

Catching On



TEACHING AND LEARNING ACTIVITIES
FOR YEARS 9 AND 10

STD/HIV PREVENTION EDUCATION PROJECT

Acknowledgments



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The activities have been written by the Senior Project Officers Debbie Ollis and Peter Roberts with assistance from the STD/AIDS Reference Group, with an update and revision by consultant Jennifer Walsh of True Stories in 2003.

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Catching On Teaching and Learning Activities

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Department of
Education & Training

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Introduction

Over the past ten years many resources have been developed to support schools in educating young people about the bio-medical aspects of HIV/AIDS. Current research indicates that adolescents have a good working knowledge of these aspects of HIV/AIDS, although their knowledge of other STIs is poor (Lindsay, Smith & Rosenthal 1997). Moreover, although adolescents appear to understand transmission and prevention of STIs, particularly HIV, there exists, a 'knowledge-action gap' (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 and ethnicity all impact on young people's motivations and practices. There is a clear recognition amongst researchers and educators that if safe sex messages are to be effective, resources must examine the social and cultural context in which young people make decisions related to their sexual health (Lindsay et al 1997, Smith et al 2003).

Catching On aims to provide a comprehensive resource that takes account of this context. The materials include the current information about STIs, HIV/AIDS and other blood-borne viruses, and also engage young people in a range of activities and experiences that enable them to critically examine the social world in which they live.

The *STD/HIV Prevention Education Strategy*

In 1996 the Directorate of School Education released a working strategy for STD/HIV prevention education in Victorian government secondary schools. This strategy aimed to provide schools with a number of resources to evaluate the effectiveness of their existing programs and update them, if necessary, in line with the *Curriculum and Standards Framework II* and the current research on adolescent sexuality.

Many of the elements of the *STD/HIV Prevention Education Strategy* have been completed. A discussion paper is available from the Department of Education & Training which provides details of how the strategy was developed and includes an overview and consideration of the major theoretical and practical issues related to providing comprehensive STI/HIV prevention education in Victorian government secondary schools. It includes key findings from a survey of 558 Victorian secondary schools (Rosenthal & Anderson 1995) and a survey of community agencies who work with schools. In addition, the strategy includes the provision of support material for teachers and students. An information resource for students and teachers, *Catching On: Support Material*, is included as part of the *Catching On* kit. Regional professional development for community agencies has been conducted. A professional development program has been developed and will be delivered in a number of ways over the next few years. The video included in the *Catching On* kit is also part of the professional development program. The video is primarily for use with teachers but provides an excellent resource for use with parents. Finally, *Catching On: Teaching and Learning Activities* completes the strategy by providing teachers with a comprehensive program of teaching and learning activities that can be used in the classroom.

Note:

The term 'sexually transmissible infections' (STIs) has been adopted for this resource. In the text and bibliography, the abbreviation 'STDs' will still be used where it refers to titles of programs and resources.

Why Do We Need the *Catching On* Resource?

In 1996 the strategy involved supporting four school-based pilot programs in STI/HIV prevention education. Evaluation of these pilots has demonstrated the following:

- Most students had a good knowledge of what HIV and AIDS is, and how HIV is transmitted. Although knowledge was good, there was some slippage between at risk behaviours and at risk groups.
- Knowledge of transmission of STIs was consistently low across all schools.
- Knowledge regarding the how, when and why of condom use was high overall, with improvements on almost all of the condom comfort and difficulty measures by the end of the pilot program.
- Students perceived accessing condoms as less difficult and more comfortable by the end of the pilot program.
- Students had a good working knowledge of the services available in their area.
- For many of the students from backgrounds of languages other than English, school-based sexuality education programs were the only way they could find out what they needed to know.
- Discrimination in terms of gender and homophobia are key issues for schools.
- Many students believed there were deserving and undeserving people with HIV.
- Teachers found it difficult to challenge homophobic attitudes.
- Students are still relying on trust and monogamy as a safe sexual practice.
- Students are ignorant of safe sexual practices other than the use of condoms to prevent HIV and pregnancy.



- There is evidence that students were rethinking some of their previous attitudes towards homosexuality by the end of the project.

Harrison, L. & Hay, M. (1997) *Minimising Risk, Maximising Choice: An Evaluation of the Pilot Phase of the STD/AIDS Prevention Education Project*, Department of Education National Centre in HIV Social Research, La Trobe University: Victoria

Some recent national research projects have found that:

- Most students have a good knowledge of HIV and AIDS; however 10% do not know that HIV can be transmitted during sex between men.
- Knowledge of common STIs, including chlamydia, gonorrhoea, and genital warts is poor. Knowledge of different types of hepatitis is poor.
- One-third of year 10 students and just over half of year 12 students have had sexual intercourse.
- 33% of sexually active Year 10 boys have had three or more partners in the last year.
- The numbers of Year 12 students having 3 or more partners in the last year has halved since 1992.
- 65.8% of young men and women in year 10, and 51.8% of young women and men in year 12 used condoms on every occasion they had penetrative sex.
- Most students feel very positive about their last experience of sex.
- One quarter of all students have had unwanted sex, because of being too drunk or being pressured by a partner.
- Numbers of young people with gonorrhoea have doubled in the last 10 years.
- 2% of students most recent sexual experience was with someone of the same sex.
- 3.3% of young men, and 6.7% of young women report same-sex attraction, with a further 1.3% of young men and 2.1% of young women feeling unsure of who they are attracted to.
- 18% of young women in year 12 use withdrawal as a contraceptive method.
- For many students of culturally and linguistically diverse backgrounds school-based sexuality education programs were the only way they could get information about sexual health issues.
- Young people generally express positive attitudes towards friendships with lesbian and gay peers.
- Teachers find it difficult to challenge homophobic attitudes.
- 50% of students do not know that body piercing and tattooing can transmit hepatitis C.
- Hepatitis C diagnoses are increasing among Australian 15 – 19 year olds; up from 2% in 1994 to 7.6% in 1998.
- Many students wrongly believe that immunisation against hepatitis B protects them from hepatitis C.

These findings are further detailed in the following documents:

Harrison, L. & Hay, M. (1997) *Minimising Risk, Maximising Choice: An Evaluation of the Pilot Phase of the STD/AIDS Prevention Education Project*, Department of Education Victoria National Centre in HIV Social Research, La Trobe University: Victoria

Hillier, L., Warr, D. & Haste, B. (1996) *The Rural Mural: Sexuality and Diversity in Rural Youth*, National Centre in HIV Social Research, La Trobe University: Victoria

Hillier, L., Dempsey, D., Harrison, L., Beale, L., Matthews, L. & Rosenthal, D.A. (1998) *Writing Themselves In: A National Report on the Sexuality, Health and Well-being of Same-sex Attracted Young People*, National Centre in HIV Social Research, La Trobe University: Victoria

Lindsay, J., Smith, A.M.A. & Rosenthal, D.A. (1997) *Secondary Students, HIV/AIDS and Sexual Health*, Monograph Series No. 3, La Trobe University: Victoria

Moon, L., Meyer, P. & Grau, J. (2000) *Australia's Young People: Their Health and Well-Being 1999*. Canberra: Australian Institute of Health and Welfare, 1999.

