

Talking

sexual
health

A TEACHING & LEARNING RESOURCE

FOR SECONDARY SCHOOLS

*IMPLEMENTING THE NATIONAL FRAMEWORK FOR EDUCATION ABOUT
STIs, HIV/AIDS AND BLOOD-BORNE VIRUSES IN SECONDARY SCHOOLS*

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OUTLINE

BACKGROUND

The Australian Research Centre in Sex, Health and Society developed *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and Blood-borne Viruses in Secondary Schools* on behalf of the Australian National Council on AIDS, Hepatitis C and Related Diseases. The *Framework* is the latest step in Australia's innovative and current approach to preventing sexually transmissible infections (STIs), HIV/AIDS and blood-borne viruses (BBVs) among young people.

Research commissioned by the Commonwealth Department of Health and Aged Care in 1997 indicated that adolescents have a good working knowledge of the bio-medical aspects of HIV/AIDS, although their knowledge of other STIs and BBVs is poor (Lindsay, Smith and Rosenthal 1997). Moreover, although adolescents appear to understand transmission and prevention of STIs, particularly HIV, a contradiction exists between knowledge and action (Gourlay 1996). In other words, even though adolescents know what they need to do to protect themselves, they are still engaging in unsafe sexual practices. The reasons for this are many and varied and relate to the fact that young people are not a homogeneous group. Issues of class, gender, sexual identity, age, ability, religion and culture all impact on young people's motivations and practices. There is a clear recognition amongst researchers and educators that if school-based programs are to be effective in promoting sexual health, they must examine the social and cultural context in which young people make decisions related to their sexual health. Moreover, sexual activity at an early age and the use of unsanctioned and illicit drugs are difficult issues for school communities to address. However, in all populations of young people it should be acknowledged that there is a continuum of activity, which ranges from abstinence to various levels of engagement in sexual activity and drug use. The entire continuum of activity needs to be addressed in school-based programs.

The *Framework* has been developed in response to the need to provide strategic advice on these issues to those involved in the development, implementation and evaluation of school-based policies and education programs about STIs, HIV/AIDS and BBVs.

A professional development resource has been developed to support the implementation of *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and Blood-borne Viruses in Secondary Schools*. It is anticipated that the resource will primarily be used to train teachers

in the critical knowledge and skills necessary for effective program implementation in schools according to the key principles of the *Framework*. However, it will also provide effective training for other members of the school community including parents and agencies working with schools to improve the health of young people.

The final link from theory and policy into practice is the provision of these classroom materials to assist teachers in secondary schools to provide a comprehensive approach to education about STIs, HIV/AIDS and BBVs.

WHY DO WE DO NEED A TEACHING AND LEARNING RESOURCE?

The findings from several national research projects clearly demonstrate a continuing need to address issues related to STIs, HIV/AIDS and BBVs in schools.

- Most students have a good knowledge of HIV and AIDS; although many do not know that HIV cannot be transmitted by mosquitoes, that a pregnant woman with HIV can infect her baby, or that a person who looks healthy could pass on HIV (Lindsay et al 1997).
- Knowledge of STDs and the different types of hepatitis is poor (Lindsay et al 1997).
- Approximately half of year 12 students are sexually active – 48%, with either serial monogamy being the norm or a high turnover of sexual partners (Dunne et al 1992, Lindsay et al 1997).
- 22% of sexually active students have three or more partners in one year (Lindsay et al 1997).
- Between 8 – 11% of year 10 and year 12 students do not identify as exclusively heterosexual (Hillier et al 1996, Lindsay et al 1997).
- 53.6% of young men and 27.7% of young women used condoms on every occasion they had penetrative sex (Lindsay et al 1997).
- Alcohol and drug use are major predictors of unsafe sex (Lindsay et al 1997, Hillier 1997).
- Among sexually active young people, 13% were binge drinking once a week or more, were having sex with casual partners and using condoms inconsistently or not at all (Lindsay et al 1997).
- 11% of same-sex attracted young people had injected drugs: 14 – 18 year olds reported sharing higher levels of injecting equipment than 19 – 21 year olds; 30% had used party drugs such as speed, ecstasy and LSD and 62% had smoked marijuana, more of these were young women (Hillier et al 1998).
- Students are still relying on trust and monogamy as a safe sex practice (Harrison et al 1996, 1997; Hillier et al 1996, 1998).
- Students are ignorant of safe sexual practices other than the use of condoms to prevent HIV and other forms of contraception (Harrison et al 1996, 1997).
- Attitudes towards condom use are more positive than negative, but use is inconsistent and usually for contraception (Harrison et al 1996, Lindsay et al 1997).
- 18% of young women in year 12 are using withdrawal as a contraceptive method (Lindsay et al 1997).
- For many students from culturally and linguistically diverse backgrounds (CLD) school-based sexuality education programs were the only way they could get information about sexual health issues (Harrison et al 1997).

- Discrimination in terms of gender and homophobia are key issues for schools (Harrison et al 1996, 1997; Hillier 1996; Hillier et al 1998).
- Many students believed there were deserving and undeserving people with HIV (Harrison et al 1996, 1997; Hillier et al 1996; Lindsay et al 1997).
- Teachers find it difficult to challenge homophobic attitudes (Harrison et al 1996, 1997).
- 46% of same-sex attracted young people have experienced verbal and physical abuse, with 70% of the abuse occurring in schools by other students and 3% by teachers (Hillier et al 1998).
- Teachers and school-based programs are one of the major sources of information used and trusted by young people (Hillier et al 1998).

WHO WILL USE THE RESOURCE?

The *Talking Sexual Health* teaching and learning resource has been designed primarily to use with students in years 9 and 10, but it is also suitable to use with students in years 11 and 12 and many of the activities can be modified to use with students in years 7 and 8. As with any teaching and learning resource, teachers will need to review the activities and materials provided and modify them according to the needs of their students and their school communities.

Talking Sexual Health is a resource to assist teachers to focus on issues related to education about STIs, HIV/AIDS and other BBVs. Therefore it is crucial that students have already covered other aspects of sexuality and health education in earlier year levels as indicated in the state and territory curriculum frameworks. It is **not** appropriate, or recommended, that the activities in this resource be used to introduce sexuality and drug education. Rather, this resource provides **experienced** health educators with teaching and learning activities to assist in achieving a number of learning outcomes appropriate for year 9 and year 10 students.

PROFESSIONAL DEVELOPMENT

Before using this resource it is recommended that teachers participate in a *Talking Sexual Health* professional development program in their state or territory or participate in professional development related to sexual health and sexuality education. Contact should be made with the relevant department staff, in your state or territory, with responsibility for policy and education related to STIs, HIV/AIDS/ and BBVs. They have been trained to run professional development programs or can direct you to the appropriate state or territory organisations. Some school-based personnel may find it difficult to access professional development specifically designed to implement these teaching and learning activities. If this is the case the Family Planning Associations in each state and territory may provide a program to assist teachers in exploring and developing skills to address some of the issues covered in this resource.

The *Talking Sexual Health* programs provide a suitable background for teachers and other educators to develop and select suitable activities to use with students. The professional development activities have been designed to increase teacher comfort, knowledge, skills and understanding of the social environment in which young people make decisions about their health. Using modified student activities, participants are able to explore

their own, others', school and community values and attitudes to issues around sexuality and to a lesser extent drug use. Professional development will also assist teachers to understand their own and others' positioning and the impact this can have on decision-making.

CURRICULUM CONTEXT

School-based education about STIs, HIV/AIDS and BBVs should be consistent with recognised and stated public health goals. This means ensuring that provision of information about diseases and viruses is not divorced from the social context in which they occur and in which young people make decisions; both about their sexual and broader health. Education about STIs, HIV/AIDS and BBVs should be integrated into a broad health framework that examines other health issues, such as drug use, instead of as a topic-based approach that examines STIs as one more negative consequence of sexual behaviour.

Education programs about STIs, HIV/AIDS and BBVs need to be based on a conceptual framework that:

- develops sequentially in young people the ability to be able to make informed personal choices based on accurate information, their own values structure and an awareness of what feels comfortable and appropriate; as well as an appreciation of how this can impact upon them and others (Gourlay 1993, p. 5)
- places decision making and values clarification activities in a relevant social context
- draws on experiential learning, inquiry, goal-setting, modelling, role-play (Gourlay 1993; Harrison et al 1996, 1997; Patton et al 1997)
- uses a dynamic and compelling curriculum (Gourlay 1993; Harrison et al 1996, 1997)
- relies on skilled teachers who are qualified, comfortable, sensitive and trusted by students (Moore and Rosenthal 1993) and
- provides a classroom climate enabling students to feel confident and comfortable that their views will be respected and confidentiality will be maintained (Patton 1997; Harrison 1997).

The provision of education about STIs, HIV/AIDS and BBVs fits firmly into a broad health curriculum. States and territories vary in curriculum guidelines, syllabus provision and mandated time spent on health education. Even so, all states and territories place sexuality and drug education within the learning area of health and physical education. Some states and territories have used the *National Statement and Profile in Health and Physical Education* to guide curriculum development, or as a basis for their own guidelines.

This resource draws on similar theoretical understandings about young people and health. In particular, a number of the learning goals in the health and physical education statement clearly articulate some of the aims of this resource. These include assisting young people to:

- develop the knowledge and skills to make informed decisions, plan strategies and implement and evaluate actions that promote growth and development, effective relationships and the safety and health of individuals and groups
- take an active part in creating environments that support health and contribute to community debate and discussion on these issues
- accept themselves as they grow and change and promote their own and others' worth, dignity and rights as individuals and as members of groups

- evaluate the influence of diverse values, attitudes and beliefs on personal and group decisions and behaviour related to health
- develop an understanding of how individuals and communities can act to redress disadvantage and inequities in health and access to health care and resource use and evaluate services, products and facilities that promote well-being (*National Statement and Profile on Health and Physical Education* p.7).

As there is such variety between and among states and territories in the way they have used, modified and developed learning outcomes from the principles of the *National Statement and Profile in Health and Physical Education* it is of little practical use to refer to the learning outcomes in *National Statement and Profile on Health and Physical Education*. It is suggested that when planning programs reference is made to the state and or territory curriculum documents.

POLICY, GUIDELINES AND LEGISLATION

Schools can make an important contribution to education and prevention initiatives relating to STIs, HIV/AIDS and BBVs. It is important to remember that schools are part of a broader community response to improve the health of young people in Australia. A number of national strategies and frameworks provide a policy and guidelines context that recognise schools as one partner in this process. They have been used in the development of the national *Framework* upon which this resource is based.

Of particular relevance are:

- *National HIV/AIDS Strategy 1996-97 to 1998-99*
- *National HIV/AIDS Strategy 1999-2000 to 2003-2004*
- *National Mental Health Strategy*
- *National Hepatitis C Strategy 1999-2000 to 2003-2004*
- *Gender Equity: A Framework for Australian Schools*
- *National Indigenous Australians' Sexual Health Strategy 1996-97 to 1998-99*
- *National Drug Strategic Framework 1998-99 to 2002-03 and National School Drug Education Strategy*
- *National Framework for Health Promoting Schools 1998-2001*
- *Health Promoting Schools in Action: A Guide for Schools 2000.*

Australian schools have legal obligations to comply with in their provision of safe and supportive environments for students. As effective provision of education about STIs, HIV/AIDS and BBVs involves the examination of legal as well as moral and ethical issues around sexuality it is likely that issues about discrimination may arise which need to be addressed.

Schools, as both providers of services and employers, have legal and moral responsibilities for the 'duty of care' of students under state, territory and commonwealth legislation. Anti-discrimination legislation at both state and commonwealth levels is a relevant framework for creating and maintaining safe and supportive learning environments free from harassment and discrimination for all students. Of particular relevance are:

- *Commonwealth Racial Discrimination Act 1975*
- *Commonwealth Sex Discrimination Act 1984*
- *Commonwealth Human Rights and Equal Opportunity Act 1986*
- *Commonwealth Disability Discrimination Act 1992*

Schools also need to be aware of relevant anti-discrimination and equal opportunity legislation in each state and territory and incorporate them into school-based policies and practices.

TERMINOLOGY

Sexuality and sexual health

Issues related to education about STIs and BBVs are overwhelmingly related to human sexuality and, in the case of hepatitis C, to injecting drug use. The terms *sexuality* and *sexual health* are key concepts in this resource and set the broad parameters for school-based education around STIs, HIV/AIDS and BBVs.

The *Framework* has drawn on World Health Organisation (WHO) definitions, which have been widely accepted in states and territories.

Sexuality is an integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life [it] influences thoughts, feelings, actions and interactions and thereby our mental and physical health. Since health is a fundamental human right, so must sexual health be a basic human right.

Sexual health is the integration of the physical, emotional, intellectual and social aspects of sexual beings; in ways that are positively enriching and that enhance personality, communication and love.

[It involves] a capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic. It involves freedom from shame, fear, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships... [and the] freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive function.

(WHO 1975 cited in Langfeldt and Porter, 1986)

Blood-Borne Viruses (BBVs)

An issue in need of clarification is that of blood-borne viruses and their inclusion in a resource that predominantly addresses diseases contracted through sexual activity. A simple definition follows, a 'blood-borne virus is a virus that can be transmitted from an infected person to another infected person by blood to blood contact, including through the sharing of injecting equipment.' (Ministerial Council on Drug Strategy, National Drug Strategic Framework 1998, p 45).

Sexually Transmissible Infections (STIs)

Teachers who may not have taught health recently will notice that the terms sexually transmitted or transmissible diseases has been replaced with the term sexually transmissible infections. This is due to the need to include categories of illness that can be contracted through sexual activity. The term infection caters inclusively for the bacterial, viral, yeast and fungal infections that are sexually transmitted.

HEPATITIS: THE NEED FOR A HOLISTIC APPROACH

There is a great deal of confusion around the group of viruses known as Hepatitis. Young people understand that HIV is a blood-borne virus and that it can be contracted from blood to blood contact, predominantly from the sharing of injecting equipment (Lindsay et al 1997). However, their knowledge of hepatitis A and the blood-borne viruses hepatitis B and C is extremely poor (Lindsay et al 1997).

The 1997 survey showed that school-based programs have had difficulty in effectively covering these issues with young people. This may be because many education authorities and schools separate sexuality education from drug education. Such separation can result in a lack of clarity as to who is responsible for the development, implementation and review of school-based programs. For practical reasons the blood-borne hepatitis are often covered under the umbrella of STIs as part of programs looking at HIV/AIDS rather than through the much stronger links to injecting drug use.

Although there are good reasons for this, it does little to assist young people make the social connections between drug use, infection, sexual safety and the realities of their social lives. For many young people drugs are involved in some of their sexual encounters and activities. Artificially separating issues of sexuality and drug education raises the question of responsibility for the development and delivery of resources and programs, particularly those focusing on hepatitis. Although hepatitis B can be contracted through both sexual contact and the sharing of injecting equipment, hepatitis C is overwhelmingly contracted through the sharing of needles and equipment. If education is to bridge the gap in young people's knowledge of hepatitis and assist them to explore the broader social context in which decisions about drug use and sexuality are enmeshed, programs must adopt a more holistic approach.

At present there are very few learning and teaching resources to assist the classroom teacher in developing programs to address issues related to hepatitis C. It is hoped that those included in this resource will point the teacher in the right direction. An excellent resource for further training and information is the state or territory Hepatitis C Council.

TEACHING AND LEARNING STRATEGIES

This resource uses a variety of teaching and learning strategies. By varying the way students learn all students will find a style or styles they prefer. Varying activities also enables students to work in different sized groups and develop skills to actively participate in a variety of ways. Many of the units in *Talking Sexual Health* are activity based and student centered, requiring students to make a contribution. Because the issues covered in this resource can be sensitive and have the capacity to cause embarrassment, it is important that the teacher enables enough individual writing, small group, single sex and pair work to cater for students who find it difficult to contribute in the class. Try not to jump to the conclusion that students who say little in class or find it difficult to contribute to class discussion are not engaged in the activities.

The techniques used in *Talking Sexual Health Teaching and Learning Resource* are those common to any health education classroom. Even so, it is always useful to be reminded of some of these techniques and why they are used to explore health related issues that often have a values and attitudes component.

Setting ground rules

Setting ground rules with students is important in any classroom as it enables students and teachers to have a mutual understanding of what is expected in terms of their own behaviour and the behaviour of others. Enabling students to have a clear understanding of acceptable behaviour will assist in this process. Working within accepted ground rules is particularly important for teaching and learning activities that may require the sharing of a range of ideas, values and attitudes. Students need to feel safe and supported, not only by teachers but also by other students. A useful strategy is to engage students in the development of these ground rules. If students have difficulty developing these, you may like to start with some of the following rules for discussion.

- listen to different ideas without 'put-downs'
- no interruptions while someone is talking
- stick to the point
- everyone has the right to speak
- each person is responsible for his or her own behaviour
- what other people say in class is confidential
- never refer to someone by name when giving an example
- always support each other
- respect other's cultural traditions, beliefs, values and languages
- everyone has the right not to offer an opinion.
- everybody wins.

It is important to enable students to withdraw if they find issues personally confronting and to protect them from making harmful disclosures. Equally it is important that teachers are prepared for issues that arise as a result of a student making a disclosure. This subject is discussed more fully in *Creating A Supportive Learning Environment*. Teachers should read this section thoroughly before undertaking any work with these materials.

Brainstorm

Brainstorming is a useful and energetic technique for groups to generate a lot of ideas in a short space of time or as a means of introducing a topic or concept. It enables everyone to contribute without having to explain or justify his or her position. There are a few simple rules to follow:

- accept every idea without criticism and write it down at once
- the more ideas the better, don't worry too much about quality
- no discussion about ideas until after the brainstorm
- set a time limit: about ten minutes.

It is best to ignore inappropriate concepts, language and so on during the brainstorm. Accept all suggestions and use them as a starting point for processing the brainstorm. This can actually be a very useful way to set ground rules about appropriate language. Once the brainstorm is complete inform students that, although particular words and phrases may be used in

other contexts, during class time they should use correct language that is not sexist, racist, homophobic or offensive.

The way lists are processed obviously depends on the purpose of the brainstorm. A useful way is to cross out ideas that are obviously inappropriate and follow these up if derogatory language has been used. Combine words or phrases that are similar, with consensus from the students. Then carry out a prioritising activity, which can easily be done with a show of hands, to reduce the list further.

Role-play

In the materials it is suggested that some activities can be role-played, other activities could also be adapted for role-play if the teacher and the students feel comfortable to do so. Role-play can be an enjoyable means for young people to explore situations that have the potential to involve making decisions or taking action when there is some possible risk to personal safety. It is a useful technique to explore situations that involve examining values, attitudes and emotions that can be contradictory or in conflict. Importantly, by having the opportunity to practice potentially unsafe situations, young people may be more prepared with knowledge and skills to make informed decisions about their sexual health.

There are a number of different role-play techniques which include freeze technique, role reversal, video play back, still images and hot seat. An excellent guide to appropriate techniques is the Queensland Department of Education 1991, Years 1-10 Drama Curriculum Guide. Possibly the best resource is the school's drama teacher.

Whatever techniques are used it is crucial that both briefing and debriefing is carried out. Debriefing is the processing component of the role-play that not only has the purpose of drawing out ideas, implications and possible strategies but enables participants to leave their character or de-role. This can be achieved in a number of ways. One strategy is to ask participants to change seats or to give them a small prop in the briefing process such as a book and ask them to shed it whilst they state who they were in the other seat and who they are now. Each person should be given an opportunity to de-role or return their character and discuss how they felt during the role-play. Asking questions like, "What did you have to change about yourself to play this role?" or "How different are you to the character?" can be used to focus the debriefing and de-roling.

Positioning Activities

There are a range of activities that require young people to decide on a value or attitude position to issues related to sexuality, gender, power and infections and viruses. Some of these require students to explore their own position, others require them to explore the position or perceived positions of other groups or the community as a whole. These activities are extremely useful to introduce the breadth of content, key assumptions and myths and importantly to enable young people to see that there is a huge continuum of positions held by people because of age, gender, ethnicity, sexual orientation, race, ability, location and so on. It is important that the processing components of these activities are carried out so that young people explore and examine their own and other's position.

Affirming diversity

Acknowledging and affirming diversity among students is crucial to ensure that school-based programs are relevant to all students. Diversity refers to the broad range of differences amongst students and their communities and includes aspects related to gender, race, geographic location, culture, socio-economic background, age, disability, religion and sexuality. Education programs, which affirm this diversity and take into account its implications on young people's social worlds, have greater potential to reach a wider audience of students. Programs should acknowledge that students differ in their personal, social and political experiences and environments and are not a homogeneous group.

Effective education about STIs, HIV/AIDS and BBVs enhances sexual health within the context of an individual's values, moral beliefs, cultural and religious background, ability, sexuality and gender. Recognition and understanding of different cultural or religious traditions and established values about sexual practices and relationships helps identify specific sexual health education needs. In other words, educational messages will be heard and understood differently by different groups. 'Sometimes it will be gender that filters the message, sometimes it will be our stage of cognitive development, and sometimes it will be our experiences and relationships with the world as influenced by such factors as our culture, ethnicity and the socio-economic milieu' (Gourlay 1993, p. 37).

Disclosure

In any program focussing on issues of human relationships and sexuality it is possible that students may disclose personal issues. To minimise harmful disclosures teachers need to make clear to students that, although a number of the activities may explore personal values and attitudes around issues of sexuality, they **do not** require students to disclose their own sexual experiences. A useful strategy to prevent students saying something inappropriate is protective interruption. This means interrupting students before they disclose and at the same time informing them they can talk privately with the teacher after class.

In the event that students do disclose personal issues, it is crucial that teachers are aware of school and legal processes and procedures for dealing with disclosures, particularly those of sexual abuse.

Disclosures of abuse

Reporting of physical injury that results from abuse or neglect and sexual abuse is mandatory in many states. Teachers should refer to the appropriate state and territory guidelines and legislation.

Disclosure of sexual preference

There is a chance that students who feel safe and secure may also disclose concerns they have about their own or a family member's sexual orientation and sexual identity. In other words, teachers may have students disclosing that they or someone in their family are gay, lesbian, bisexual and

transgender. Teachers need to know how to provide appropriate support and assistance. It is advisable for teachers to clarify their own response to a student telling them they or a family member is gay, lesbian, bisexual or transgendered and to identify appropriate procedures, including the use of community resources. A pro-active strategy is to provide information on support services to the whole class through the display and distribution of posters and handouts. In this way students who feel there is – no one they can easily speak to will have access to supportive and helpful information.

Most importantly, teachers and student support services personnel, need to be aware that disclosures of sexual preference should remain confidential. One fifth of same-sex attracted young people (SSAY) in schools have never spoken to anyone about their sexuality (Hillier et al 1999). It is difficult for young people to talk about these issues and a teacher informing other teachers or parents should not compound the difficulty. The young people will inform others themselves when they are ready. Confidentiality is critical for these students.

Teachers are also encouraged to gain support, as appropriate, from student support services personnel and ensure that a safe environment exists in the school. There needs to be structural support available in the event that a student decides to disclose they are gay or lesbian. To do so the school needs to have policies and programs in place affirming diversity and seeking to reduce discrimination and harassment. It also means providing individual support for young people who need to talk about themselves and their concerns.

As with any disclosure of a personal issue it is important to listen patiently and carefully to what the young person is saying and to not to be insistent in pressing the student for information. In addition, teachers need to:

- be affirming
- explain that they are pleased to be told and are prepared to help if they can
- help the young person to look at the options open to them
- connect the young person to support services when appropriate.

(Aspects adapted and expanded on from *Catching On* 2001)

The disclosure of sexual preference can also be an issue for gay and lesbian teachers. Teachers of health and sexuality education are often asked personal questions related to topics covered in class and naturally will sometimes use their own lives as examples to illustrate points. This can present a personal dilemma for gay and lesbian teachers. On the one hand teachers may fear or be at risk of abuse and discrimination in a school environment not supportive of diversity. On the other hand teachers may have a commitment to being visible about their sexuality to increase awareness of diversity for all students and to provide positive examples of gay and lesbian people to young people, particularly those who are gay, lesbian, bi-sexual or transgender.

It is obviously an individual decision for teachers to disclose their sexuality to staff or students and in what context they talk about their lives. However, a broad principle to adhere to is, that students do not have the right to ask personal questions related to the sexuality of teachers. In the same way teachers and other students do not have the right to ask students

personal questions. Setting and consistently enforcing ground rules is a strategy to minimise and support this principle and practice. Although it is crucial that personal and community values and attitudes are examined as part of health and sexuality education and that sexual diversity is made visible, resource material to stimulate discussion should not be based around the personal lives of staff and students.

The decision to 'come out' is a risky one and any teacher contemplating such action should be mindful of the resistances that are likely to result. Nevertheless the choice is with the teacher and where an individual teacher, mindful of the risks, chooses to 'come out' for whatever reason, they should be systemically supported around their decision. This support includes the provision of a supportive work environment with active policies and procedures that support and affirm diversity and seek to reduce discrimination and harassment.

Teachers who are not gay and lesbian can challenge stereotypes and affirm diversity by not revealing their sexuality to students. They can also use inclusive terms when referring to relationships e.g. partner instead of husband and wife. It is easy and safe for a teacher to place gay and lesbian people as 'other', by ensuring that students know they are heterosexual. It is more powerful for this to be unknown to assist in breaking down myths and discrimination.

A note on transgender young people

A small number of young people in schools may be experiencing what is known as "gender dysphoria" which is a general medical term referring to any person with some level of discomfort with their socially assigned at-birth gender role. While for some young people it may be a matter of passing concern, the majority of young people experiencing this discomfort will go on to pursue the issue further at some time in their adult life. While not a common condition it is one which brings with it an extreme amount of distress and an absolute sense of isolation with its consequent impact on feelings of self-worth. Counselling has an important role to play in supporting transgender young people and teachers should be prepared to deal with a disclosure by offering support, affirmation, complete confidentiality and, where possible, a referral to an appropriate service. Such services can generally be found through youth help-lines in all states and territories.

It is important that transgender young people are not confused with gay and lesbian young people as the issues and experiences are quite different for each group. In terms of meeting the needs of any young people in schools who might be experiencing gender dysphoria, and who will generally not risk disclosure, a teacher can do two things. The first is to redress their invisibility by referring to the existence of transgender people and their needs in appropriate contexts. This is a small requirement, which can make a huge difference to the young people involved. Second in teaching the activities that explore gender, and the extent to which it is socially constructed, all young people can be assisted to find gender expectations less oppressive and to support those who challenge them in any way. This is not an easy issue for schools to deal with but transgender young

people do exist and are members of school communities. In this sense they are entitled to be acknowledged and have their needs met in both the curriculum and student welfare areas.

Counseling and support organisations are available in some states and territories for people with concerns around these issues. The website of the Gender Centre in NSW maintains an up to date list of these services at <http://www.gendercentre.org.au/links.htm>.

DISCRIMINATION

One of the broad aims of *Talking Sexual Health* is to work towards the elimination of discrimination. By examining issues around gender, power, sexual identity and drug use it is hoped that students will understand the nature and implications of discrimination. Because the material challenges discrimination it is possible that students will voice discriminatory attitudes toward HIV-positive, gay, lesbian and transgender people. It is important for teachers to remember that between 8 – 11 per cent of their students are not likely to be exclusively heterosexual.

“Schools which succeed in countering discrimination and harassment are likely to have established an inclusive and supportive environment in which staff and students:

- do not engage in discriminatory and harassing behaviour
- feel confident to explore issues of identity, difference and similarity
- frequently reflect on their own attitudes and behaviours
- recognise what they value and like in themselves and others
- continue to increase their knowledge and understanding of the nature, causes and history of discrimination and harassment of various kinds
- share their feelings about, and experiences of, discrimination and harassment
- consider strategies to counter discrimination and harassment within the school and within the wider community
- know what action to take in the event of an incident of discrimination or harassment.”

(Tasmania Department of Education (2000) *Anti-Discrimination and Anti-Harassment Policy Support Materials* p. 9)

Teachers and schools need to be aware of their obligations under state, territory and federal Equal Opportunity and Anti-Discrimination legislation (see p.9).

The Tasmanian Department of Education's Anti-Discrimination and Anti-Harassment Policy Support Materials provide an excellent resource to evaluate school policies and programs. This can be accessed on their web-www.education.tas.gov.au/equitystandards

Homophobia

A common concern expressed by teachers involved in developing and trialing this resource and during national professional development was how to best deal with the homophobic attitudes of some students. Research shows that even though a minority of students did express some homophobic attitudes (overwhelmingly from young men) students reacted

favorably to work on homophobia. The evaluation of the trial materials clearly demonstrated a shift in the attitudes of students, particularly when issues of discrimination such as race and sex were used as a basis for understanding issues (Harrison 1998).

As with any situation in which young people examine issues with a values or ethical component inappropriate comments often made. It is crucial that teachers deal with these. Some successful strategies, used by the Auckland Education Unit of the New Zealand Family Planning Association, include the following:

- be prepared to respond to anti-gay, anti-lesbian, anti-bisexual or anti-transgender slurs just as you would racist or sexist slurs
- be as well informed as possible, respect the person challenging you, focus on challenging the negative opinions rather than the person
- don't expect to win or lose an encounter, you are there to say things that need to be said, the main point is getting information across
- avoid debating religious arguments, where a person has strongly held views it may be more productive to discuss sexuality issues in terms of how the person is feeling
- if students use names such as 'faggot', 'homo', 'leso' or 'queer', possible responses could include:
 - I have a friend/brother/sister who is gay/lesbian and I find your comment offensive
 - I find words like 'wog', 'coon', 'retard', offensive (include words you know that they will find offensive).

—Use the **NAC** approach:

Name it: 'That's a problem'

Refer to **A**greement; 'Our ground rules state no put-downs'

Give **C**onsequences: 'If you use a put-down again you will have to follow disciplinary procedures', (S Liggins et al 1994).

A whole school approach

Strategies designed to improve the health of adolescents have been shown to be more successful if they are delivered in the context of a whole school approach. This means developing, implementing and reviewing policy and guidelines; consulting and working in partnership with families and the school community; accessing community resources and involving students. (Kirby 1993; Ollis and Tomaszewski 1993; Glover et al 1996; Harrison et al 1996; Kirby 1997; Harrison et al, 1998).

A whole school approach means more than the implementation of the formal curriculum. It means ensuring that policy, guidelines and practices in the student welfare and pastoral care areas support the messages students learn through the formal curriculum. For example, it is of limited use for students to examine the implications of discrimination on the basis of sexual orientation if in the playground or during sport they observe no response to, or support for a student who is harassed for this reason. Similarly, there needs to be an integration of formal programs within a comprehensive student welfare and support structure so that linking students to community health agencies complements education programs.

Whole school approaches to education about STIs, HIV/AIDS and BBVs vary depending on the specific needs and values of the school community. Sexual health education programs and policies developed to reflect attitudes, values, skills, and philosophy of each respective community will assist students to understand and act in their own social environment when making informed and healthy lifestyle decisions. (see *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and BBVs in Secondary Schools* p. 19)

The place of community agencies

Some schools rely on community health organisations to assist with sexuality education. As a result, young people become aware of their local or state-based services and how these may provide an experienced approach to some of the issues covered in sexuality education. Outside agencies can also support and provide professional development for teacher's as well as providing up-to-date information on sexuality and young people. However, programs **should not** be run solely by outside agencies; rather they should be used as a resource to enhance a program. One-off information sessions on, for example HIV or STIs, have little value for students unless they form part of an ongoing comprehensive program.

USING THIS RESOURCE

The activities in this resource aim to assist students to examine issues related to STIs, HIV/AIDS and BBVs in the context of a health promotion framework. They link the current research on young people and sexuality to the practice of everyday life. They focus on education about STIs in the context of sexuality and link BBVs to drug education in a holistic way. They have been designed to enable students to increase their knowledge of STIs and BBVs and to understand the social world in which they negotiate decision making about their health.

The activities have been designed to enable developmental exploration of the issues discussed in the *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and Blood-borne Viruses in Secondary Schools* such as risk behaviours, gender identity and orientation, gender and power in sexual relations. They place the information and necessary skills in a framework examining the social and cultural context of sexuality, drug use and safer sex issues.

AN OVERVIEW OF THE UNITS

The four units are designed to be used sequentially. The set of activities exceeds those that could be used in a health education curriculum in one year. Teachers will need to select activities which meet the needs of their students, the aims of their programs and achieve state and territory learning outcomes. Rather than having learning outcomes associated with individual activities these have been presented at the beginning of each unit.

Continued overleaf...

