the right to stop sexual activity at any time.
- I have the right to express my sexual orientation.
- I have the right to sexuality that is about freedom of choice, not power.
- I have the right to my own body, space and boundaries, and the responsibility to respect others’ boundaries.

Adapted from: <http://www.yesmeansyes.com/donec-accumsan-0>.



GLOSSARY

Do you know what these words mean?

- gender identity
- intimacy
- sensuality
- sexual behaviour
- sexual health
- sexual identity
- sexual orientation
- sexuality

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





Lesson 8.5

What young adults need to
know about STIs, HIV and
AIDS

Lesson 8.5

What young adults need to know about STIs, HIV and AIDS

BRIEF LESSON SUMMARY

During Lesson 8.5: What young adults need to know about STIs, HIV and AIDS, you will observe a simulation that highlights the fact that you cannot tell if someone has HIV or an STI just by looking at them. You will then read a comic-book-style information booklet to learn foundational information about STIs and test your comprehension of the information in the booklet in small groups using a competitive, head-to-head quiz. The lesson ends with a diagram-based mini-lecture that illustrates the increased risk of acquiring STIs and HIV resulting from the practice of multiple, concurrent sex partners within a community or social circle.

KEY POINTS

1. HIV can have serious health consequences and even cause death.
2. Protect your health, your partner’s health and the health of the community by taking steps to prevent the spread of HIV and other STIs as well as teenage pregnancy.
3. Avoid HIV and other STIs.
4. Do not let unhealthy gender messages keep you from doing what is right to protect yourself and your partner.
5. Choosing not to have sex is the safest way to avoid exposure to STI and HIV acquisition.
6. Using condoms correctly, every single time you have sex, is the next safest choice after abstinence.
7. STAY FAITHFUL to one partner at a time to protect yourself, your partner and your community for STIs.
8. If you are having sex, GET TESTED FOR HIV REGULARLY.



ACTIVITIES

A.1 The “invisible” threat of HIV and STIs: Three cups or alternative activity

1. In this activity we are reminded of the risk of acquiring HIV and STIs.
2. At the end of the demonstration, write down THREE facts that are important to you from the demonstration:

a) Fact 1:

.....

.....

.....

Learner Book: Grade 8

b) Fact 2:

.....

.....

.....

c) Fact 3:

.....

.....

.....

The important point here is that you can, and should, do a variety of things to protect yourself from acquiring STIs.

STI Collect-a-Fact

1. There is some basic information about STIs and HIV and AIDS that anyone who decides to have sex needs to know.
2. Go through Reading 1: Martine and Jaco talk about STIs, HIV and AIDS, which has important information about STIs, HIV and AIDS.
3. Then break up into groups of three and have a head-to-head competition with another team to test how well you can recall the information.



Organising Collect-a-Fact competition

1. Once your group has gone through the information in the reading, you are ready to play the Collect-a-Fact game.
2. Your educator will give you the instructions for the game. Enjoy playing it!

 **HOMEWORK**

At home, share the information you got from the game in class today with your family. You will complete the information sheet with the information that you have learned from the reading and the Collect-a-Fact game.

Information to share:

1. Name two common STIs (spelling does not count).

.....

.....

.....

2. What sexual behaviours can put you at risk of an STI?

.....

.....

.....

3. List common symptoms of STIs.

.....

.....

.....

4. True or False? It is possible to have an STI and not know it.

.....

.....

.....



5. How would you know if you have STI?

.....

.....

.....

6. Why does having an STI increase your risk of getting HIV and AIDS?

.....

.....

.....

7. List ways of preventing to prevent yourself from acquiring STIs.

.....

.....

.....

8. If a young adult decides to have sex, what things should they discuss with their partner before having sex?

.....

.....

.....

9. Does a young adult have to get permission from his/her parent to get tested for STIs?

.....

.....

.....



10. Name places in your community / area you live in where young adults can get tested for STIs.

.....

.....

.....

11. List ways that unhealthy gender norms can contribute to young adults getting STI.

.....

.....

.....

12. How can abusing alcohol or other drugs indirectly lead to infection with STIs?

.....

.....

.....



ASSESSMENT

1. **Project**
 - a) Collect pamphlets on HIV, AIDS and other STIs from the community clinic.
 - b) Write out 2 paragraphs on each of the following:
 - How HIV is managed with medication, diet, healthy living and positive attitude?
 - Caring for people living with HIV.
2. To complete the project design and make a poster in your books about prevention and safety issues relating to HIV.
3. Each poster should have enough pictures.
4. Under each picture there should be a two sentence explanation.

Test your knowledge

Answer the following questions:

1. True or False?
 - a) You can usually tell if someone has HIV by the way they look.
 - b) You can acquire HIV by sharing a drink with someone who is infected.
 - c) If you have an STI, you will definitely know because you will see signs or feel symptoms.
 - d) Not all STIs are curable.
 - e) Having sex proves that a boy has become a man.
 - f) If a person has only had sex once, they do not need to get tested for STIs.
2. What are two examples of symptoms that someone with an STI might experience?
3. What are two negative consequences of an untreated STI?
4. What is the safest way to avoid STIs?
5. If a teenager decides to have sex, what should he/she always use?