Smith, A., Dyson, S., Agius, P., Mitchell, A., & Pitts, M. (2003) *Secondary Students and Sexual Health 2002*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Smith, A.M.A., Rissel, C.E., Richters, J., Grulich, A.E., & deVisser, R.O. (2003) *Sex in Australia*, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Van De Ven, P., Youdell, D., Smith, A., Mistler, G., Pan, Y. (2001) *Hepatitis and Health*, NCSHR., University of NSW

Context for the *Catching On* Resource

Comprehensive Sexuality Education

Catching On is a resource to assist government schools in addressing the sexual health needs of young people as part of a comprehensive health and sexuality program. The 1996 *STD/HIV Prevention Education Strategy* defined a comprehensive program as follows:

[A comprehensive program] places STD/HIV in the context of sexuality and health promotion. It takes a whole-school approach, which means consulting with parents, using community resources and involving students. A comprehensive program recognises and accepts the right of students to make their own sexual decisions. It affirms the diversity of all students. Moore and Rosenthal (1993) argue that we can no longer afford to 'treat adolescents as a homogenous group, assuming that all young people have a common response to the AIDS threat and producing in general all purpose AIDS educational programs based on this assumption' (p 143).

A comprehensive program should enable students to see the gendered nature of social relationships including sexual relationships and the power dynamics inherent in them. Programs should assist students to understand how masculinity and femininity is constructed through sexuality and safe sexual practices.

Programs should be introduced at the beginning of secondary school and sequentially developed, before students are sexually active. Programs should build on sexuality education programs in primary schools. The content would not only focus on the physiology of sex and knowledge of HIV/AIDS and other STIs but also on intimacy and desire, contextualising sexuality. Finally, a comprehensive program should be taught by skilled, confident teachers in partnership with local health professionals.

Catching On is a resource that will assist teachers in focusing on issues around STIs, HIV/AIDS and other blood-borne viruses. Therefore, it is crucial that students have covered other aspects of sexuality and health education in previous year levels as indicated in the *Curriculum and Standards Framework II* and the *National Framework for Education about STIs, HIV/AIDS and Blood-Borne Viruses in Secondary Schools* (1999). It is **not** appropriate, or recommended, that the activities in this resource be used to introduce students to sexuality education. Rather, the 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.

Victorian Curriculum and Standards Framework II

Sexuality is an integral component of the Health and Physical Education learning area. The teaching and learning strategies in this resource provide schools with classroom materials that work towards achieving a number of learning outcomes in the Health and Physical Education Key Learning Area of the *Curriculum and Standards Framework II*. The following table provides an overview of the major outcomes addressed at Levels 5, 6 and 6 extension.

Curriculum and Standards Framework II: Health and Physical Education Key Learning Area

LEVEL	LEARNING OUTCOMES	
	Health of Individuals and Populations	Self & Relationships
5	5.1 Describe health issues which young people make decisions about and strategies that are designed to maintain or improve their health.	5.1 Describe heredity and environmental factors that affect human development.
	5.2 Describe health resources and services available to individuals and groups in Australia and consider how they could be used to improve health.	5.2 Describe the effect of family and community expectations on the development of personal identity and values. 5.3 Describe how relationships change over time and are affected by achievements, roles and responsibilities
6	6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	6.1 Evaluate a specific intervention designed to enhance human development.
	6.2 Analyse health services and products associated with government and non-government bodies and how these can be used to support the health needs of young people.	6.2 Identify the major tasks involved in establishing personal identity. 6.3 Analyse ways in which individuals and groups seek to influence the behaviours of others concerning friendships and relationships.
6 EXT.	6.3 Review national or state strategies for addressing contemporary health-related issues.	6.4 Investigate the impact of scientific and medical innovations and discoveries on human development.
	6.4 Review the policies and priorities of major health bodies in meeting the health needs of a selected group.	6.5 Analyse and evaluate the influence of family and community in the development of independence as part of personal identity. 6.6 Analyse the changing nature of stereotypes and how this affects individual, family and community expectations.

Outline of the *Catching On* Resource

Catching On provides advice to teachers and curriculum planners on the context and considerations for providing STIs/HIV prevention education as part of a sexual health curriculum. The kit has three components. The first component is a professional development video designed to assist the school community to gain an understanding of the need for STIs/HIV prevention education. It provides an overview of the research on young people and sexuality and explores the implications for school-based sexuality education programs. It is envisaged that the video will also provide schools with a resource to use with parents.

The second component is support material designed to provide teachers and students with up-to-date reference information on STIs/HIV and other blood-borne viruses. The support material can be used alone and in conjunction with the teaching and learning activities. For example, there are a number of teaching and learning activities that require students to access the support material. A detailed description of the support material and how to use the information is included in that component of the resource. The third component is this set of teaching and learning activities.

Outline of the *Catching On* Teaching and Learning Activities

The teaching and learning activities have been designed developmentally to enable exploration of the issues of risk behaviours, gender identity and sexual diversity, and gender and power in sexual relations. In other words, they place the information and necessary skills in a framework that examines the social and cultural context of sexuality and safe sex issues.

The teaching and learning activities are divided into three units:

1. Sex, Sexuality and Gender
2. Pressure, Power and Sexuality
3. Safer Sex Issues

Unit 1 focuses on students developing a common understanding of the concepts of sex, sexuality and gender. More importantly, this unit is designed to assist students to develop some sense of their own and others' positioning and values and how these develop and alter according to class, gender, culture, ethnicity, education, age, and ability.

Unit 2 focuses on students developing an understanding of the concept of power. It is designed to enable students to explore the different dimensions of power and the impact of power on sexual relations. It explores the obvious dynamics of power in social relationships as well as the more subtle ways that power is exerted, such as through language, and institutions like the law.

Unit 3 focuses on sexually transmissible infections including HIV and other blood-borne viruses in the context of sexual health. This unit has been left until last so that issues of disease prevention are placed in a social and cultural context. By examining the broader sexuality issues in the previous units, STI issues and safe sex issues will have more relevance to students.

How to Use the *Catching On* Teaching and Learning Activities

The classroom materials can be used in a variety of ways. Although they are designed for use with years 9 and 10, many of the activities are suitable for VCE Health and a number could be modified for use with year 8 students.

The set of activities far exceeds those that could be used by a school in one program. Teachers will need to select the activities that will suit their programs, the needs of their students and the learning outcomes on which they are focusing. The activities have been sequentially developed in each unit; however they may be used discretely. If, for example, schools have completed similar sorts of learning and assessment experiences as in Unit 1 and/or Unit 2, they may decide to use only the focus on HIV/AIDS and other STIs in Unit 3. If this is the case, teachers will need to ensure that essential learnings have been covered in previous work.

Although all activities in each unit are sequential, some activities are considered essential while others provide extensions of the topic and issues being covered. The essential activities are clearly labelled.

**ESSENTIAL
LEARNING
ACTIVITY**

During 1997, year 9 and year 10 classes trialled these materials. Teachers in these schools used the materials in a range of ways. Some used them exactly as they are presented, while others modified aspects to suit their students. It is expected that other teachers will do the same.