Overview of units one and two

UNIT 1

Sex, drugs and health-setting the context

Focus

Unit One is designed to set the context for examining more specific issues related to sexuality, STIs, HIV/AIDS and BBVs. Activities involve learning appropriate terminology and introducing the scope and breadth of the knowledge, skills and issues in education about STIs, HIV/AIDS and BBVs. In addition the activities have been designed to assist students to develop some understanding of their own, others' and community positioning and values and how these develop and alter according to class, gender, culture, ethnicity, age, ability, sexual orientation and so on.

Activities

1. Take up a position
2. Sex, drugs and sexually transmissible infections.
3. It's all part of the life span
4. Affirming diversity
5. A partner is...
6. Personal partnerships
7. Where's the harm?

UNIT 2

Knowledge and action-increasing relevant knowledge

Focus

Unit Two is designed to provide students with key knowledge about STIs, HIV/AIDS and BBVs as identified in the National Framework. Although its focus is on improving knowledge it has taken a broad view of knowledge in a social context.

Activities

1. How much do we know?
2. How safe is that?
3. Dr Smear
4. Hepatitis C - safety in numbers
5. Understanding the cost
6. Making plans

Overview of units three and four

UNIT 3

Power, sexuality and risk

Focus

Unit Three focuses on students developing an understanding of power. It is designed to enable students to explore the different dimensions of power and the impact of power on sexual relations and risk. It explores issues around gender and sexual diversity as a means of demonstrating different dimensions of power and their impact on safety. It not only explores the obvious dynamics of power in social relationships but also attempts to help students see the subtle and sometimes not so subtle ways that power operates through the social structures.

Activities

1. The power of expectations
2. What is power?
3. Defining power
4. The power of assumptions about sexuality
5. Power, violence and risk
6. Stepping out
7. Opposite ends of the pole
8. Look who's talking
9. Scale of attitudes
10. Power, relationships and drugs

UNIT 4

Maximising choice – minimising risk

Focus

Unit Four focuses on bringing together issues covered in the previous units such that it provides young people with strategies to improve and enhance their sexual safety. It expands the acquisition of knowledge to look at issues such as social safety, discrimination and harassment and how these can be addressed so that young people can make health-enhancing choices. It designed so that young people feel positive about themselves and their sexuality.

Activities

1. There's more to sexual safety than you think
2. Who can I trust?
3. Leaving the door open
4. Difficult questions
5. Sex, drugs and making choices
6. Hear, see and feel
7. Enhancing sexuality.

Using this resource

Using the Activities

The individual activities are structured so that the teacher is provided with relevant background information and additional references if necessary. It is assumed that the teacher will read and become familiar with the background information before attempting an activity. Icons are used to illustrate important information for running the activity. Relevant overhead transparencies and handouts are provided at the end of the activity.

Background

Relevant background information, considerations and additional references for the activity are included here. It is assumed that the teachers will read and become familiar with the background information before attempting an activity.

Preparation

What you need to get ready
What you need to read
before the activity.

What you will need

Indicated materials needed
Any physical space issues
Any worksheet needed
Any overheads needed.

Procedure

Step by step instructions.

Possibly Sensitive

An additional icon is included if the activity has the potential to be sensitive. This icon alerts teachers that they need to read the activity carefully and prepare well before using it.

ACTIVITY 5

A partner is...

BACKGROUND

This activity is designed to get students thinking about the characteristics of an intimate relationship and how the expectations of this relationship can differ from other types of relationships.

SMALL GROUP ACTIVITY **TIME REQUIRED (MINS) 40** **SENSITIVE ACTIVITY**

PREPARATION

Photocopy enough worksheets for each student. Collect a sample of looking for partners advertisements from local papers or use those provided. If using ones from local papers ensure that they reflect a diverse range of ages and sexualities.

WHAT YOU WILL NEED

- worksheet A Partner is...
- worksheet Looking for partners

PROCEDURE

1. Distribute copies of worksheet A Partner is... to students. Ask them to fill it in, then fold over and shuffle up their sheets. Hand out the sheets and ask students to work in pairs with the sheets they receive. Ask them to discuss the following questions for each of the behaviours:
 - Would this be OK in your partner?
 - Do you think this behaviour would be good for the relationship?
 - How do you think this would affect making a decision to make safe choices?
 - How would you change this behaviour?
 - How does a relationship with a partner differ to a relationship with a friend, parent etc?
2. In the same groups ask students to examine the personal ads on the worksheet Looking for Partners and discuss the following questions.
 - What are young people looking for in a relationship?
 - What are older people looking for in a relationship?
 - Is what's important in a relationship changed as people age?
 - Does it change for same-sex relationships?
 - Does it change for cultural reasons?
3. In the whole class discuss if it is possible to come up with universal characteristics that people expect in a relationship. Brainstorm what these might be or place a graffiti sheet in an accessible area and ask students to write their ideas down.

(Modified from Safe Behaviours: ACT Family Planning 1998)

A PARTNER IS... **PAGE 51**

UNIT LEARNING OUTCOMES

Students will:

- be introduced to the range of issues that are the focus of this resource
- have had the opportunity to explore their own and other peoples' views and positions in relation to issues of sexuality
- be able to define and use acceptable terminology for classroom discussion of sexuality issues
- be able to analyse simple data related to sexuality
- have examined the challenges and changes associated with adolescence
- be able to list skills needed to deal with the challenges and changes associated with adolescence
- understand the concept of diversity and have examined ways of affirming diversity
- clarify what they do or do not value about partners and relationships
- identify their own expectations of sexual partners
- understand that people value different attributes in partners
- have an improved understanding of the implications of differing definitions of harm in relation to sexual activity and drug use and be more empowered to make informed decisions about their own behaviour.

ACTIVITIES

1. Take up a position
2. Sex, drugs and sexually transmissible infections
3. It's all part of the life span
4. Affirming diversity
5. A partner is...
6. Personal partnerships
7. Where's the harm?

This unit provides a set of learning and teaching activities designed to set the context for examining more specific issues related to sexuality, STIs, HIV/AIDS and BBVs. They involve defining terminology and introducing the scope and breadth of the knowledge, skills and issues related to education about STIs, HIV/AIDS and BBVs. More importantly, the activities are designed to assist students to develop some sense of meanings in their own, others' and community positioning and values and how these develop and alter according to class, gender, culture, ethnicity, age, ability, sexual orientation and so on.

Take up a position

BACKGROUND

This activity is designed to help students see that there is a range of positions in relation to sexuality issues that vary because of age, gender, education, ability, culture and so on. It is important for students to realise that people have a range of values and attitudes that impact on how they think about sexuality and drug issues and the way they make decisions about their health.

It is also designed to canvass with students the breadth and scope of issues to be covered in these materials. It is important at the outset to emphasise that there are no right or wrong answers. Teachers may also need to review classroom rules and develop a set that is accepted by and supports all students. This activity also provides the opportunity to introduce and reinforce the importance of ground rules.

It is also an excellent activity to repeat at the end of the unit or term to assess if opinions, values and attitudes have changed.



WHOLE CLASS ACTIVITY

20-30

TIME REQUIRED (MINS)
(DEPENDING ON THE NUMBER
OF STATEMENTS USED)

PREPARATION

Depending on your students and the time available, select four or five statements from the lists included or develop your own set.

WHAT YOU WILL NEED

- Worksheet: *Statements on sexuality*
- Signs printed with the following words: agree, disagree, strongly disagree and strongly agree
- Large room or space.

PROCEDURE

1. Select five or six statements from the Worksheet *Statements on sexuality* (or develop your own) that reflect the range of ways young people view and position themselves in terms of sex, sexuality and gender, and sexual identity. Using a 2, 3 or 4 point continuum (strongly agree, agree, disagree, strongly disagree) read aloud one statement at a time and ask students to physically move to the position which best reflects their view. A useful strategy to ensure students position themselves is to use a piece of rope, string or draw a chalk line across the room and ask students to stand on the line.

It is important to inform students that there are no right or wrong answers in this exercise. The purpose of the activity is for students to appreciate that people hold different views to issues related to sexuality for a range of reasons.

Take up a position

Inform students that they may move at any time if they find that a reason given by another student changes how they think about the statement. However try to encourage a wide range of views and discourage 'fence-sitting'.

2. After each statement has been read out and students have positioned themselves, ask for volunteers from the different points on the continuum to share why they placed themselves in this position. Alternatively, students can discuss their choice of position with a person in a different position.

DEBRIEFING

The following questions provide a useful focus to encourage students to think about the range of positions people hold in relation to sexuality and can be used either at the conclusion of the activity or after each statement. There are too many to use after each statement so select according to the statements you are using. For example you may focus on students thinking about where their positions come from following one statement and gender difference following another statement.

- How do you think you developed your position to this statement?
- If you asked your parents to do the same activity, where do you think they would position themselves?
- What differences do you think there may be if we did this with all girls or with all boys?
- Would there be any differences if the group of young people doing the activity were all gay and lesbian?
- Would there be any difference in how girls positioned themselves if the girls held strong religious or cultural beliefs?
- Do you think there would be any difference in how boys positioned themselves if the boys held strong religious or cultural beliefs?

Note: These questions could also provide a useful structure for individual student journal writing and reflection.

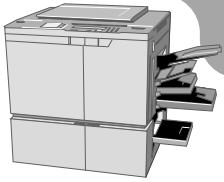
EXTENSION

Ask students to select four statements from the worksheet or from your own list. Their task is to

- a) ask their parents or any adult of their parent's age how they would position themselves in relation to the statements and why. It is important that students are not forced to discuss issues with their families if it is culturally inappropriate.
- b) write a paragraph outlining the differences and similarities between themselves and the adult. Include in the paragraph any possible reasons and explanations they can give for their adult's position. For example their parents may have grown up in a religious family or a parent may work with injecting drug users and so on.
- c) report back to the class on the differences and similarities.

Bring the session together by emphasising that just as there is a range of positions reflected in the class, there is also a range of positions reflected amongst adults because of experience, age, culture, religion, gender and so on.

(Adapted from *Catching On*)



Statements on sexuality

- It is easier being in year 7 than year 9.
- Girls should be able to play football with the boys.
- Sexuality is different to sex.
- Girls have it easier than boys do in relationships.
- Young people should experiment with sex.
- It's always the girl's responsibility for contraception.
- Schools need to teach about the dangers of drug use.
- Alcohol makes it easier for young people to tell a partner what they want.
- People don't have to have vaginal sex to have sex.
- It's hard for young gay and lesbian people to come out at school.
- I would support a friend who told me he or she was gay or lesbian.
- People who are drug users have given up on life.
- Boys cannot be trusted not to tell their friends if girls have sex with them.
- I feel more sorry for babies with HIV than gay men.
- It is only adults who use illicit drugs.
- If a girl enjoys sex she is a slut.
- It is more acceptable for boys to experiment with drugs than girls.
- Young people don't have to worry about getting a sexually transmitted infection, this only happens to adults.
- Boys always put pressure on girls to have sex.
- Using condoms are the safest way to avoid getting a STI.
- Hepatitis C is not a problem for young people because it is only adults who inject drugs.
- I'd feel flattered if someone of the same sex asked me out.
- The hardest thing about being an adolescent is not being trusted by your parents.

Teachers need to select a range of statements depending on the purpose of the activity. The first two have been included as warm-up statement to get the students used to the technique. Teachers may like to develop their own warm-up statements.

Sex, drugs & sexually transmissible infections

BACKGROUND

It is important that students know and are able to use correct terminology in health and sexuality education as in any other area of the curriculum. This assists them to understand print materials and feel confident to discuss associated issues without embarrassment. Using correct language requires the teacher to use what can, sometimes, be embarrassing language. It is important that teachers feel comfortable, as students will respond to the comfort level of the teacher. It can be useful to practice beforehand to increase familiarity. This activity is designed to introduce terminology as a means of raising some of the bio-medical issues and knowledge to be addressed.

Young people need to have access to knowledge and skills in order to make decisions about their sexual health. Identifying the different needs of groups of students to begin with helps to ensure programs are relevant to all students.



WHOLE CLASS ACTIVITY

45

TIME REQUIRED (MINS)



SENSITIVE ACTIVITY

PREPARATION

Photocopy resource sheet '*Sexuality Education Student Survey*'
Make an overhead transparency version of *Sexuality Education Student Survey*. Alternatively photocopy enough so that each student has a copy.
Photocopy Home Activity Sheet 1.2 *Sexuality Education Home Survey*

WHAT YOU WILL NEED

- Resource sheet *Sexuality Education Student Survey*
- Worksheets *Sexual health definitions*
- OHT of *Sexual Health Definitions*, photocopies of same or write on the board for students to read
- Overhead projector
- Materials on which to record feedback.

PROCEDURE

1. Begin this activity by talking about most how young people eventually become very interested in aspects of adolescent culture, such as sex, popular music, drug use and so on. However what they hear from the media and from family and school is not always what they want to know and in the case of the media, they usually don't trust what they hear. Inform students that they will now have an opportunity to identify those sexuality issues they would like to learn more about.

Sex, drugs & sexually transmissible infections

2. Divide the class into small groups of 3-4 students. Distribute worksheet *Sexual health definitions*. Ask students to discuss the answers in their groups as they work. Once worksheets are completed, go through each statement explaining or providing further information where necessary. Explain to students that many of these questions give brief answers to some of the physical aspects about sexuality and drug use. Over the course of the unit these issues will be explored in more depth looking at social, emotional and ethical issues as well.
3. In the same groups allow students a few minutes to discuss what they think the term 'sexuality' means.
4. Write the word sexuality on the board and ask students to brainstorm what they think about when they hear the term sexuality. (If students use slang or explicit language for sexual practices accept these and discuss appropriate terminology at the end of the brainstorm). Discuss the use of correct terminology. Use the relevant OHT to give a brief definition of sexuality.

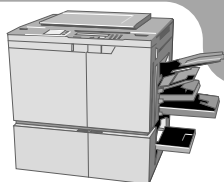
Alternatively ask students to write the word sexuality on the top of a page and as a group brainstorm all the questions they have about sexuality. Depending on the comfort levels of the class ask someone from each group to read their questions out. It may also be appropriate to use single sex groups. Use the OHT to give a brief definition of sexuality.

5. Ask students to identify what has been useful or not so useful about the sexuality education they have received in the past both from formal programs at school or from books, TV, friends and so on.
 - things you have liked or found useful from aspect of the sexuality education you have received so far?
 - things you have not enjoyed or found useless?
 - things that are not necessarily useful but you have found interesting?
6. Ask students to suggest different ways of collecting information about issues they would like covered in a sexuality education course. Discuss the possible advantages and disadvantages of each method, for example, costs, convenience and maintaining student privacy.
7. Explain to students that the use of a questionnaire is one way of collecting this information that is quick, cheap, easy and maintains students' privacy. Distribute worksheet: *Sexuality education student survey* and ask students to work in small groups to ensure that sufficient and appropriate sexuality issues are listed on the handout. Add additional issues if necessary.

Sex, drugs & sexually transmissible infections

8. Ask students how they would like the survey to be conducted to ensure privacy. Some suggestions are no names to be used, sit apart from each other, everybody to use a blue pen, the surveys to be placed into a box and mixed around so that nobody knows who has responded to each survey. Use class discussion to agree upon privacy measures.
9. Highlight the importance of completing the surveys with honesty, integrity and maturity so the best possible data can be collected. Explain to students that the survey asks them to identify their gender to determine if males and females want different issues covered.
10. Ask students to complete the survey according to the agreed upon privacy measures. Ensure that students understand how to complete the survey, read instructions aloud if necessary.
11. Redistribute the completed surveys and one blank survey sheet to small groups of students and ask them to tally how many male students and how many female students selected each issue. Ensure that privacy issues are also maintained in this part of the activity; if this is not possible it may be more appropriate for the teacher to tally the results.
12. Show the OHT version of Resource Sheet *Sexuality Education Student Survey*. Collect and tally the numbers from each group. Record the results on the overhead transparency taking care to show how many males and how many females selected each topic.
13. Ask students to work in small groups and interpret the class data collected to identify:
 - male and female priorities for the sexuality education issues
 - overall priorities that is, male and female tallies added together
 - issues not understood
 - similarities and differences between the needs of male and female students.
14. Conclude this activity by asking students to discuss:
 - how the survey results could be used
 - how the survey result could be publicised
 - implications of the survey results
 - what it was like to participate in a survey like this

(Developed and adapted from ideas in Centre for Health Promotion Research, *Draft Sexuality Education p -10 Teacher Support Material*, Edith Cowan University and Curtin University WA and Family Planning ACT (1998) *Safe Behaviours*)



Sexual Health Definitions

People who inject drugs into themselves are called drug users.

Male and female sexual fluids are called and

Abbreviation for an illness you can catch through sexual contact

People who are emotionally and sexually attracted to members of their own sex

People who are emotionally and sexually attracted to members of the opposite sex

A person who feels uncomfortable with their socially assigned at-birth gender role and feels they may be more comfortable being the opposite sex

Hepatitis C is transmitted mostly by infected

Micro-organism that can enter the body and cause disease

A virus which attacks the immune system so that the body can't defend itself, even against germs which it could normally fight off

Protective latex covering for the penis

Means of preventing a woman from becoming pregnant

..... is a disease which affects the liver and is mainly transmitted by sharing needles to inject.

Test to detect abnormal cells in the cervix

One organism that can cause Pelvic Inflammatory Disease (PID)

Inability to reproduce

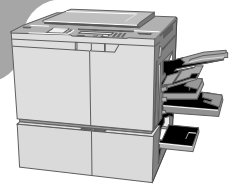
Small female sexual organ inside the vulva, which provides sexual pleasure when stimulated

A virus which can cause warts on the sex organs

A virus which can cause sores on the mouth or genitals

Cells made by the body to help fight germs

Overgrowth of yeast found in mouth and vagina



Sexual Health Definitions

Disease of female reproductive organs that may cause sterility: Pelvic Disease

Part of the uterus that sticks out into the vagina

Sexual practice in which the penis is put into a partner's anus

HIV, hepatitis B and hepatitis C can be transmitted if injecting drug users are needles.

The body's defence against diseases

Sexual practice in which the penis is put into a partner's vagina is called intercourse.

Caressing the body of a sex partner is sometimes called

A body fluid that does not transmit HIV

Two partners stimulating one another's sex organs by means other than sexual intercourse

A person stimulating his or her own sex organs

Sexual practices not including intercourse (unless condoms are used)

Choose from the following words:

<i>anal intercourse</i>	<i>herpes</i>	<i>mutual</i>	<i>petting</i>
<i>hepatitis B</i>	<i>injecting</i>	<i>masturbation</i>	<i>vaginal fluids</i>
<i>infertility</i>	<i>sharing</i>	<i>thrush</i>	<i>genital warts</i>
<i>saliva</i>	<i>cervix</i>	<i>condom</i>	<i>immune system</i>
<i>antibody</i>	<i>heterosexual</i>	<i>homosexual</i>	<i>safe sex</i>
<i>hepatitis C</i>	<i>masturbation</i>	<i>pap smear</i>	<i>virus</i>
<i>inflammatory</i>	<i>STI</i>	<i>vaginal</i>	<i>transgender</i>
<i>semen</i>	<i>chlamydia</i>	<i>contraception</i>	
<i>blood</i>	<i>HIV</i>	<i>clitoris</i>	

TEACHERS' ANSWER SHEET: Sexual Health Definitions

People who inject drugs into themselves are called **injecting** drug users.

Male and female sexual fluids are called **semen** and **vaginal fluid**.

Abbreviation for an illness you can catch through sexual contact **STI**.

People who are emotionally and sexually attracted to members of their own sex **homosexual**.

Person who is emotionally and sexually attracted to members of the opposite sex **heterosexual**.

A person who feels uncomfortable with their socially assigned at-birth gender role and feels they may be more comfortable being the opposite sex **transgender**.

Hepatitis C is transmitted mostly by infected **blood**.

Micro-organism that can enter the body and cause disease **virus**.

A virus which attacks the immune system so that the body can't defend itself, even against germs which it, could normally fight off **HIV**.

Protective latex covering for the penis **condom**.

Means of preventing a woman from becoming pregnant **contraception**.

Hepatitis C is a disease, which affects the liver and is mainly transmitted by sharing needles to inject IV.

Test to detect abnormal cells in the cervix **pap smear**.

One organism that can cause Pelvic Inflammatory Disease (PID) **chlamydia**.

Inability to reproduce **infertility**.

Small female sexual organ inside the vulva, which provides sexual pleasure when stimulated **clitoris**.

A virus which can cause warts on the sex organs, **genital warts**.

A virus which can cause sores on the mouth or genitals **herpes**.

Cells made by the body to help fight germs **antibody**.

Overgrowth of yeast found in mouth and vagina **thrush**.

Disease of female reproductive organs that may cause sterility: Pelvic **Inflammatory** Disease.

Part of the uterus that sticks out into the vagina **cervix**.

Sexual practice in which the penis is put into a partner's anus **anal intercourse**.

HIV, hepatitis B and hepatitis C can be transmitted if injecting drug users are **sharing** needles.

The body's defence against diseases **immune system**.

Sexual practice in which the penis is put into a partner's vagina is called **vaginal intercourse**.

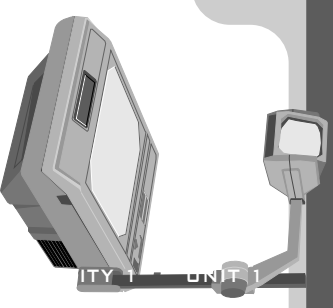
Caressing the body of a sex partner is sometimes called **petting**.

A body fluid that which does not transmit HIV **saliva**.

Two partners stimulating one another's sex organs by means other than sexual intercourse **mutual masturbation**.

A person stimulating his or her own sex organs **masturbation**.

Sexual practices not including intercourse (unless condoms are used) **safe sex**.



Sexuality and sexual health

Sexuality is an important part of the personality of everyone: man, woman and child.

It is a basic need and aspect of being a person.

It influences thoughts, feelings, actions and how we mix with people and our mental and physical health.

(Modified from WHO 1975 cited in Langfeldt and Porter, 1986)

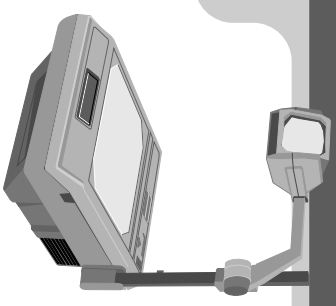


Sexuality and sexual health

Being sexually healthy means that physical, emotional, intellectual and social parts of being a sexual person work together to make us feel good about ourselves and help us communicate and love.

It involves being able to enjoy and control sexual and reproductive behaviour in line with a social and personal ethic.

(Modified from WHO 1975 cited in Langfeldt and Porter, 1986)

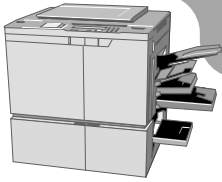


Sexuality and sexual health

It involves freedom from shame, fear, guilt and false beliefs that can affect sexual relationships.

It involves freedom from disorders, diseases and deficiencies that interfere with sexual and reproductive function.

(Modified from WHO 1975 cited in Langfeldt and Porter, 1986)



Sexuality Education Survey

Are you male or female?

Instructions

For each of the issues listed below, put a tick in the first box if you feel you already know a lot about it. Put a tick in the second box if you would like to know more about the issue. Put a tick in the third box if you think young people your age need to know about it. You can put a tick in all boxes.

A I already know about this **B** I would like to know about this **C** People our age need to know about this

	A	B	C
SEXUAL HEALTH ISSUES			
1. Physical changes			
2. Moral issues			
3. Expectations of young women			
4. Expectations of young men			
5. Sexual assault			
6. What interests young people have			
7. Sexual activity			
8. Sexual development			
9. Community expectations			
10. Community values to sexuality			
11. Changing feelings			
12. Where to go for help			
13. Gay and lesbian issues			
14. Love and being in love			
15. How relationships can change for young people			
16. Who to trust			
17. Being transgendered			
18. Sexual risk taking			
19. Sex and drug use			
20. Sexually transmitted infections			
21. Laws and sexuality			
22. Pressure to be sexually active			
23. Pressure not to be sexually active			
24. HIV/AIDS			
25. Hepatitis			
26. Dealing with feelings about oneself			
27. Dealing with parents			
28. Finding information			
29. Other, please state			

(Modified from *Sexuality Education Teacher Support Package*)

It's all part of the lifespan

BACKGROUND

There are some common developmental tasks or challenges associated with adolescence:

- a rapid growth process towards independent adulthood, in which sexuality will play a major role
- an increased interest in sexual matters
- increased anxiety about body image and appearance which often results in a lack of confidence
- increased respect for, and interest in, the friendship group, rather than the family
- expanded intellectual abilities, which enable young people to appreciate and weigh up a number of points of view before making a personal decision. The parent's word may no longer be seen as 'law'
- an increased need for privacy to work things out in their own way which sometimes means they 'clam up'
- an increased need for social acceptance, to be part of the group. This need for 'social safety' is frequently a lot stronger than the need for physical or sexual safety, and can commonly lead to risk-taking.

(Talking Sexual Health: A Parents Guide)

Even though there is agreement about the emergence of these challenges during the adolescent years, it is crucial that students learn to think of these in a dynamic way and not as formulae that each adolescent passes through on the way to adulthood. Issues of class, culture, ethnicity, ability, gender and maturation, for example, have an impact on these challenges and on the significance of identifying or not identifying them as challenges and issues.

Students need to understand that adolescence, as a phase, is a relatively recent one. It is related to changes in employment, schooling and familial relations. Young peoples' experience of adolescence is as different to that of 20 years ago as much as it can be different from one young person to the next. Although the session is designed to examine common experiences and challenges during adolescence it is important that students become aware of the diversity among and between young people to ensure that the lessons are inclusive of all students.

It is important to remember that although physical development can take a fairly predictable pattern this is only a small part of the complexity of adolescence. Emotional and social changes are as powerful, or more, powerful than physical changes and can vary a great deal from person to person. It is important that young people see that these changes are an understandable aspect of adolescent development and that it is acceptable to seek help and information, as they need it.



SMALL & WHOLE
CLASS ACTIVITY

60

TIME REQUIRED (MINS)

It's all part of the lifespan

PREPARATION

Photocopy worksheets

Familiarise yourself with the background information and the content of the overheads. If you do not have access to an overhead projector photocopy the information for students or get students to write it into their workbooks

WHAT YOU WILL NEED

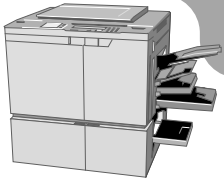
- OHTs
- Worksheet- *It's all part of the lifespan*
- Blackboard, white board and pens

PROCEDURE

1. Brainstorm commonly understood aspects of adolescence by asking what important changes occur in the life of a young person between 13 and 21 as they relate to sexuality?
2. Record these on the board.
3. Either write the list on a blank OHT or using the OHT given, inform students that researchers generally agree that adolescence, the time between childhood and adulthood, is usually characterised by these factors.
4. Remind students that although there is often an increased interest in sexuality this does not just begin during adolescence. You may like to revisit the definition of sexuality from the OHT in the previous activity. Ask students to turn to the person on their right and share one of their childhood memories of learning about sex or sexuality. Students can find this difficult so it is good to give them a couple of examples as in hearing something at primary school or being aware of nudity. Alternatively students can write of an anonymous memory and place it a private box for the teacher to read out.
5. Give each student the worksheet: *It's all part of the lifespan*. Tell students in small groups of three or four that they will act as a group of professionals, such as doctors, teachers and social workers, who work with young people in Australia in the 2000s. Inform them that they are attending an international conference on the changes and challenges of adolescent sexuality. The aim of the conference is for each country to report on the major challenges and changes for its adolescents.

It's all part of the lifespan

6. The group's task is to come up with three major changes that can occur during this stage of the lifespan. Each group reports back to the rest of the class; students might want to role-play the presentation of their findings. Encourage students to make up names and present their findings in a fun way. Encourage students to think about social as well as physical changes. Each challenge or change presented must include the reasons these important changes or challenges occur during adolescence.
7. Following each report or presentation, write the findings on the board or ask the students to write them during the reporting stage or the presentations. Discuss the findings using the following questions:
 - what are the key challenges of adolescence?
 - which changes are the same for everyone? which differ?
 - which do they have control over and which do they have no control over?
 - how could these changes differ if you were a girl, were indigenous, had a physical or intellectual disability, live in an isolated area, were homeless, were working, were attracted to someone of the same sex, had a sexually transmissible infection. Why? What other factors could influence these changes?
 - who or what organisations can young people approach for help, information and support to help deal with the changes?
8. In small groups ask students to list the skills they feel they need to effectively cope with these changes and improve sexual health. Compare this to the WHO list. Discuss the importance of these skills. Will the skills needed vary according to age, gender, ability, location and so on? Inform students that these are the types of skills that they will have opportunities to develop through health and sexuality education.



It's all part of the lifespan

In your small groups assume you are professionals, such as doctors, teachers and social workers, working with young people in Australia in the 2000s. You are attending a world conference on the changes of adolescent sexuality across the world.

The aim of the conference is for each country to report on the major challenges and changes for its adolescents.

Your task as a group is to come up with three major changes that can occur during this stage of the lifespan and to say why these are important.

1. _____

2. _____

3. _____

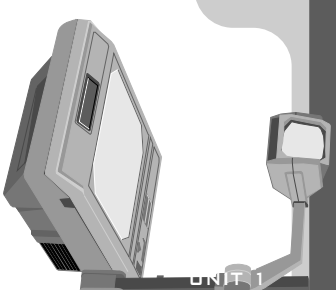
Your group will be required to report back by saying what the changes are and why they have been included.

Alternative activity

You are to role-play the presentation of your findings to the rest of the class. Think about social as well as physical changes. Make up names and present your findings in a fun way. Each change presented must include the reasons for its importance.

List the skills you feel young people need to effectively deal with these changes and to improve their sexual health?

What strategies can be employed to ensure that young people have the opportunity to practice these skills?



Characteristics of Adolescence

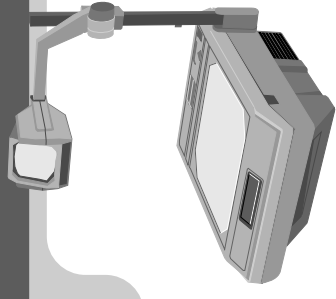
- a rapid growth process towards independent adulthood, in which sexuality will play a major role
- an increased interest in sexual matters
- increased anxiety about body image and appearance which often results in a lack of confidence
- increased respect for, and interest in, the friendship group, rather than the family

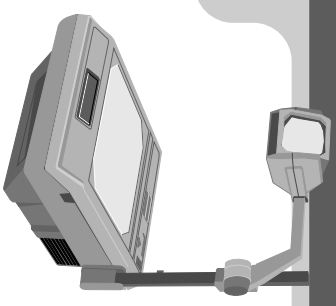
(Talking Sexual Health: A Parents Guide)

Characteristics of Adolescence

- expanded intellectual abilities, which enable young people to appreciate and weigh up a number of points of view before making a personal decision. The parent's word may no longer be seen as 'law'.
- an increased need for privacy to work things out in their own way which sometimes means they 'clam up'
- an increased need for social acceptance, to be part of the group. This need for 'social safety' is frequently a lot stronger than the need for physical or sexual safety, and can commonly lead to risk-taking.

(Talking Sexual Health: A Parents Guide)





Life skills for young people

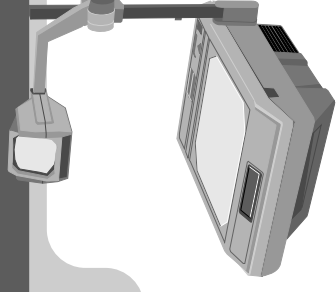
The World Health Organisation has listed the important life skills for young people in the sexual health area as the ability to:

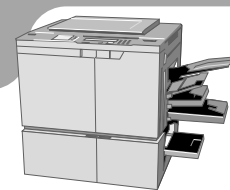
- make sound decisions about relationships and sexual intercourse and stand up for those decisions
- deal with pressures for unwanted sex or drug use
- recognise a situation that might turn risky or violent

Life skills for young people

The World Health Organisation has listed the important life skills for young people in the sexual health area as the ability to:

- know how and where to ask for help and support
- know how to negotiate protected sex and other forms of safe sex when ready for sexual relationships.





Assessment/Extension activities

Students select one of the following activities to complete for assessment purposes.

Everyone has his or her own story

Ask students to finish the following paragraph in the context of their own family, cultural, religious or ethnic background.

A 15 year-old has been going out with this boy/girl for the past six months. They have been having sex for the past two months. On Saturday her/his brother told her/his mother they were having sex.

Journey through the lifespan

Ask students to write two or three paragraphs about the importance of sexuality through out the lifespan in their culture. Included in this should be the rituals, rites of passage and celebrations associated with sexuality at all ages and stages of development. For example, in many anglo-celtic adolescent relationships it is common for love to be signified by a friendship ring. Ask students to report back, bring together the similarities and differences.