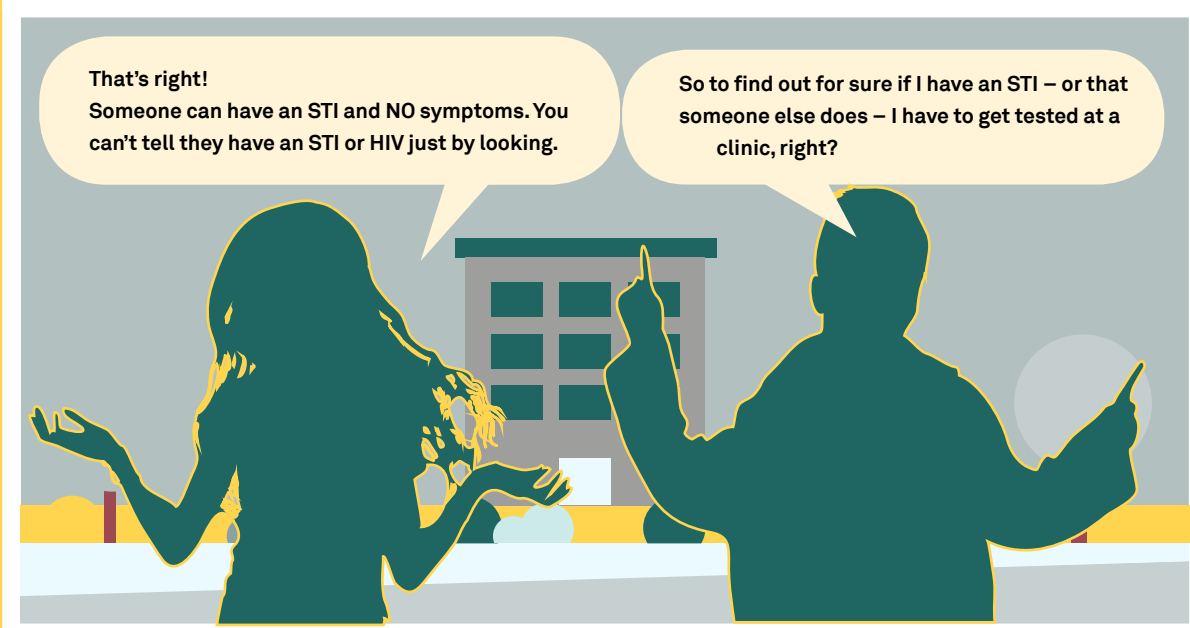
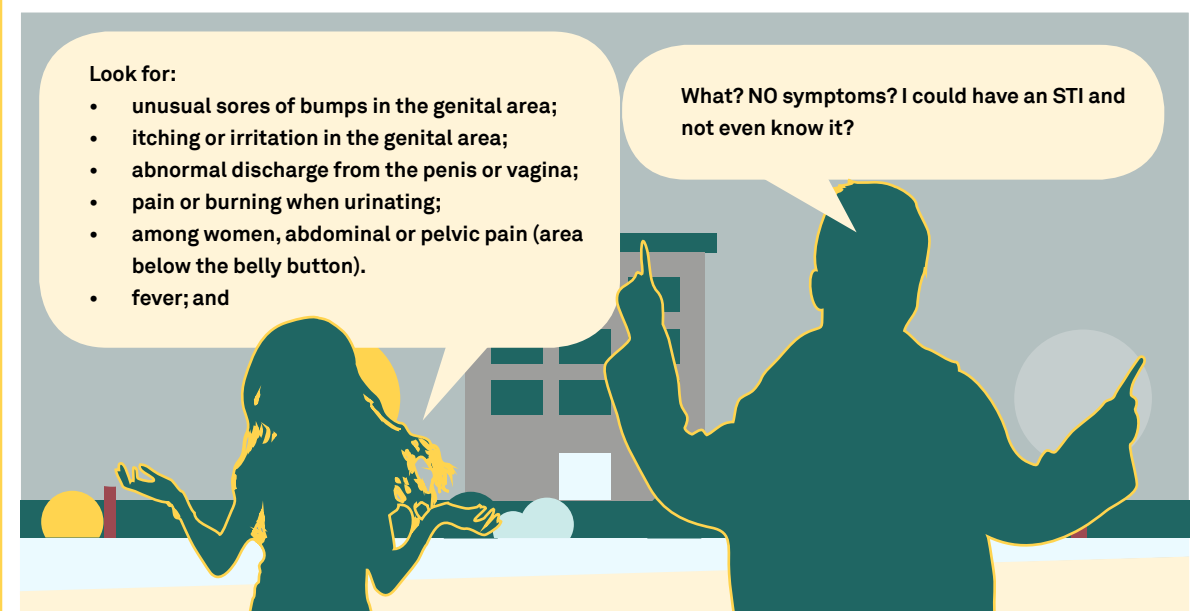