Creating a Supportive Learning Environment

Setting Ground Rules

Setting ground rules with students is important in any classroom. 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. It is particularly important when students are involved in 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'.
- Everyone has the right to speak.
- Each person is responsible for his or her own behaviour.
- What other people say in class is confidential.
- It is equally important to enable students to withdraw if they find issues personally confronting and to protect them from making harmful disclosures. In other words, every person has the right not to offer an opinion.

Disclosure

In any program that focuses on issues of human relationships and sexuality there is the possibility 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. If teachers feel students may say something inappropriate, a useful strategy to prevent this is protective interruption. This means interrupting students before they disclose; while 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 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 Victoria. Teachers should refer to *Victorian Government Schools Reference Guide*, (section 4.6) and *Safe from Harm: The Role of Professionals in Protecting Children and Young People (2001)*, developed by the Department of Human Services.

Disclosure of Sexual Preference

There is a chance that if students feel safe and secure they may also disclose concerns they have about their own or a member of their family's sexual orientation. In other words, teachers may have students disclosing that they or a family member are gay, lesbian, bisexual or transgender. Teachers need to know how to assist these students. It is advisable for teachers to clarify their own response to the issue of sexual diversity and to identify appropriate procedures, including the use of community resources, to assist students in this situation. Teachers are also encouraged to gain support, as appropriate, from student support services personnel such as the student welfare coordinator.

Most importantly, teachers and student support services personnel, such as the student welfare coordinator, need to be aware that disclosures of sexual orientation should remain confidential unless a student is at risk in some way. It is important not to 'problematise' something that is not a problem for the student. It is difficult for young people to talk about these issues and the last thing they want is for a teacher to inform other teachers or their parents. If students wanted these people to know, they would tell them. **Confidentiality is critical for these students.**

As with any disclosure of a personal issue:

- reassure the young person that they are all right
- listen patiently and carefully to what the young person is saying
- don't press the student for information.

In addition, teachers need to:

- display a positive attitude, thus affirming the students' experience
- 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
- put the young person in touch with support services when appropriate.

Discrimination

One of the broad aims of the STD/HIV Prevention Education Project is to work towards the elimination of discrimination. Through an examination of issues around gender, power and sexual identity included in this resource, it is hoped that students will understand the nature and implications of discrimination to be consistent with *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and BBVs in Secondary Schools*.

Because the material challenges discrimination, there is the chance that discriminatory attitudes toward HIV-positive, gay and lesbian people will be voiced by students. It is important for teachers to remember that between 8 and 11 per cent of their students are not likely to be exclusively heterosexual.

Teachers need to be aware of their obligations under both the *Victorian Equal Opportunity Act 1995* and *Guidelines for Developing the Student Code of Conduct* (1994). For example, according to the *Victorian Equal Opportunity Act 1995: What Government Schools Need to Know*, government schools need to know that ‘teachers, schools and students may be liable for the actions of students and other teachers if they authorise, encourage or assist discrimination or sexual harassment’ (p 11).

In regards to the *Guidelines for Developing the Student Code of Conduct*, priority must be given by schools to enhancing self-discipline and respect for the rights of others. In particular, the following principles for developing the student code of conduct are useful in reminding schools of their obligations:

- 2.2.1 all individuals are to be valued and treated with respect (p 6)
- 2.2.2 students have a right to work in a secure environment, without intimidation, bullying or harassment so they are able to fully develop their talents, interests and ambitions (p 6).

In addition, according to the Guidelines, ‘each teacher will be responsible for developing classroom strategies consistent with the school’s goals. This will include elimination of all forms of bullying, harassment and violence, which obstruct the educational progress of students’ (p 9). Teachers need to be aware that:

unacceptable discriminatory behaviour (including harassment) towards another person based on sex, race, marital status, the status or condition of being a parent, the status or condition of being childless, religious beliefs, political beliefs or physical or mental impairment is grounds for suspension (p 14).

Homophobia

A common concern expressed by teachers involved in developing and trialing this resource was how to best deal with the homophobic attitudes of students. Even though a minority of students did express some homophobic attitudes (overwhelmingly boys), students reacted favourably 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 & Hay 1997).

As with any situation in which young people examine issues that have a values or ethical component, inappropriate comments are bound to be 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:

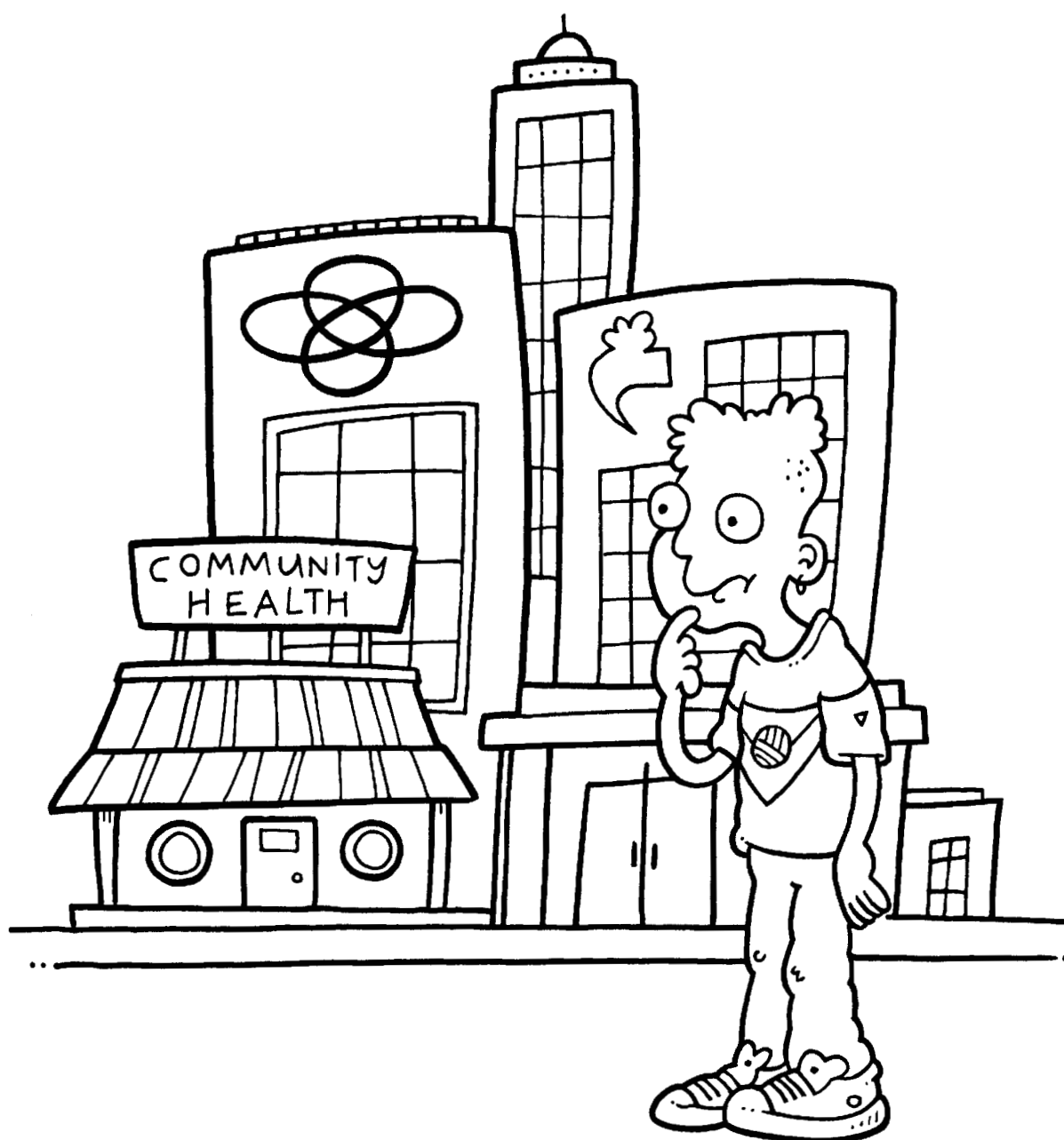
- Be prepared to respond to anti-gay, anti-lesbian or anti-bisexual slurs just as you would racist or sexist slurs.
- Be as well informed as possible. Respect the person challenging you. Focus on challenging the negative opinions rather than the person.
- Don't expect to win or lose an encounter. You 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', 'fag' and 'leso' offensive (include words you know that they will find offensive)
 - Use the NAC approach:
Name it: 'That's a problem'
Refer to Agreement: 'Our ground rules state no put-downs'
Give Consequences: 'If you use a put-down again, you will have to follow disciplinary procedures'