Adult interview

Choose an adult who lives at your house and introduce the topic something like this: At school we have been talking about relationships and sexual activity and discussing what males and females may expect and how they should behave. We have also learnt that sexual activity means a whole lot of things – not just sex (sexual intercourse). It can be touching, holding hands, kissing, hugging, doing romantic things and so on. We have also addressed the importance of communication in relationships.

We have been given homework. Do I have your permission to interview you please? I will also be writing a summary of your answers but I will not use your name to identify you.

If they say 'yes' ask the questions. If they say 'no' try asking another adult you know. When you find someone who agrees to be interviewed ask the following questions and record their answers in the report. Include who you spoke to and reflect on aspects and questions which were easy and difficult for the person to discuss.

- What do the words 'being sexually active' mean to you?
- What types of sexual activity do you think should be part of young people's relationships?
- Who do you think should take the responsibility for stopping teenage sexual activity before it goes too far?
- What do you think people should talk about before they have sex?
- Do you think females find it difficult to say 'no' to sexual activity? Why? Why not?
- Do you think males often find it difficult to know what females want with regard to sexual activity? Why? Why not?
- What do you think are the main things I should know about sexual activity?

(Modified from *Sexuality Education Teacher Support Package*, Centre for Health Promotion Research, School of Public Health and Curtin University of Technology, School of Nursing and Public Health Edith Cowan University WA)

Affirming diversity

BACKGROUND

Acknowledging and affirming diversity among students is crucial to ensure that school-based programs are relevant to all students. Diversity refers to the broad range of differences amongst students and their communities and includes aspects related to gender, race, geographic location, culture, socio-economic background, age, disability, religion, and sexual preference and sexuality identity. Education programs, which affirm this diversity and take into account its implications on young people's social worlds, have greater potential to reach a wider audience of students. Programs should acknowledge that young people differ in their personal, social and political experiences and environments and are not a homogeneous group.

Effective education about STIs, HIV/AIDS and BBVs enhances sexual health within the context of an individual's values, moral beliefs, cultural and religious background, ability, sexuality and gender. Recognition and understanding of different cultural or religious traditions and established values about sexual practices and relationships helps identify specific sexual health education needs. In other words, educational messages will be heard and understood differently by different groups. 'Sometimes it will be gender that filters the message... sometimes it will be our stage of cognitive development, and sometimes it will be our experiences and relationships with the world as influenced by such factors as our culture, ethnicity and the socio-economic milieu' (Gourlay 1996, p 41).



WHOLE CLASS ACTIVITY

50-120

TIME REQUIRED (MINS)
(DEPENDENT ON WHETHER THE
EXTENSION ACTIVITY IS UNDERTAKEN)

PREPARATION

For teachers to feel comfortable with the concept of diversity and its implications for schooling it is advisable to read the section 'Acknowledging and catering for the diversity of all students' of the *Talking Sexual Health Framework*. The *Framework* can be found on the ANCAHRD website.

Collect and photocopy school-based policies that recognise and are aimed at catering for diversity in school. You may want to collect departmental policies if school based ones are not available.

WHAT YOU WILL NEED

- Copies of school based policies
- Stimulus material depicting diversity between and amongst people
- Whiteboard markers and/or felt-tip pens
- OHT

Affirming diversity

PROCEDURE

1. Inform students that the aim of this exercise is to develop an understanding of the diversity of young people and how that understanding impacts on how young people interact and work together.
2. As a whole class ask students to consider the range of experiences and backgrounds of the people that live in their street or belong to a particular group such as sporting club, part-time work environment. If your community appears to lack much diversity ask them to consider the range of experiences and backgrounds seen on TV or in popular media. Alternatively ask students to select and collect some material that reflects the diversity of young people.
3. Using OHT identify whether they have all been included. Go through each one so that students understand the meaning of each concept.
4. Divide the class into groups of five or six and ask them to develop a definition of diversity. Groups report back.
5. In the same groups ask students to discuss the following questions:
 - Do you ever think about issues of diversity when you interact with people? For example do you talk to elderly people differently than you do young people?
 - Are there some aspects of diversity that are recognised and approved of over others?
 - How do you think people feel if aspects of their lives are not recognised and valued? In groups give students sections from a school-based policy that are aimed at affirming diversity.
 - Ask students to identify the strategies included and answer the question. Are these strategies visible around the school?
6. Finish by asking students to brainstorm some ways that the experiences of everyone can be included in a positive way.

Extension: activities that can be used for assessment purposes

Content analysis exercise

As an extension activity each student or pair of students is to complete a content analysis exercise. To do this, students need to select one or two magazines, birthday cards, a television program, newspapers, songs or other examples of popular culture. They then need to develop a question or hypothesis to guide their analysis as in the following:

- Do television programs aimed at young people present the diversity of people in a positive light?

Affirming diversity

- Do teenage magazines present young people as being a diverse group?
- Are any aspects of diversity used to sell products?
- How are people with disabilities presented?
- Do birthday cards present men as obsessed about sex?
- Is there a range of celebration cards for same sex relationships?

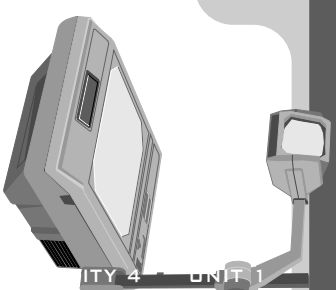
To help students address their topic some of the following questions could be used to focus their analysis or develop other focus questions. Ensure that all students address the last four questions.

- What themes did the chosen example of popular culture cover, (e.g. sex, love, romance, desire and so on)?
- What is being said about diversity?
- Is diversity presented as a positive thing?
- Were girls/women and boys/men presented in similar or different ways?
- If sex was the focus, what sexual activities were included?
- Did any of the media cover same-sex relationships? How were they presented?
- What cultural groups were included in the media? How were they presented?
- Was there any focus on other groups such as people with disabilities?
- What assumptions are being made about diversity? For example, people who have disabilities do not have sexual relationships; girls only want romance out of relationships and so on.
- What are the implications for young people of the assumptions made?
- Who does this view benefit?
- What could be done to change these assumptions?

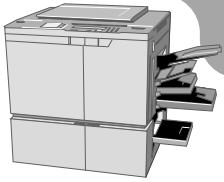
Students present their findings to the class as a talk, poster, tape, video, role-play or story.

(Modified from Department for Education and Children's Services (now DETE) South Australia 1997, *HIV/AIDS Education in Health and Physical Education Early Childhood to Year 10: A Training and Development Package*, p 105, *Catching On*, p.30)

Diverse backgrounds and experiences of the people we know



- boys, girls
- age – babies, children, teenagers, young people, old people
- range of disabilities – long term illness, with physical, intellectual, psychological, mental, hearing or visual impairments
- diverse religious groups
- diverse language and cultural groups
- Aboriginal and Torres Strait Islander backgrounds
- range of literacy (reading and writing) levels
- diverse family groups
- geographical location – city, provincial cities, country towns, rural, remote and isolated communities
- socio-economic status
- range of sexual orientations



Affirming Diversity

Diverse backgrounds and experiences of the people we know

- boys, girls
- age – babies, children, teenagers, young people, old people
- range of disabilities – long term illness, with physical, intellectual, psychological, mental, hearing and visual impairments
- diverse religious groups
- diverse language and cultural groups
- Aboriginal and Torres Strait Islander backgrounds
- range of literacy (reading and writing) levels
- diverse family groups
- geographical location – city, provincial cities, country towns, rural, remote and isolated communities
- socio-economic status
- range of sexual orientations

a. In your group develop a definition of diversity

b. Discuss the following questions

Do you ever think about issues of diversity when you interact with people? For example do you talk to elderly people differently than you do young people? Give three examples.

Look at the list of aspects of diversity in our community. Which of these aspects do you think are viewed positively? Why?

Which are viewed negatively? Why? Are there some aspects of diversity that are recognised and approved of over others?

How do you think people feel if these things about them are not recognised and valued?

A partner is...

BACKGROUND

This activity is designed to get students thinking about the characteristics of an intimate relationship and how the expectations of this relationship can differ from other types of relationships.



SMALL GROUP ACTIVITY

40

TIME REQUIRED (MINS)



**SENSITIVE
ACTIVITY**

PREPARATION

Photocopy enough worksheets for each student. Collect a sample of looking for partners advertisements from local papers or use those provided. If using ones from local papers ensure that they reflect a diverse range of ages and sexualities.

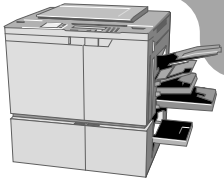
WHAT YOU WILL NEED

- worksheet *A Partner is...*
- worksheet *Looking for partners*

PROCEDURE

1. Distribute copies of worksheet *A Partner is...* to students. Ask them to fill it in, then fold over and shuffle up their sheets. Hand out the sheets and ask students to work in pairs with the sheets they receive. Ask them to discuss the following questions for each of the behaviours:
 - Would this be OK in your partner?
 - Do you think this behaviour would be good for the relationship?
 - How do you think this would affect making a decision to make safe choices?
 - How would you change this behaviour?
 - How does a relationship with a partner differ to a relationship with a friend, parent and so on?
2. In the same groups ask students to examine the personal ads on the worksheet *Looking for Partners* and discuss the following questions.
 - What are young people looking for in a relationship?
 - What are older people looking for in a relationship?
 - Is what's important in a relationship changed as people age?
 - Does it change for same-sex relationships?
 - Does it change for cultural reasons?
3. In the whole class discuss if it is possible to come up with universal characteristics that people expect in a relationship. Brainstorm what these might be or place a graffiti sheet in an accessible area and ask students to write their ideas down.

(Modified from Safe Behaviours: ACT Family Planning 1998)



A partner is...

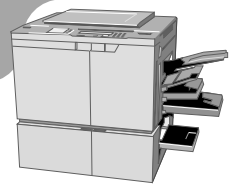
If you are already in a relationship, or if you would like to be in a relationship, what is your (hoped for) partner like?

Tick the column, which applies to you:

A partner is a person who...

	Don't Know	Never	Sometimes	Always
Gives me what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares everything with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tells me I'm great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets jealous when I get close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives me pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't listen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes the decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes care of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Won't tell me their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell anything to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy sex with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fights with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend when I need one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has other partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Modified from Safe Behaviours: ACT Family Planning 1998)



Looking for partners

Instructions

A. Read the following personal advertisements and discuss the following questions.

- What are younger and older people looking for in relationships?
- Is what's important in a relationship changed as people age?
- Does it change for same-sex relationships?
- Does it change for cultural reasons?

Aust. 32 year old, 5'6" with slim build, looking for sincere guy with very good sense of humour (VGSH), good communication skills, 27-37 years old, 5' 8" or over, looking for friendship leading to permanent relationship.

Spunky gay gal, 19 yo, seeks outgoing fem 18-25 yo, into nature, sport and nightlife for friendship and relationship.

58-year intellect, cultured, light drinker, smoker, retired. Likes music, Asian bric-a-brac and European culture. Seeks continental man with compatible tastes with a kind heart.

Kind hearted Aussie bloke, very romantic, 31, seeks lady 25-35. I am a fork lift driver and social drinker, social smoker, 5-9, 87 kilos

21 year old guy searching for soul mate, interests include tennis, cafes, clubbing, movies, travels

Slim, dark-skinned, older guy (looks young and fit) seeks guy 25-40 who likes love and affection, kissing and so on.

30-year-old blonde bombshell, wild and sexy, living in the fast lane. Can you keep up? 25-35 years apply.

Country lad, late 20's, non-scene, shy fun and down-to-earth, good sense of humour (GSO) seeks mate to hang out with, lives 100km from big city.

Lustful, sexually generous, funny and (sometimes shy) Tiger, b.1962 seeking sexy freak out with similarly intentioned woman.

Euro-Australian gent, 5' 3", early 60's, honest, caring, would like to meet 5'2" sincere, caring, 50-55 yo lady, approx 9-10 stones. I like fishing, camping, music.

30-year single mother, seeks understanding man for romantic relationship, possible marriage.

B. Write your own personal advertisement.

Personal partnerships

BACKGROUND

It may be useful to spend some time clarifying how the class views a partnership. This discussion should be inclusive of gay and lesbian partnerships and should emphasise the rights and responsibilities for all personal partnerships. Responsibilities are the actions we take that demonstrate respect for rights. Fulfilling responsibilities helps to protect rights. The issue of power is relevant in all relationships.

There is great variety in people's expectations about different types of relationships. However there are some key elements that seem to be characteristic of these expectations for relationships in which people feel supported and able to express their feelings and thoughts.



SMALL GROUP ACTIVITY

20-30

TIME REQUIRED (MINS)

PREPARATION

Teachers should familiarise themselves with the activity to anticipate student responses.

WHAT YOU WILL NEED

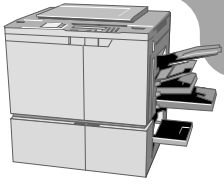
- worksheet *Personal partnerships* - one per student

1. Divide the class into small groups and distribute worksheet *Personal Partnerships* to each student.
2. Ask each group to develop ideas for a charter of personal partnerships that include both rights and responsibilities. Report these back to the class with all responses written on the board. Discuss variations and common themes. Each group then reviews their lists in light of class discussion.
3. Remind students that in relationships all rights need to be balanced by complementary responsibilities. Use the following example to work out the complementary responsibility: each person has the right to be treated with respect as an individual by his or her partner
Q: What would be the complementary responsibility?
A: Each person has the responsibility to respect his or her partner as an individual.

Personal partnerships

4. Ask students to move back into groups and establish responsibilities that complement each right. As a whole class, ask each group to share some answers.
5. Ask each student to highlight the rights and responsibilities that they feel are important and discuss in the group reasons for any different answers.
6. As a class list, discuss and develop a collated list of rights and responsibilities for a personal relationship.

(Modified from Child protection materials NSW page113-119, 1998)



Proposed charter of rights and responsibilities for partners

RIGHTS	RESPONSIBILITIES
<ul style="list-style-type: none"> ▪ to be treated with respect 	<ul style="list-style-type: none"> ▪ to treat the partner with respect
<ul style="list-style-type: none"> ▪ to raise issues for discussion 	<ul style="list-style-type: none"> ▪ to listen
<ul style="list-style-type: none"> ▪ to say no 	<ul style="list-style-type: none"> ▪ to believe the person when she or he says no and respect that decision
<ul style="list-style-type: none"> ▪ to be safe 	<ul style="list-style-type: none"> ▪ to respect the right of the other person to be safe and take action to support their safety
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪
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<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪
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Where's the harm?

BACKGROUND

Sexual activity at an early age and the use of unsanctioned and illicit drugs are difficult issues for school communities to address. However, in all populations of young people it should be acknowledged that there is a continuum of activity, which ranges from abstinence to various levels of engagement in sexual activity and drug use. The entire continuum of activity needs to be addressed in school-based programs.

The more recent history of public health policy formulation has seen the development of a harm minimisation approach to address broad outcomes in drug and sexuality education. At the school-based level this translates into approaches which aim to reduce the potential harms for young people. It is often difficult to achieve consensus on the definitions of harm and harm minimisation in a school setting as these concepts are subjective and sometimes will have a different focus to reflect the context in which they apply.

Generally, sexuality and sexual activity are seen as being positive and life-enhancing experiences in which young people, at some time in their lives, will engage. Comprehensive sexuality education programs provide young people with the skills and knowledge they need in order to make responsible and safe decisions about when and how they become sexually active. It is more difficult to use this approach in relation to drug use because of the unsanctioned and illicit nature of drug taking.

As school communities address the issues of young people, sex and drugs they need to acknowledge the relevant legal context. Much drug use is illicit and the age of consent for sexual intercourse varies in the states and territories. For further information on these issues visit the website <http://www.lawstuff.org.au/>.

The most recent Australian research indicates that a sizeable proportion of young people in secondary schools are already sexually active and that a number of secondary school students are using unsanctioned and illicit drugs. Therefore, it is important for school communities to discuss those harms which can be most effectively addressed at the school level.

This activity is designed to explore how harm is gauged and how the definition of harm can differ according to socio-economic class, gender, ethnicity, religion, culture, age, ability and so on. It also shows the importance of thinking through an individual ethical or moral position and examining how this position is reached and how difficult it is to reach consensus on the harms because the factors that impact on these decisions varies enormously between individuals.

Depending on the school's health education program and how much work students have already completed it may be appropriate to follow this activity with Unit 4 Activity 6: Enhancing sexuality.



SMALL & WHOLE
CLASS ACTIVITY

45

TIME REQUIRED (MINS)

Where's the harm?

PREPARATION

Teachers need to be familiar with policies about sex and sexuality, and drug education in their schools and relevant state/territory policies. The principal should have access to these.

WHAT YOU WILL NEED

- Whiteboard markers and/or felt-tip pens
- Worksheet 2: *Where's the harm?*
- OHT

PROCEDURE

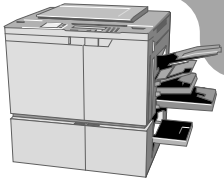
1. Inform students that the aim of this activity is to examine the concept of harm and to learn more about the role of minimising harm in sexuality and drug related situations.
2. Ask students to brainstorm the harms associated with sexual activity and drug use. Ask them to think about what they have heard from friends, neighbors, teachers and so on, as well as what they have read about in the press, novels and seen referred to on TV or in films.
3. Record these on a whiteboard.
4. If the class has developed a list of more than 10 harms, it is likely that these may overlap or could be categorised together.
5. Ask students individually to rank the harms from least harmful to most harmful using a numbering system from 1 to 10. If there is not enough time use the list of harms on the handout. Depending on the class it may be more appropriate to do this in single sex groupings.
6. In groups of five or six, students do the same ranking activity. Groups then report back by reading out the two most harmful and the two least harmful from their lists. Depending on the number of students, address the following questions in smaller groups or the whole class:
 - Which behaviours were viewed as more harmful, those associated with drug use or those with sexual activities?
 - Was it easy to achieve consensus on the ranking? Why? Why not?
7. Sum up the activity by pointing out that reaching consensus about what it is meant by 'harm' is difficult. Some people will define it as the first experience of intercourse, for others it will be unprotected intercourse. Age, culture, ethnicity, gender and religion all impact on how harm is defined. This makes it important for people to think through their own

Where's the harm?

position. To illustrate this point, ask the group to consider whether the ranking would change if the following groups did the same activity:

- a group of 18-year-olds
- a group of 70-year-olds
- a group with specific cultural or religious beliefs
- a group of people who have disabilities requiring a regime of drug use.

8. Present the definition of harm minimisation/harm reduction from the relevant state or territory frameworks.
9. In small groups ask students to develop a list of ways that harm could be minimised during sexual activity and during drug use.
10. Group report back and discuss strategies.



Where's the harm?

Individually rank the harms identified from least harmful to most harmful. The most harmful would be number 1 and the least harmful number 10.

In groups of five or six, rank the harms identified from least harmful to most harmful as above.

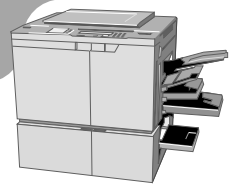
	Individual ranking	Group ranking
reputation		
having sex for the first time		
drug overdose		
accidents		
risk-taking		
unwanted sex		
depression		
poor school performance		
pregnancy		
diseases		

Once ranking has been completed, the class addresses the following questions:

- Which behaviours are viewed as more harmful, those associated with drug use or those with sexual activities? Why?

- Was it easy to achieve consensus on the ranking? Why? Why not?

Report back by reading out the group ranking of 1, 2, 9 and 10.



Where's the harm?

Individually rank the harms identified from least harmful to the most harmful. The most harmful would be number 1 and the least harmful number 10.

In groups of five or six, rank the harms identified from least harmful to most harmful as above.

	Individual ranking	Group ranking

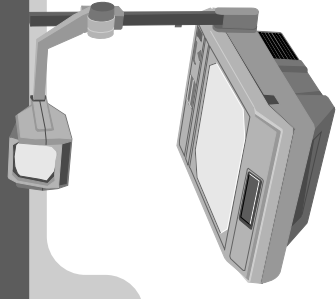
Once ranking has been completed, address the following questions as a group:

- Which behaviours are viewed as more harmful, those associated with drug use or those with sexual activities? Why?

- Was it easy to achieve consensus on the ranking? Why? Why not?

Report back by reading out the group ranking of 1, 2, 9 and 10.

Harm minimisation and harm reduction



Harm minimisation might be described as follows:

Harm minimisation means accepting realistically and non-judgmentally the current prevalent behaviours, and seeking to develop short-term and immediate strategies. These strategies must be practical for, and accepted in the target population, and have some capacity to minimise the potential for harm in the existing situation.

Current best practice in sexuality and drug education incorporates the concept of harm minimisation.

This unit is designed to provide students with key knowledge about STIs, HIV/AIDS and BBVs as identified in the *Talking Sexual Health: National Framework for education about STIs, HIV/AIDS and BBVs in secondary schools*. Although the activities are designed to improve knowledge of these infections and diseases, they have also contextualised the knowledge within real situations that young people are likely to face. Essential knowledge and understandings are linked to the skills needed and the social and cultural contexts in which this knowledge is used to make decisions about their health.

UNIT LEARNING OUTCOMES

Students will:

- be aware of the lack of knowledge of STIs, HIV/AIDS and hepatitis
- increase their knowledge of STIs, HIV/AIDS and hepatitis
- have compared their own knowledge with that of Australian students
- examine the nature and safety of a range of sexual practices
- have examined research about STIs and blood borne viruses
- increase their knowledge of hepatitis C
- examine appropriate blood-spill procedures for schools
- have examined the physical, social and emotional implications of living with a range of STIs and BBVs.

ACTIVITIES

1. How much do you know?
2. How safe is that?
3. Dr Smear
4. Hepatitis C: safety in numbers
5. Understanding the cost
6. Making plans

1 How much do you know?

BACKGROUND

This activity is designed to check student knowledge of STIs as well as to provide an introduction to the bio-medical aspects of STIs. The activity aims to enable students to compare their class knowledge to the most recent survey of student knowledge in Australia.

As the data shows young people have a good knowledge of HIV however knowledge of other sexually transmissible infections and blood borne viruses is poor. It is not enough to assume that knowledge of HIV transmission can be applied to other STIs and blood-borne viruses such as hepatitis. There are important differences between HIV and other infections which need to be understood and acted on by young people as in the main these pose a greater threat to the health of young people than HIV and carry life long consequences.

Depending on the school, it may be possible to negotiate with the mathematics department to complete part of this activity. You will need a calculator to work out percentages.



WHOLE CLASS ACTIVITY

90-100

TIME REQUIRED (MINS)

PREPARATION

Photocopy worksheet *Sexual health questionnaire* so that all students have a copy.

Put the Australian data on an overhead transparency. It may be possible to get hold of state or territory data by contacting the education department and asking for the policy officer responsible for STIs, HIV/AIDS and BBVs education. This information can also be found at <http://www.arts.unsw.edu.au/nchr>

Make sure you know the answers to all questions.

WHAT YOU WILL NEED

- Worksheet: *Sexual health questionnaire*
- OHT with Australian data
- Calculator
- Fact sheet – from *KISSS* (2000)

How much do you know?

PROCEDURE

1. Ask students to complete the *Sexual health questionnaire* on Worksheet 1.
2. Appoint a student to record the class results.
3. Depending on the time available to consider issues relating to STIs, allocate one or two questions to each student. Ensure that each student has at least one HIV question and one other STI question to research. Alternatively, students could complete all questions or be put into groups to examine a number of questions.

Regardless of the allocation of answers, hand out copies of the Fact Sheet provided or other information you have on STIs, HIV/AIDS and BBVs (see appendix) and ask students to look up the answers to the questions. This activity could also be done so that students have to access their own information using the library or Internet.

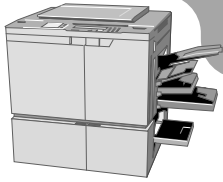
4. Go through the questionnaire asking for student answers to each of the questions. You will need to clarify information for students. Ensure that a student is recording how many correct answers the class gets. Ask for a volunteer to work out the class percentages for each question.

Alternatively, if time permits, all students could work out the percentages.

Compare the class results with the Australian data in the *National Survey of Australian Secondary Student HIV/AIDS and Sexual Health Survey 1998*. A summary of these is included on worksheets 2 and 3.

5. Discuss the following questions.
 - How does our class compare to students in Australia?
 - If there is a difference, what could account for this?
 - What does this tell us about young people's knowledge of HIV?
 - Which STIs did young people know little about?
 - What are the implications of this for the sexual health of young people?
 - What behaviours place people at risk of contracting a STI?
6. Finish the activity by informing students that over the next few weeks they will be improving their knowledge of these diseases as well as examining why young people put themselves at risk.

(Adapted from *Catching On*)



K.I.S.S. Fact sheet

Chlamydia

Chlamydia is one of the most common STIs but is easily cured if treated early. It's tricky because it's hard to know if you've got it or not.

"I started having pains in my belly and they kept getting worse. The doctors diagnosed it as pelvic inflammatory disease (PID) from untreated chlamydia. I never even knew I had it. Now I'm not sure if I'll be able to have babies"(Lee, 18yrs)

Signs and symptoms

Females

Burning feeling when you urinate, an unusual vaginal discharge, pain in the belly. Often girls notice no symptoms.

Males

Sometimes get pus from your penis and a burning sensation when you urinate. In guys its often called non-specific urethritis (NSU).

Risky when...

You have vaginal or anal sex without a condom.

What can happen

Untreated, chlamydia can lead to pelvic inflammatory disease (PID) causing infertility (making it harder to have babies).

Treatment

Usually a single dose of antibiotics, sometimes a 10 day course of pills. You get these from your doctor or health worker.

Gonorrhoea (The Clap)

Gonorrhoea is really easy to catch. If you have unprotected sex just once with someone who has it, you've got a 50% chance of catching it.

Signs and symptoms

Females

May have pelvic pain or an unusual vaginal discharge, but there are often no obvious symptoms at all.

Males

The main symptom is pain when urinating as well as pus from your penis. Gonorrhoea of the throat can effect guys and girls and can cause a sore throat or sores around the mouth.

Risky when...

You have oral sex, vaginal or anal sex without a condom.

What can happen

If untreated it can lead to pelvic inflammatory disease (for males and females) which can lead to infertility, which means you might have trouble having babies.

Treatment

Gonorrhoea can be cleared up using a one-off dose or 10 day course of pills from your doctor or health worker.

Genital Herpes

Herpes is another very common infection in Australia. There is no cure for it but there are treatments.

Signs and symptoms

Herpes causes painful, tingling, or itching blisters or ulcers. Other symptoms include aching muscles and fever.

Herpes Type 1

Usually forms cold sores around the mouth.

Herpes Type 2

Causes blisters around the genitals and anus.

Risky when...

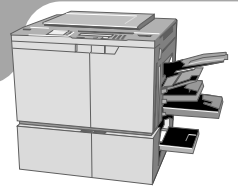
You have vaginal or anal sex. If someone has a herpes sore (a cold sore) on their mouth it can be transmitted to their partner's genitals through oral sex. It is spread by direct contact with the infected area, so if a condom doesn't cover the area, it can be passed on.

What can happen

While you can never get rid of the virus, the first attack is usually the worst, then the outbreaks should happen less often and be less painful as time goes on.

Treatment

There are medications to cut down the pain and help the blisters to heal faster. Some medications can help control the virus so that a person gets less sores, less often. See your health worker for them.



K.I.S.S. Fact sheet

Genital warts are caused by a virus known as human papilloma virus (HPV). Two in three people in Australia carry the virus. Condoms cut down your chances of getting HPV, but because HPV can be passed through skin to skin contact, condoms are not 100% protection against this virus. If you do catch warts, they usually appear in three to 12 month's time.

Genital Warts

Signs and symptoms

Female and Male

Warts are usually painless and start as small swellings on the penis or vagina, sometimes developing into cauliflower-like lumps, although some can be flat and hard to see. Even though heaps of people have it, the immune system usually keeps it under control, but the bad news is some strains of the virus can lead to cancer of the penis or vagina.

Female

Warts can also grow inside the vagina so it's possible to have them and not know it. It's important for a girl to get a Pap test every two years once she has started having sex to check for any signs of cell change that might lead to cancer.

Risky when...

You have anal or vaginal sex. Sometimes it can be passed on from the fingers to the genitals.

What can happen

If warts are untreated they can multiply so it's best to have them treated.

Treatment

The doctor can remove the warts, but the virus will still be there.

GIRLS... a word about Pap tests

A Pap test takes about five minutes. It looks for changes in the cervix that might turn into cancer. The cervix sits between the vagina and uterus. If you have had sex you should have a Pap test every two years. Many changes are not cancer but they still need treatment, and cancer that is found early can be cured.



Syphilis is fairly uncommon but it still exists. If it's not treated it can stay in the body for many years and cause serious problems.

Syphilis (The Pox)

Signs and symptoms

The first sign of syphilis is a sore that appears on the penis or vagina, anus or mouth about ten days to three weeks after sex with an infected person. It goes away in a week or two, but the bacteria are still in the body. The second stage is when a rash appears on the hands and feet, the face and other parts of the body.

Risky when...

You have vaginal, anal or oral sex without a condom.

What can happen

The rash might go away, but the infection is still in the body and a person may have no signs or symptoms for years before the third stage appears. At this stage there can be serious damage to the nervous system, the brain and blood system.

Treatment

Syphilis can be treated with special antibiotics prescribed by the doctor and cured if treated in the early stages.

Signs and symptoms

Sometimes there are signs similar to the flu up to three weeks after becoming infected. Not all people get these symptoms. Sometimes people start getting illnesses two to seven years after they first get infected. If people go for a blood test to see if they have the virus, sometimes it takes up to three months for it to show.

Risky when...

- you have anal or vaginal sex without a condom
- you share needles and syringes, and other injecting equipment
- you are HIV positive and pregnant, there is a risk to the baby.

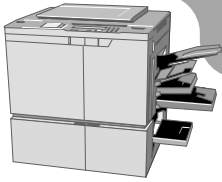
What can happen

Some years after an HIV infection, a person's immune system can become so weak that it can no longer fight even common illnesses. When people get really sick from HIV the illness is called AIDS (Acquired Immune Deficiency Syndrome).

Treatment

There's no cure for HIV/AIDS, but the symptoms can be helped and the virus can be slowed down by using medication. There are also social support services which help with emotional and social aspects of living with HIV.

HIV



K.I.S.S. Fact sheet

Hepatitis targets the liver, which is responsible for filtering the blood and breaking down food and poisons in the body. It can be passed on through contact with blood, semen, vaginal fluid and spit.

Signs and symptoms

- darker urine, and pale faeces (poo)
- yellowing of the skin and eyes (jaundice)
- fever and extreme tiredness
- stomach pains and vomiting.

Hepatitis B

Risky when...

- you share any injecting equipment including tourniquet, tables or other surfaces, and when there is blood on hands and fingers (even where there is only a tiny amount of blood)
- you have vaginal or anal sex without a condom
- you get a tattoo or body piercing with equipment that hasn't been sterilised in an autoclave
- you get a tattoo painted with ink from an ink pot used to tattoo someone else
- contact sports when there are cuts and grazes
- mother to child before and during childbirth.

What can happen

95% of people get completely well. About 5% of people can't get rid of the virus and become carriers. Some people end up getting liver disease, which can lead to liver failure or cancer of the liver.

Treatment

Once infected there's no complete cure, but hepatitis B has a vaccine. You can be nearly 100% certain you won't catch hepatitis B if you get shots against it, although it does not protect you from other kinds of hepatitis. Ask your doctor or community health centre about the shots.

Hepatitis C is not commonly transmitted through sex, but it gets a mention in this booklet because it is affecting so many Australians and is passed on through contact with infected blood (similar to HIV and hepatitis B). The main risk is injecting drug use. If anyone has ever injected, they have a one in three chance of being infected. The chances get even higher the longer a person has been injecting.

Signs and symptoms

Most people who are infected will have no symptoms at all at first, however some people will get:

- yellowing of the skin and eyes (jaundice)
- flu-like symptoms soon after becoming infected

- tiredness, pain in the abdomen, nausea (feeling sick)
- dark urine, pale faeces (poo).

Sometimes symptoms can take years to develop.

Hepatitis C

Risky when...

- there is contact with infected blood, and it gets into the blood stream
- sharing needles, syringes, swabs, spoons, filters, tourniquets, water or mix that has had a used fit in it, and not washing your hands immediately before and after injecting
- being tattooed, getting a body piercing, or having acupuncture (with acupuncture, make sure new, one-use disposable needles are used for each client).