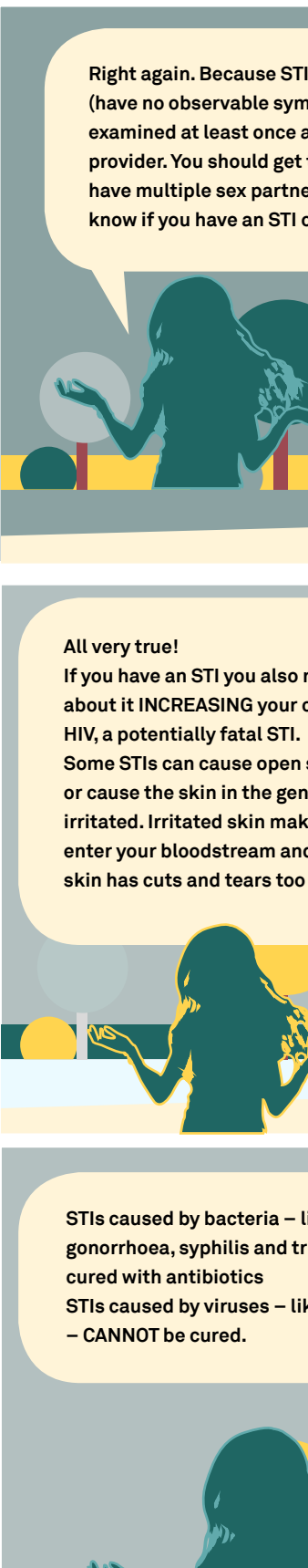
READING 1: MARTINE AND JACO TALK ABOUT STIs, HIV AND AIDS

Meet Martine, a 17-year-old girl and her cousin Jaco, a 15-year-old high school learner.

Jaco is pretty bright; he knows a lot about STIs, HIV and AIDS, but he also has questions.







Right again. Because STIs can be asymptomatic (have no observable symptoms), you should be examined at least once a year by a health care provider. You should get tested more often if you have multiple sex partners. It's the only sure way to know if you have an STI or not.

Well, I KNOW I DON'T want to mess with STIs

I've read about all kinds of health problems that can come from STIs

- infertility (inability to have children) in men and women who have untreated gonorrhea or chlamydia
- death in men and women who have untreated HIV or syphilis
- cervical cancer (women), and throat cancer in women and men, who have certain strains of HPV
- pain and discomfort from sores, warts, discharge.

All very true!

If you have an STI you also need to be concerned about it **INCREASING** your chances of acquiring HIV, a potentially fatal STI.

Some STIs can cause open sores (e.g. herpes) and/or cause the skin in the genital area to become irritated. Irritated skin makes it easier for HIV to enter your bloodstream and infect you; irritated skin has cuts and tears too small to see.

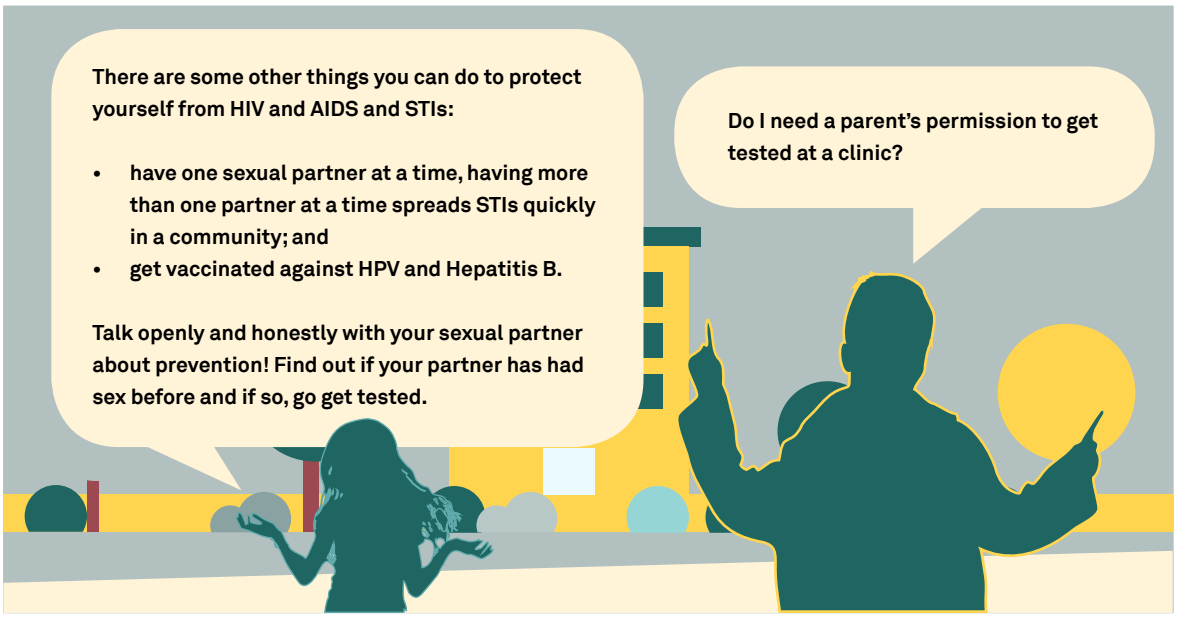
We studied that in science class - those tiny tears are why lemon juice can feel like it burns if you put it on your hands - it gets in through the tears. But... doctors can cure STIs nowadays, right?