Liggins, Wille, Hawthorne & Rampton (1994) *Affirming Diversity: An Educational Resource on Gay, Lesbian and Bisexual Orientations*, New Zealand Family Planning Association: Auckland, p 24.

The Role of School Nurses and Community Agencies

The Secondary School Nursing Program provides 100 nurses in 199 government schools in Victoria. The nurses' roles in schools include individual counselling, health promotion and planning, and resource and referral services. They are well placed to straddle the divide between the classroom and community agencies and provide a useful resource and support for the health education and student welfare team in the school.

Many 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. 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.



Teaching and Learning Activities

UNIT ONE

Sex, Sexuality and Gender

This unit focuses on students developing a common understanding of the concepts of sex, sexuality and gender. More importantly, the activities are designed to assist students to develop some sense of their own and others' positioning and values and how these develop and alter according to class, gender, race, ethnicity, age, ability and so on.

Associated Learning Outcomes

Level/Strand	Learning outcome	Activities									
		1	2	3	4	5	6	7	8	9	10
5 Health of Individuals & Populations	5.1 Describe health issues which young people make decisions about and strategies that are designed to maintain or improve their health.	•	•	•	•	•	•	•	•	•	•
	5.2 Describe health resources and services available to individuals and groups in Australia and consider how they could be used to improve health.	•	•	•	•	•			•		•
Self & Relationships	5.1 Describe heredity and environmental factors that affect human development.	•	•	•	•	•	•	•	•	•	•
	5.2 Describe the effect of family and community expectations on the development of personal identity and values.	•		•	•	•	•	•	•	•	•
	5.3 Describe how relationships change over time and are affected by achievements, roles and responsibilities.	•		•	•		•	•	•	•	•
6 Health of Individuals & Populations	6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	•	•	•	•	•	•	•	•	•	•
	6.2 Analyse health services and products associated with government and non-government bodies and how these can be used to support the health needs of young people.	•	•	•	•				•		•
Self & Relationships	6.1 Evaluate a specific intervention designed to enhance human development.	•			•	•			•		•
	6.2 Identify the major tasks involved in establishing personal identity.	•					•	•	•	•	•

Level/Strand	Learning outcome	Activities									
		1	2	3	4	5	6	7	8	9	10
	6.3 Analyse ways in which individuals and groups seek to influence the behaviours of others concerning friendships and relationships.	•	•	•	•		•	•	•		•
6 Extension											
Health of Individuals & Populations	6.3 Review national or state strategies for addressing contemporary health-related issues.										
	6.4 Review the policies and priorities of major health bodies in meeting the health needs of a selected group.										
Self & Relationships	6.4 Investigate the impact of scientific and medical innovations and discoveries on human development.										
	6.5 Analyse and evaluate the influence of family and community in the development of independence as part of personal identity.	•	•	•	•	•	•	•	•	•	•
	6.6 Analyse the changing nature of stereotypes and how this affects, individual family and community expectations.	•	•	•	•	•	•	•	•	•	•

Take up a Position

Aims To introduce students to the range of issues that are the focus of this unit.

To start to develop in students an understanding of their own and other people's views and positions in relation to issues of sexuality.

Introduction This activity is essential and 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 also designed to introduce students to the types of issues that will be covered in these materials. It is important at the outset to emphasise that there are no right or wrong answers. You may also need to go over your classroom rules again and develop a set of rules that is accepted by and supports all students.

Tasks

1. Select five or six statements from the list 'Statements on Sexuality' on worksheet 1 (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 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.

2. After each statement has been read out and students have positioned themselves, ask for volunteers from 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.

It is important to inform students that there are no right or wrong answers in this exercise and that if they chose not to discuss their choice of position, they can pass. **The purpose of the activity is for students to appreciate that people hold different views on issues related to sexuality for a range of reasons.**

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'.

Debriefing

1. The following questions provide a useful focus to encourage students to think about the range of positions people hold in relation to sexuality. They can be used either at the conclusion of the activity or following each 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?
 - Do you think there would be any differences if a group of same-sex attracted young people were doing this activity?
 - Do you think there would 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?

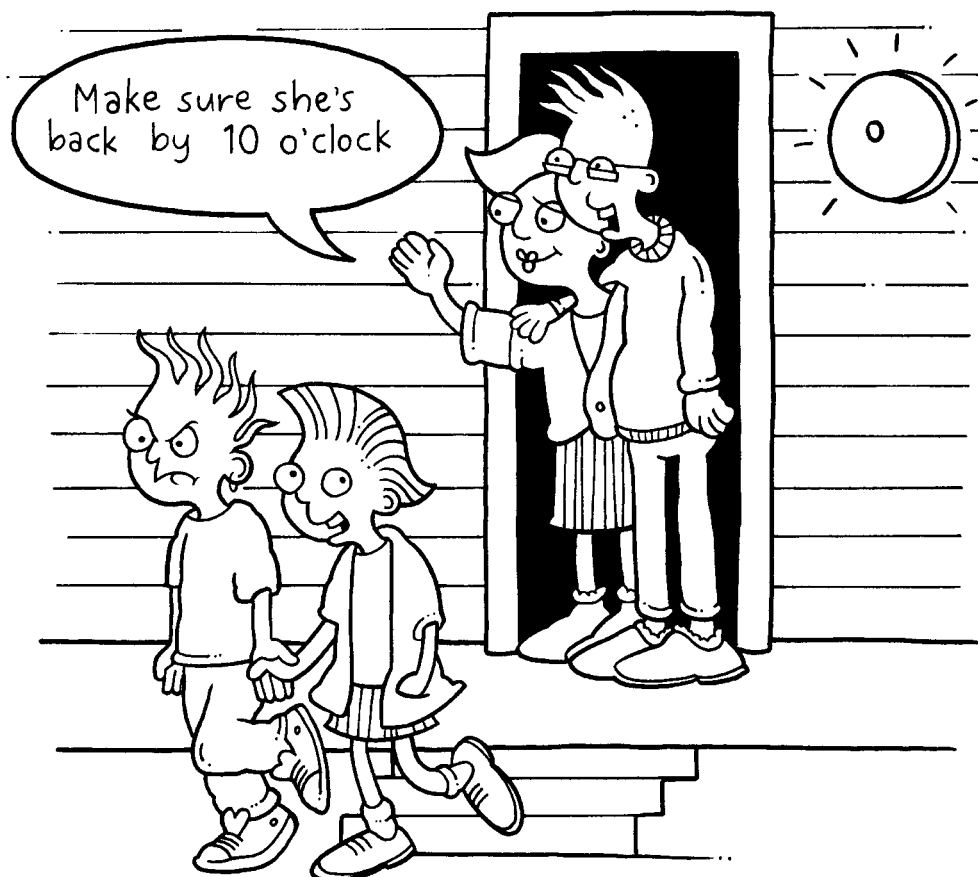
Note: These questions could also provide a useful structure for journal writing and reflection.