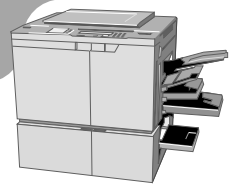
Some people got it from blood transfusions before 1990 (the blood supplies are now screened for hepatitis C).

What can happen

- About 20% of people get well.
- About 80% of people become carriers. They may remain healthy or have long lasting liver inflammation. This can make you extremely sick and tired, and have a huge impact on your life.
- Some people will develop scarring of the liver (cirrhosis) which can take 15 years to develop. Some people will suffer serious liver illness, which can lead to liver failure or cancer of the liver.

Treatment

A medical drug called Interferon helps some people fight off the virus, however it doesn't work for everyone. There is no vaccine for hepatitis C and you can be infected over and over again, each time putting your liver under greater strain.



Sexual health questionnaire

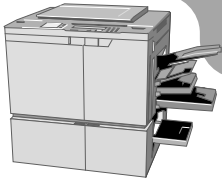
Please answer 'yes' or 'no' to question 1 by putting a tick in the Yes or No column

1. Which of the following diseases are sexually transmitted?

	Y	N
gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>
glandular fever	<input type="checkbox"/>	<input type="checkbox"/>
genital herpes	<input type="checkbox"/>	<input type="checkbox"/>
flu	<input type="checkbox"/>	<input type="checkbox"/>
venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
measles	<input type="checkbox"/>	<input type="checkbox"/>
syphilis	<input type="checkbox"/>	<input type="checkbox"/>
chicken pox	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
chlamydia	<input type="checkbox"/>	<input type="checkbox"/>
mumps	<input type="checkbox"/>	<input type="checkbox"/>
tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
genital warts	<input type="checkbox"/>	<input type="checkbox"/>
impetigo	<input type="checkbox"/>	<input type="checkbox"/>
pelvic inflammatory disease	<input type="checkbox"/>	<input type="checkbox"/>

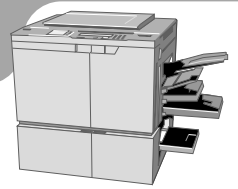
Please answer the remaining questions by putting a tick in the True or False column

	T	F
2. A person can get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs.	<input type="checkbox"/>	<input type="checkbox"/>
3. A woman can get HIV (the AIDS virus) through having sex with a man.	<input type="checkbox"/>	<input type="checkbox"/>
4. If someone with HIV coughs or sneezes near you, you could get HIV.	<input type="checkbox"/>	<input type="checkbox"/>
5. A man can get HIV through having sex with a man.	<input type="checkbox"/>	<input type="checkbox"/>
6. A person can get HIV from mosquitoes.	<input type="checkbox"/>	<input type="checkbox"/>
7. If a woman with HIV is pregnant, her baby can become infected with HIV.	<input type="checkbox"/>	<input type="checkbox"/>
8. A person can get HIV by hugging someone who has it.	<input type="checkbox"/>	<input type="checkbox"/>



Sexual health questionnaire

	T	F
9. The pill (birth control) can protect a woman from HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>
10. A man can get HIV through having sex with a woman.	<input type="checkbox"/>	<input type="checkbox"/>
11. If condoms are used during sex this helps to protect people from getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>
12. Someone who looks very healthy could pass on the HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>
13. A man can have a sexually transmitted infection without any obvious symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
14. A woman can have a sexually transmitted infection without any obvious symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
15. Apart from HIV, all sexually transmitted infections can be cured.	<input type="checkbox"/>	<input type="checkbox"/>
16. Chlamydia is a sexually transmitted infection that affects only women.	<input type="checkbox"/>	<input type="checkbox"/>
17. Chlamydia can lead to sterility among women.	<input type="checkbox"/>	<input type="checkbox"/>
18. Once a person has caught genital herpes, then they will always have the virus.	<input type="checkbox"/>	<input type="checkbox"/>
19. People who always use condoms are safe from all STIs.	<input type="checkbox"/>	<input type="checkbox"/>
20. Gonorrhoea can be transmitted during oral sex.	<input type="checkbox"/>	<input type="checkbox"/>
21. Genital warts can only be spread by intercourse.	<input type="checkbox"/>	<input type="checkbox"/>
22. HIV only infects gay men and injecting drug users.	<input type="checkbox"/>	<input type="checkbox"/>
23. The virus that causes cold sores can also cause genital herpes.	<input type="checkbox"/>	<input type="checkbox"/>
24. Hepatitis A is sexually transmitted.	<input type="checkbox"/>	<input type="checkbox"/>
25. Hepatitis B is sexually transmitted	<input type="checkbox"/>	<input type="checkbox"/>
26. Hepatitis C is sexually transmitted.	<input type="checkbox"/>	<input type="checkbox"/>
27. Hepatitis C has no long-term effects on your health.	<input type="checkbox"/>	<input type="checkbox"/>
28. It is possible to be vaccinated against hepatitis A.	<input type="checkbox"/>	<input type="checkbox"/>
29. It is possible to be vaccinated against hepatitis B.	<input type="checkbox"/>	<input type="checkbox"/>
30. It is possible to be vaccinated against hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>
31. People who have injected drugs are not at risk of hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>
32. Tattooing and body piercing can transmit hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>



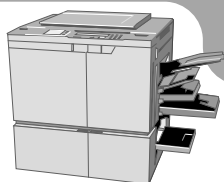
Australian data of sexual health survey of Year 10 students

% of students who answered STD transmission questions correctly

1. Which of the following diseases are sexually transmitted?

	M	F
gonorrhoea	44.2	47.2
glandular fever	62.1	75.5
genital herpes	77.0	87.0
flu	81.8	87.2
venereal disease	35.9	34.3
measles	77.9	82.9
syphilis	40.7	39.4
chicken pox	81.3	84.3
HIV/AIDS	98.2	99.2
chlamydia	30.6	37.2
mumps	69.1	75.6
tuberculosis	36.8	37.9
genital warts	70.7	84.8
impetigo	45.1	53.2
pelvic inflammatory disease	41.5	46.7

	M	F
2. A person can get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs.	97.6	97.0
3. A woman can get HIV (the AIDS virus) through having sex with a man.	97.0	96.2
4. If someone with HIV coughs or sneezes near you, you could get the HIV virus.	90.2	91.0
5. A man can get HIV through having sex with a man.	89.0	84.5
6. A person can get HIV from mosquitoes.	45.5	48.9
7. If a woman with HIV is pregnant, her baby can become infected with HIV.	73.2	78.9
8. A person can get HIV by hugging someone who has it.	97.1	98.8



Australian data of sexual health survey of Year 10 students

	M	F
9. The pill (birth control) can protect a woman from HIV infection.	82.6	84.7
10. A man can get HIV through having sex with a woman.	91.8	91.4
11. If condoms are used during sex this helps to protect people from getting HIV.	95.9	91.4
12. Someone who looks very healthy could pass on the HIV infection?	79.9	82.4
13. A man can have a sexually transmitted disease without any obvious symptoms.	71.1	79.5
14. A woman can have a sexually transmitted disease without any obvious symptoms.	71.2	79.7
15. Apart from HIV, all sexually transmitted diseases can be cured.	51.1	52.9
16. Chlamydia is a sexually transmitted infection that affects only women.	8.3	7.9
17. Chlamydia can lead to sterility among women.	18.5	21.8
18. Once a person has caught genital herpes, then they will always have the virus.	20.0	28.5
19. People who always use condoms are safe from all STIs.	68.4	72.6
20. Gonorrhoea can be transmitted during oral sex.	30.0	31.0
21. Genital warts can only be spread by intercourse.	23.6	34.0
22. HIV only infects gay men and injecting drug users.	70.0	77.2
23. The virus that causes cold sores can also cause genital herpes.	22.9	29.3
24. Hepatitis A is sexually transmitted.	17.2	13.8
25. Hepatitis B is sexually transmitted	46.5	51.2
26. Hepatitis C is sexually transmitted.	19.5	14.9
27. Hepatitis C has no long-term effects on your health.	31.6	31.4
28. It is possible to be vaccinated against hepatitis A.	34.9	37.8
29. It is possible to be vaccinated against hepatitis B.	34.9	42.3
30. It is possible to be vaccinated against hepatitis C.	8.6	5.4
31. People who have injected drugs are not at risk of hepatitis C.	51.1	54.7
32. Tattooing and body piercing can transmit hepatitis C.	33.0	33.7

How safe is that?

BACKGROUND

One of the difficulties with many education programs about STIs and HIV/AIDS is that they adopt a disease-orientated approach. Students look at a range of sexually transmissible infections and learn how to prevent and treat them. Programs assume that students already understand the mechanics of sex and a broad range of issues related to sexuality. In other words, they do not place education about STIs in any context relevant to young people's lives. It is impossible to talk about safe and safer sex issues, for example, if students do not understand what sex is or think sex is only penetrative vaginal intercourse. In this activity students will examine the idea of safe and safer sex practices. To do this, students need to understand the range of sexual practices that place people at risk of contracting a STI and those that are safe and safer. This not only enables young people to see there is a range of practices but start to think about safety in terms of risk behaviours, not in terms of risk groups. They need to understand that sexual activity can be more than penetrative sex and that many non-penetrative practices give sexually active young people the greatest protection from acquiring STIs.

It is important for teachers to be prepared so that they are both familiar and comfortable with the list of behaviours. You may even like to practice going over the list of behaviours as it may be the first time you have covered them with students. If you can feel comfortable to do this activity that in turn helps students to be more comfortable and prevents students being embarrassed and silly. Alternatively you can give the students the list to read individually but they may need some clarification. The activity may also be more appropriate to run in single sex groups.



SMALL & WHOLE
CLASS ACTIVITY

45

TIME REQUIRED (MINS)



SENSITIVE
ACTIVITY

PREPARATION

Prepare enough sets of cards for groups of five or six by photocopying the overhead masters and cutting them up. Put a set of each into envelopes. Prepare a set of signs with the words safe, unsafe and unsure; one set per group. Familiarise yourself with the sexual behaviour cards and ensure that you know the answers to which behaviours are safe and unsafe. Use *Talking Sexual Health: A Parents' Guide*; *Keep It Simple Guide to Safe Sex (KISS)* or state or territory Department of Health brochures for the most recent information.

How safe is that?

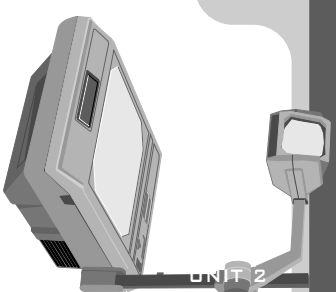
WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record expectations and feedback
- Whiteboard markers and/or felt-tip pens
- One set of cards in envelopes per group
- OHTs


PROCEDURE

1. Inform students that the purpose of this activity is to examine the safety of a range of sexual practices.
2. Divide the class into groups of about six. Inform each group that they are required to think of as many sexual activities or behaviours as they can. Ask students to think broadly in terms of sexual activity from activities such as eye contact to types of penetrative sex. Depending on the nature of the group, it may be more appropriate to use the prepared cards as the starting point rather than having students generate a list.
3. Compile the list on a whiteboard or read through each group's list, explaining the activities and behaviours listed so that all students have a common understanding of what they mean. Using the OHT *Sexual behaviours*, explain each sexual behaviour for further clarification for the class.
4. Give each group a set of the prepared cards and the signs. Each group is to place their cards into one of the piles: safe, unsafe, and unsure.
5. Allow students about ten minutes to complete the task with an additional few minutes to walk around and look at the placement of the other groups.
6. While groups still have their piles go through each of the behaviours, discussing their relative safety.
7. Finish the activity with each group working to develop a definition of safe and safer sex.

(Adapted from *Catching On*.)



Sexual behaviours

<p>Love bites Biting or sucking a partner's body hard enough to produce red marks or bruises.</p>	<p>Body and or genital rubbing Rubbing genitals against a partner's body or genitals for sexual pleasure.</p>
<p>Kissing Partners use their mouths to pleasure each other's mouths. Can also kiss anywhere on partner's body.</p>	<p>Cuddling A person gets sexual pleasure from cuddling their partner.</p>
<p>Holding hands A person gets sexual pleasure from holding hands with someone.</p>	<p>Sex toys 'Toys' refers to devices used to arouse a person or their partner.</p>
<p>Love letters A person gets sexual pleasure from writing or receiving love letters.</p>	<p>Anal intercourse A man inserts his penis into his male or female partner's anus.</p>
	<p>Vaginal intercourse A male inserts his penis into his female partner's vagina.</p>

Department of Education, Employment and Training, Victoria 2000, *Catching On: Teaching and Learning Activities*.

Sexual behaviours

Oral sex (cunnilingus)

A person uses his or her tongue to stimulate the female partner's genital area.

Talking dirty

Speech that is sexually arousing.

Fantasy

Imagining things that are sexually arousing.

Oral sex (fellatio)

A person uses his or her mouth/tongue to stimulate the partner's penis.

Fetishism

A person is sexually aroused by inanimate objects such as underwear.

Fingering

A person inserts their finger(s) into their partner's vagina or anus.

Eyeing someone off

A person gets sexual pleasure from being stared, winked or smiled at.

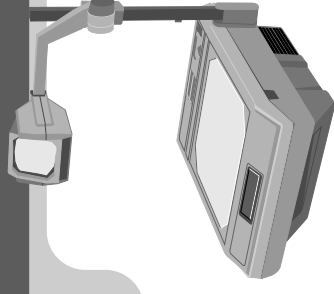
Massage

A person gets sexual pleasure from being massaged.

Masturbation

Giving yourself sexual pleasure, usually by touching or rubbing your genitals. Can also involve fantasy, pornography or sex toys.

Department of Education, Employment and Training,
Victoria 2000, *Catching On: Teaching and Learning
Activities.*



Dr Smear

BACKGROUND

It is important that young people increase their knowledge of STIs and BBVs, examine the implications of the infections and viruses for people who have contracted them and develop an understanding of the broader issues such as confidentiality and responsibilities to partners if they are to successfully manage their sexual health.

This activity is designed to follow on from the previous activities focusing on the lack of knowledge about infections. This activity aims to increase student knowledge of infection and treatment and also to examine the social implications of living with hepatitis C, chlamydia and gonorrhoea. Alternative B could also be used as a work requirement.



SMALL OR WHOLE
CLASS ACTIVITY

60

TIME REQUIRED (MINS)

PREPARATION

Ensure that students have access to information that can assist them to answer the questions on the worksheet. Or if they are going to carry out the activity as a research assessment this could be part of the task. See appendix for appropriate resources.

WHAT YOU WILL NEED

- OHT of class data or national data (from Activity 1)
- Research information
- Worksheet – *Dr Smear*
- Teachers' answer sheet

PROCEDURE

Refer back to the class results of the questionnaire in activity 1, or national data in worksheets.

Inform students that there are several STIs young people know little about which have serious health implications if not treated. As the class data and the national data show three such diseases are chlamydia, gonorrhoea and hepatitis C. This lesson will examine these in more depth.

Alternative A

Using the information from the STIs, HIV/AIDS and BBVs Fact Sheet or any other relevant resources students role-play a visit to a sexual health clinic. One person is to attend the clinic because they think they may have the STI.

Dr Smear

The other person is to be a doctor who informs the person coming to see them that they have the STI or virus discussed in the material they read.

The person playing the doctor is to inform the patient of the following:

- that they have the disease
- if it is treatable and what treatment involves
- the implications if it is not treated.

The person playing the client is to ask the doctor the following questions:

- how did I get it?
- do I need to tell anyone I have it?
- will I still be able to have sex?
- do I have to change the way I live?

After five minutes pairs swap over so that each person has played the roles of the doctor and the patient.

Alternative B

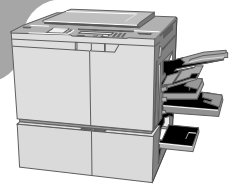
Using KISSS as a reference, students respond to a request for information.

Each person is to assume they are a doctor and so respond to one of the 'Dear Doctor Smear' letters. Remind students that they need to consider the gender of the person who has the disease when providing advice.

Go through the questions with the class to ensure that students have conveyed the information correctly. Discuss the following questions.

- how should a person be told they have a disease?
- who should and needs to be told if a person has a STI?

(Adapted from *Catching On*.)



What do you need to know more about?

Dear Doctor Smear

Dear Doctor Smear
After you confirmed that I have contracted chlamydia there were a number of questions I forgot to ask you. Could you please provide me with the following information?

- Is it treatable and what does treatment involve?
- What will happen if I decide not to go ahead with treatment?
- How did I get it?
- Do I need to tell anyone I have it?
- Will I still be able to have sex?
- Do I have to change the way I live?

Yours sincerely
Karen Safe

Dear Doctor Smear

After you confirmed that I have contracted gonorrhoea there were a number of questions I forgot to ask you. Could you please provide me with the following information?

- Is it treatable and what does treatment involve?
- What will happen if I decide not to go ahead with treatment?
- How did I get it?
- Do I need to tell anyone I have it?
- Will I still be able to have sex?
- Do I have to change the way I live?

Yours sincerely
Sam Safe

Dear Doctor Smear

After you confirmed that I have contracted hepatitis C there were a number of questions I forgot to ask you. Could you please provide me with the following information?

- Is it treatable and what does treatment involve?
- What will happen if I decide not to go ahead with treatment?
- How did I get it?
- Do I need to tell anyone I have it?
- Will I still be able to have sex?
- Do I have to change the way I live?

Yours sincerely
Yasmina Safe

Teachers' answer sheet for Worksheet

What do you need to know more about?

QUESTIONS	CHLAMYDIA	GONORRHEA
<i>Is it treatable and what does treatment involve?</i>	Yes, easily treatable, and curable with antibiotics	Yes, easily treatable, and curable with antibiotics
<i>What will happen if I decide not to go ahead with treatment?</i>	Untreated can lead to Pelvic Inflammatory Disease (PID) and may cause infertility in both men and women.	Untreated can lead to Pelvic Inflammatory Disease (PID) and may cause infertility in both men and women.
<i>How did I get it?</i>	It is sexually transmitted through anal, oral or vaginal intercourse.	It is sexually transmitted through anal, oral or vaginal intercourse.
<i>Do I need to tell anyone I have it?</i>	You should tell any sexual partners who may also have it even if they have no symptoms.	You should tell any sexual partners who may also have it even if they have no symptoms.
<i>Will I still be able to have sex?</i>	When the disease has been cleared up you can continue to have sex.	When the disease has been cleared up you can continue to have sex.
<i>Do I have to change the way I live?</i>	You need to use condoms to prevent any other disease transmission in the future.	You need to use condoms to prevent any other disease transmission in the future.

Teachers' answer sheet for Worksheet What do you need to know more about?

HEPATITIS C

There is, as yet, no proven cure for Hepatitis C. Symptoms are generally treatable with drugs and lifestyle changes, but the success of these measures may depend on which particular type of hepatitis c virus you have. (if they understand 'genotype', use this word instead of 'type')

A proportion of people will clear the infection from their bodies, but about 75% of people infected will have the virus for life and be able to pass it on to others. Not all of these people will develop symptoms or disease.

- About 20% of people with infection will eventually develop liver cirrhosis (scarring), and for some this will lead to liver cancer.
- Treatment cannot guarantee that this disease progression will not happen.

It is transmitted by blood to blood contact, which means getting infected blood into the bloodstream. This mostly happens through sharing any item of injecting drug use equipment and sharing instruments used for body piercing and tattooing.

- Hepatitis C was transmitted via some blood transfusions before 1990.
- It is not commonly sexually transmitted.

You are under no legal obligation to tell anyone, except the blood bank, that you have the infection. You may choose, however, to tell anyone with whom you have shared injecting, piercing or tattooing equipment.

Anyone who might come into contact with your blood in an emergency situation must use universal infection control procedures. Everyone who handles blood, in any situation, should do this anyway without needing to know who has, or does not have a blood borne infection like hep C.

You can continue to have sex but it is essential to ensure that there is no risk of blood to blood contact in any sexual activity. e.g. sex during menstruation, or via the use of sex toys.

You will need to talk to your doctor about recommended lifestyle changes such as reducing alcohol consumption. Such changes can lessen the impact of the infection on your life.

Hepatitis C - safety in numbers

BACKGROUND

Despite the large and growing proportion of people in Australia now known to be infected with the hepatitis C virus, community awareness of the disease and the issues that arise from it, is relatively poor. While schools can be expected to have a small number of students with the hepatitis C virus, many are ill prepared to respond appropriately. In the absence of a solid factual base from which to make decisions, reactions may be as extreme as the more notorious incidents that characterised the early stages of the HIV epidemic in Australia.

Often the major trigger for schools seeking information about hepatitis C will be the discovery of the infection status of a particular student, staff member or parent. This may well be a situation where panic has made it too late to protect the wellbeing and confidentiality of the infected person, and where legal requirements may already have been breached. The national schools survey indicated that students had a very poor understanding of hepatitis C (Lindsay et al). A recent study of teachers' preparedness for teaching hepatitis C indicates that teachers have a poor understanding of issues around confidentiality and the rights of those infected with the disease. As well 70% of teachers working in this area were unaware of relevant state and territory school-based infection control guidelines and procedures (Rosenthal et al 2000).

Schools need to revisit appropriate procedures for the management of blood spills, infection control procedures and issues of confidentiality, discrimination and student welfare. Students need to be made aware of the dangers associated with sharing equipment for tattooing and body piercing. Schools need professional development, knowledge and familiarity with the appropriate procedures to deal with these issues if, and when, they arise.



SMALL GROUP ACTIVITY

45-60

TIME REQUIRED (MINS)

PREPARATION

Review factual information about the transmission and treatment of hepatitis A, B and C.

Ensure you are familiar with your state or territory's department and/or school procedures for blood spills and blood awareness; infection control, disclosure requirements and rights and responsibilities towards hep-positive people in schools. You will also require information about legal aspects related to discrimination and confidentiality.

Try to get brochures from the appropriate Hepatitis C Council or the health department in your state or territory.

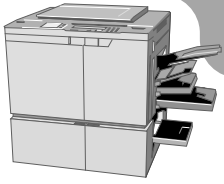
Hepatitis C - safety in numbers

WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record feedback
- Whiteboard markers and/or felt-tip pens
- Worksheet: *Rights and Responsibilities?*
- OHTs
- *Close Shaves* Streetwise comic

PROCEDURE

1. Ask students to read the following case study on worksheet.
2. In small groups come up with answers to Tony's mother's concerns.
3. The class brainstorms ideas about what to do if a person is bleeding in the schoolyard.
4. Give students a copy of the *Close Shaves* comic to read. Ask them to think about how they would react if Jackie was their brother or sister. Then ask them to turn to the person on their right to discuss their responses.
5. Bring the class together to look at the OHTs as a means of summarising the information on hepatitis C.
6. Then back in small groups students come up with four key messages that the rest of the school needs to know about hepatitis C and safe practices. Groups report back and messages are recorded on the board for discussion. Once agreement has been reached about key information each group develops some means of displaying or getting this information across to the whole school community such as a poster, pamphlet, materials for the school's web-site, video and article in school newspaper.

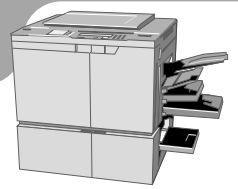


Rights and Responsibilities?

A group of year ten boys are playing football when one of them, Tim, runs into the goal post and cuts his head quite badly. Tony rushes to help and attempts to put his sleeve over the wound. Tim says "Don't touch me I've got hep C". Tony looks at him and says "What's that?" Tim replies "I'll tell you later but don't touch me. Go and get Ms Jones".

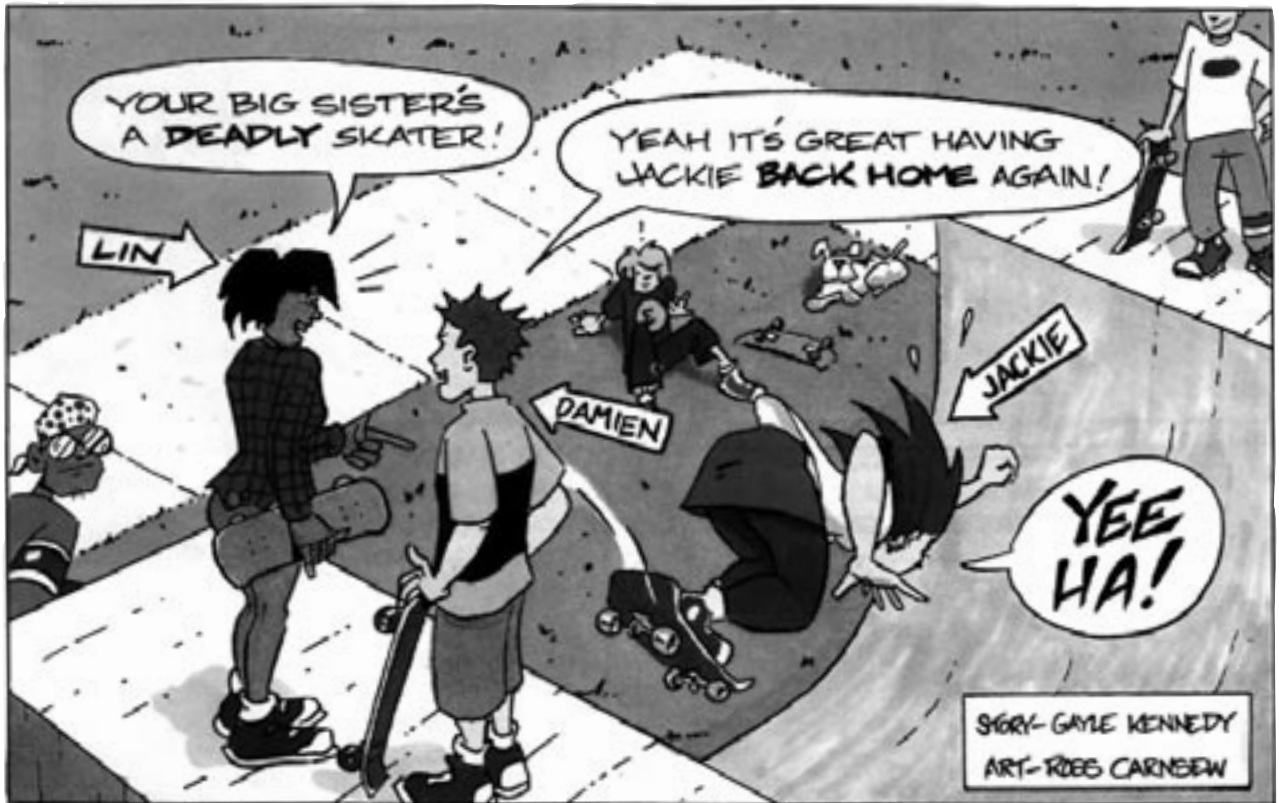
When Tony gets home he tells his mum what had happened. His mother looks shocked and says:

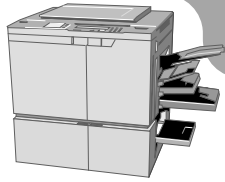
- Tim shouldn't be going to school.
- What is he doing playing football?
- He must be a drug user, this means we probably have a drug problem at the school.
- We need to tell the other parents, they have rights too!



Comic Close shaves!

CLOSE SHAVES!

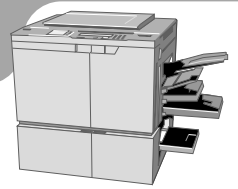




Comic Close shaves!

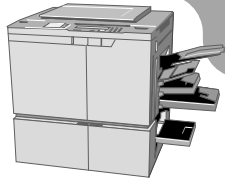


* Also known as Hep C or HCV



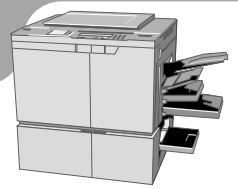
Comic Close shaves!





Comic Close shaves!

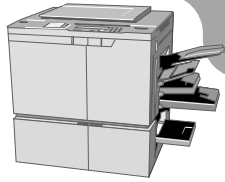




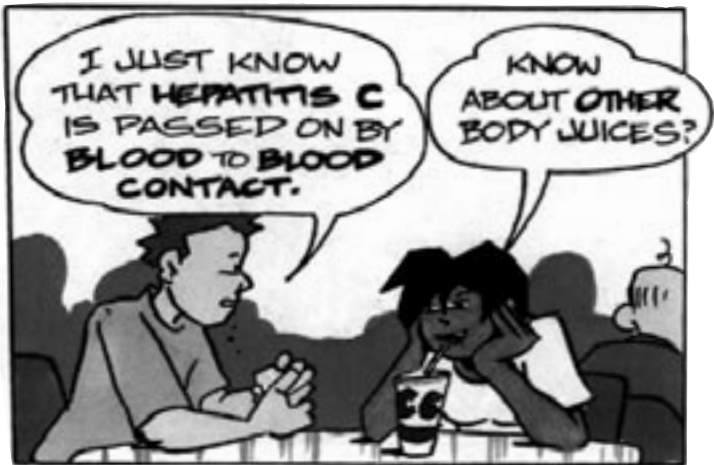
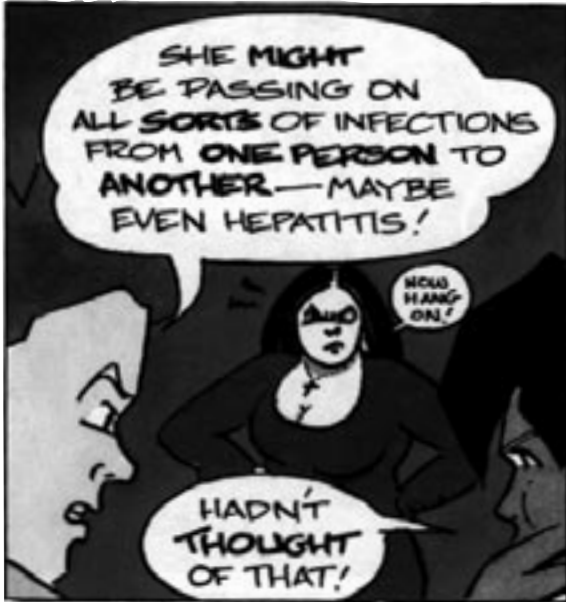
Comic Close shaves!



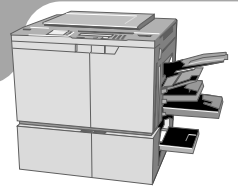
* Professional body piercing shops and tattooists should use machines called autoclaves to sterilise reusable equipment.



Comic Close shaves!



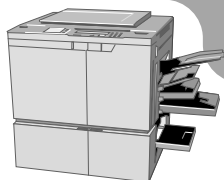
* THE VIRUS THAT CAUSES AIDS.



Comic Close shaves!



THE END!



Comic Close shaves!

AVOID CLOSE SHAVES!

These **DISEASES** are carried by **VIRUSES** in the blood and can be passed on by contact with infected blood and other body fluids - (saliva/spit, semen/cum and vaginal fluids) entering your bloodstream

HEPATITIS is an inflammation of the liver. There are at least six major types of viral hepatitis. Hep B and Hep C are important to know about...

With **HEP B** most people get well again. If not cared for Hep B can cause long-term liver disease. Some people carry the virus but have no symptoms - they can still pass Hep B on to others.

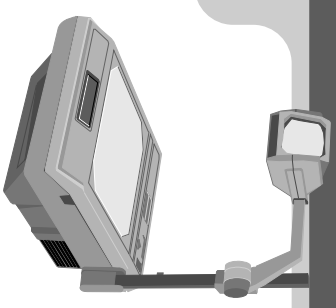
The **HEP C** virus usually stays in the body for life. Some people (20%) will develop serious liver disease after several years. Good diet and healthy life style and regular check ups with a doctor reduce this risk. The Hep C virus is very easily passed on by blood to blood contact, but not by other bodily fluids.

HIV is the Human Immunodeficiency Virus and it breaks down the body's natural defence against disease. After many years it can cause **AIDS** - but not all people with HIV have AIDS.