STIs caused by bacteria - like chlamydia, gonorrhoea, syphilis and trichomoniasis - can be cured with antibiotics
STIs caused by viruses - like HPV, Herpes, and HIV - CANNOT be cured.

I'm gonna protect myself and make sure I never get an STI or HIV.

I'm going to:

- choose not to have sex until I'm really ready; and
- when I do start having sex, I'm going to use condoms - that'll reduce my risk - but I know condoms aren't 100% safe.




There are some other things you can do to protect yourself from HIV and AIDS and STIs:

- have one sexual partner at a time, having more than one partner at a time spreads STIs quickly in a community; and
- get vaccinated against HPV and Hepatitis B.

Talk openly and honestly with your sexual partner about prevention! Find out if your partner has had sex before and if so, go get tested.

Do I need a parent's permission to get tested at a clinic?



No, you don't have to get parental permission (consent) to get tested

In fact, it's confidential. (They won't share the results)

If someone like you or me goes to a clinic or health centre to get tested for an STI, what will the health care provider do?




They'll do a whole bunch of helpful things like:

- talk about behaviours that put us at risk;
- counsel us on preventing STIs in the future;
- take a sample of urine and/or blood; and
- provide treatment, if needed.

Do you know where you can go to get tested?

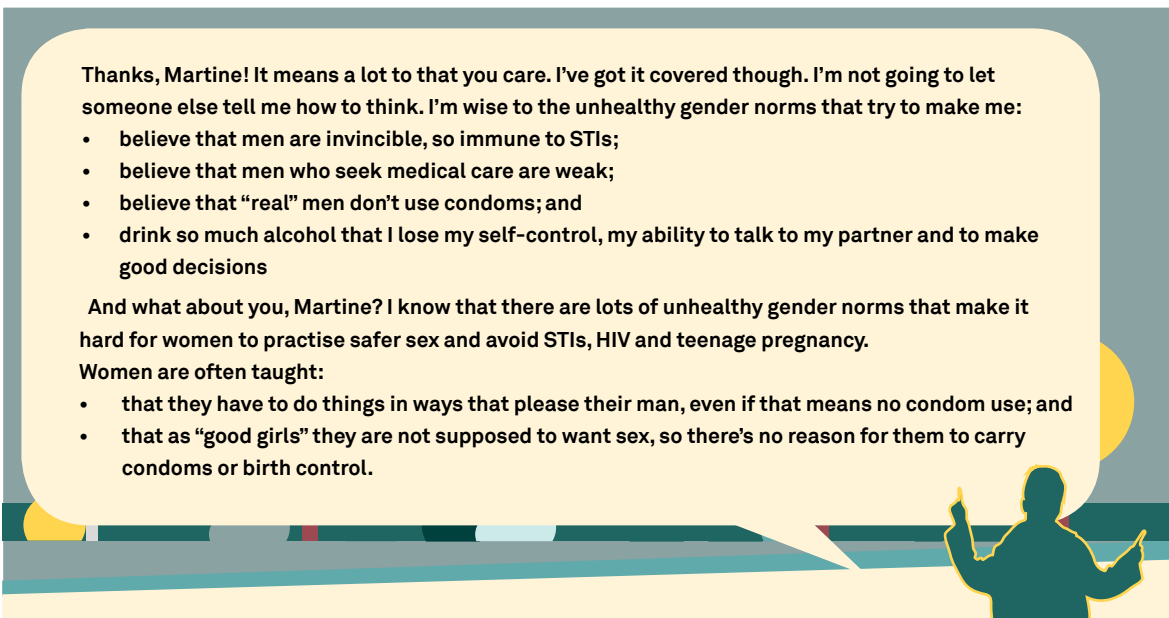
Sure, at the public health clinic.



Jaco, you're smart, but I still worry about you. I know how society pressures guys to act tough, to "be a real man". This kind of pressure can lead to things you'll regret – like unprotected sex – that will give you an STI or HIV!

I'm SO relieved and proud to hear you say that. I want you to remember that you **DON'T** have to believe:

- that having sex proves you're a man; or
- that the more sex you have, the more of a "real man" you are.