2. Ask students to select four statements from the list provided on the worksheet or from your own list.
 - a) Their task is to ask their parents or any adult of their parent's age how they would position themselves in relation to the statements and why.
 - b) Students write a paragraph outlining the differences and similarities between themselves and the adult. Students report back to the class on the differences and similarities.
 - c) 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.

Activity 1: Take up a Position

Statements on Sexuality

- Sexuality is different to sex.
- Girls have it easier than boys in relationships.
- Young people should experiment with sex.
- Contraception is always the girl's responsibility.
- People don't have to have vaginal sex to have sex.
- It's hard for same-sex attracted young people to come out at school.
- 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.
- If a girl enjoys sex, she is a slut.
- I would support a friend who told me he or she was gay or lesbian.
- Young people don't have to worry about getting a sexually transmissible infection (STI); this only happens to adults.
- Boys always put pressure on girls to have sex.
- Condoms are the safest way to avoid getting a STI.
- 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.



If My Memory Serves Me Well

ACTIVITY

Aim To enable students to reflect on sexuality and how an awareness of sexuality is developed.

Introduction This activity is designed as an introductory exercise to encourage students to think about how attitudes to sexuality develop. Note that this can be a confronting activity for some students. Therefore, it is not advisable to conduct the activity if your class has not worked together before or little trust exists amongst the students. Depending on the group, you may need to modify the activity. For example, rather than students sharing their memories with the class, memories could be written anonymously and put into a box, then read out by the teacher.

To help students you may need to give them some examples, such as:

- I feel uncomfortable about watching a video on birth with my father.
- I played doctors and nurses with my cousins and was aware that there were parts of our bodies we shouldn't be touching.
- There were times when I couldn't go into mum's and dad's bedroom.

You may also need to go over your classroom rules again and develop a set that is accepted by and supports all students. See the introduction on advice and setting ground rules.

Tasks

1. Ask students to write down, in private, their first memory or awareness of sex, including their age and the context in which it occurred.
2. Either ask students to share their memories with one other person or ask for volunteers to share them with the class. If a high level of trust has been established, students could all contribute a memory. It is important that students are given the right **not** to contribute personal memories.
3. Discuss the following questions:
 - Are the memories of sex positive or negative? Why/Why not?
 - Why is there a wide range of experiences?
 - Are there any differences between the boys' and girls' memories?
 - If you had this experience now, would you feel differently about it? Why?

ESSENTIAL LEARNING ACTIVITY

Making Links

Aims To define the terms, sex, sexuality and gender.
To examine the interrelationships between sex, sexuality and gender.

Introduction It is difficult to separate issues of gender, sex and sexuality. It is hoped that students will see issues of sex and gender as part of sexuality. This will assist in understanding that our gender, age, class, ability and experience, for example, influence and are part of our sexuality in a dynamic way. Sexuality is fluid and changing, as is our position on issues of sexuality.

This activity is also designed to assist students to broaden the traditional notions, categories and expectations of gender.

Presented are two ways of carrying out the first part of this activity. If students have had little experience exploring the concepts of sexuality and gender, option 2 would be more appropriate.

Tasks

Option 1

1. Write the three headings 'sex', 'sexuality', 'gender' on the board. Ask students to brainstorm words or phrases that fit under each of the categories. For example:

<i>sex</i>	<i>sexuality</i>	<i>gender</i>
<i>doing it</i>	<i>how you feel</i>	<i>being male or female</i>
<i>what you do</i>	<i>how you think</i>	<i>expectations</i>
<i>dangerous</i>	<i>things that are nice</i>	<i>masculine things</i>

Examine the differences and similarities, looking at positive and negative aspects of the words listed.

2. In small groups of three or four students, develop a definition of the three concepts. Compare student definitions with commonly understood ones. The definitions in option 2 will be helpful.

Option 2

1. Present students with 'Definitions of Sex, Sexuality and Gender' on worksheet 2. Examine the differences and similarities, looking at positive and negative aspects of the words listed. As a class, discuss how our understandings of these words are developed? Where do we get messages or learn about these concepts?
2. Using the same groups, ask students to critically examine the set of photos on worksheet 3, 'Photographs — How Do You Read Them?', and address the accompanying questions. See pages 134 - 146 for enlarged photographs that can be photocopied for student use.
3. Individually students select a photograph and develop a set of captions that reflects what they imagine the people are thinking.
4. Give students a copy of the case study 'Chris 16' from worksheet 4. Discuss the accompanying questions.

Activity 3:

Making Links

Definitions of Sex, Sexuality and Gender

Read the following definitions.

Sexuality

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

Adapted from Office of Schools Administration (1989) *Personal Development Framework*, Ministry of Education, p 79, and Szirom, T (1988) *Teaching Gender: Sex Education and Sexual Stereotypes*.

Sex

1. either of the main divisions (male and female) into which living things are placed on the basis of their reproductive functions. 2. the fact of belonging to one of these. 3. males or females collectively. 4. sexual instincts, desires, etc, or their manifestations...

The Australian Oxford Dictionary (1999).

Gender

While sex differences are understood as biological, gender differences refer to those behaviours and attitudes which are learned through day-to-day activities and practices. Gender behaviour and attitudes change and are changeable.