WHAT'S RISKY, WHAT'S NOT...		HIGH RISK	LOW RISK
Sharing fits (needles, syringes)		Hep C, Hep B HIV	
Sharing injecting gear- Tourniquets, filters, swabs, hands, spoons, butterflies and water		Hep C Hep B	HIV
Unsafe sex (sex without a condom)		Hep B HIV	Hep C
- Sharing razors, toothbrushes. - Piercings and tattoos not done by professionals. - Coming into contact with infected blood from cuts, tampons, sanitary napkins		Hep C Hep B	HIV
IMPORTANT! Just because you can't see the blood on a syringe, razor or other personal item does not mean you can't get infected by the virus.			
NO RISK Hep C, Hep B HIV	Sharing food, kissing (but beware of bleeding gums, cold sores and cuts around the mouth) sharing smokes, toilet seats		



Close Shaves was produced for the HIV/AIDS and Hepatitis C Section of the Department of Health and Family Services by Streetwise Comics Ltd (ACN 008 833 472), ©1998 HIV/AIDS and Hepatitis C Section, Department of Health and Family Services. First published June 1998. ISBN 1 876226 19 1
For more free copies of this comic (postage & handling only) contact: Streetwise Comics, 2111' Moore Street, Leichhardt NSW 2040
Tel (02) 9560 3244 Fax (02) 9560 3170 Email: stws@streetwise.com.au Internet: www.crowmail.com.au/~stws/



Risks for contracting hepatitis C

• shared drug injecting equipment	very high risk
• unsafe tattooing and body piercing	high risk
• needle stick and sharps injury for a healthcare worker	low risk
• mother to baby, before or at birth	low risk
• sharing of razors, toothbrushes	low risk
• blood transfusions/receipt of blood products before 1990	low risk
• sexual transmission via blood	very low risk
• blood transfusions and receipt of blood products after 1990	very low risk
• breastfeeding	very low risk

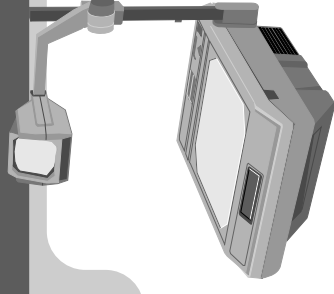
Hepatitis A

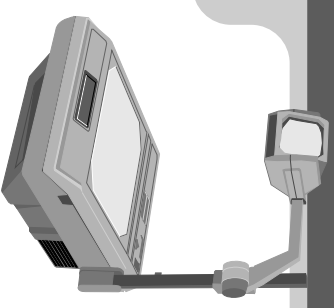
It is transmitted by:

- contaminated food or fluids
- sexual practices involving oral-anal contact.

Can be prevented by:

- thorough handwashing after going to the toilet
- immunisation
- using latex dams for oral and/or anal sex





Hepatitis B

It is transmitted by:

- unprotected vaginal and/or anal sex
- sharing drug injecting equipment (needles and syringes, tourniquets, swabs, water and water containers, spoons, filters)
- infected mother to baby at birth
- sharing of tattooing and body piercing equipment.

Can be prevented by:

- immunisation
- practising safe sex
- never sharing any drug injecting equipment
- consistently using infection control procedures

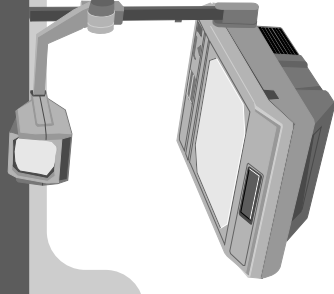
Hepatitis C

It is transmitted by:

- infected blood entering another person's bloodstream through broken skin or mucous membrane
- sharing drug injecting equipment (needles and syringes, tourniquets, swabs, water and water containers, spoons, filters)
- sharing personal hygiene items such as razor blades, toothbrushes, nail scissors and nail files
- sharing tattooing and body piercing equipment
- infected mother to baby at birth
- sexual intercourse (although a very small risk)

Can be prevented by:

- never sharing any drug injecting, tattooing and body piercing equipment or personal hygiene items
- practising safe sex
- consistently using infection control procedures



Understanding the cost

BACKGROUND

This activity is designed to enable students to look beyond the current medical issues associated with contracting an infection or virus to the implications for their futures. Not surprisingly young people often live for the moment and have a sense of invulnerability – “it won’t happen to me”. This activity not only assists them in thinking about the implications for themselves but will enable them to understand the implications for those who live with diseases. Most States and Territories will have a PLWHA (people living with HIV/AIDS) speaker’s bureau which will provide an HIV positive speaker to discuss their own experiences. Schools may find this a valuable follow up to this activity.



INDIVIDUAL & SMALL
GROUP ACTIVITY

45

TIME REQUIRED (MINS)

PREPARATION

Photocopy a worksheet for each person.

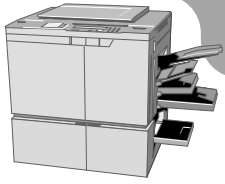
WHAT YOU WILL NEED

- A piece of A4 paper for each person
- Worksheet *Understanding the cost*

PROCEDURE

1. Give each student a piece of paper and ask them to list five things:
 - they enjoy doing
 - they would like to do in the next five years
 - they would like to do in the next twenty years.
2. Ask them to put a cross next to anything that would be difficult if they had:
 - AIDS
 - hepatitis C
 - HIV
 - genital herpes.
 - chlamydia
3. In small groups first discuss their answers and then discuss the following questions:
 - Do the implications of having these diseases differ depending on whether you are male or female?
 - What are the implications if you are in same-sex relationships?
 - Would there be extra difficulties if you live in a rural area?
 - What if you had a disability that required assistance?

Ask students to report back to the class and list on the board restrictive outcomes of infection, making sure the social as well as the medical implications of long term infection have been appreciated.



Understanding the cost

Instructions

On your piece of paper list five things:

- You enjoy doing

- You would like to do in the next five years

- You would like to do in the next twenty years.

Put a cross next to anything that would be difficult if you had:

- AIDS HIV clamydia hep C genital herpes.

Questions for small group discussion:

- Do the implications of having these diseases differ depending on whether you are male or female?
- What are the implications if you are in same-sex relationships?
- Would there be extra difficulties if you live in a rural area?
- What if you had a disability that required assistance?

Making Plans

BACKGROUND

It is one thing for students to understand that particular behaviours involve risk to their physical, emotional and social safety. It is another for them to know what to do to reduce the risk associated with the behaviour. While the best way to avoid risk is to stop participating in that behaviour, we know that this does not happen for many young people. This activity is designed to enable them to identify risk but also look at a range of strategies to reduce risk both for themselves and others.



SMALL GROUP ACTIVITY

45-60

TIME REQUIRED (MINS)

PREPARATION

Photocopy a class set of scenarios *What risk?*

Prepare four corner cards- No risk, Low risk, Moderate Risk, High Risk.

Photocopy *Character cards*.

Photocopy *Action plans*.

WHAT YOU WILL NEED

- *Scenario cards*
- *Corner cards*
- *Character cards*
- *Action plans*

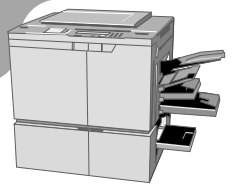
PROCEDURE

1. In groups of six, give students a copy of the four scenarios (six characters) to read.
2. After reading each scenario give each student a card with one of the six names on it. (Different character for each member of the group (class of 30 = 5 x 6 names).
3. In groups, ask students to take turns to place the character according to his/her behaviour on continuum from "No Risk" to "High Risk" and discuss why they put the character there.
4. When all groups have finished ask everyone to stand in the corner where they would now like to put their character according to his/her degree of risk. Students justify why they believe their character has this level of risk.

Making Plans



5. Group students with the same character together and using the original scenario ask each group to suggest an action plan to avoid the risks in the first instance, and reduce their character's risk if the behaviour continues.
6. Ask students to go back to their original groups to discuss the plans. With any new advice complete the *Action Plans* worksheet outlining their character's plans.
7. Encourage students to reassess their character's risk when initiating action plans. Discuss as a class whether the risk would be avoided or reduced if the action plans were put in place.
8. As a class discuss the following questions:
 - What are the main risks each character has taken?
 - Why did they do this?
 - What could they do to avoid the risks in the first place?
 - What could they do to reduce their risks?

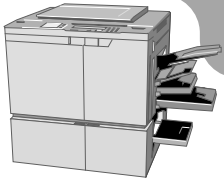
(Adapted from HIV/AIDS Years 11-12 Education Strategies NSW Department of Education pp 43 and 59 cited in WA materials)



Character Cards

Photocopy number of required sets (i.e. class of 30 = 5 sets) and cut out cards.

	Sally
	Marcus
	Tom
	Anton
	Celine
	Trinh



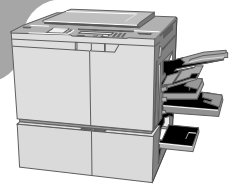
Scenario cards What risks?

Sally has been going out with Marcus for two years and they have been having sex for the past fifteen months. They both had tests before the first time they slept together and they were clear. Sally now is on the pill and they have stopped using condoms. Before Sally and Marcus started seeing each other, Marcus was seeing a girl called Bridget who went to live overseas with her family. Bridget, recently returned home where she into ran into Marcus. Bridget and Marcus have been seeing each other lately. Sally doesn't know.

Tom is eighteen years old and lives south of a big city. He left school but his boyfriend Anton is still at school. Tom does not like using condoms. On the weekend he likes to go out with his mates and not Anton. Lately he has been injecting amphetamines. He believes it is okay to share a fit (needle and syringe) because only drug users from the city get AIDS.

Celine has been a prostitute on and off for the last five years. She first came into contact with people who had AIDS when she went to Sydney on a working holiday in 1996. She was so terrified by what she saw that she seriously considered changing her lifestyle. Once she returned home the panic subsided. She had to earn a living somehow. She now refuses to have sex with any man who will not use a condom and, when she can, encourages alternatives to penetrative sex.

Trinh is sixteen. He recently ended a relationship with his girlfriend which had lasted nearly 12 months. He is feeling very lonely and angry. One of his mates took him along to a dance party last Saturday. He got very drunk and, towards the end of the night, some of the people at the party persuaded him to inject speed. He had never done it before so someone lent him the 'works'. It did not do much for him; in fact he felt very sick afterwards. Trinh is now worried he may have 'caught' hepatitis or even HIV.



Action Plans

After discussing your character's strategies with your group, write the actions that each character should take to avoid or reduce their risk of getting a BBV, STI or HIV.

Character	Actions to be taken to avoid the risk	Actions to be taken to reduce the risk
------------------	--	---

Sally

Marcus

Tom

Anton

Celine

Trinh

ADDRESSING DIVERSITY

– GENDER, POWER, SEXUALITY & RISK

3

The activities in Unit 3 focus on students developing an understanding of the concept of power. They have been designed to enable students to explore the different dimensions of power and the impact of power on sexual relationships and risk taking behaviours. They explore issues around gender and sexual diversity as a means of demonstrating different dimensions of power and their impact on safety. They explore the obvious dynamics of power in social relationships and also attempt to help students see the subtle and sometimes not so subtle ways that power is exerted through the social structures.

UNIT LEARNING OUTCOMES

Students will:

- have examined expectations associated with gender
- develop some shared understanding of the concept of power
- examine the concept of power and its relationship to sexuality
- have explored commonly held assumptions about sexuality
- have examined the link between power, violence and safety of same-sex attracted young people
- have explored strategies to deal with violence against same-sex attracted young people
- examine two models, which are not mutually exclusive, for understanding sexuality
- examine assumptions associated with gender, power and sexual safety
- examine the appropriateness of assertiveness as a strategy for sexual safety for young people
- develop an understanding of the range of homophobic attitudes
- consider a possible range of non-homophobic attitudes
- develop strategies that eliminate homophobia and affirm diversity.

ACTIVITIES

1. The power of expectations
2. What is power?
3. Defining power
4. The power of assumptions about sexuality
5. Power, violence and risk
6. Stepping out
7. Opposite ends of the pole
8. Look who's talking
9. Scale of attitudes
10. Power, relationships and drugs

1 The power of expectations

BACKGROUND

This activity enables young people to explore the impact of particular understandings of gender on expectations about being male or female. It provides a background for the other activities in this unit. It has been designed to enable students to explore the concept of gender and the associated notions and expectations that impact on sexuality. It also provides them with the opportunity to connect issues of gender to different positions of power central to adolescent sexual behaviour. The activity also aims to extend their understanding of gender by exploring traditional notions of gender in a case study that examines the lived experience of a young transsexual person.

It is impossible to generalise about the gendered experience of sexuality and the implications for safe behaviours because, 'gender differences depend, at least in part, on the particular experience under scrutiny' (Moore and Rosenthal 1993, p 96). However, if successful school-based programs are to be developed gender must be acknowledged and taken into account. Gifford and Jones (1994) argue for an understanding of the effect of gender expectations on relationships, sexuality and safe sexual practice.

Before young people can see the power relations inherent in characteristics of sexual relationships, they need to understand what is meant by gender and how gender is shaped by the social world in which they live. They need to be given the opportunity to see that their own behaviour and the behaviours of others is influenced by expectations associated with gender. They also need to understand that gender is not fixed and that as young people they can resist traditional notions of what it means to be a young man and a young woman in today's society.

As this activity uses transsexuality as a means of exploring the concept of gender it is advisable that teachers re-read *Creating a supportive learning environment* on page 11 of this resource and in particular the note on transgender young people on page 14. It would also be of benefit to read section 3 of the *National Framework, Acknowledging and catering for the diversity of all students*. This can be found on the ANCAHRD website www.ancahrd.org.au.



INDIVIDUAL & SMALL
GROUP ACTIVITY

100

TIME REQUIRED (MINS)



SENSITIVE
ACTIVITY

PREPARATION

Read all activities in this unit, as they will give you a greater understanding of the critical need for a general activity that looks at defining gender as a construction.

The power of expectations

Try to enlist the advice and support of people in your school with expertise in the area of gender to assist with the description of gender as a social construction.

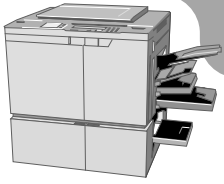
Make sure you are familiar with the aims of the exercise.

WHAT YOU WILL NEED

- whiteboard, butchers paper or overhead transparency on which to record expectations and feedback
- whiteboard markers and/or felt-tip pens
- worksheet: *Gender Stem Statements*
- Trans-man case study

PROCEDURE

1. Inform students that the aim of this activity is to examine their understanding of gender as a social construction.
2. Give students a copy of the worksheet and allow them 5–10 minutes to complete.
3. Ask students to turn to the person on their left and compare their statements.
4. On the board or on graffiti sheets, make two columns as below
 - Because I am a male I am expected to...
 - Because I am a female I am expected to...
5. Ask each student to write their responses under the appropriate heading.
6. In small groups ask students to discuss the following questions. Appoint a recorder and someone to report back to the class.
 - Do the expectations advantage one gender over another? How?
 - Does one gender have more power than another? How and in what circumstances?
 - Are there any you would like to see changed? Why?
 - Are there any you would like to remain? Why?
 - What are the implications of such expectations?
 - What happens if people don't fit the 'musts'?
7. Students report back.
8. Give each group a copy of the case study *Trans-man* and have them complete the questions.



Gender stem statements

Complete the following sentence stems...

One of the things I enjoy most about being a girl is...

My family would describe me as...

My friends would say that I was...

I act powerfully when...

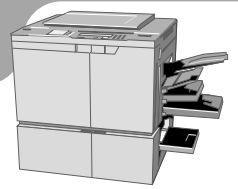
Because I am a female I am expected to...

If I were a boy, I would probably enjoy...

As a female, I strongly challenge the expectation that I should...

The most important things in my life is...

(Adapted from Allard et al p 28.)



Gender stem statements

Complete the following sentence stems.

One of the things I enjoy most about being a boy is...

My family would describe me as...

My friends would say that I was...

I act powerfully when...

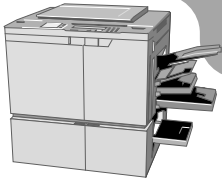
Because I am a male I am expected to...

If I were a girl, I would probably enjoy...

As a male, I strongly challenge the expectation that I should...

The most important things in my life is...

(Adapted from Allard et al p 28.)



Being a trans-man

I've never quite fitted into society. Although it was my childhood dream to have a wife and kids and a house and ra ra ra, I was learning, as I got older that it wouldn't be quite that easy. I have stopped trying to fit in. I don't even really care if I don't pass as a man all the time...

I call myself a trans-man, mostly cos I think it sounds kinda nice (like I am a trans-man for the county)... it is my way of saying I'm a female-to-male transsexual (which doesn't sound nice at all)... i.e. a man who has XX chromosomes, or to use an awful cliché, a man trapped inside a woman's body. I have no idea why I am like this. For as long as I can remember, I have known I was male. When I was a little kid, I believed I would grow up into a man and everyone would see the horrible mistake they'd made. I was so convincing, all the other kids believed me and I was able to be a boy, right up until we properly learnt the 'facts of life' and puberty struck me and I grew up into a woman, not a man. Well I went through a lot of bad stuff thinking I 'must' be a lesbian (since I liked girls), trying to be as feminine as possible, inventing crushes on guys so I could pretend to be straight and be accepted at school... Until my first serious girlfriend encouraged me to live out the real, male me and we discovered these guys called FtM*. Transsexuals that were just like me .. and finally I was able to be myself.

Sure, it's hard sometimes, being this big screwed-up, feeling my whole life is a lie .. it can drive me insane, how hard I have to fight just to get across to people I'm a man. And not having a penis and not being able to father children and not being able to marry a woman and not being able to play cricket on the guys' teams and... well the list could go on and on. I've come close to suicide a few times, but fortunately I have good friends and some sort of friendly spirit that's on my side... because I'm still here. Besides, I am young, just out of puberty... I hope to start taking testosterone over my summer vacation, which at least will eliminate some of my problems. And you know, I'm actually starting to enjoy being a trans-man. Sometimes if I'm in a good mood, well, in any case, I don't get so frustrated, depressed, and angry as I used to...

*FtM Female to Male

(Hillier et al, p 39.)

- How would society define this person? Why?
- What are the implications of this for this person?
- What does it tell us about gender?
- How does he feel about himself?
- How much power does this person have?
- What changes would need to happen in society to enable this person to feel more comfortable with his sexuality?

What is power?

BACKGROUND

This activity is designed to encourage students to start thinking about the concepts of power. Interpretations of power vary widely amongst people. People's experience of its effects also differs because of their understandings of class, race, and religion and so on, and as a result of gender. It is important that students examine both the positive and negative implications of power. Stem statements are used to enable students to reflect on their personal understandings. However, if the group is comfortable about sharing their experiences and views, the use of graffiti sheets may be preferable. As personal issues related to power can reflect gender relations, it is more appropriate to enable students to work in single-sex pairs.



INDIVIDUAL/PAIR ACTIVITY

15

TIME REQUIRED (MINS)

PREPARATION

Try the statements yourself so that you can anticipate possible student responses.

Decide which alternative you will use. If you decide on alternative 2, prepare six graffiti sheets writing the three stem statements on the worksheet onto A3 paper.

WHAT YOU WILL NEED

- Whiteboard markers and/or felt-tip pens
- Handout: *Power stem statements* (alternative 1) or *graffiti sheets* (alternative 2)
- Butchers paper or A3 paper for graffiti sheets
- Adhesive tape, putty or something similar

PROCEDURE

Alternative 1: Power stem statements

1. Inform students that the aim of this activity is to introduce the concepts of power by allowing them to examine their personal understandings of power.
2. Give each student a copy of Worksheet: *Power stem statements* to complete.
3. Once completed, ask each student to share his or her responses with one other person. Alternatively, volunteers could share their responses with the class.

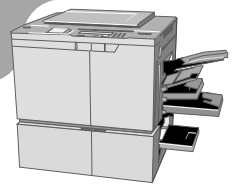
What is power?

4. Discuss the following questions:
 - Are there any situations related to sexuality where the use of power can have negative consequences?
 - Are there any situations related to sexuality where the use of power can be positive?

Alternative 2: Graffiti sheets

1. Place the prepared graffiti sheets around the room.
2. Allow students to write out their own responses to these statements.
3. Give students 10 minutes to walk around and read the individual responses.
4. Convene the class and ask for any comments on what has been written.
5. Discuss the following questions:
 - Are there any situations that are related to sexuality where the use of power can have negative consequences?
 - Are there any situations that are related to sexuality where the use of power can be positive?

(Adapted from *Catching On*.)



Power stem statements

When I think of the positive use of power I think of...

When I think of the negative use of power, I think of...

I feel powerful when...

(Adapted from *No Fear: A Whole School Approach Towards Creating a Non-violent School Community*, Professional Development Materials, p 56.)

Defining power

BACKGROUND

The concept of power can be difficult to understand as people tend to think of obvious examples such as violence. The following activity will help students to see that power also exists, for example, in language and in institutions such as marriage, the law and education. Four case studies are included, one looking at power in family relationships, one looking at power in the context of a rape situation, one looking at the institutional power of schools and the other looking at personal power in friendships and relationships. By using the case studies, many dimensions of the concepts of power are covered. If you choose to work with only one or two case studies, then you will need to ensure that these other dimensions are drawn out.

It is important that teachers inform students prior to using the case studies that they involve issues related to rape and family violence. Students who may find these case studies upsetting can be prepared and choose not to participate in activities or leave the room as appropriate.

It is important to assist young people to see for themselves the way power is played out in personal relationships. When making decisions related to their sexual health, young people need to have some awareness of their own actions and those of other people. They need to understand that power is not fixed and can be challenged and changed. We cannot hope that they change their behaviour unless they can see that young men and young women occupy different positions in relation to power, and that access to power varies according to class, position, race, ethnicity, age and so on.



SMALL GROUP ACTIVITY

45

TIME REQUIRED (MINS)
(IF YOU ARE DOING ALL CASE STUDIES ALLOW MORE TIME)



SENSITIVE ACTIVITY

PREPARATION

The accompanying overheads use Sam and Peter's stories to illustrate both a positive and negative use of power.

Decide how many case studies you would like to use. Ensure that one demonstrates some positive aspects of power (Chrissie's or Peter's story). Chrissie's story is the best to use when looking at issues for same-sex attracted young people in schools.

Defining power

WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record feedback
- Whiteboard markers and/or felt-tip pens
- Handouts *Sam's, Jenny's, Chrissie's and Peter's stories*
- OHTs

PROCEDURE

1. Inform students that the aims of this activity are to examine examples of power and to develop some shared understanding of the concept of power.
2. Divide class into groups of four or five with the groups appointing someone to record in their workbook and someone to report back to the class. Give students a copy of *Sam, Jenny, Chrissie or Peter's Story* from the handouts. Students read the story individually, identifying what they consider to be different examples of power. Alternatively, the teacher reads the story to the group.

As a group, students then list the examples of power to report back to the whole class and come up with a definition of power.

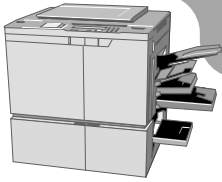
3. Each group reports back on the use of power in the case studies. Assist students to examine the examples and the definitions of power developed by helping them see that examples of power are not only physical such as the 'cuff across the head' or rape but are also related to a person's position, as with Jenny's boss. In addition, point out that power exists in the use of language, such as 'stupid bitch', or as part of gender relations in the father teaching Sam: 'never trust a woman'.

The power relations that are part of institutions, such as marriage, which often place men in more powerful positions than women, are more difficult to identify or understand. Questions to assist this process are:

- What is similar about all the definitions?
- Are there any dimensions of power not illustrated in these two stories?

4. Finish this activity by using OHTs to summarise types of power.

(Adapted from *Catching On.*)



Sam's story

Sam looked up from the pages of his Superman comic. The car. It had to be Dad. He could pick it from all the others in the street, no worries. He scrambled up, throwing aside the Man of Steel and ran towards the door.

'Sam,' his mother said quietly from the couch. She'd been there ages, watching the daytime soaps. 'Pick up the book. How many times do I have to tell you not to be so untidy? Your father doesn't like it.' He paused a moment and then, sneering, plunged onwards. Stupid bitch. His father's key turned in the lock. It was a game. He had to be in the hall by the time his father opened the door. Most days he was there. His father opened the door.

'Hi cowboy,' he said 'how's my boy?'

'Great Dad. You okay? You look tired.'

'I'm fine Sam, just had a bitch of a day at work. Stupid bastards, push me too hard.' Pause. Sniff. 'Where's your mother?'

Sam could smell the familiar smell of gin and tonic. He made a mental note. Be careful Sammy boy.

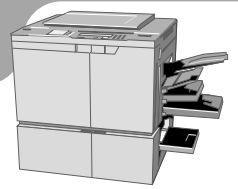
'Watching TV,' he said. He stood still as his father went into the lounge. There were a few muttered words and then silence. Sam walked into the lounge. His father was scowling, standing by the comic on the floor. 'Come and pick this bloody thing up,' he said, 'I hate mess.' As Sam bent to get the book, his father cuffed him sharply across the head. 'Don't let me have to tell you again.' Sam rubbed where his father had hit him, feeling a little bubble of rage popping up behind his eyes. Why should he have to pick it up? When Sam got married he'd marry a woman who'd clean up after everyone, like Joe's mother. He'd never hit his kids. Dad was just fine for most of the time. He was great in fact. They both thought Mum was a bit of a dead loss. 'Don't know how such a stupid woman could give birth to such a smart kid,' his father would say. His mother would look tired. What was wrong with her? What did she have to do all day? They had a great house. She had her own car and Dad was good to them. She just had to do a bit of washing and stuff. But she was stupid. Dad and him would laugh about all the stupid bitches everywhere. The ones at work in Dad's job, the ones driving on the road. Sam was ten and he knew all about them. 'Never trust them, Sam. Never trust a woman,' his dad would say.

Dad had had a few drinks. Sometimes he let Sam have a glass of beer as well. It made him feel important. Sometimes he felt like Superman when he'd had a bit to drink. Sam guessed it made his dad feel that way too. He knew his father wasn't a drunken pig like Mr Robinson in the milk bar, but he knew a few drinks made Dad, well, a little more lively.

'Where's the bloody dinner?' said his father, 'I'm bloody starving.' His mother began to heave herself off the couch. His father pushed his finger into her ribs. 'Time you shifted some fat,' he said. He winked at his son. Sam looked down. In his hands Superman was saving the world again. Dad was all right. Sam smiled and went to put the comic in his room.

(Whangarei Rape Crisis Centre and Bagnall, C 1990, *Standing Strong*, adapted by Ministry of Education Victoria, p 1.)

- Read the story on your own, identifying what you consider are examples of power.
- As a group, list the examples of power to report back to the whole group.
- In the same group, develop a shared definition of power.



Jenny's story

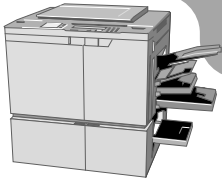
At 5.30 pm on a Friday afternoon, a small thin man drove a young woman up to the lookout point in the Dandenongs overlooking Melbourne. There are usually a lot of people at the lookout point: tourists, bushwalkers and locals showing their friends the sights.

Today there were fewer people than usual, probably because it was close to dinnertime. The man, small as he was, overpowered the healthy, strong young woman. He raped her. That is, he made her have sexual intercourse with him despite her protests, despite the fact that she told him she wasn't on the pill, that she had her period (not true), and that she felt nothing for him. She covered against the door and cried. She was very, very scared. He carried on and raped her anyway. In the car, with some people quite close by. She'd worked for him for three months and known him before she got the job. He was supervisor of a local skills training program in which she was employed. On this afternoon, he had told Jenny and her workmates that he'd give them a lift home. After dropping off the others, he said he'd show her the view from the Dandenongs. She didn't want to go, but she didn't want to be rude. She didn't tell anyone what had happened. She tried to leave the job as soon as possible. She knew if she stayed it would happen again.

Jenny worked in a nursery and spent a lot of time digging and lifting. She was physically strong and good at netball and soccer. Jenny's boss was a weedy little guy. The girls all thought he was a bit of a creep. He was always trying to show them who was boss.

(Whangarei Rape Crisis Centre and Bagnall, C 1990, *Standing Strong* modified and adapted by Ministry of Education Victoria, p 2.)

- Read the story on your own, identifying what you consider are examples of power.
- As a group, list the examples of power to report back to the whole group.
- In the same group, develop a shared definition of power.

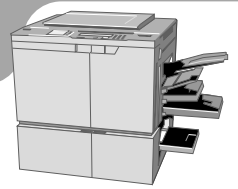


Chrissie's story

My school was closed when I was 15. The following year I enrolled in my nearest high school and the students were extremely homophobic. Talk about homosexuality was avoided in all classes. Late in the year, my drama class went to see a production that featured a close friend of mine who is lesbian. Her appearance is very masculine and during class discussion more was said about her appearance than her performance. Some nasty comments were flying and I stood up and stated that her appearance had nothing to do with her ability and that she was a close friend who I loved. After that incident I was subjected to many nasty comments. One day as I was walking home, some younger students started shouting 'gay slut' at me. They then began to hurl rocks at me. I made an appointment with the counsellor to file a report. After finally making a report I was asked to identify the offenders in a line up. I spent an hour on the phone verifying my story to seven staff members. They did not believe me and put me on the phone to talk to my home group teacher, as they didn't think I'd lie to her. The offenders were internally suspended for forty-five minutes. I was told that it was 'all they could do' so I suggested that I arrange a homophobia seminar. They refused my offer but could somehow mitigate the three Christian seminars that were conducted that year saying that 'the Christians sing, dance and entertain'. Being a musician myself, I approached a group of gay, lesbian and bisexual musos who agreed to do a show. The school once again refused my proposal. I signed out that day and never went back. I blame my incompletion of school on the staff and on the government who closed my high school.

(Hillier et al, p 39.)

- Read the story on your own, identifying what you consider are examples of power.
- As a group, list the examples of power to report back to the whole group.
- In the same group, develop a shared definition of power.



Peter's story

I was at this party with most of my mates. It was choice. Lots of good people there. Danced a bit. Had a bit to drink. Not too much. This girl comes in. Andrea. Later in the evening when we're just sitting around, I get talking to her. I ask her if she'd like to go to the beach, because she's new around here, and has never been to any of the local ones. So next Saturday we burn out to the beach in my old car. She's no picture my old bomb, but she gets me from A to B. Boy, it was hot. Andrea wears this incredibly small bikini. She looks great. We go for a swim. We walk up to the milk bar. I want to touch her. I put my arm around her shoulders, pretending to joke around. She doesn't seem to mind. In fact, I thought she liked it. I thought, well, if she likes me I suppose I'll carry on. We get back to the beach. We lay down. I hate this bit – having to kiss her for the first time. But I roll over and tickle her and play around a bit, and then I kiss her.

She says get off! Quite sharp. I'm blown away. Look, I said, you want me to kiss you. She starts getting a bit cross. Says she didn't. Just wants to lay here soaking up a bit of sun. Why did you let me touch you then? I ask. She says she hugs her friends all the time and her family, doesn't means she wants to have sex with them. I'm getting a bit embarrassed with all this. I tell her it's different with other girls. She says it shouldn't be different. Don't you like men? I ask. She gets really cross then. Look, she says, I like sex and men but I also like to feel good about a guy before I sleep with him.

I thought she'd want to go home, but she calmed down and said she really liked me so she'd explain. She said men and women hardly ever get the chance to get together as friends. They never have the same relationships as with their friends of the same-sex. I said I knew what she meant. I'm always on edge about having to be some sort of Ricky Martin when I'm with girls. She said I've been told lots of things about women that aren't true. She told me some of them. I got what she meant. We talked for ages. She's clever. Good with words. I told her how I felt. Really honest. It got dark. We got in the car and I took her home. She kissed me goodnight. It was her choice. I was tired and it felt okay to say I wanted to go home. I didn't feel I had to stay. She said how about going to the movies in the week. I said yes. I went home and felt really good. I like Andrea a lot. She seems a lot older than her age. I'd like to spend more time with her.

(Whangarei Rape Crisis Centre and Bagnall, C 1990, *Standing Strong* adapted by Ministry of Education Victoria, p 13.)

- Read the story on your own, identifying what you consider are examples of power.
- As a group, list the examples of power to report back to the whole group.
- In the same group, develop a shared definition of power.



Defining power

power 1. the ability to do or act ... 2. a particular faculty of body or mind ...
3a. government, influence or authority. b. political or social ascendancy or control
and

powerful 1. having much power or strength. 2. politically or socially influential.

powerless 1. without power or strength. 2. ... wholly unable

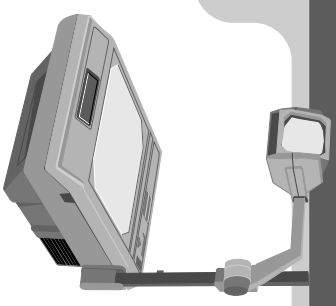
The Australian Oxford Dictionary 1999

Power has the capacity to change things ... it is a means of constraining people and reducing their freedom, or increasing the freedom of action of the agents who possess it ... It can either be restrictive or enabling ...

Giddens, A 1993, *Sociology*.

Power can be overt or covert and failure to take action may also be an exercise of power. Power is an essentially contested concept, which is value laden.

Lukes, S 1976, *Power: A Radical View*.



Defining power

Types of power

Personal power is the power a person feels when they make decisions and choices such as to take or not take action. Examples from the case studies:

- Sam felt he had the power to make a choice about whether he picked the comic up at his mother's or his father's request.
- Andrea used her personal power to tell Peter about her feelings and attitudes and did not allow herself to be persuaded to do other than what she wanted.