Thanks, Martine! It means a lot to that you care. I've got it covered though. I'm not going to let someone else tell me how to think. I'm wise to the unhealthy gender norms that try to make me:

- believe that men are invincible, so immune to STIs;
- believe that men who seek medical care are weak;
- believe that "real" men don't use condoms; and
- drink so much alcohol that I lose my self-control, my ability to talk to my partner and to make good decisions

And what about you, Martine? I know that there are lots of unhealthy gender norms that make it hard for women to practise safer sex and avoid STIs, HIV and teenage pregnancy.

Women are often taught:

- that they have to do things in ways that please their man, even if that means no condom use; and
- that as "good girls" they are not supposed to want sex, so there's no reason for them to carry condoms or birth control.



You've got that right, cousin. We're also taught that:

- we're supposed to be "demure" and "ladylike" and not speak up for ourselves about safer sex; and
- our bodies are "commodities": "goods" that we should trade away sexually for a husband or material things, like a cell phone or nice clothes.

But with support from friends like you, I'm going to be assertive about practising safer sex to prevent my goals for my life – like getting an education **AND** having children – from being compromised.



RESOURCE

RESOURCE 1: COLLECT-A-FACT QUESTION CARDS

These are the questions for the Collect-a-Fact game. Your educator will give you the instructions for this game.

1. Name two common STIs. (Spelling does not count)

.....

.....

.....

2. What are the sexual behaviours that can put you at risk of an STI? (The team with the most behaviours scores the point for this question)

.....

.....

.....



3. List common symptoms of STIs. (The team with the most symptoms scores the point for this question)

.....

.....

.....

4. True or False? It is possible to have an STI and not know it.

.....

.....

.....

5. How would you know if you have STI?

.....

.....

6. List possible negative consequences related to having an STI.

.....

.....

.....

7. How does having another STI increase your risk of getting HIV?

.....

.....

.....

8. Can STIs be cured?

.....

.....

.....



9. List ways of protecting yourself from getting STIs.

.....

.....

.....

10. If a young adult decides to have sex, what things should s/he discuss with her/his partner before having sex?

.....

.....

.....

11. Does a young adult have to get permission from his/her parent to get tested for STIs?

.....

.....

.....

12. Name places in the community / area where you live where young adults can get tested for STIs.

.....

.....

.....

13. List ways in which unhealthy gender norms can contribute to young adults getting STIs. Give as many responses as possible.

.....

.....

.....

.....

.....

.....



.....

14. How can abusing alcohol or other drugs indirectly lead to infection with STIs? Give as many responses as possible.

.....

.....

.....

.....

.....

.....

.....

15. List two ways unhealthy gender norms can contribute to young people getting an STI.

.....

.....

.....

.....

.....

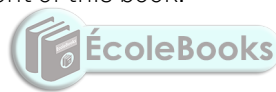


GLOSSARY

Do you know what these words mean?

- sexually transmitted infections
- HIV transmission
- common STIs
- prevention of STIs
- bacterial infections
- viral infections

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





Lesson 8.6

Your risk for STIs, HIV and
AIDS and pregnancy

Lesson 8.6

Your risk for STIs, HIV and AIDS and pregnancy

BRIEF LESSON SUMMARY

During *Lesson 8.6: Your risk for STIs, HIV and AIDS and pregnancy* you start out working in small groups rating the riskiness of ten sexual behaviours. You will then participate in an interactive simulation that demonstrates the likelihood of STI, HIV infection and becoming pregnant if engaging in unprotected sex. Finally you will indicate, anonymously, what lifestyle choice – in terms of sexual behaviours – you plan to make in the near future.

KEY POINTS

1. BOTH men and women are responsible to keep our romantic partners and other members of our community safe from STIs, HIV and unwanted pregnancy.
2. Choosing abstinence is the only sure way to avoid exposure to STI and HIV infection.
3. Used correctly and consistently, condoms are highly effective at preventing the spread of STIs and HIV.
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 REGULARLY.



ACTIVITIES

A.1 Risk levels of different sexual activities

1. This activity is a review of sexual activities that can lead to infection.
2. In groups, discuss Reading 1: Sexual behaviours – What level of risk? and decide as a group how risky each one is, in terms of the likelihood that someone engaging in that activity could acquire HIV.
3. Once you decided on the level of risk for each behaviour write that behaviour on Worksheet 1: Sexual behaviour risk counter in the zone of risk that you think it belongs in.
 - a) If the behaviour is **not at all risky**, it should be written in the green zone on the risk counter.
 - b) If the behaviour has **some risk**, it should be written in the yellow zone on the Risk counter.
 - c) If the behaviour is **very risky**, it should be written in the red zone of the risk counter.
4. After the discussion in your groups, talk to your educator and the rest of the class about any behaviours that you had trouble categorising.