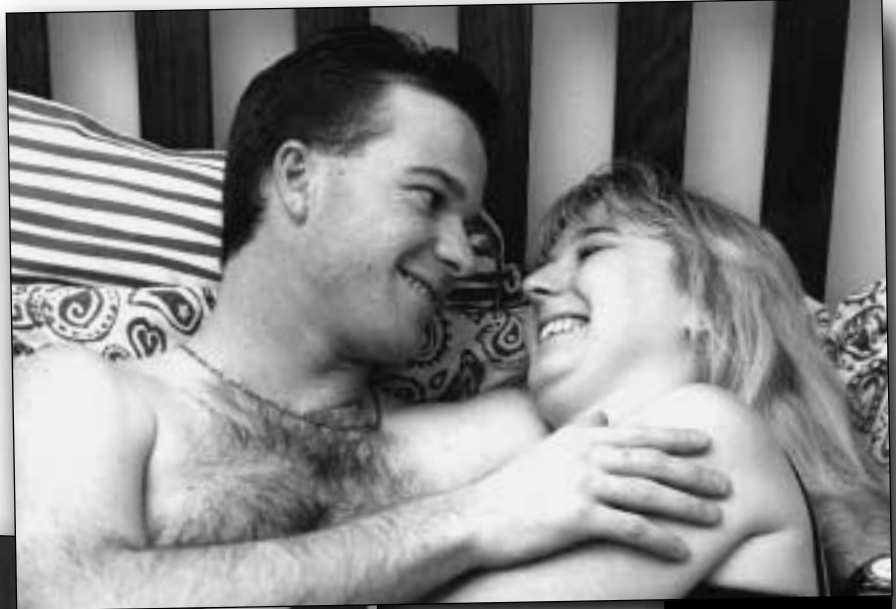
Adapted from Curriculum Corporation for the Australian Education Council (1993) *National Action Plan for the Education of Girls 1993–97*, p 7.

Write down three words, activities or phrases that you think fit under each of the following headings:

sex	sexuality	gender

Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 1



Photograph 2



Photograph 3

Activity 3:

Making Links

Photographs — How Do You Read Them?



Photograph 4



Photograph 5



Photograph 6

Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 7

Questions

- What messages are the photographs giving about sex? For example, do they show sex as fun, dangerous, scary, something that happens between two people etc?
- How are men presented in the photos? What are they saying about sex and men? Do you think this is a realistic view? Why/Why not?
- Do any of the photos show one person more powerful than another? Why/Why not?
- Examine photos 3,4 and 5. What are the differences in the message(s) that each one gives about sex?
- What body language changes the message(s) given in photo 3 to that given in photos 4 and 5?

Activity 3: Making Links

Chris 16

I have gone out with heaps of girls. Some of them I've really liked, we've kissed and cuddled. One girl I saw for ages and we used to lay together on her bed, kissing and cuddling and other stuff. But that was all. Dad always calls me the stud of the family and I can tell he's proud of me because he thinks I'm doing it with all those girls. But my older brother gets heaps from Dad because at 22 he hasn't had a girlfriend and only goes out with his mates. Dad's always saying to Mum he's probably gay like her brother.

I'm a virgin but I wouldn't tell anyone that. My friends mouth off about their experiences all the time and I feel like an idiot because I haven't done it yet. I just pretend that I have. I don't know why I keep pretending or what the big deal about going all the way is.

I don't think about sex all the time, there are stacks of other things in my life like football and school and basketball.

I haven't really met anyone yet that I love enough to want to have sex with.

Questions

- What did pretending to have sex say to other people about Chris's sexuality and his masculinity?
- If his friends knew he was a virgin, would that change their expectations of him? In what ways?
- How does his dad see sexuality and masculinity?
- What if Chris were Chrissy and was having sex with lots of boys? How would people see her? Are the expectations about sexuality the same for boys and girls? What does this tell us about gender and sexuality?
- What if Chris was gay? Would his expectations of sexuality and gender be different? What would other people's expectations be?



**ESSENTIAL
LEARNING
ACTIVITY**

Opposite Ends of the Pole

Aim To introduce different ways of understanding sexuality.

Introduction This session is essential learning for students. The evaluation of the pilot project and trialling of this resource in schools showed that students find these concepts easy to understand and the session provides some affirmation for young people who may be struggling with their sexual identity. It also enables young people to see sexuality in a much broader context than just sexual activities. You will need to decide the best way to cover this material with students. It is suggested that this is one of the few teacher directed information sessions. Therefore, you will need to become familiar with the concepts included. If you require additional information, Liggins, Wille, Hawthorne and Rampton (1994) *Affirming Diversity: An Educational Resource on Gay, Lesbian and Bisexual Orientations*, is an excellent place to start.

Tasks

1. Students need to respond with either a yes or no to each of the following statements. This could be done in a number of ways, for example discussion, written response, group activity or role-play. The response can only be yes or no.
 - Lying to protect someone is always wrong.
 - All men who cuddle each other are gay.
 - A person should never have sex with someone until they know they love them.
 - Abortion is never right.
 - Love always makes people feel good.
 - If one person is hurting another, you should always do something about it.
2. Ask for volunteers to say whether they found it difficult to answer the questions simply with a yes or no. If so, why?
3. Inform students that it can be difficult on many occasions to answer with only a yes or a no. Sometimes the issues are very complex, not black and white, and we need to consider them more deeply. This is because we frequently think in a one-dimensional way that is based on opposites. This is called **binary** thought. In terms of sexuality and gender, binary thinking is often not very useful. This is because of the wide range of experiences people have, their age, their gender, the different ways people view themselves and their behaviour in different cultures and at different times in history which makes it difficult to generalise.

- a) Ask students to brainstorm a number of opposites. For example:

hot	cold
right	wrong
man	woman
happy	sad

Discuss how useful is it to think in this way? What assumptions does it make about people if we think in opposites?

- b) 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 we have many words to more closely describe temperature, including 'humid', 'freezing', 'chilly', 'moderate', 'warm' and so on. Often these words can be placed in a continuum that demonstrates different degrees of the same thing, in this example temperature.
- c) Ask students in groups of three or four to take one of the examples from the brainstorm list and establish a continuum like the temperature example above. Each group should report back to the class, indicating the extra points on the continuum and what additional information this provides about the concepts.
4. Present students with a copy of 'View 1', worksheet 5. Go through the worksheet with students. Ask students to examine the scenarios on worksheet 6 in groups of three or four and decide the sexual attraction, sexual identity and sexual behaviour of each of the characters. In addition, ask students to indicate how traditional binary or opposite thought would identify each of these people. Each group reports back to the class.
5. Present 'View 2', worksheet 7 to students. Views 1 and 2 present sexuality in a way that overcomes the difficulties that binary thinking, that is, thinking in terms of opposites, or in a black and white way, can lead to.

Activity 4: Opposite Ends of the Pole

View 1

Sexuality is a vital and dynamic part of who we are but it is difficult to define. The term becomes easier to understand if we divide it into three parts, namely sexual attraction, sexual behaviour and sexual identity. In this way we can begin to understand why there is so much diversity in how the term is defined by different cultures and at different times.

Sexual Attraction

Sexual attraction 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 about whether a person's sexual attraction is fixed or if there is an element of choice involved. No objective conclusions have been reached. It would appear that many people believe their feelings to be fixed or inherent with others reporting a change in attraction at a particular stage in their lives.

Sexual Behaviour

Sexual behaviour refers to what a person does sexually. In many cases this behaviour matches our sexual attraction but in many cases it does not. In this sense a person may be involved in heterosexual behaviour but experience sexual attraction to the same sex.

Sexual Identity

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 attraction and sexual behaviour. This can cause a high level of personal stress. This is especially important in terms of the dominance of heterosexuality.

Definitions adapted from Human Rights Foundation (1984)
Demystifying Homosexuality: A Teaching Guide about Lesbians and Gay Men: New York.