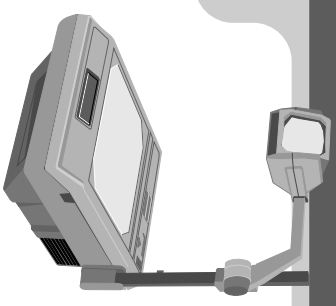


Defining power

Types of power

Social power is the power dynamics exhibited in the day-to-day relations between people in social situations. This power can be derived from things such as educational background, positions of authority, status, financial resources, gender, sexual orientation, race and so on. Examples from the case studies:

- Sam felt powerful when he joined his father in making fun of his mother and women in general.
- Peter, as the male, felt that he was expected to assert his power and make the first move.



Defining power

Types of power

- Institutional/structural** power is inherent in the practices and meanings of institutions such as the law, marriage, language, family, political system, sport ethos and so on. Institutional power can also be expressed by active discrimination, omission, silence and the enforcement of ideologies. Example from the case studies:
- Sam's father's use of language to belittle his wife and other women.

(Adapted from the Child Protection Education Curriculum Materials to Support Teaching and Learning in Personal Development, Health and Physical Education New South Wales Department of Education and Training, 1998.)

4

The power of assumptions about sexuality

BACKGROUND

It is important that young people have the opportunity to examine the effect of assumptions made about sexualities. This activity is designed so that students can examine common assumptions about homosexuality and the implications of these on homophobia and differing positions of power. Attitudes towards people who are homosexual are often based on perceptions that they are somehow different from other people in society. This often leads to expressions of prejudice, discriminatory actions and acts of violence.



SMALL GROUP ACTIVITY

20

TIME REQUIRED (MINS)

PREPARATION

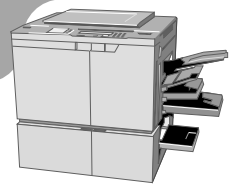
Familiarise yourself with the statements and the answers.
If you decide to conduct a continuum activity make three signs: true, false, don't know.

WHAT YOU WILL NEED

- *Assumptions* questionnaire
- OHTs

PROCEDURE

1. Put up the definitions of homosexuality and homophobia.
2. Ask students to complete the *Assumptions* questionnaire.
3. Using OHTs, go through each statement giving the correct information. Ask students to brainstorm any other things they have heard about gay and lesbian people. Alternatively once students have completed the questionnaire, carry out the activity using a continuum such as in Unit 1 Activity 1.
4. Bring the activity together by having the class discuss:
 - Where do people get these ideas and attitudes?
 - What are the implications of these attitudes for the people involved and other people?
 - What type of sexuality has the most power in our society?
 - How is this power exerted?



Assumptions

Tick the box according to your belief about the statement True (T), False (F) or Don't Know (?)

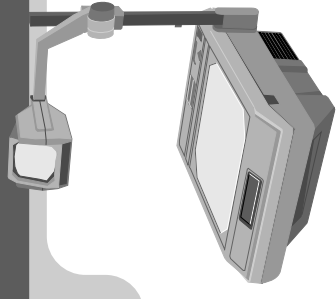
	T	F	?
1. Most gay and lesbian people would change if they could.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Having homosexual teachers or parents will make children homosexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lesbians and gay men rarely force their sexuality on others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Homosexuality is found in all populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You usually can't tell if someone is gay or lesbian from how he or she look or what they do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is no law against being homosexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gay and lesbian people are often discriminated against in both working and social settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If you have a homosexual experience it means that you are gay or lesbian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Nobody knows why some people have homosexual orientations and some have heterosexual orientations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

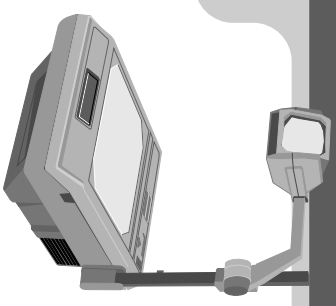
(Source: Family Planning Association of NSW 1991)

Definitions

Homosexuality means being sexually attracted to or having consenting sexual relationships with someone of the same-sex. Originally, the term homosexual referred equally to women or men. In more recent times, homosexual women have preferred to call themselves lesbians.

Homophobia is a term which refers to fear or intolerance of homosexual men and women, usually linked with hostility towards them.





True/False statements

Statement

Most gay and lesbian people would change if they could.

Response

Most gay and lesbian people are happy with their sexual orientations and feel satisfied when able to love the persons of their choice.

The problem for many gay and lesbian people is the discrimination they experience, not their sexuality. Rejection by family and friends causes pain.

Discrimination and people's fear of homosexuality (homophobia) cause difficulties for homosexual men and women.

Statement

Having homosexual teachers and parents will not make children homosexual.

Response

Sexuality and sexual expression result from a complexity of factors. Many methods have been used to attempt to turn homosexuals into heterosexuals – they mostly fail.

Think about yourself and your sexuality. Do you think that if some of your teachers or your parents were gay or lesbian, the type of sexual attraction that you experience would have changed?

Most gay and lesbian people have heterosexual parents.

True/False statements

Statement

Homosexuality is found in all populations.

Response

No theory about why individuals are heterosexual or homosexual has been proven. Some research indicates genetic links, while other studies indicate environmental influences.

Homosexuality has been evident in all societies, throughout history, and with a frequency that seems to remain stable over time.

In a given population, a percentage of people will be homosexual.

Statement

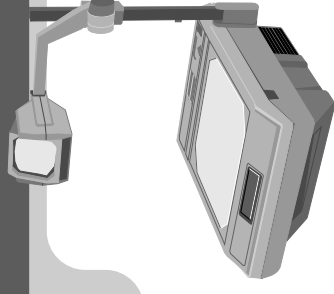
You usually can't tell if someone is gay or lesbian from how he or she look or what they do.

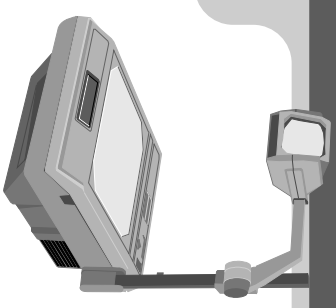
Response

Lesbians and gay men come from all walks of life, all social and economic groups.

Some people hold stereotypical views of what they would expect a gay man or lesbian to look like.

Most homosexuals are completely indistinguishable from anyone else.





True/False statements

Statement

There is no law against homosexuality.

Response

Having a homosexual orientation is not something that can be legislated against. Because people do not determine voluntarily whether they will be predominantly homosexual, heterosexual or bisexual, any laws making it illegal to be homosexual would violate human rights.

However some laws may relate to homosexual practices. There are laws in Australia specifying the age at which males can consent to sexual relations with a person of the same-sex. In most states and territories this is 18 years of age. The general law on the age of consent is the only law regulating sexual behaviour.

Statement

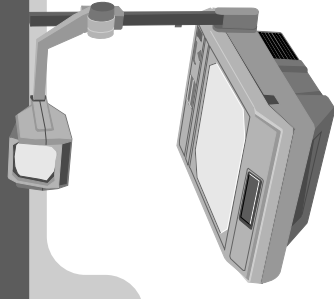
Gay and lesbian people are often discriminated against in both working and social settings.

Response

Gay and lesbian people have experienced discrimination for centuries. In most states and territories anti-discrimination legislation protects gay and lesbian people from discrimination in areas like housing, employment and services. Religious organisations remain largely exempt from this legislation.

Gay and lesbian people are unable by law to adopt children or to be legally married. Although there has never been a law in western society preventing women from having sex with other women, many lesbians still experience discrimination.

True/False statements



Statement

If you have a homosexual experience it means that you are gay or lesbian.

Response

Research indicates that a same-sex experience does not make a person homosexual.

What's more important is whether people have significant homosexual feelings, not just behaviour.

Many people have same-sex experiences at some stage in their lives. The majority of these people would not feel or label themselves gay or lesbian.

Statement

Nobody knows why some people have homosexual orientations and some have heterosexual orientations.

Response

No theory of a special cause of heterosexuality or homosexuality has been proven. Some research indicates genetic links while other studies indicate environmental influences.

Power, violence and risk

BACKGROUND

One of the implications of the attitudes and myths covered in the previous activity is the violence that same-sex attracted young (SSAY) people experience. The majority of violence experienced by SSAY occurs in schools or on the way home from schools and is perpetrated by other students.

	50-60
WHOLE CLASS ACTIVITY	TIME REQUIRED (MINS)

PREPARATION

Teachers should familiarise themselves with the research about the violence experienced by same-sex attracted young people by either reading the summary included in the national *Framework* or the report by Hillier et al (1998).

Decide whether all students will complete each of the case studies or whether different case studies will be allocated to students. What ever you decide it is important that all case studies are covered and that there is a gender balance in their use.

WHAT YOU WILL NEED

- Worksheet *Power, violence and safety*
- OHT with violence data

PROCEDURE

1. Using OHT present the statistics on violence in schools.
2. Inform students that they are now going to examine some examples of this type of violence. Divide the class into small groups and give each person a worksheet and a case study to examine; ensure that each case study is completed by at least one group. Ask students to complete the case studies and report back to the class.
3. Groups report back. As each group reports back write the strategies on the board for further discussion.
4. Ask each group to take one strategy and come up with some ideas about what the school could do to help address the violence. Groups report back to the class.
5. Bring the activity together by informing students that this type of violence has physical, social and emotional implications for those that are subjected to it and that there are also legal implications for the perpetrators.

Violence, risk and safety

Same-sex attracted young people are exposed to extreme levels of verbal and/or physical abuse because of their sexuality.

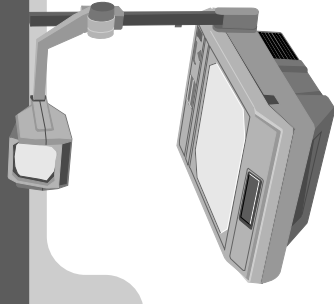
- 42% had been verbally abused
- 13% had been physically abused
- 69% of the abuse had happened at school; 47% in the street
- 10% abused by friends; 3% abused by teachers
- 26% felt very safe at school, with 14% feeling unsafe or very unsafe at school

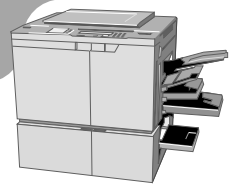
- 40% were not feeling good about their sexual orientation

great	32%
pretty good	28%
OK	30%
pretty bad	7%
really bad	3%

- Often felt good about themselves but felt bad about other people's attitudes.

Hillier, L., et al (1998)





Violence, risk and safety

Case study 1: The Volleyball Team

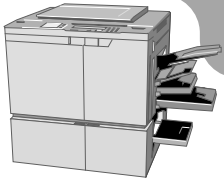
Mason was talking to the boys from the school volleyball team about their close call to win by only 2 points. Two of the boys talk about Tim who, acted like a “big poofter” with other guys in the change room.

Dave, the team captain, joined in and told Tim that they didn’t want their chances of winning being spoiled by having queers on the team. Some of the boys looked uncomfortable at Dave’s outburst and Tim protested, “Poofter or not, I’ve got as much right to be on the team as you”. There was stony silence! Though Mason was the only friend in school Tim had told about his being gay, others in the group knew but had kept quiet.

“Tim’s right Dave, we’re not splitting up the team because you don’t like faggots”, Mason said. Tim felt relieved. “Well, you’d better keep away from me. Try anything on me and you’re dead”, said Dave as he walked off mumbling about people being sick in the head.

Discussion Points

- People like Dave may always have reservations about homosexuality. How do you feel about his threat to drop Tim from the team because “he is queer”?
- How do you feel about his threat of violence toward Tim?
- Why do you think Tim had only told Mason about his sexuality?
- Will Tim have the same standing with his teammates in the future?
- What strategies could Tim use to protect himself from this sort of violence?
- What strategies could the school put in place to protect Tim?



Violence, risk and safety

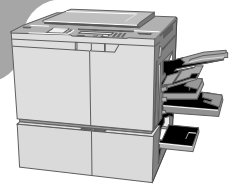
Case study 2: Teacher sees attack on youth

Mr Davis is a teacher at the local high school. One Saturday evening he is leaving the movies with a friend. As they pass a side alley they see, under a street lamp, a group of three youths kicking a person on the ground and calling him names like “dirty poofter”. For a moment they are frozen but then they both begin to shout and make loud noises.

The youths are startled and look up, unable to see who is making the noise and how many people there are, as Mr Davis and his friend are in the shadows. The attackers turn and run off in the other direction. As they do Mr Davis is almost certain that he recognises one of them as Nick a senior school leader and a well-liked student. Mr Davis and his friend take the victim, who is bruised but not seriously injured, to the police station.

Discussion Points

- Why do you think the boys were kicking the person in this story?
- What should Mr Davis do?
- Would the police be interested in finding the attackers? Why?
- What support may the victim of violence need?
- What strategies could this person use to protect himself from this sort of violence?
- What kind of strategies could be put in place to help stop this sort of violence?



Violence, risk and safety

Case study 3: Lea

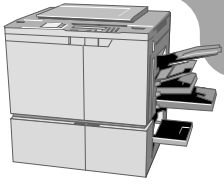
Lea is a 17-year-old lesbian going to a co-educational high school. She finds learning easy, is well liked by students and teachers and has many friends. However she isn't open about her sexuality.

One weekend some fellow students at the beach saw her with her girlfriend Sue (who doesn't go to the same school as Lea). Ever since then Lea has been experiencing great difficulties at school. Students have verbally harassed her calling her "leso", "lemon" and "how's your girlfriend?" She has also heard them talking about her behind her back. Someone wrote on the wall of the girls' toilet, "See Lea for lesbian counselling". She has lost her friends and other students have avoided her. As a result she is isolated.

Lea used to really like school but is now finding great problems and isn't getting any support from those immediately around her. She really wishes that people at school would just accept her.

Discussion Points

- Do you think the attitudes of Lea's fellow students are unfair? Why?
- What can she do to help others accept her?
- How would you react if you found out one of your friends was lesbian or gay?
- How could you deal with this situation constructively?
- What strategies could Lea use to protect herself from this sort of violence?
- What strategies could the school put in place to prevent this situation arising?



Violence, risk and safety

Case study 4: James

James is a 17-year-old high school student whose mother is a lesbian.

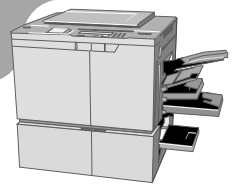
One day another student came up to him and said, “I’ve heard your mother is a dyke”. The parents of this student know James’ mother from parents’ meetings.

Since then it has been spread around the whole school. James is harassed constantly. “You’ll turn out to be gay just like your mum,” was one taunt. People have been gossiping behind his back and have been avoiding him.

James just wants the gossiping to stop. He doesn’t want to see his mother talked about in such a hurtful way.

Discussion Points

- What can James do to stop the gossiping?
- Do you think James will turn out to be gay because his mum is? (Consider the fact that most lesbians and gays come from heterosexual families).
- How could the school support James in dealing with this harassment?
- How could James’ mother help him? What may be some of the issues that lesbian and gay parents face?
- What strategies could James use to protect himself from this sort of violence?



Violence, risk and safety

Case study 5: Dimitri

Dimitri is in Year 10 at a seaside secondary school. He is a very talented visual arts student and he enjoys spending time on the cliff tops drawing the seagulls in flight and the dolphins at play in the bay. He has many friends at school and he is also the school athletics champion. Dimitri feels that he is a girl trapped in a boy's body. He is attracted to other boys. Not because he sees himself as gay, but because he feels he is a girl. Sometimes when he knows no one will see him he dresses as a girl because this makes him feel better about himself.

On a warm summer evening he is sketching on the cliff tops when four young men, strangers to Dimitri, arrive in a car. They tease Dimitri about his drawings and call him a "faggot" and a "poofter". One of the boys asks him "where's your dress you girl?" He does not respond but continues to sketch. Leo, the group leader, begins to push him around and Dimitri defends himself. The strangers join in. He is no match for all four. During the assault Dimitri is seriously injured ending up in hospital. The attackers drive off after the attack and the police are looking for them.

Discussion Points

- What do you think Dimitri could have done?
- Leo and his friends' behaviour placed Dimitri in hospital. Is this acceptable masculine behaviour? How could their behaviour be challenged?
- Do you think some men feel threatened by men who don't act macho male? Do name-calling and teasing often lead to violence? Why?
- Did Dimitri see himself as gay?
- Do you think that if Leo and his friends had known Dimitri was transsexual that they would have assaulted him? Why?
- What do you think would happen next?

Stepping out

BACKGROUND

This activity provides an excellent extension to the work undertaken in activity four. It enables students to move from acknowledging assumptions made about sexual diversity and how they have developed to looking more closely at the implications of these assumptions. Students will have the opportunity to experience someone else's situation so that they can become more aware of what it might be like to be gay, lesbian or bisexual. Putting themselves into someone else's shoes, if they have not considered the issues and the implications before, can be challenging, so it is crucial that a supportive classroom environment is developed and maintained.

By being aware of these assumptions and the implications of such myths for the lives of those who do not identify as exclusively heterosexual, schools can work to eliminate them and provide a supportive school environment for all.



WHOLE CLASS ACTIVITY

50-60

TIME REQUIRED (MINS)



SENSITIVE
ACTIVITY

PREPARATION

Determine the number of students and make enough *Stepping out* cards from the OHT. Ensure that one out of four scenarios are 'winners', in other words that they are 'straight' rather than lesbian, gay or bisexual.

Ensure that there is enough working space for easy movement.

As this activity involves some role-play, it is important for teachers to familiarise themselves with briefing and debriefing techniques.

WHAT YOU WILL NEED

- *Stepping out* cards with 'He is/She is' scenarios photocopied onto them – one per participant
- A copy of the questions to ask students
- A large working space to enable students to move around easily
- OHT

PROCEDURE

1. Inform students that the aim of this activity is to gain awareness of issues affecting different groups in the community.
2. Ask students to clear a space in the centre of the room, then form a line across the middle of the room, facing the teacher. The line should stretch across the width, not the length, of the room, as students will need space to move backwards and forwards. It doesn't matter if they are a bit squashed at the start, as they will soon spread out.

Stepping out

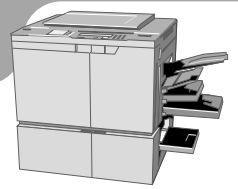
3. Explain to students that you will give them each a card with a scenario and that they are to imagine they are the person in the scenario. They are not to show their card to other students. Later in the activity, the teacher will reveal that there has been a doubling up as several people have the same cards – this will provoke interesting discussion during debriefing.
4. Explain to students that you will ask a series of yes/no questions. Students will have to decide if they can answer yes or no in reference to their scenario. The students will not have ‘all the information’ for each scenario so they will have to make their response based on assumptions.
5. Ask students to shut their eyes and imagine the position of the person in their scenario. Then tell them to open their eyes and answer the questions. Those who answer yes take a step forward. Those who answer no take a step back. Emphasise that the questions must be answered according to what really happens not what they feel should happen.
 - Can you talk to a parent about your sexuality?
 - Could you invite your partner home?
 - Is your family likely to support and recognise your lifestyle?
 - Would your partner be included in any family gatherings like weddings, New Year’s Eve parties?
 - Would your family feel OK if they started introducing your partner to their friends as your boyfriend/girlfriend?
 - Can you go to school without harassment?
 - Would people who knew about your relationship feel comfortable?
 - Would you take your partner to the school dance?
 - Could you tell the football team about your sexuality?
 - Could you tell your mates what you did on the weekend and with whom?
 - Would you chat about your love life with a close friend on the bus?
 - When you go out in a crowd of friends do you feel you can give your partner a kiss and a hug?
 - Could you easily find couples like you, if you wanted to go out as a group?
 - Can you be fairly confident you won’t get put-down or physically hurt by others because of your relationship?
 - Could you talk to the leader of your church youth group, sporting club and so on, if you were having problems with your relationship?
 - Do love scenes on TV and the movies commonly show relationships like yours?
 - Could you go into a news agency and get an anniversary card for your partner?
 - Could you tell your boss about your sexual preference without putting your job at risk?
 - Do you know four famous Australians with the same sexual orientation as you—such as pop stars, sports people, politicians, TV personalities?
 - Are you able to be open with your doctor when he/ she talks to you about contraception?
 - Can you get married when you are 21?

Stepping out

DEBRIEFING

1. When all the questions have been asked, begin the debriefing process by asking those students closest to the front to reveal their character. Do the same with those students furthest to the back. Compare the outcome for other students who had been given the same scenario.
2. Show OHT and ask students, one at a time and from the front to the back of the class, to reveal the person in their scenario. Issues that students may bring up during the process of verbalising their responses are cultural and religious backgrounds and location of people mentioned in the cards and the situation society has put them in of having to consider daily throughout their lives if, when, what and to whom they disclose.
3. Ask students how they felt about the characters represented and seeing others move ahead of or behind them.
4. Draw out differences for those that had the same scenario.
5. It is important to manage the time for this exercise so that all questions are asked, and all students can give their responses. It is essential to leave enough time to discuss this activity with the class. The following questions may be used to guide discussion:
 - What did you feel about what might have been the experiences of the person in the scenario?
 - What did you learn from your participation in this activity?
 - How safe and supportive is your school for a disclosure?
 - How can you work with others to bring about changes at your school?

(Adapted from *HIV/AIDS Education in Health and Physical Education Early Childhood to Year 10: A Training and Development Package*, Department for Education and Children's Services, (now DETE) South Australia, 1997.)



Stepping out scenario cards

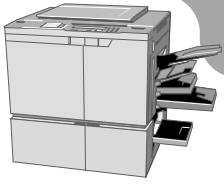
A gay boy
who is
HIV-positive

A heterosexual
girl using
amphetamine
(speed)

A homeless
young lesbian

A young
transsexual





Stepping out scenario cards

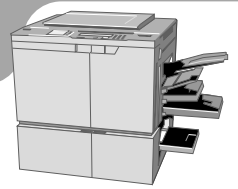
A married
man

A married
woman

A young
lesbian

A young gay
Asian boy





Stepping out scenario cards

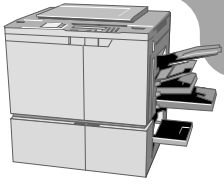
A pregnant
girl who is
HIV-positive

A seventeen-
year-old

A gay youth

A bisexual
boy in a steady
relationship
with a girl





Stepping out scenario cards

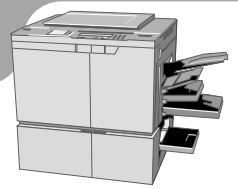
A 16 year old
mother

A 16 year old
father

A year 12
girl with a
boyfriend

A year 12
boy with a
boyfriend





Stepping out scenario cards

An 'out' gay
captain of
senior school
football team

An 'out' young
lesbian who is
a successful
television star

A 16 year
old girl who has
casual sexual
partners

A 16 year old
boy who has
many casual
sexual partners



(Adapted from New South Wales Department of Education (1994) *Mates, HIV/AIDS Related Discrimination: Teaching materials to accompany the video* p 31)

Opposite ends of the pole

BACKGROUND

Sexuality is an integral part of life. It involves more than one's sexual activities, identity or orientation and is not limited by only being anatomically and genetically female or male. It is a process commencing at birth and ending only with death. It influences our perceptions, attitudes and behaviours in relations to other individuals and to society. From the beginning of our lives, sexuality affects all aspects of our lives – the way we think, the way we feel, what we do and who we are.

This activity is an extremely important one for students to complete as it enables them to see sexuality in a much broader context than just being about sexual practices. Evaluation of its use shows that students find the two models of sexuality easy to understand and that the activity provides some affirmation for young people who may be struggling with their sexual identity.

Sexuality is a vital and dynamic part of people's identity but it is difficult to define. The term becomes easier to understand if it is divided into three parts: sexual orientation, sexual behaviour and sexual identity. In this way, students can begin to understand why there is so much variation in how the term is defined by different cultures and at different times.

Sexual orientation refers to a person's basic attraction to other people. This attraction may be to members of the opposite sex (heterosexual), members of the same-sex (homosexual) or members of both sexes (bisexual). There has been considerable debate around whether a person's sexual orientation is fixed or if an element of choice is involved. No objective conclusions have been reached. It would appear that many people believe their orientation to be fixed or inherent, with others reporting a change in orientation at a particular stage in their lives.

Sexual behaviour refers to what a person does sexually. In many cases this behaviour matches people's sexual orientation but in many cases it does not. In this sense a person may be involved in heterosexual behaviour but feel their orientation is homosexual or vice versa.

Sexual identity refers to how people see themselves and how they present themselves to others. At times, sexual identity can be different to people's sexual orientation and sexual behaviour which can cause a high level of personal stress. This is especially important in terms of the dominance of heterosexuality.

Definitions adapted from *Demystifying Homosexuality: A Teaching Guide about Lesbians and Gay Men*, Human Rights Foundation, New York, 1984; for additional information, Liggins et al (1994) is an excellent place to start.



SMALL & WHOLE
CLASS ACTIVITY

60

TIME REQUIRED (MINS)



SENSITIVE
ACTIVITY

Opposite ends of the pole

PREPARATION

Become familiar with the models presented and the background information.

WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record feedback
- OHTs
- Worksheet: *Opposite ends of the pole*

PROCEDURE

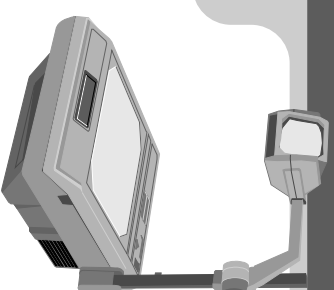
1. Inform students that the aim of this activity is to introduce two models for understanding sexuality.
2. The teacher reads aloud the following statements. Students need to respond to them with either a yes or no; the response can only be yes or no:
 - Lying to protect someone is always wrong.
 - There are deserving and undeserving poor people.
 - A person should only ever have sex with someone when they know they love them.
 - Abortion is never wrong.
 - Love always makes people feel good.
 - If one person is hurting another person, you should always do something about it.
3. Ask for volunteers to say whether they found it difficult to answer the questions simply with a yes or no and to explain why it was difficult.
4. Inform students that it can be difficult to answer with only a yes or a no as sometimes the issues are very complex and need to be considered more deeply. This is because people frequently think in a one-dimensional way that is based on opposites. This is called binary thought.
5. Ask students to brainstorm a number of opposites, for example:

rich	poor
hot	cold
happy	sad
right	wrong
6. Discuss the usefulness of thinking in this way? What assumptions are made about people by thinking in opposites? What are the limitations of binary thought?

Opposite ends of the pole

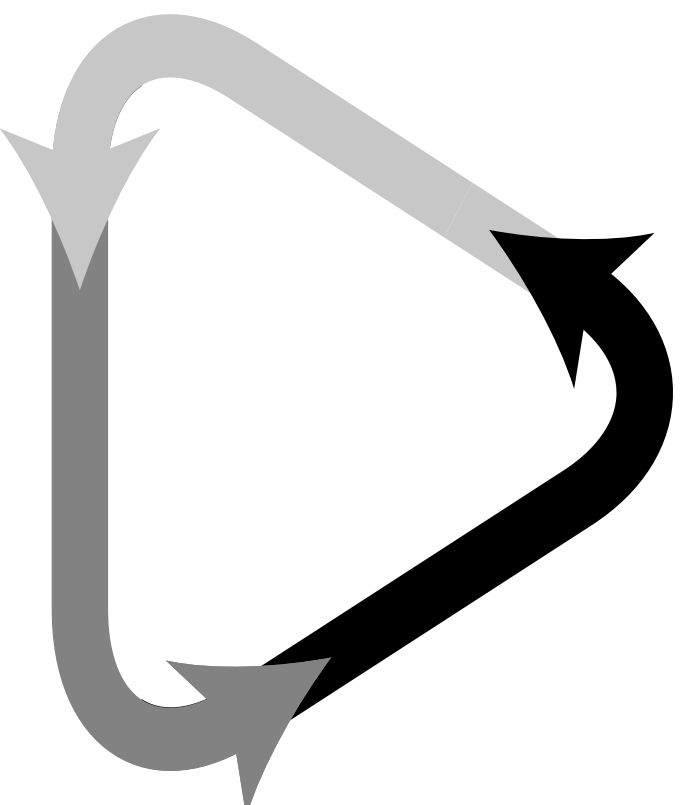
7. Ask students to provide some examples of where binary opposites are not adequate to describe what they want to say. For example, the terms 'hot' and 'cold' express two extremes of temperature but there are many words that more closely describe temperature including 'humid, freezing, chilly, moderate, warm' and so on. Often these words can be placed in a continuum demonstrating different degrees of the same thing, in this example, temperature.
8. Ask students, in groups of three or four, to use one of the examples from the brainstorm list and establish a continuum as in the temperature example. Each group should report back to the class, indicating the extra points on the continuum and what additional information this provides about the concepts.
9. Binary thinking is often not very useful in terms of sexuality and gender. Some people like to think in terms of opposites about sexuality as is evidenced by some labelling and boxing of people's sexuality. Ask students the following:
 - Do all people fit into one sexual category or another?
 - Is defining a person's sexuality as easy and clear as some people like to think?
10. Inform students that they are now going to look at two models of sexuality, which are useful in showing the limitations of binary thought when defining sexuality. Use the OHT of the sexual trichotomy model and go over the material provided in the background notes.
11. Ask students, in groups of three or four, to examine the scenarios on worksheet *Opposite ends of the pole*, and decide the sexual orientation, sexual identity and sexual behaviour of each of the characters. In addition, students indicate how traditional binary or opposite thought would identify each of these people. Each small group reports back to the class. Don't worry if students become frustrated as they attempt to categorise people and their behaviours, this is part of the activity.
12. Use the OHT of the Kinsey model to discuss the information provided. The two models present sexuality in a way that overcomes the difficulties of binary thinking, that is, thinking in terms of opposites.

The sexual trichotomy



Sexual Identity

(how we self-identify and/or publicly identify)



Sexual Orientation

(who we are attracted to)

Sexual Behaviour

(the sexual contacts we have)

Department of Education, Employment and Training, Victoria 2001, *Catching On: Teaching and Learning Activities*.

The Kinsey model

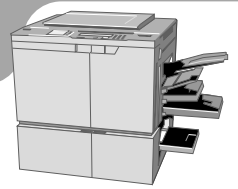


**Exclusively
Heterosexual
10%**

Bisexual

**Exclusively
Homosexual
10%**

Department of Education, Employment and Training, Victoria 2001, *Catching On: Teaching and Learning Activities*.



Opposite ends of the pole

- Form groups of five or six.
- Using the sexual trichotomy model of sexuality, decide the sexual identity, sexual orientation and sexual behaviour of the people in the scenarios.
- Consider how traditional binary opposite thought would identify them?

Scenarios

Sally

Sally is a college student who had a two-year sexual relationship with her female roommate. When the relationship broke up, she began dating a male student. She has married him and enjoys their sex life.

Van

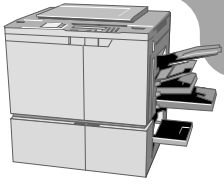
After an adolescence that included dating and having sex with girls, Van joined the army and was stationed at an isolated research base. There he developed a close and loving relationship which included sexual contact with another man. When he transferred closer to his home, he began dating women again.

Michael

Michael is a young man who earns money as a homosexual prostitute. He accepts money from older men who perform oral sex on him. When he goes home to the woman with whom he lives, Michael speaks negatively about these men.

Maria

Maria is 40 years old and has only ever been attracted to and had sexual relationships with men. Six years ago she met a woman to whom she was sexually attracted and for six months fantasised about having sex with her. Since this attraction passed she has never been attracted to another woman.



Opposite ends of the pole

Scenarios continued

Bruce

Bruce says, by the time he was seven or eight years old, he knew he was different to other boys. Now middle-aged, he has never had sex with a woman, although many of his friends are women. Since adolescence he has been involved in a series of sexual relationships with men.

Kym

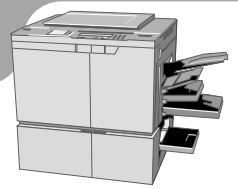
Kym is married and has three children. His only experiences of sexual intercourse have been with his wife. When he masturbates, he fantasises only about men. Although he does not intend to act out his fantasies, he is sexually attracted to several of his male friends.

Ginny

After 20 years of marriage and two children, Ginny divorced under bitter and hostile circumstances. She moved in with another divorced woman and, after several months, the two of them began a loving, sexual relationship that has continued for several years. Before this experience Ginny had never fantasised about sex with another woman or considered the possibility.

Karen

Karen was married for 16 years. During this time she had two sexual relationships with women. She ended her marriage because she fell in love with a woman whom she has been with for the past three years. In this time she has had three sexual encounters with men.