HOMEWORK

1. From the activity today, draw a mind map of all key the concepts, information and ideas you remember.
2. Visit the nearest health facility to obtain brochures on HIV, AIDS and other STIs. You should choose one STI on which you will write down the following:
 - a) all the ways it can be transmitted;

- b) whether it is a bacterial or viral infection;
- c) the symptoms; and
- d) the treatment or cure.



ASSESSMENT

1. Design a plan of action to raise awareness about “risky behaviours,” among learners in Grade 8.
[Hint: The plan of action must cover the different risky behaviours and how to take control of your life to stay healthy. You must set up a day when you are going to put your plan into practice to tell the other Grade 8 learners about risky behaviours.]

Test your knowledge

Answer the following questions:

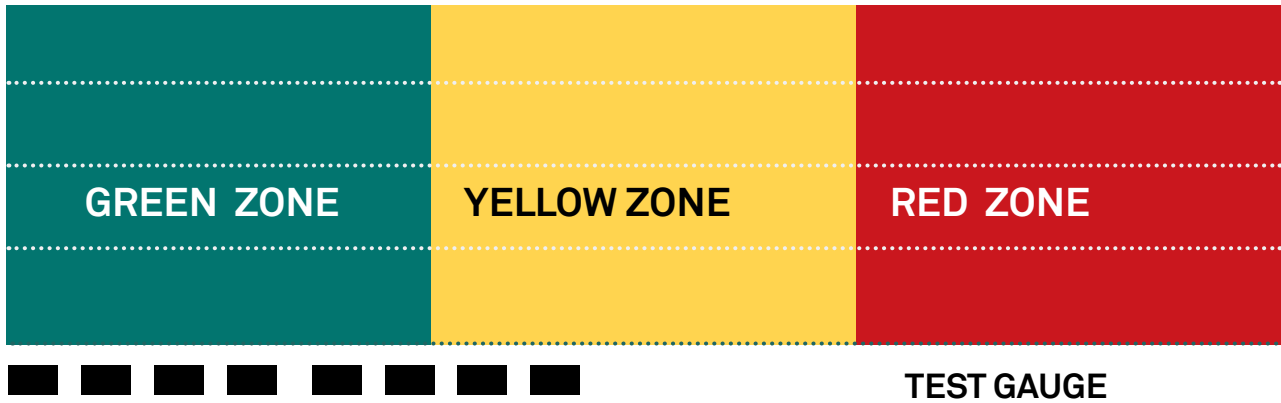
1. True or False?
 - a) Oral sex poses no risk for STIs.
 - b) When used correctly, condoms protect you from all STIs.
 - c) Contraceptives, like the pill, provide some protection from STIs.
 - d) It is up to the woman to protect the couple from STIs.
 - e) A man who uses a condom is weak.



READING 1: SEXUAL BEHAVIOURS – WHAT LEVEL OF RISK?

- using a condom – correctly – every time a person has vaginal or anal intercourse
- masturbating by yourself
- two friends piercing each other’s ears with the same needle without changing it
- holding hands
- oral sex without a barrier
- receiving a blood transfusion
- intercourse without a condom between two people who have tested negative for HIV
- ongoing sexual relationships with more than one person, sometimes using condoms
- “French” kissing (deep kissing with tongue)
- sharing needles to inject drugs.

WORKSHEET 1: SEXUAL BEHAVIOUR RISK COUNTER



GLOSSARY

Do you know what these words mean?

- risk
- HIV
- AIDS
- STIs
- perception
- zero probability
- masturbation
- blood transfusion
- monogamous relationship
- HIV status

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



Lesson 8.7

HIV, AIDS and stigma

Lesson 8.7

HIV, AIDS and stigma

BRIEF LESSON SUMMARY

During *Lesson 8.7: HIV, AIDS and stigma*, you will participate in an experiential learning exercise about what it feels like to be a victim of stigmatisation. You will then critically reflect on the negative effects stigma has on a person's self-esteem and dignity. You will learn that no one is immune to stigma and the only way to stop it is to change the way we treat others and make a commitment to not tolerating stigmatising behaviour.

KEY POINTS

1. We sometimes make bad choices but we still have a right to respect and dignity.
2. Just because we make bad choices, does not mean that we are bad people.
3. Stigma hurts both the victim and perpetrator.
4. Stigma leads to silence, which leads to worsening the situation for everybody.
5. Bad things can happen to us through no fault of our own.
6. Labelling and name-calling are very hurtful and increase stigma.
7. **I am strong, smart and in charge of my future!** I do not perpetuate stigma and I support those affected by HIV.



ACTIVITIES



A.1 Introduction to the lesson

1. This lesson is about stigma and how it contributes to violation of people's rights. Your educator will lead you through an experiential learning exercise.

A.2 We are all in the same boat

1. You will be taken through a practical group discussion by your educator. A number of concepts will be dealt with and you will need to give your feelings on them. Be truthful, considerate and reflect deeply on what each may mean to someone who is having their rights violated.
2. From the discussions you had, say what each of the following four frames remind you of. Make short notes on each.