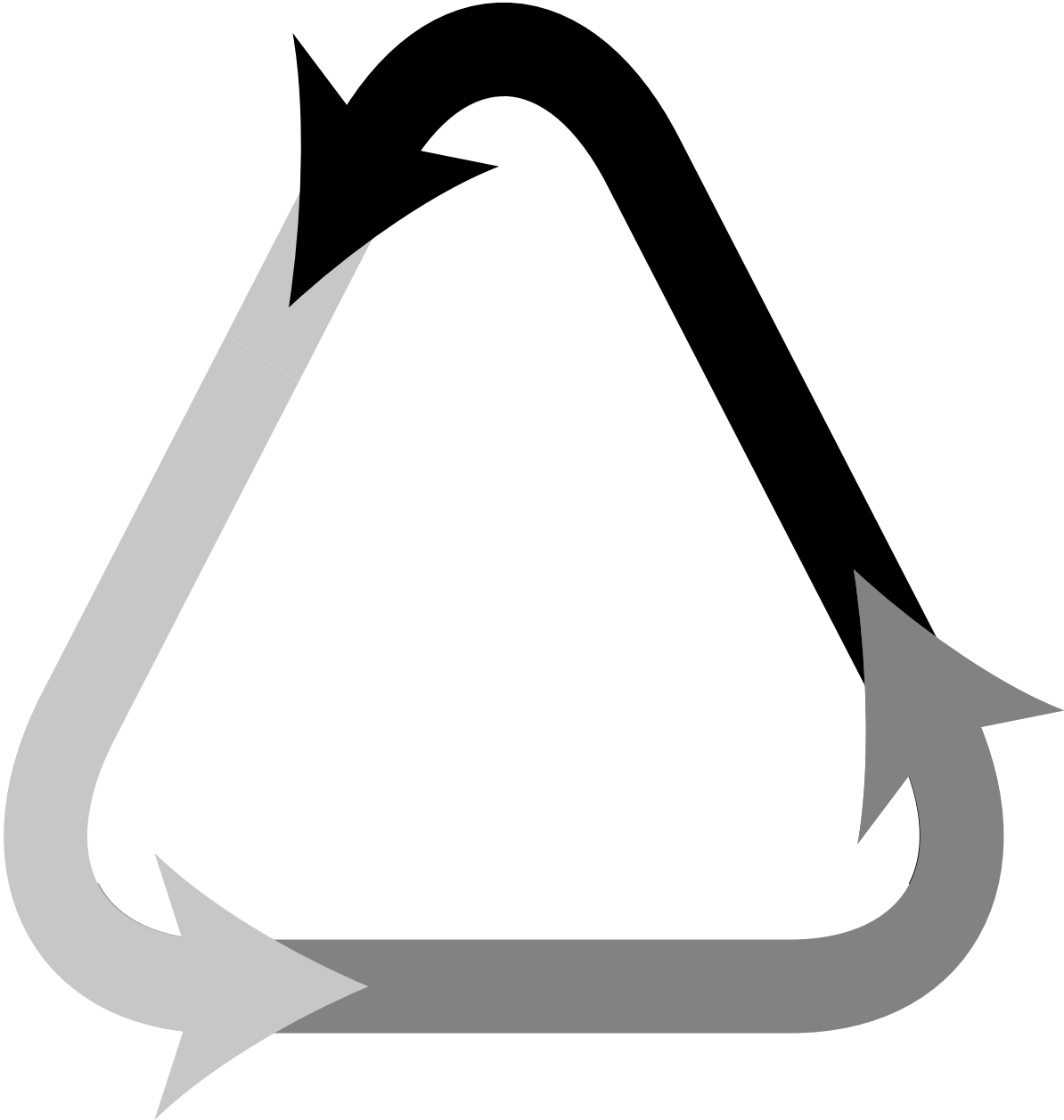
Activity 4:

Opposite Ends of the Pole

Sexual Trichotomy

Sexual Identity

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



Sexual Attraction
(who we are attracted to)

Sexual Behaviour
(the sexual contacts we have)

Activity 4: Opposite Ends of the Pole

Scenarios

Tran

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

Josh

Josh is 30 years old and has had a couple of intimate relationships with women but has never been interested in having a sexual relationship with any of them. Josh enjoys friendships with both men and women. He has shared houses with other people but over the last ten years he has lived happily by himself.

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 whom she was sexually attracted to and for six months fantasised about having sex with her. Once this attraction passed she has never been attracted to another woman.

Ginny

After 20 years of marriage and two children, Ginny divorced her husband under difficult circumstances. She moved in with a divorced man 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 imagined having another sexual relationship with another man.

Sam

Sam says that by the time he was seven or eight years old, he knew he was different from 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.

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.

Jo

Jo is a university student who had a two-year sexual relationship with her female room mate. When the relationship broke up she began dating a male student. She has married him and enjoys their sex life.

Activity 4: Opposite Ends of the Pole

View 2

More information for helping to understand sexuality comes from a national survey of 19,307 people conducted in Australia in 2002. The Australian Study of Health and Relationships found that while relatively few people identify as gay, lesbian or bisexual the number of people who have experienced same-sex attraction or sexual activity is 3 to 4 times greater.

That is, while people may not call themselves lesbian, gay or bisexual, it is a relatively common experience to be sexually attracted to the same sex, and possible that a person may have had sex with someone of the same sex.

In terms of sexuality, the survey found:

Among men aged 16 to 59

- 97.4% of men identify as heterosexual - the rest as gay, bisexual or unsure.
- 92.9% of men say they are only attracted to women – the rest are attracted to both men and women, or men only.
- 90.7% of men have only had sex with women - the rest with men and women, or only with men.