Opposite ends of the pole

	Sexual orientation	Sexual identity	Sexual behaviour	How would traditional binary thought identify this person?
Sally				
Van				
Michael				
Maria				
Bruce				
Kym				
Ginny				
Karen				

Look who's talking

BACKGROUND

Many sexuality education programs acknowledge the difference in the power dynamics between young women and young men. This is not so much in relation to the differing physical strength of men and women as in the other dimensions of power such as language, expectations and so on. It is generally believed that young men want sex at any cost and young women should find or learn ways of saying no to sex. Research shows that both young men and young women, particularly those in their mid-teens, are powerfully influenced by these beliefs. The only safe strategy proposed for young women is that of learning how to say no to sex. This approach does little for the 50% of young women who are already sexually active by the time they finish secondary school.

Assertiveness programs will be examined in light of the above assumptions and their implications for the gendered nature of sexuality. However, teachers need to be aware that assertiveness strategies should not be dismissed. Instead, young people, in particular young women, need to examine the realities of being able to use such strategies in relation to sexuality when issues of power, status, class, ethnicity and so on make it almost impossible for them to identify and have their needs and desires met.

As this activity examines some of the traditional notions about sexuality between girls and boys it is best conducted in single sex groups. Students, particularly girls, find it easier to examine potentially sensitive issues in single-sex groupings. It is a good idea to conduct the activity in single-sex groupings and then bring students back together to examine the assumptions and develop alternative strategies.

Assumptions about masculine and feminine behaviour in sexual situations disadvantage both young men and young women. The assumptions generated by the discussion need to be challenged as part of the curriculum, which addresses issues of gender, and power in sexual situations.



SMALL & WHOLE
CLASS ACTIVITY

50

TIME REQUIRED (MINS)

PREPARATION

Read some background information on gender and gendered motivations in relation to sexuality. Refer to the national *Framework* (p 38), which can be found at www.ancahrd.org

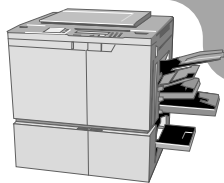
Look who's talking

WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record feedback
- Whiteboard markers and/or felt-tip pens
- Worksheet: *Point of no return*
- OHTs

PROCEDURE

1. Inform students that the aim of this exercise is to examine assumptions about gender and sexuality and to consider appropriate strategies for young people to use.
2. Divide the class into small groups of four or five. Give students a copy of Worksheet: *Point of no return*. Ask them to complete the ending(s) as specified. Allow 10 – 15 minutes for groups to complete the task.
3. Groups report back to the class. Use OHT to summarise the issues raised.
4. Present each of the quotations on OHT then examine them by having students address the question on the worksheet: What assumptions are being made in these quotations about masculinity, femininity and sexuality?
5. Referring again to OHT and the worksheet, have students discuss the following:
 - What strategies can help young people to deal with these and similar situations?
 - What makes it difficult for young people to say what they want?
6. In groups of 3-5 students work out a response to each of the statements listed on the Worksheet: *Just say what you think*. Depending on the time available, you may like to give each group two or three statements.
7. Groups report back. Examine the responses to see whether the students assumed that the response should be saying no to sex.
8. Bring the activity together by informing students that these statements have been used in an activity designed to teach girls to say no to sex. Ask them what assumptions are being made about girls and sexuality and boys and sexuality. Go through the assumptions on the OHT, *Assumptions about sexuality programs*.



Point of no return

In your group write two endings to the following story, as if:

1. it is the girl who has had enough
2. it is the boy who has had enough.

Late one Saturday night a young man and a young woman have gone out in the young man's mother's car to a secluded place to get better acquainted. After a lot of kissing and stroking, clothes begin to come off until both of them are virtually naked. The young woman says to the young man: 'I don't want to go any further'.

Late one Saturday night a young man and a young woman have gone out in the young man's mother's car to a secluded place to get better acquainted. After a lot of kissing and stroking, clothes begin to come off until both of them are virtually naked. The young man says to the young woman: 'I don't want to go any further'.

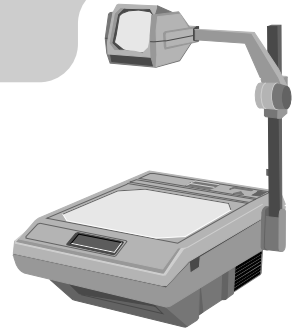
Examine your endings.

- What assumptions are being made about femininity and sexuality and masculinity and sexuality?

- Which scenario was the most realistic?

- What are the implications of the assumptions for young people?

Girls and sex / boys and sex

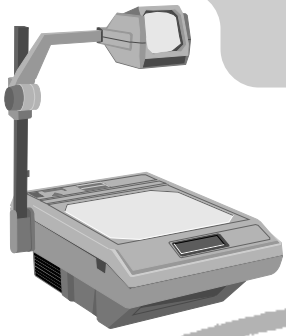


GIRLS

BOYS

see sex connected to romance and being wanted	see sex for its own sake
don't talk of sexual pleasure and bodies	pleasure often mentioned and located in the body
are seen to be sexually passive	are seen to be sexually active or aggressive
are seen as keepers of safe sex (and responsible for contraception)	are not seen as being responsible for safe sex
are seen as being responsible for placing limits on sex	are allowed to break through limits
are expected to control their feelings	are not expected to control; it's their sex drive
are expected to be naïve about sex	are expected to be experienced in sex
have much to lose (reputation)	have much to gain (reputation)

Adapted from ongoing research by Dr L Hillier (2000).



Look who's talking

'I think you have them down in about five seconds flat, then you see what happens. Wait 'til you get it in them. I mean if they, like, are really distressed and they don't want to do it or if they're, you know, maybe interested you keep going, but if they're like 'no', if they are really racked off that you're doing it, then you stop. You know you've definitely got no chance when they go "get lost, I told you to stop it".'

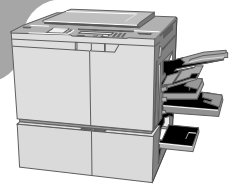
'When they're sliding your hand away and everything... you just keep putting it there and they get sick of pushing it away and they'll let you leave it there.'

'You know that you don't want to do it, but don't want to tell them and, like you just want to kiss and stuff but things get, you know, then you can't actually say no... They think they're going to get it, kind of thing. You feel like you've virtually told them "yeah, okay".'

'They haven't said that they don't want sex. They just kind of say, "I love you", and I think all right cool. It's not like it's really really clear... But they don't say yes or no to it, so it obviously must be okay then.'

- What assumptions are being made in these statements about masculinity, femininity and sexuality?
- What strategies can help young people to deal with these and similar situations?
- Are there any difficulties in promoting any of these strategies for young women in this situation?

Mitchell, A, Peart, R & Rosenthal, DA 1996, Can we do better than negative consent? Teenagers negotiating sexual encounters in Deakin University Centre for Education and Change 1996, *Schooling and Sexualities: Teaching for a Positive Sexuality*.



Just say what you think

For each of the following statements develop an appropriate response

I'll be very careful.

I really love you, so we don't need to worry about the virus.

I'll be extremely gentle.

I've never liked anyone as much as you before. I'd love to have sex with you

You really turn me on. I'd like to do it now.

Everyone else does it.

I'll give you a friendship ring if we can do it.

You're so attractive. I can't keep my hands off you.

There are names for people like you who lead people on.

I've brought some condoms with me, so you've got no excuse now.

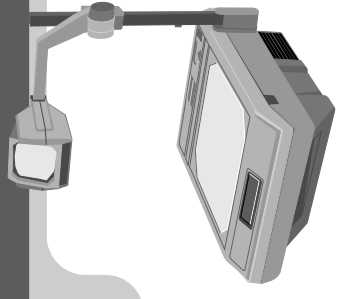
We don't need to worry about AIDS I haven't got it.

I'm really turned on now. If we don't do it, it'll damage my health.

You'll like it. I'm very experienced.

Assumptions underlying many sexuality education programs

- They have been designed to help young people become aware of their feelings, needs and goals and to state them confidently, without aggression and without lapsing into passivity.
- They present young women as victims - they need to say no.
- They reinforce the idea that it is normal for males to be sexually aggressive and women should control this aggression.
- They provide the means by which young women can refuse unwanted sexual advances.
- They seldom provide young people with the vocabulary (the words) to express their desires or to negotiate pleasure and what they like.
- They locate the problem in the woman in that she is unable to protect herself from the aggressive male even though she wants to.



Scale of attitudes

BACKGROUND

This activity provides students with the opportunity to understand that in order to affirm the diversity of young people in our schools, far more needs to be done to acknowledge and support their sexuality. This activity demonstrates that the attitudes of tolerance and acceptance really are, when examined closely, negative. It enables students to develop some school-based strategies for developing and maintaining a school environment that affirms the diversity of young people.

Dr Dorothy Riddle, a American psychologist developed a chart of homophobic attitudes, which has been adapted as follows.

Repulsion: Homosexuality is seen as a 'crime against nature'. Gays are sick, crazy, immoral, sinful, wicked and so on, and anything is justified to change them (e.g. prison, hospitals). You might well hear this expressed as 'Yuk! When I think about what they do in bed!'

Pity: Heterosexual chauvinism. Heterosexuality is seen as more mature and certainly to be preferred. Any possibility of becoming 'straight' should be reinforced and those who seem to be born 'that way' should be pitied as in 'the poor dears'.

Tolerance: Homosexuality is seen as just a phase of adolescent development that many people go through and most people 'grow out of'. Thus, gays are less mature than 'straights' and should be treated with the protectiveness and indulgence one uses with a child. Gays and lesbians should not be given positions of authority (because they are still working through adolescent behaviours) as they are seen as 'security risks'.

Acceptance: This still implies there is something to accept, characterised by such statements as 'you're not a gay to me, you're a person'. 'What you do in bed is your own business'. 'That's fine as long as you don't flaunt it'. This attitude denies social and legal realities. It still sets up the person saying it to be in a position of power, as the one to 'accept' others. It ignores the pain, invisibility and stress of closet behaviour.

The simple rule of thumb – is what you are saying or how you are acting different, to how you would talk or act if the person was 'straight'? Do you say to your 'straight' friends that you don't mind what they do in bed? People also need to realise the reverse of this is true too: if you find two men tongue kissing at a party repulsive, yet would find a heterosexual couple tongue kissing equally repulsive, chances are you're not homophobic, just inhibited about public demonstrations of such behaviour.

Continued overleaf...

Scale of attitudes

BACKGROUND

Dr Riddle suggested the following more positive attitudes to replace those on the previous page.

Support: These people support work to safeguard the rights of gay and lesbian people. Such people may be uncomfortable themselves, but they are aware of the negative social climate and the irrational unfairness.

Admiration: This acknowledges that being gay/lesbian in our society takes strength. Such people are willing to truly look at themselves and work on their own homophobic attitudes.

Appreciation: These people appreciate and value the diversity of people and see gay and lesbian people as a valid part of that diversity. These people are willing to combat homophobic attitudes in others.

Celebration: These people nurture and assume that gay and lesbian people are indispensable in our society. They view them with genuine affection and delight and are willing to be their advocates.



**SMALL & WHOLE
CLASS ACTIVITY**



40
TIME REQUIRED (MINS)
(DEPENDENT ON THE NUMBER
OF STATEMENTS USED)

PREPARATION

Familiarise yourself with the scale of attitudes.

Make a set of scale of attitudes signs or large cards (repulsion, pity, tolerance, acceptance, support, admiration, appreciation and celebration).

WHAT YOU WILL NEED

- Whiteboard, butchers paper or OHT on which to record feedback
- Set of *Dr. Riddle's scale of attitudes* cards
- A large working space

PROCEDURE

1. Inform students that the aim of this exercise is to examine homophobia and develop some strategies to combat it in the school environment.
2. Divide the class into two groups and ask them to sit on either side of the room.

Scale of attitudes

3. Inform the group on the right-hand side of the room that they are to imagine they are same-sex attracted. Ask the group on the left-hand side to assume they are opposite-sex attracted. Place the scale of attitudes cards on the floor in the middle of the room. They need to be placed as a continuum from repulsion to celebration with enough room for students to stand at a position on the continuum if necessary.
4. Suggest to the class that understanding homophobia works best if it is 'broken down'. Ask students to visualise, from the safety of their seats, where they would place themselves on the scale of attitudes. Ask for any volunteer who feels like sharing with the group why they have placed themselves in that spot. (If you have a very supportive group, you can ask them to move to a place on the scale).
5. Once those who are willing have had a chance to speak, describe each of the attitudes on the scale using the background information and discuss which attitudes are negative and which are positive and why? As each attitude is described, ask students to give an example of how that particular attitude is displayed in the school.
6. In small groups of three, students develop and record strategies to combat the negative attitudes and to support the positive attitudes. This will work best if each group has one negative and one positive attitude to consider.
7. Groups report back. Then the class brainstorms strategies for developing the positive attitudes in a school-based context.

(Adapted from Challenging Homophobia in Miller, K & Mahamati 1994, *Blockout*, CAWISE and The Second Story Youth Health Service, Adelaide. S.A.)

Power, relationships and drugs

BACKGROUND

This activity has been included because of its potential to assist young people to examine realistic situations in which sexuality and drug use come together and so affect decision-making. It also helps young people to understand the concept of power and its use in their everyday lives. The more young people are provided with situations that more closely resemble the realities of their lives and make clear the connection between health-related issues the better prepared they will be to make reasoned decisions about their health.



WHOLE CLASS ACTIVITY

50

TIME REQUIRED (MINS)

PREPARATION

Review the material on power in Unit Three.

Decide whether you need to carry out the power activities; if so then this activity may need to be conducted over two sessions.

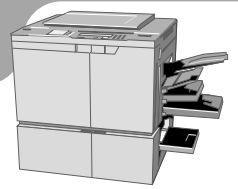
WHAT YOU WILL NEED

- Worksheet *Power, relationships and drugs*
- OHT *Types of power*

PROCEDURE

1. Review the material on the concept of power Unit Three Activity Two. Inform students that some people or institutions have power over others and can exercise that power e.g. parents over children, government over citizens through laws, religious leaders over church members.
2. Distribute worksheet to students in small groups who then discuss the situations.
3. When the situations have been discussed, ask students to list all the ways they can think of where some people use power to influence the behaviour of others.
4. As a class discuss the following focus questions:
 - Is this behaviour acceptable?
 - Can it be justified in any way?
 - Who generally has most power in our society?
 - How do people negotiate more power for themselves in relationships?
 - How does the perception of who has most power in a relationship influence the way people negotiate over issues?
 - What other types of power are exerted in these types of situations?
 - What general hints could you give to someone wanting to assert more power for themselves and not be influenced by others; or deal with the power exerted through, laws, language and so on?

(Adapted with from Victorian Department of Employment, Education and Training (1998)
Get Real – A Harm Minimisation Approach to Drug Education)



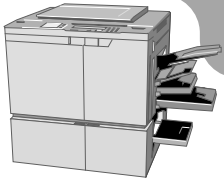
Power, relationships and drugs

Gina and Emilio have been having a sexual relationship for the past two months. They go to a party in Emilio's car. While they are there Gina sees Emilio take a pill. When it is time to go home Emilio insists that he is OK to drive, but Gina is uncertain. She gives way and goes home in Emilio's car.

- Why do you think Gina gave way?
- Who exerts most power in this relationship?
- How could Gina establish a more powerful role in her relationship with Emilio?
- What types of messages do young people get about what to do in this sort of situation from the media? Do you think they are effective? Why/Why not?

Kate and Emma are good friends. Kate is invited to a party at Emma's house and wants to go. Her parents forbid her to go because they believe Emma and some of her friends have been experimenting with drugs. Kate is angry and upset and believes she is old enough to make up her own mind about drugs anyway.

- Who is exerting most power here?
- What could Kate do to establish power in her own life?
- Is it possible for Kate to be on an equal footing with her parents? If so, how?
- What types of messages do young people get about what to do in this sort of situation from the media? Do you think they are effective? Why/Why not?



Power, relationships and drugs

Tim and Pete have been going out together for six months, and like each other a lot. One day Pete is at Tim's place where he sees him injecting drugs. Tim offers him a go and tells him that if he wants to continue the relationship he will have to share his lifestyle. Pete wants to stay with Tim but is frightened to use drugs. He says no on this occasion.

- What do you think of the power balance in this relationship?
- Who is asserting most power?
- What do you think may happen in the future?
- What types of messages do young people get about what to do in this sort of situation from the media? Do you think they are effective? Why/Why not?

Melissa and Zoë are good friends. They both inject heroin occasionally but don't consider that they have a habit, or that their drug use is a problem. One day they are shooting up together. Melissa reaches for her syringe but Zoë says not to be silly – she can use her syringe. They're good mates aren't they? She doesn't have any diseases! What's the problem? Melissa feels that if she uses her own syringe it looks like she doesn't trust Zoë so she shares Zoë's fit.

- How did Zoë exert power over Melissa? Could Melissa have behaved in any other way?
- What could she have done to ensure her safety yet keep Zoë's friendship?
- Do people exert power over others in this way about other issues? If so, what issues?
- What types of messages do young people get about what to do in this sort of situation from the media? Do you think they are effective? Why/Why not?

Unit four focuses on bringing together issues covered in the previous units in a way that provides young people with strategies to improve and enhance their sexual safety. It expands the acquisition of knowledge to look at issues such as social safety, discrimination and harassment and how these can be addressed so that young people can make health-enhancing choices. It designed so that young people feel positive about themselves and their sexuality.

UNIT LEARNING OUTCOMES

Students will:

- have explored the concept of social as well as sexual safety
- have devised appropriate strategies to keep themselves safe
- have critically examined the sources of information about sexuality issues they use and trust
- have explored barriers to parent–child communication and develop strategies to overcome them
- develop awareness about the types of questions of concern to young people
- know where to gain trusted and reliable information to assist them in making informed decisions
- explore their feelings, thoughts and actions in different unsafe situations
- develop strategies to reduce risk and minimise the harm associated with potentially unsafe behaviours
- have explored what harassment and discrimination looks, sounds and feels like
- have explored how harassment and discrimination affects, individuals, communities and perpetrators.

ACTIVITIES

1. There's more to sexual safety than you think
2. Who can I trust?
3. Leaving the door open
4. Difficult questions
5. Sex, drugs and making choices
6. Hear, see and feel
7. Enhancing sexuality

There's more to sexual safety than you think

BACKGROUND

Issues related to sexual health and STI prevention are often seen to belong to the medical realm and best addressed by examining physical and health-related information. Current research indicates however that STI prevention messages, particularly for young people, cannot be effective unless they take account of the social and cultural context in which sexual behaviour takes place. It is these social and cultural pressures to behave, or to be seen to behave, in particular and prescribed ways that have the most profound influence on the sexual beliefs and behaviours of young people. Becoming aware of the social and cultural nature of sexual behaviour and of the kinds of pressures that personally influence them most helps young people be clear about their values relating to sexual behaviour and to make informed decisions.



SMALL & WHOLE
CLASS ACTIVITY

20

TIME REQUIRED (MINS)

PREPARATION

Photocopy worksheet so that there is one worksheet per student.

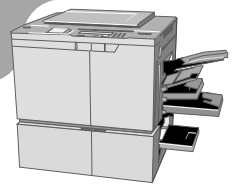
WHAT YOU WILL NEED

- Worksheet: *Melissa and Rafat*

PROCEDURE

1. Introduce the concept of “social safety” and how it fits in with the more conventional concept of “sexual safety”.
2. Give students a copy of Worksheet: *Melissa and Rafat*; ask them to complete the accompanying activities.
3. In groups of three or four discuss the questions on the worksheet.
4. As a class ask students if there are any other situations in which social safety is important and why?

(Adapted from *Catching On*.)



Melissa and Rafat

Read the following case studies.

Melissa

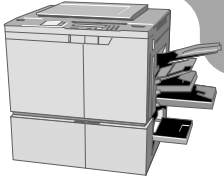
Melissa is 16 and lives in a country town. At the moment she has a really big interest in starting a relationship with Rafat but she is not sure yet whether he is going to be interested. She has not had a sexual relationship yet but feels that if this one works out it could be serious. She has always promised herself that if she did have a sexual relationship she would make sure that it was a safe one and that if she ended up having intercourse with anyone she would ensure condoms are used. She would also like to be in contact with a health service where she could get some advice about contraception as well as STI prevention. She is thinking a lot about these issues at the moment and about whether or not she will be able to keep her promises to herself.

List all the things you think could stop Melissa living up to her promises to herself.

Rafat

Meanwhile Rafat, who is 18 and lives in the same town, is pretty interested in a relationship with Melissa and he gets the impression it could be about to happen. He too is committed to safe sex if sex is on the agenda, but he does not know what Melissa thinks about it. He acts quite 'tough' about his personal life but he is actually inexperienced and pretty uncertain about how he should manage this side of things. He would like to be able to talk it over with someone. He has a really good relationship with his parents but feels it is part of their culture to think of him as a good boy and not as a man with sexual feelings. He knows he could never broach the subject with them and probably not with his mates either, so he is really feeling alone.

List the things that might get in the way of Rafat managing a safe sexual relationship.



Melissa and Rafat

Sexual safety

List all the things that relate to sexual safety for Melissa and Rafat (looking after your physical health from a sexual point of view).

Melissa

Rafat

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Social safety

List those things that relate to social safety for Melissa and Rafat (your reputation and your ability to be socially accepted).

Melissa

Rafat

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Questions

- Is the division of things different for Melissa and Rafat? If so, can you suggest why?
- Which column contains the things that you think are the most significant barriers to practising safe sex? Are the two lists interconnected?
- Which do you think young people value most, their sexual safety or their social safety? Is this how it should be?
- Which barriers could be removed by talking to a doctor or health care worker?
- What strategies might be useful for addressing the barriers in the second column?

Who can I trust?

BACKGROUND

One of the difficulties for young people in finding out about a range of issues related to sexuality is knowing who to trust and where to get accurate information. Popular culture transmitted through various media often present a distorted and inaccurate picture to young people, research would suggest that young people are aware of this. Research by Hillier and Hay (1996); found that young people do not use sources of information they distrust. This activity is designed to help students clarify the information sources they do use and why.

 <p>WHOLE CLASS ACTIVITY</p>	<p>20</p> <p>TIME REQUIRED (MINS)</p>
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PREPARATION

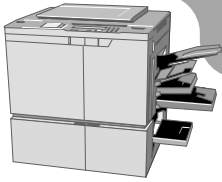
Teachers should familiarise themselves with the findings of the research. Depending on the amount of time available for this activity organise a guest speaker from the local community health centre to talk to students about the services they provide.

WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record feedback
- Whiteboard markers and/or felt-tip pens
- Worksheets: *Where do I get my information?* & *Information sources used and trusted by adolescents*
- OHT

PROCEDURE

1. Ask students to fill in the quiz on Worksheet *Where do I get my information?*
2. Present students with the information on Worksheet *Information sources used and trusted by adolescents*. Ask students to compare their own results with those provided by answering the questions provided on the worksheet.
3. As a class discuss the questions and answers.
4. Give students some information on STIs that provides a revision or extension to the work you have already covered.
5. The whole class can listen to a speaker from a local community health service who introduces their service to students.



Where do I get my information?

1. Put a tick next to the sources you have used.
2. Put a cross next the sources that you trust.
3. Put a circle against any sources you don't trust.

- If you wanted some information about STIs, which of the following sources would you use? Why?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mum | <input type="checkbox"/> Pamphlets/posters | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dad | <input type="checkbox"/> Health education at school | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Television | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Female friends | <input type="checkbox"/> Boyfriend/girlfriend |
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Male friends | |

- If you thought you had a STI, which of the following sources would you go to for advice? Why?

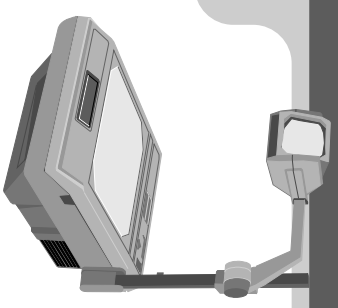
- | | | |
|--|---|---|
| <input type="checkbox"/> Mum | <input type="checkbox"/> Pamphlets/posters | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dad | <input type="checkbox"/> Health education at school | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Television | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Female friends | <input type="checkbox"/> Boyfriend/girlfriend |
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Male friends | |

- If you wanted to talk about relationship issues such as, love, attraction, starting or ending a relationship and so on, which would you use? Why?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mum | <input type="checkbox"/> Pamphlets/posters | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dad | <input type="checkbox"/> Health education at school | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Television | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Female friends | <input type="checkbox"/> Boyfriend/girlfriend |
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Male friends | |

- If you wanted factual information about sex, such as pregnancy, sexual practices, wet dreams, and so on, which would you use? Why?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mum | <input type="checkbox"/> Pamphlets/posters | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dad | <input type="checkbox"/> Health education at school | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Television | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Female friends | <input type="checkbox"/> Boyfriend/girlfriend |
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Male friends | |

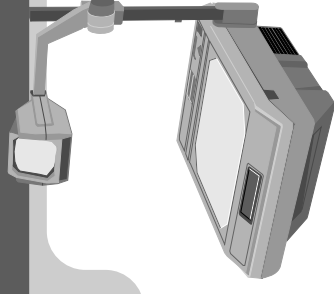


Information sources used and trusted by adolescents

INFORMATION SOURCE	% USED	% TRUSTED
Mum	75	79
Books/magazines	73	30
Health education	63	63
Females friends	62	26
Pamphlets/posters	60	43
Television	52	8
Boyfriend/girlfriend	43	19
Dad	41	59
Teachers	26	49
Doctors	20	70

Hillier, L, Warr, D & Haste, B 1996, *The Rural Mural: Sexuality and Diversity in Rural Youth*.

Information sources used and trusted by adolescents



Questions

- Is your picture similar to what the research on young people tells us?
- Why do you think mothers are the most often used source of information for young people?
- Look at your own answers; does the source used differ according to the information being sought? Why?
- Why is it that young people trust doctors but don't use them for advice and information?
- How would you determine if a web site was the most reliable source of information?
- Television is used by over half of young people but only trusted by 8 per cent, what makes young people feel this way?
- Do you think that the internet has had an impact on the sources of information most commonly used by young people?
- Which of the sources do you think can be relied on to provide accurate information?
- Can you think of any ways the sources that young people trust but don't use could be made easier to use?
- Are there any good health services in your local area which you would recommend?

Leaving the door open

BACKGROUND

Current national and international research shows that both parents and young people find communication difficult around sexuality issues, particularly as a result of changes in adolescent development. Parents also often despair and become discouraged when it seems clear that their child/children does not embrace the same value system as they do and feel that talking about such things is pointless. However, as the previous activity shows, young people would like to talk to their parents and they trust what they hear from them. Students often find it useful to understand that part of normal, healthy adolescent development for young people is that they question the ideas and values of their parents as they seek to become independent adults themselves. This means they do not have to take the parent's view as 'law'. They need to weigh up a number of viewpoints with the aim of forming their own opinions. This does not mean that parents are not important – research shows us that they are and that they should continue to express their views and ideas. It is clear that those parents who expect to impose their views are no longer likely to be successful. Parents find the task of communicating with their children about sex a daunting one but research shows that young people value their advice. Young people can help this communication become easier if they think about it from a parent's point of view and take some personal responsibility



SMALL & WHOLE
CLASS ACTIVITY

45

TIME REQUIRED (MINS)

PREPARATION

Teachers should familiarise themselves with issues for communication with parents by reading the information in *Talking Sexual Health: A Parents' Guide*.

WHAT YOU WILL NEED

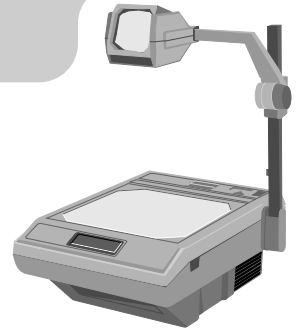
- whiteboard, butchers paper or overhead transparency on which to record feedback
- whiteboard markers and/or felt-tip pens
- Worksheet: *What I'd never talk to my parents about*
- overhead projector and screen
- OHTs

Leaving the door open

PROCEDURE

1. Explain to students that when the term 'parents' is used it is understood to cover guardians, caregivers, elders, grandparents and other family living arrangements.
2. Inform students that the aim of this activity is for them to consider issues of adolescent development, and communication between parents and young people.
3. Ask students to brainstorm what makes it easy to talk to parents. Follow this by brainstorming what makes it difficult to talk to parents.
4. Divide the class into small groups of 3 or 4 and ask them to complete questions 1 and 2 of Worksheet: *'What I'd never talk to my parents about'*. Compare their answers with OHT.
5. Using OHT ask students in their small groups to discuss these barriers. Do they think this is how their parents feel and is there anything they would like to add to the list of how young people feel.
6. Students report back.
7. Ask the class to come up with a list of things that would make it easy or easier to talk to their parents about sexuality issues. Compare this to the research on OHT. Discuss the points.
8. Finalise the activity by telling students that they have now examined some issues around communicating with parents about sexuality. They have seen that this communication can often be just as difficult and uncomfortable for their parents as it for them. Discuss whether there is anything that students can do to make it easier for their parents.
9. For homework students are to take home a copy of the worksheet and ask their parents how they would answer the questions.

Barriers to communication



Research about parents shows that they:

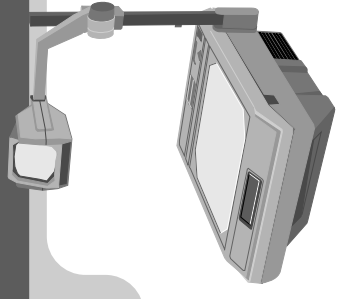
- often feel inadequately informed
- are often embarrassed and uncomfortable bringing up the issue of sexuality
- think it is hard to find the right time and place
- think their children are dismissive or unreceptive
- believe they should only talk about very impersonal, biological information, even though these areas are not the ones parents are most concerned about.

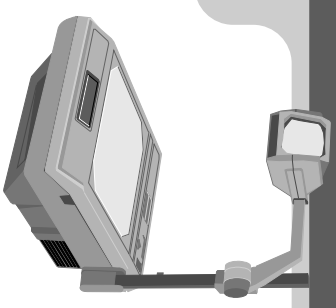
Young people feel:

- uncomfortable and embarrassed
- that their parents are prying
- they have to limit what they say to what they think their parents want to hear.

Parent/child communication

- Parents who have been successful communicators with their children about a whole range of matters throughout their lives will also communicate well about sexual matters.
- There is a need to ensure that communication is reciprocal. Forcing sex information and education on young people who are not willing recipients will not be useful.
- Offspring do not always match parents' beliefs that they are communicating well about these matters.
- The amount or frequency of the communication does not matter as much as its quality.





Parent/child communication

Young people feel they can discuss problems and communicate well about sexual matters with parents who:

- are good listeners
- give honest answers
- try to understand their child's point of view and feelings.

They find it less successful if the parent:

- does not take the young person's needs into account
- dictates hard and fast standards of behaviour
- insists that the young person share the parent's views.

Rosenthal, DA, Feldman, S & Edwards, D 1998, Mum's the word: mothers' perspectives on communication about sexuality with adolescents, *Journal of Adolescence*, 21.



Parent/child communication

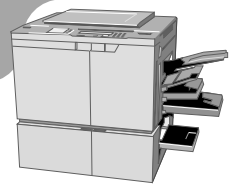
Things most young people want to talk about with parents

- the physical changes of puberty
- menstruation and reproduction
- the risks of catching an STI
- unplanned pregnancy and contraception
- issues such as abortion, homosexuality and sex before marriage
- parents' own values and beliefs.

Things most young people do not want to talk about with parents

- wet dreams
- masturbation
- the personal and private areas of sexual experience
- sexual feelings such as sexual desires, needs and satisfaction
- particular sexual practices.

Rosenthal, DA, Feldman, S & Edwards, D 1998, Mum's the word: mothers' perspectives on communication about sexuality with adolescents, *Journal of Adolescence*, 21.



Talking to my parents

List the things you would talk about to your parents

List of things you wouldn't talk about to your parents

Research about parents shows that they:

- feel they are inadequately informed
- are often embarrassed and uncomfortable raising the issue of sexuality education
- think it is hard to find the right time and place
- think their children are dismissive or unreceptive
- believe they should only cover very impersonal biological information, even though these areas are not the ones parents are most concerned about.

Young people feel:

- uncomfortable and embarrassed
- that their parents are prying
- they have to limit what they say to what they think their parents want to hear.

Discuss whether your experiences match the findings of the research.

(ii) Add any other additional points about how young people feel.

Difficult questions

BACKGROUND

Between 9% and 11% of secondary school students do not identify as exclusively heterosexual (Hillier et al 1996, Lindsay et al 1997, Hillier et al 1998). For them school-based programs provide little relevant information about safe sex or relationship issues (Hillier et al 1998). Many of their questions are those that, for heterosexual young people, are answered in most health education programs.