A.3 Stigmatising labels

1. Your educator will lead you through a brief small group activity followed by a classroom discussion.



ASSESSMENT

1. Write an essay of one page titled, “Stigma can kill innocent people”.
You may refer to newspaper articles e.g. gay women being killed due to their sexual orientation.

Test your knowledge

Answer the following questions:

- a) What do we mean by stigma?
- b) Is stigma the same as discrimination?
- c) How did stigma and discrimination against people with HIV develop?
- d) What are the possible consequences of stigma related to HIV?
- e) Why is it important to reduce stigma and discrimination related to HIV and AIDS?



GLOSSARY

Do you know what these words mean?

- victim
- perpetrator
- violation of human rights
- self-esteem

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



Lesson 8.8

The art of saying
“No, thanks”

Lesson 8.8

The art of saying: “No, thanks”

BRIEF LESSON SUMMARY

During *Lesson 8.8: The art of saying: No, thanks*, you are presented with techniques to refuse sex in general and to refuse sex without using a condom, specifically. A scripted role play is performed by your educator and a learner-volunteer to demonstrate the techniques.

KEY POINTS

1. No one should have sex or unprotected sex if they do not want to. **You have the RIGHT to say NO to sex in ANY situation.**
2. It is normal and perfectly okay for a man to say no to sex.
3. Use refusal techniques to say NO to unwanted sexual situations.
4. **If you do decide to have sex, you should always use a condom.** If you and your partner do not have protection, you should not have sex.



ACTIVITIES

A.1 Review of approaches to communication and non-verbal communication

1. A refusal skill is a good communication technique. Refusal skills are important to being able to communicate your boundaries, specifically refusing unwanted sex or sex without a condom.
2. Review the three communication approaches covered in Grade 7: assertive; passive and aggressive communication. Do you remember them?
3. The purpose behind understanding these three communication approaches is to increase your ability to communicate clearly and to be able to interpret others' communication – including their body language – even if the other person is not a very skilled communicator.
4. Review the characteristics and other details of these three communication approaches using *Reading 3: Assertive, passive and aggressive communication*. This reading is a revision of concepts found in *Lesson 7.8: Assertive communication from Grade 7*.
5. Summarise, the key points covered in the three approaches, in a clear and concise manner, by drawing a quick mind map.

A.2 Non-verbal communication

1. Non-verbal communication or “body language” was also covered in Grade 7. Your educator will show you a poster on non-verbal communication to revise the concepts from Grade 7.
 2. “No means no! It does not mean maybe!” What does this saying mean for you about people communicating their message of not wanting sex?
-
-
-

A.3 Introduction to refusal skills

Learner Book: Grade 8

1. Practise using refusal skills on your classmates in an activity given to you by your educator.
2. Write down three refusal skills you have learned today:

.....

.....

.....

A.4 Refusal skill techniques

1. The refusal techniques evident in the stories you shared are part of a set of refusal skill techniques that you are going to learn today. See Reading 1: Techniques for saying “No, thanks” – SOUND or walk away!

A.5 Demonstrating refusal techniques

1. You are going to watch a role play skit about a young woman named Aisha, who does not want to have sex. You will see the six SOUND or walk away refusal techniques used in the skit.
2. See Resource 1: Role play script – Peter and Aisha so that you can read along with the dramatisation.

Classroom discussion

After the skit, participate in a quick large group discussion that will be led by your educator using the questions below.



HOMEWORK

Answer the following questions as a homework activity.

1. Define aggressive communication.
2. Define passive communication.
3. Define assertive communication.
4. What are two examples of body language?
5. What does “SOUND” stand for?
6. If SOUND does not work, what should you do?



RESOURCE

RESOURCE 1: ROLE PLAY SCRIPT – PETER AND AISHA

Background: Peter and Aisha are in their first year of college. They live in the same dormitory and have been dating for about a month. They have been hanging out in Aisha’s room, studying.

Aisha:

Hey, you want to go out and get something to eat?

Peter:

I think I'd rather stay here.

(Tell the audience: "Peter starts kissing Aisha." Do not actually act out the kissing!)

Aisha:

That's sweet but I really am hungry, so I don't want to do this right now. (Says no)

(Tell the audience: "Peter keeps kissing Aisha's neck while she's talking.")

Peter:

You know you want me. We can get something to eat later.

Aisha:

Peter, you know I like you, but I need to eat. Please stop pushing me to do this right now.

(Asks Peter to stop pressuring her)

Peter:

C'mon, you know you'll like it once you get going...

(Tell the audience "Aisha stands up.")

Aisha:

I'm going to go get something to eat. Do you want to come with me?

(Makes space, offers an alternative, ready to walk away)

Peter:

Okay, okay – let's go.