There are many reasons why this information is not provided in schools including teachers' lack of awareness of the need for such information; homophobia; discrimination; the invisibility of same-sex attracted young people in schools and the community; curriculum outlines; lack of resources; political and cultural issues. However, another important issue is teachers' levels of confidence about their own knowledge base and how to best deal with what can be seen as sensitive issues.

This activity is one that should be conducted near the conclusion of a unit or term. It is important that young people have worked through the diversity issues so that same-sex attracted young people are not identified through this activity. Heterosexual young people too are often left with their really difficult questions unanswered and may need to identify appropriate sources for getting this information.

It is important that all young people get the information they need from school-based programs and that they know where and how to obtain reliable and trusted information to assist them in making informed decisions about their health.



**SMALL & WHOLE
CLASS ACTIVITY**

50

TIME REQUIRED (MINS)



**SENSITIVE
ACTIVITY**

PREPARATION

Become familiar with the local services and agencies working with young people. Decide whether to use the worksheet of questions or, modify the question sheet to include student questions. It may be more appropriate to have a questions box in your classroom and ask students for their own questions.

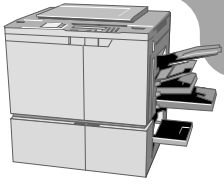
WHAT YOU WILL NEED

- Whiteboard, butchers paper or overhead transparency on which to record feedback
- A question box
- OHTs
- Worksheet: *Difficult questions*

Difficult questions

PROCEDURE

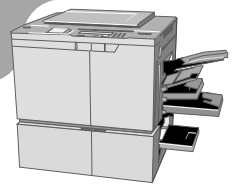
1. Refer back to the worksheet: *Where do I get my information?* Talk about how it is difficult for schools to meet all the information needs of young people. As a result there may be important information that young people receive from the sources they do not trust, such as the media and friends.
2. Give students a copy of worksheet: *Difficult questions*. Tell them that these are real questions asked by young people who did not get the information they needed from their school health education programs.
3. Give each student a piece of paper. Ask them to write down a question related to sexuality or health that has not been covered over the unit or term. Collect them or have students put them in a question box.
4. The class then forms groups of three or four who appoint someone to report back.
5. Give each group two of the questions on the handout or from the question box. Depending on time available, it may be more appropriate to have fewer groups working on the same three chosen questions.
6. Inform the groups that their tasks are to:
 - answer the questions to the best of their knowledge and
 - discuss other possible ways for young people to get this information.
7. Allow 10 minutes for discussion and then ask each group to report back. As each group reports back, allow other people to contribute or provide answers if the reporting group doesn't know the answers. Repeat this procedure for all the questions.
8. Bring the activity together by examining the suggestions that the students have made regarding how young people can get this information. Then consider this question:
 - What might be the implications of not providing knowledge and information that is inclusive of the needs of all students?



Difficult questions

**Answer the questions to the best of your knowledge.
Discuss where else young people could get this information.**

1. Is it possible to obtain an STI or HIV during unprotected lesbian sex?
2. If someone has AIDS, what can you do sexually with them without contracting HIV?
3. Can you catch STIs from unclean using sex aids?
4. Does it hurt the first time?
5. What are you supposed to do if a condom breaks?
6. How do you protect against hepatitis during non-penetrative sex?
7. Will swallowing semen give me any diseases?
8. Can you get any STIs from oral sex?
9. Do women experience the same orgasms as men?
10. Can a person change their sex?
11. What is a clitoris?
12. When will society accept everyone for who they are and not their sexual preference?
13. Does the size of your penis affect whether you can have sex?



Difficult questions

Questions

14. Are there support groups around for kids who think they might be gay?
15. Are most people inherently bisexual to some degree?
16. When will I know it is the right time to have sex?
17. Can I get the pill without my parents knowing?
18. I'd love to be a dad one-day. Is it legally possible for a gay man to adopt or even to gain custody of his own child if he was to have a surrogate mother carry his child?
19. Why do boys always push for sex?
20. Is there such a thing as masturbating too much?
21. Where would we go if my girlfriend got pregnant?
22. Why isn't gay hatred educated against like racism is at school?
23. How can I find out more about what girls want?
24. Is it normal to wake up with an erection every morning?
25. What are the origins of homophobia?
26. What does it mean to be transsexual?

Sex, drugs and making choices

BACKGROUND

Assisting young people to make choices about their health means more than just providing information or pointing where to go for help. They also need opportunities to examine how they will respond to particular situations where they need to make choices about their own health and that of their friends and peers. It is important that young people have developed some skills and knowledge to identify and possibly deal with unsafe situations as well as to examine their own values and attitudes to particular situations.

Schools generally promote themselves as having safe and supportive environments, however the reality is that schools can often be unsafe places for young people. Students need to examine the school environment as one of their social environments.

Teachers accustomed to the use of improvisation technique in drama will find it useful in exploring the feelings of the characters in each scenario. Using the technique of inner thought, students could role-play what they think the character's thoughts might be in each situation.

If using role-play as a technique, it is crucial that teachers brief students prior to the play, only let the play last for a couple of minutes and, most importantly, debrief students afterwards.



SMALL & WHOLE
CLASS ACTIVITY

40

TIME REQUIRED (MINS)

PREPARATION

Select case studies to use.

Photocopy the worksheet *Sex, drugs and making choices*.

Ensure you are familiar with your school's curriculum and student welfare/pastoral care policies and procedures. Teachers should also be familiar with Commonwealth and state/territory equal opportunity legislation and requirements for mandatory reporting of abuse.

Teachers need to familiarise themselves with current factual information about hepatitis C.

WHAT YOU WILL NEED

- Worksheet: *Sex, drugs and making choices*

Sex, drugs and making choices

PROCEDURE

1. Introduce the activity by explaining that often there is conflict between our rational thought about situations, particularly those related to sexuality and drug use, and our feelings about them. This conflict can affect the way we respond to people or situations and give messages that aren't intended.
2. Divide the class into groups of three or four. Either give each group different situations from the worksheet *Sex, drugs and making choices* or give each group the same set of cards. Inform students that one person in each group reads the card aloud to the others. Students use the three statements to guide their discussion. As an example:

You enter a room and see a man cuddling a young woman who is trying to pull away.

I think: I think she doesn't want him to do that

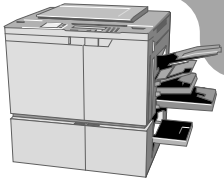
I feel: I feel angry but scared of the man

I do: I quickly leave the room and look for another adult.

Note: Students may not want to share their feelings in the group. You can also get them to write them down.

3. Call the groups back so that the class can go through each of situations again providing some general responses from the groups.
4. Explore the responses by addressing the following questions with students:
 - How might each of their responses affect the person or people involved?
 - What might be going on inside the person who is making unsafe choices?
 - What strategies could be used in each situation to minimise the potential harm to those involved?

(Adapted from Liggins et al (1994))



Sex, drugs and making choices

Examine the following case studies and devise effective strategies to respond to the situation.

You are at a party with a group of friends you have known since primary school. Your friends drink, a few of them get drunk occasionally. You leave the room to go to the toilet but go into the bathroom by mistake where you see one of your friends injecting something into their arm.

- What do you think?
- How do you feel?
- What do you do?

You are playing basketball in the schoolyard when one of the students is injured. He is bleeding profusely from a head wound. You go to his assistance. As you are about to try to stop the bleeding, he tells you to stop because he has hepatitis C.

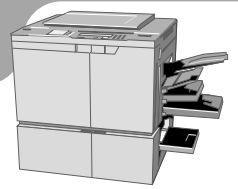
- What do you think?
- How do you feel?
- What do you do?

Max is 15 and is the captain of the school under-16 football team. As you are on your way to his place for tea after the last training session he tells you he is gay.

- What do you think?
- How do you feel?
- What do you do?

You are in your year 9-health class studying discrimination. You see two students passing notes. You hear from another student that they are making very derogatory comments about your friend's mother whom they think has hepatitis C.

- What do you think?
- How do you feel?
- What do you do?



Sex, drugs and making choices

One of your friends has been missing school frequently. When you ask her about this, she tells you that two of the boys in her class have been calling her a slut every time they can get her attention. She has found pornographic pictures stuck to her locker. She won't tell you who the boys are. You later find out from a friend of hers that one of the boys is an ex-boyfriend who started this after she had had sex with him.

- What do you think?
- How do you feel?
- What do you do?

You come from a non-English speaking background. At school you are involved in a class activity in which the students have to respond to the statement 'boys enjoy sex more than girls'. One boy places himself at the 'strongly disagree' end of the continuum. The teacher asks him why he has chosen that position and he replies looking at you: 'Not all girls like sex but wog girls love a root'.

- What do you think?
- How do you feel?
- What do you do?

A friend of yours has had a number of long conversations with you about his sexuality. He believes he is attracted to people of the same-sex. You have suggested that he sees the student counsellor but he has not done this and appears to be very depressed, confused and fearful of the reaction of other people to his sexuality, particularly parents and friends.

- What do you think?
- How do you feel?
- What do you do?

On Saturday night you and your friends go down to the park and have a few drinks. Your best friend Mandy has a bit more than usual and seems pretty drunk. A group of boys from the football club turn up. Mandy is very keen on one of the boys who is well-known for trying to get sex whenever he can. He asks Mandy to go for a walk with him.

- What do you think?
- How do you feel?
- What do you do?

Hear, See and Feel

BACKGROUND

One of the more difficult things for many young people is to understand what it feels like to be constantly harassed on the basis of sexuality. One way to assist young people to connect it up with discrimination is on the basis of other issues such as race, gender, ability and so on. In the trial phase of the development of these materials this activity was hugely successful as it enabled young people to see the implication of discriminatory language and it also brought together some of the key issues addressed in this resource such as power, gender, sexual identity and sexual safety.

The impact and outcome of being harassed and discriminated against because of sexuality cannot be underestimated. Such discrimination affects all aspects of a person's life and can impact on their educational opportunities as well as their health. It is important to be aware of the strategies that can be used and the legislation that can assist people experiencing discrimination. One of the most important things to be done is to stop ignoring discrimination and to challenge those who perpetrate it.



SMALL GROUP ACTIVITY

60-100

TIME REQUIRED (MINS)

PREPARATION

Teachers should familiarise themselves with school, state/territory and commonwealth equal opportunity and anti-discrimination legislation. An extremely useful website is www.lawstuff.org.au

WHAT YOU WILL NEED

- Three pieces of butchers paper per group with written headings; two pieces with *You Hear, You See, You Feel* and the other piece with *The Person, Others In The Community* and *The Perpetrator*
- Worksheet: *Living with HIV*.

PROCEDURE

1. Inform students that the purpose of this activity is to recognise some characteristics of harassment and discrimination.
2. Divide the class into three groups. Give a large piece of paper to each group. Ask one person in each group to record and another to report back. Each piece of paper has different headings. These are:
 - YOU HEAR
 - YOU SEE
 - YOU FEEL

Hear, See and Feel

3. Ask each group to take their piece of paper and write a list under the heading of what a person would expect to hear, see, or feel if they were being harassed or discriminated against. Inform students that they need to think about why people are harassed: for example because of their appearance.

Examples of the sorts of things you expect students to come up with include:

YOU HEAR	YOU SEE	YOU FEEL
fatso	rude gestures	embarrassed
abo	pushing	angry
faggot	spitting	hurt
you stink	tripping	uncomfortable
slope	interfering with possessions	scared
wog	excluding	offended
dyke	silent treatment	
nerd	graffiti	
spock		
you girl		

4. Display the completed lists so that students can clearly see what has been written under each heading. Ask other groups if there is anything else they would like to add. If any aspects of discrimination have not been included, such as sexuality, the teacher will need to add them.
5. The class discusses the following questions
- On what basis are people harassed and discriminated against?
 - What forms does the harassment take?
 - Are any of these worse than others? Why? Why not?
 - Do you think particular groups are harassed more than others? Why? Why not?
6. Give the groups another piece of paper with the following headings.
- The person
 - Others in the community
 - The perpetrator

Ask them develop a list of how a person may be affected by this sort of harassment, how the community might be affected and how the perpetrator might be affected.

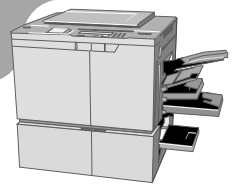
Hear, See and Feel

Examples of the sorts of things you expect students to come up with include

THE PERSON	OTHERS IN THE COMMUNITY	THE PERPETRATOR
feels ashamed	feel threatened	feels tough
feels dirty	are embarrassed	feels 'cool'
feels lonely	keep quiet	feels powerful
cries	feel they should join in	repeats the harassment
hides	keep away from places	finds it amusing
doesn't want to go to school	help the victim	sees the effects
feels suicidal	are hiding weakness	hides
becomes angry	have probably been bullied too	
dobs		
gets stressed at home		
can't concentrate on work		

7. Display the completed lists so that students clearly see what has been written under each heading. Ask other groups if there is anything else they would like to add. Summarise for students what has been written. Talk about the impact and outcome of harassment and discrimination for individuals and the community in general.
8. Inform students that it is one thing to examine the impact and outcome of harassment and discrimination but it is also important to examine what can be done about harassment. Give the groups another piece of paper with the same three headings. Using the illustrations under you see, hear and feel, ask groups to develop a list of the following:
 - What you can do?
 - What the person can do?
 - What others in the community can do?
9. Discuss each group's lists, ensuring that issues related to equal opportunity and anti-discrimination legislation are included.
10. Inform students that they will consider some real life stories of people's experiences of discrimination. Give each student a copy of the worksheet: *Living with HIV*. Ask them to work in pairs to answer the questions on the worksheet in their workbooks.
11. As an extension activity invite someone from the state and/or territory Positive Speaker's bureau to speak to students.

(Adapted from Tasmanian Department of Education (2000) *Anti-Discrimination and Anti-harassment Policy and Support Materials*)



Living with HIV

'I am a gay man. HIV has had a big impact on my life. Many of my friends are positive and some have died. I wear a red ribbon to work and down the street. I know there has been a lot of education about HIV/AIDS and sexuality, but it still surprises me when complete strangers call me names in the street. People think they have the right to treat me badly because I am a gay man. But they don't.

I applied for this really nice flat recently and was really looking forward to moving in. The owner said that I had to have an HIV test before I could move in. I asked why and he said he wanted to make sure no one was at risk from the gay people in his flats. I couldn't believe it. Basically he was saying I look like a gay man so I might have HIV and couldn't move in unless I wasn't infected.

I was so shocked I didn't know what to do. I talked to a friend and found out about the Equal Opportunity Commission and called them. I found out what my rights were and what the landlord's rights were. He didn't really want to change his mind, but the law is the law.'

(Pedro, 36 years)

'It's a real shock when I tell people I am HIV-positive. What they see is a woman who is like them and that scares them. So people automatically believe I am either a sex worker, or I sleep around or I inject drugs. I don't think it's anyone's business how I got HIV. But it is really interesting to see how people judge me and how they react.

It's a difficult decision to make—do I tell someone and risk that they will reject me or do I not tell them and risk that they will be angry with me for not telling them earlier? Why would someone who loves me and I love want to leave me because I have HIV? Can I trust people with that information or will they tell everyone else? It is my decision that I tell about being HIV-positive. But I can't stop who they tell and gossip gets around fast. I wish people were more understanding and accepting, then it would be easier to tell them. I don't expect people to know everything about HIV, I just don't want or need to be treated as a leper.'

(Grace, 29 years)

Questions

- What issues are of most concern to Pedro?
- What issues are of most concern to Grace?
- Why might a person with HIV decide to tell or not to tell someone about his or her infection?
- What possible consequences could there be?

(Adapted from *Catching On*)

Enhancing sexuality

BACKGROUND

This activity is designed to bring many aspects of sexual health together so that students can see that sexuality is a positive aspect of their lives at the same time as examining the meaning of sexually responsible behaviour. It is important that all aspects of the activity are completed so that students develop an understanding that sexual relationships should be based on mutual respect. They also need to have a broad understanding of sexual safety so that they can develop strategies to keep them safe from STIs but also to safeguard their reputation and avoid becoming the victims of violence.



SMALL GROUP ACTIVITY

100

TIME REQUIRED (MINS)

PREPARATION

Ensure adequate time to complete the activities; this activity may have to be spread over three lessons depending on timetabled allocation

Teachers accustomed to the use of improvisation techniques will find this is an excellent activity to use to explore the feelings of the characters in each scenario. Using the technique of inner thought, students could role-play the thoughts of the characters in each situation. If using role-play as a technique it is crucial to brief students prior to the play, only let the play last for a couple of minutes and, most importantly, debrief students afterwards.

WHAT YOU WILL NEED

- Photocopies of *Scenario Cards*
- Butchers' paper, felt pens

PROCEDURE

1. Develop a class scenario where a young couple is considering having sex for the first time. Ensure that students do not assume the couple is heterosexual. The following details should be included in their scenario:
 - characters' names, ages, descriptions, interests, school/study/career hopes
 - place, time of day or night
 - alcohol or other drug use
 - other.
2. Summarise the information asking the students to identify:
 - the thoughts going through each partner's mind
 - the stages of sexual activity.

Enhancing sexuality

3. Discuss
 - what each partner's thoughts reflect?
 - how could they have been more sexually responsible?
 - what potential harm could occur here?
4. Have the class brainstorm the advantages and disadvantages of being sexually active.
5. Discuss what action couples should take to ensure their sexual activity is a positive experience.
6. Have the class brainstorm the potential harms of sexual activity e.g. pregnancy, STIs, HIV, pressure to have sex, unsafe environments, reputation and so on. (You may wish to refer to Activity 7, Unit 1- *Where's the harm?*).
7. Write on the board the following aspects of potential harm in relation to sexual activity:
 - physical
 - social
 - emotional.
 Ask students to classify the harms they listed above, under these headings.
8. Brainstorm, as a class or in small groups, some characteristics of the dimensions:
 - the person: gender, age, knowledge, assertiveness, physical maturity, emotional maturity, and so on.
 - sexual behaviour: type of sexual behaviour, whether consent has been gained and so on.
 - the partner: gender, age, sexual orientation, contraception knowledge, previous partners and their sexual histories, and injecting drug use history.
 - relationship: long term as against casual, power differences, degree of respect and so on.

Discuss the statement: that the degree of harm from sexual activity depends on a combination of factors.

9. Hand out Worksheet *Scenario Cards* for students to develop three different scenarios by choosing characteristics from each dimension. For example:
 - the person: female, 16
 - sexual behaviour: heavy petting
 - protection: none
 - the partner: 21-year-old boyfriend
 - relationship: going out for three weeks.

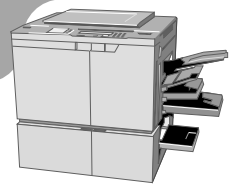
Enhancing sexuality

10. Students select one scenario, meet with a partner, and read out their scenario. Together they assess the harm, identify how to avoid the harm or how to reduce the harm if it cannot be avoided. This pair can then meet with another pair, and repeats the process. Choose some scenarios for class discussion from the following questions:
 - How can young people avoid the harm that could happen in sexual relationships?
 - If young people do decide to have a sexual relationship how could the risks be reduced?

11. Hand out butchers' paper and felt pens to small groups. Students brainstorm ways to be sexually responsible and then rank them in order of importance from 1-10. Groups present their rankings to the class. Class members can contest and discuss the order of the rankings. The teacher reinforces health behaviours and corrects inaccuracies. (Use the technique in Activity 7, Unit 1 *Where's the harm?*).

12. Ask the class to brainstorm some advantages of communicating issues related to safe sex practices and behaviours
 - helps you get your needs met by expressing your own values and standards
 - creates better understanding between the couple
 - allows for negotiations and compromise
 - ensures planning (e.g. who buys the condoms?)
 - builds trust
 - builds better relationships
 - reduces risks.

(Some aspects developed and adapted from *Centre for Health Promotion Research, Education p-10 Teacher Support Material*, Edith Cowan University and Curtin University WA, 2001.)



Scenario Cards

The person:

Sexual behavior:

Protection:

The partner:

The relationship:

The person:

Sexual behavior:

Protection:

The partner:

The relationship:

The person:

Sexual behavior:

Protection:

The partner:

The relationship:

The person:

Sexual behavior:

Protection:

The partner:

The relationship:

Classroom materials**RELATIONSHIPS, SEX, SEXUALITY AND YOUNG PEOPLE**

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- ANCAHRD 2000, *The Keep It Simple Guide to Safe Sex*, Canberra, ACT.
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- Centre for Health Promotion Research, *Draft Sexuality Education p-10 Teacher Support Material*, Edith Cowan University and Curtin University WA.
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- Commonwealth Department of Employment, Education and Training 1995, *No Fear: A Whole School Approach Towards Creating a Non Violent Environment*, Australian Government Publishing Service, Canberra, ACT.
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- Human Rights Foundation 1984, *Demystifying Homosexuality: A Teaching Guide about Lesbians and Gay Men*, New York.
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- Mackay, L. & Cleland, A. 1994, *Challenges and Change*, Auckland Education Unit, New Zealand Family Planning Association, Auckland, NZ.
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- Marshall, B., Hicks, J., Kidd, J. 1992, *Facing up: A Teachers' Handbook*, Curriculum Corporation, Carlton, Vic.
- Miller, K. & Mahamati 1994, *Blockout*, CAWISE and The Second Story Youth Health Service, Adelaide, SA.
- Morris, J 1994, *Sex Facts: The Handbook for Healthy Sexuality*, Hill of Content, Melbourne, Vic.
- New South Wales Department of Education and Training 1998, *Child Protection and Education: Curriculum Materials to Support Teaching and Learning in Personal Development, Health and Physical Education*, New South Wales Department of Education and Training, Sydney, NSW.
- New South Wales Department of School Education 1996, *Resources for*

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Teaching against Violence, New South Wales Department of School Education, Sydney, NSW.

Pollard, J. 1997, *High Talk*, Family Planning Queensland, Brisbane, Qld.

The Clarity Collective 1992 (rev), *Taught Not Caught: Self Esteem in Sex Education*, Globe Press, Brunswick, Vic.

Whangarei Rape Crisis Centre & Bagnall, C 1990, *Standing Strong*, (adapted by the Ministry of Education, Victoria, 1990).

SEXUALLY TRANSMISSIBLE INFECTIONS

Allen, R. 1996, *Uncloaking Chlamydia*, (2nd edn) Gore & Osment Australia.

Bradford, D. 1985, *AIDS, Herpes and Everything You Should Know about VD in Australia*, Melbourne University Press, Melbourne, Vic.

Brio, G. 1995, *The Herpes Handbook*, Gore & Osment Australia.

Department for Education and Children's Services (now DETE) South Australia 1997, *Effective Teaching Practice: Sexuality and HIV/AIDS Education in Health and Physical Education, Reception to Year 10*, Adelaide, SA.

Department for Education and Children's Services (now DETE) South Australia 1997, *HIV/AIDS Education in Health and Physical Education Early Childhood to Year 10, A Training and Development Package*, Adelaide, SA.

Family Planning Victoria 1995, *Sexuality and the Law in Victoria*, Fertility & Sexual Health, Family Planning Victoria, Richmond Vic.

Henriksen, P., *Safe Behaviours*, Family Planning, ACT.

Llewellyn-Jones, D 1990, *Sexually Transmitted Diseases*, Faber & Faber, London.

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Sievert, W., Korman, M. & Bolin, T. 1994, *The Hepatitis Alphabet*, Gore & Osment Australia.

Wyn, J. & Stewart, F. 1991, *Young Women and Sexually Transmissible Diseases*, Working Paper no 7, Youth Research Centre, Melbourne, Vic.

HIV/AIDS

Adler, M. W. (ed) 1990, *ABC of AIDS*, (2nd edn), British Medical Journal, London.

Albion Street Centre 1994, *The AIDS Manual*, Maclennan & Petty, Australia.

Altman, D. 1986, *AIDS and the New Puritanism*, Pluto Press, Sydney, NSW.

Berer, M. & Ray, S. 1993, *Women & HIV/AIDS, An International Resource Book*, Pandora Press, London.

Bradford, D. 1985, *AIDS, Herpes and Everything You Should Know about VD in Australia*, Commonwealth Department of Health, Housing & Community, Canberra, ACT.

Department for Education and Children's Services (now DETE) South

Resource List

- Australia 1997, *Effective Teaching Practice: Sexuality and HIV/AIDS Education in Health and Physical Education, Reception to Year 10*, Adelaide, SA.
- Department for Education and Children's Services (now DETE) South Australia 1997, *HIV/AIDS Education in Health and Physical Education Early Childhood to Year 10, A Training and Development Package*, Adelaide, SA.
- Gallois, C., Tatham, D. & Smith, S. 1992, *Women and HIV/AIDS Education in Australia*, Melbourne University Press, Melbourne, Vic.
- Garrett, L. 1994, *The Coming Plague: Newly Emerging Diseases in a World out of Balance*, Farrar, Strauss and Giroux, New York.
- Gray, J., Hassall, G., Kay, H. 1993, *AIDS and Sexual Health: It's up to you*, Family Planning ACT, Canberra, ACT.
- Healthvision Technologies 1996, *The Sex Files: HIV & AIDS*, CD-ROM.
- O'Sullivan, S. & Thompson, K. 1996, *Positively Women: Living with AIDS*, Department of Health, Housing & Community Services, Canberra, ACT.
- Rosenthal, D. & Reichler, H. 1994, *Young Heterosexuals & HIV/AIDS*, Commonwealth of Australia, Canberra, ACT.
- Savdle, T. 1999, *Everybody's Business: A Resource in HIV/AIDS and Hepatitis C for Multicultural Australia*, Multicultural HIV/AIDS Service (MHAS), Sydney, NSW.
- Schilts, R. 1987, *And the Band Played on*, St Martins Press, New York.

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- Conigrave, T. 1995, *Holding the Man*, McPhee Gribble, Melbourne, Vic.
- Courtney, B. 1993, *April Fool's Day: A Modern Tragedy*, William Heinemann, Melbourne, Vic.
- Gleitzman, M. 1993, *Two Weeks with the Queen*, Puffin, Ringwood, Vic.
- Hurley, J. 1996, *How Far Is It to London Bridge? A Journey through AIDS with My Daughter*, Millennium Books, NSW.
- Lovegrove, V. 1993, *A Kid Called Troy: The Moving Journal of a Little Boy's Battle for Life*, ABC Books, Sydney, NSW.
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- Pallotta-Chiarolli, M. 1991, *Someone You Know*, Wakefield Press, Adelaide, SA.
- Pausacker, J. (ed) 1996, *Hide and Seek: Stories about Being Young and Gay/Lesbian*, Mandarin, Australia.
- Scasey, B. 1993, *Just Hold Me While I Cry*, Elysian Hills, USA.
- Shale, E. (ed) 1999, *Inside Out An Australian Collection of Coming out Stories*, Bookman Press, Melbourne, Vic.

VIDEOS

Generally, information available on videos dates very quickly, so check statistics, research findings, treatment and other issues against more recent sources of information. Clement's *Annotated Bibliography* (1996) is an excellent resource to provide a detailed list of audio-visual resources. As

Resource List

new videos become available use the resource check list on handout 28 to assess them.

Blood Rules, OK 2001, Australian National Council on AIDS, Hepatitis C and Related Diseases, Canberra, ACT.

Don't Leave Your Undies Without One 1991, Health Media, NSW.

Mates 1995, Health Media, NSW.

Sex, Girls & Kiss Curls 1990, Health Media, NSW.

Reality Bites: Sex, STDs and Contraception 1999, VEA, Bendigo, Vic.

Rethinking Drinking: You're in Control 1995, Youth Research Centre, University of Melbourne, Parkville, Vic.

This Time 1990, Health Media & Education Centre, Department of Health, NSW.

Young Men & Their Mates 1995, Commonwealth Department of Human Services and Health, and Brunswick Coburg Community Health Service, Vic.

PERIODICALS

The following general scientific periodicals may be available in schools or regional libraries and often have regular articles on AIDS and HIV infection.

Nature

New Scientist

Science

Scientific American

The Scientist

Time

TEACHER REFERENCES

Commonwealth Department of Health, Housing, Local Government and Community Services 1992, *National HIV/AIDS Indicator Report on School-based HIV/AIDS Education*, Australian Government Publishing Service, Canberra, ACT.

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- Sweet, M. & Kirby, S. (eds) 1994, *The Next Step: Sexuality Issues for Form 2*, Family Planning New Zealand, Auckland, NZ.
- Szirom, T 1988, *Teaching Gender: Sex Education and Sexual Stereotypes*, Allen & Unwin, Sydney, NSW.

WEBSITES

The Internet is a source of up-to-date information about sexually transmissible infections including HIV/AIDS. However, be sure the information is provided by a reliable and trustworthy source. Begin by using any of the search engines with key words such as HIV/AIDS, sexuality, or sexually transmissible infections or sexually transmissible diseases.

The following sites are a good place to start; many of them are linked to other useful sites. As some of the information on the sites is not directed towards secondary school students it may be very detailed and complex regarding testing, treatment and research. If the name of a site has changed or a server has become inaccessible, try to find it through a search engine or through links on another site.

AUSTRALIAN WEBSITES

Access information at the Alfred
<http://www.accessinfo.org.au/>

Information about HIV/AIDS and Hepatitis C with an Australian focus

Australian Hepatitis Council
www.hepatitisaustralia.com

Australian National Council on AIDS, Hepatitis C and Related Diseases
www.ancahrd.org

The ALSO Foundation
<http://www.also.org.au>
activities and services for gay and lesbian communities
gay and lesbian youth specific information.

Country AIDS Network

Resource List

<http://www.can.org.au/>
HIV/AIDS rural resource guide, links to rural member organisations, copy of monthly newsletter, and so on.

Dept of Human Services, Public Health Branch
<http://www.dhs.vic.gov.au/phb/>
up-to-date Australian statistics on a range of STIs; information about sexually transmissible diseases; links to other sites in Australia and around the world.

Health
http://www.health.com.au/health_information/aids.htm

La Trobe University–Australian Research Centre for Sex, Health & Society
<http://www.latrobe.edu.au/www/arcshs>
information about Australian and Victorian research.

National Centre in HIV Social Research
<http://www.arts.unsw.edu.au/nchr/>

National Children's and Youth Law Centre
www.lawstuff.org.au
information on legal issues that relate to young people.

<http://yoyo.cc.monash.edu.au/-trillian/>
information on male health issues including STIs, male cancers, infertility and sexual dysfunction.

International websites
it is important to remember that information from international sites may not apply to the Australian situation, it is therefore necessary to be careful in the use of statistics, trends or other information.

AEGIS
<http://www.aegis.com>
the largest HIV/AIDS website in the world, updated hourly and provides a resource to people living with HIV/AIDS.

CDC National Prevention Network
<http://www.cdcnpin.org/>

The Body: an AIDS and HIV Information resource
<http://www.thebody.com/sitemap.html>
detailed information on many aspects of HIV/AIDS and hepatitis C including newspaper articles

Coalition for Positive Sexuality

Resource List

<http://www.positive.org/cps/>
teenage chat room, start from the home page.

East Harlem HIV Case Network
<http://www.aidsnyc.org/network/index.html>
community-based organisation providing treatment counselling;
simple fact sheets on different treatments and tests.

Estronaut: a forum for women's health
<http://www.estronaut>
information on sex and women's bodies.

<http://www.excite.com/health/sexualhealth/>
covers STIs, contraception, safe sex, sexual therapy, gender politics, and so on;
links to other sites.

National Center for HIV, STD and TB Prevention
http://www.cdc.gov/nchstp/hiv_aids/pubs/facts.htm
HIV/AIDS and STI information;
national statistics;
information for young people.

Palo Alto Medical Foundation Teen Center
<http://www.pamf.org/teen/index2.cfm>
information about a wide range of sexual health issues for young people

Pan-American Health Organisation
<http://www.paho.org/>
information about HIV infection in North and South America.

<http://safersex.org/>
easy-to-understand information on condoms and safe sex.

<http://www.sxetc.org>
site created by teenagers looking at sex, love, relationships, STIs, safe sex and
so on.

Information and Education Council of the US (SIECUS)
<http://www.siecus.org/>
advice for parents about talking to their children and teenagers about
sexuality issues.

UNAIDS (Joint United Nations Program on HIV/AIDS)
<http://www.who.ch/index.htm>
international issues and statistics;
reports and analysis of international HIV/AIDS issues;
online queries and searches on topics of interest.

Resource List

United Nations

<http://www.un.org>

search function

worldwide information on HIV/AIDS, teen pregnancy, and so on.

The Universe of Women's Health

www.obgyn.net

information on sex, pregnancy, STIs and contraception for women.

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