READING 1: TECHNIQUES FOR SAYING "NO, THANKS" – STAND OR WALK AWAY!

Step back

Offer an alternative

Use assertive body language

No: Say it and repeat it if necessary

Describe how pressuring is making you feel

Or, if none of that works:

Walk Away!



READING 2: THREE APPROACHES TO COMMUNICATION

Passive:

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

Aggressive:

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

Assertive:

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

READING 3: ASSERTIVE, PASSIVE AND AGGRESSIVE COMMUNICATION

1. When you communicate assertively:

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

2. When you communicate passively:



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

3. When you communicate aggressively:

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

4. Passive-aggressive communication combines these two approaches.

When someone is communicating using a passive-aggressive approach, she/he gives “mixed messages”, that is, appearing to agree with what the other person wants while also showing signs of hostility, resistance or resentment.

RESOURCE 2: LEARNER ROLE PLAY SCRIPT – NADINE AND ZUBAIR!

Nadine and Zubair are both in Grade 12 in high school. They have been friends for years but lately they have been flirting with each other quite a bit. One Saturday night they are hanging out at Nadine’s house. What starts as flirting, turns into kissing.

Nadine:

This feels so good. I don’t know why we didn’t do this before – Zubair – I want you to be my first.

Zubair:

I’m into you too, but I don’t have a condom with me.

Nadine:

You don’t have to worry. I’m taking the pill.

Zubair:

I don’t want to have sex without a condom. It’s not safe. (Says no)

Nadine:

Nothing is going to happen. You’ve known me like forever. You know I don’t have diseases.

Zubair:

Nadine, you’re totally hot, but this arguing over the condom, it’s ruining the mood. *(Asks Nadine to stop pressuring him and tells her how the pressuring is making him feel)*

Nadine:

I’ll get you back in the mood.

(Tell the audience: “Nadine starts to undress Zubair”)

Zubair:

(Tell the audience: “Zubair stands up.”)

Nadine, this has to stop. I’m not doing this without a condom. Can we just watch TV so I can cool down? *(Makes space, says no again and offers an alternative)*

Nadine:

What’s wrong with you? I thought you were into this?

Zubair:

(Tell the audience: “Zubair stays standing.”)

Nothing is wrong with me; I’m looking out for us. I think I’d better go home. *(Walks away)*

RESOURCE 3: LEARNER ROLE PLAY SCRIPT – PRINCE AND MBALI

Background

Prince and Mbali have gone out a few times before and now they are at a party. A lot of kids are drinking or smoking dagga and some couples are leaving the main party; perhaps to have sex in other rooms. Mbali does not want to leave the party and she does not want to have sex.

Prince:

It's too loud in here with all these people; let's go somewhere else where we can talk.

Mbali:

I'm hot. A few minutes outside might be nice but then I want to come back in and dance some more.

(Tell the audience: "Mbali and Prince go outside.")

Prince:

I'm glad you came out here; 'cause you knew... I want to get with you.

Mbali:

I wanted to come out here and get some fresh air, but after we've cooled off, I want to go back to the party; not have sex. *(Says no)*

Prince:

Girl, I've been waiting all night to be alone with you. Don't ruin it!

Mbali:

Prince, don't put this on me. You said you wanted to take me to this party and I don't like that you're turning it into some kind of a guilt trip.

(Asks Prince to stop pressuring her and tells him how the pressuring is making her feel)

Prince:

I got you into this party- I could've taken any girl – can't you show me a little appreciation?

Mbali:

(Tell the audience: "Mbali goes to the door and holds it open for Prince.")

I appreciate it, but I'm not going to "get with you". But if you really like me you can take me back to the party. *(Makes space, says no again, and offers an alternative)*

RESOURCE 4: UNSCRIPTED ROLE PLAY – JANA AND JORDAN

Background

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

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

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

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

Jana: *(Ask Jordan to stop pressuring you and tell him how the pressuring makes you feel)*

Jordan: I don't get it. If you loved me, you'd have sex with me.

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

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

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

WORKSHEET 1: OBSERVER'S CHECKLIST

Role play #1	Role play #2
stated, "No"	used assertive body language
described (respectfully) how the pressuring is making her/him feel	offered an alternative
made space by "stepping back"	described (respectfully) how the pressuring is making her/him feel
offered an alternative	made space by "stepping back"
walked away	stated, "No."
used assertive body language	walked away



*Mrs Angie Motshekga,
Minister of Basic Education*



*Mr Enver Surty, Deputy
Minister of Basic Education*

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

The Sexuality Education in Life Orientation Scripted Lesson Plans form part of the Department of Basic Education's range of interventions aimed at improving the performance of South African learners in Grade 8. As one of the priorities of the Government's Plan of Action, this project has been made possible by the generous funding of the United States Agency for International Development (USAID). This has enabled the Department to make these workbooks, in English, available at no cost.

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

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

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

ISBN-13: 978-1431526970



9 781431 526970