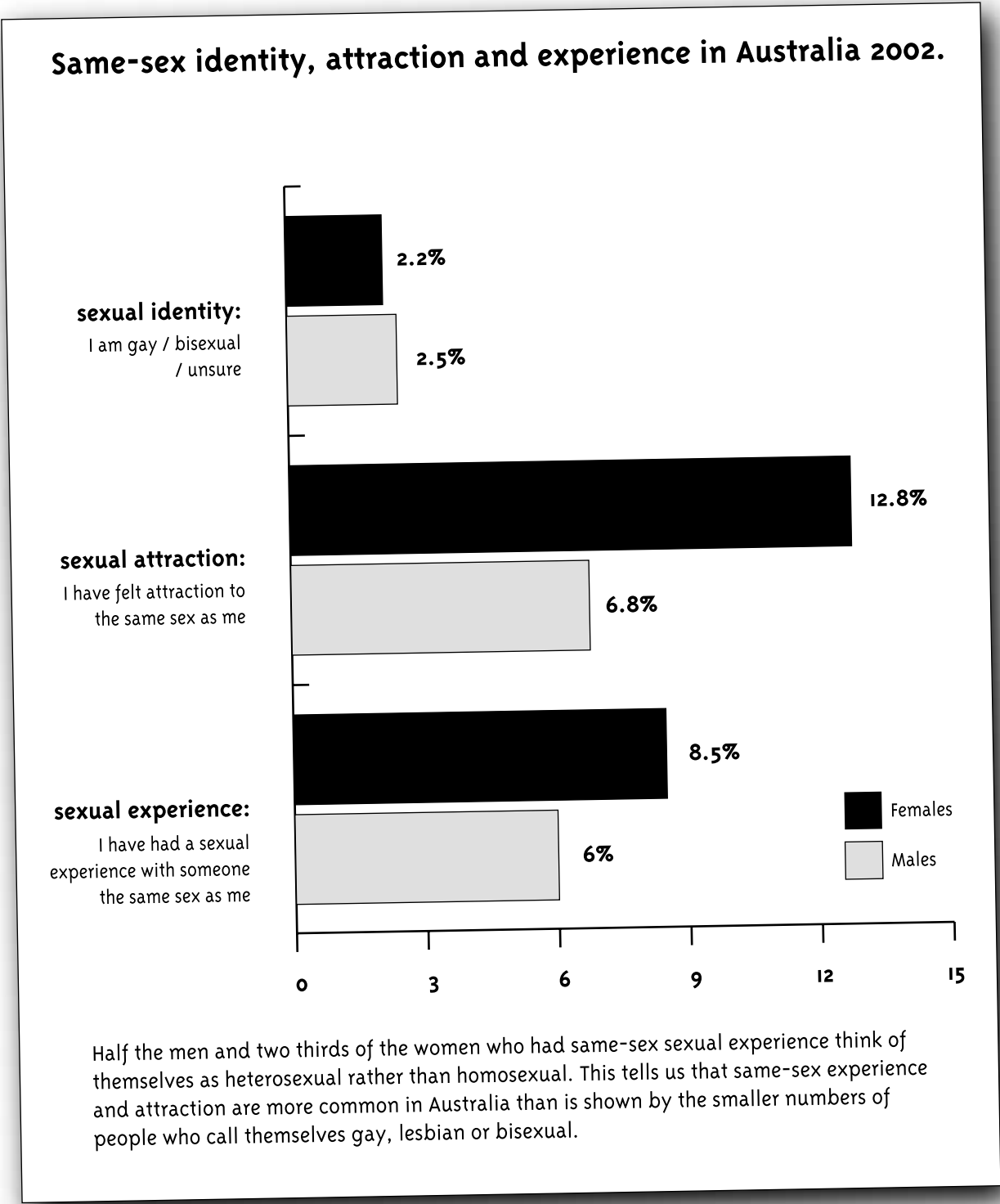
Among women aged 16 to 59

- 97.7% of women identify as heterosexual - the rest as gay, bisexual or unsure.
- 86.5% of women say they are only attracted to men - the rest are attracted to both men and women, or women only.
- 88.3% of women have only had sex with men - the rest have had a sexual experience with both men and women, or only with women.

This research confirms the difficulty in defining and explaining sexuality. Not only can we *not* easily apply the labels 'heterosexual', 'homosexual' and 'bisexual' to all parts of the population, even one person may experience change over a lifetime. Calling oneself heterosexual or homosexual does not necessarily describe a person's sexual feelings or sexual experiences over a lifetime.

Activity 4: Opposite Ends of the Pole

View 2



Think, Feel, Do

ACTIVITY

Aims To enable students to explore their feelings, thoughts and actions in different situations involving sexual attraction and gender identity issues. To enable students to develop an understanding of how personal feelings and conflicts may affect our responses to other people's sexuality.

Introduction Introduce this activity by explaining that there is often conflict between our rational thoughts about sexuality situations and our feelings about them. This conflict can affect the way we respond and so give messages we do not intend.

If you are accustomed to the improvisation technique in drama, this is an excellent technique to use to explore the feelings of the people in each scenario. Using the technique of inner thoughts, students could role-play what they think the thoughts might be in each situation.

If you do decide to use role-play as a technique, it is crucial that you brief students prior to the play, only let it last a couple of minutes and most importantly, debrief students.

Tasks

1. Ask students to divide into groups of three or four. Either give each group different situation cards from worksheet 8 or give each group the same set of cards. Inform students that one person in each group reads the card to the others and students use the three questions to guide them in their discussion. For example:

You enter a room and see two men cuddling on the sofa.

I think: I think homosexuality is OK and acceptable.

I feel: I feel embarrassed in this situation.

I do: I quickly leave the room.

Note that students may or may not share their feelings in the group.

2. As a class, go through each of the situation cards again, asking for general responses from the groups. 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 acts aggressively towards homosexual or bisexual people, like the boys on situation card 1?
 - What might be going on inside the person who acts as if they have no problem with others being homosexual or bisexual but wouldn't like someone in their own family to be gay, lesbian or bisexual?
3. Round off the discussion by stating the value of self-awareness, that is, being able to acknowledge and assess our thoughts and feelings and how they contribute to the way we react to others.

This activity has been adapted from Liggins, Wille, Hawthorne and Rampton (1994) *Affirming Diversity: An Educational Resource on Gay, Lesbian and Bisexual Orientations*, New Zealand Family Planning Association: Auckland.

Activity 5: Think, Feel, Do

Situation Cards

Situation Card 1

You're walking past *Timezone* and you see a group of guys you recognise from the football team hassling a young guy to get off the machines. They're calling him a girl and pushing him around. You know the guy that they are hassling well.

*What are you thinking? What are you feeling?
What will you do?*

Situation Card 2

You get to your seat at the movies and there are two young women in front of you. Even though it's dark you think they're holding hands, and during the movie they seem to snuggle up to one another. When the movie is over you realise you used to know one of them.

*What are you thinking? What are you feeling?
What will you do?*

Situation Card 3

A friend suggests you go back to her place after school. On the way there she tells you that it's her mum and mum's lover at home. When you arrive, you realise that her mum's lover is a woman. They ask you if you want to stay for dinner.

*What are you thinking? What are you feeling?
What will you do?*

Situation Card 4

A friend of yours tells you about a friend of theirs, Mark, who has told them in secret that he thinks he might be gay and would rather kill himself than end up gay. You know the Mark that he is talking about.

*What are you thinking? What are you feeling?
What will you do?*

Activity 5: Think, Feel, Do**Situation Card 5**

It's late night shopping and you're out with your family when you see a group of men dressed up as women. You suddenly recognise one of them as your cousin.

*What are you thinking? What are you feeling?
What will you do?*

Situation Card 6

You're sitting with a mixed group at school when a girl you're friendly with at netball walks past. One of the boys says to the boy sitting next to you, 'Hey Tran, there's Jude. You'll probably get a bit if you try, she's a real slut'. Tran yells out, 'Hey Jude, I hear you like a good root, how 'bout it?' Jude turns around and looks at you.

*What are you thinking? What are you feeling?
What will you do?*

Situation Card 7

It's your birthday and as usual your favourite uncle is treating you to a day at the go-carts. When you arrive there he says he'd like you to meet someone special. He introduces you to Pete and tells you that this is the man he lives with.

*What are you thinking? What are you feeling?
What will you do?*

ESSENTIAL LEARNING ACTIVITY

Presenting Sexuality

Aim To critically examine media assumptions associated with sexuality.

Introduction A key finding from the experience of the pilot schools was the need to assist young people to critically analyse the media to which they are exposed. The media is a major information source for young people. Interestingly, Hillier, Warr and Haste (1996) found that, although secondary school students rely on the media for information about sexuality, they mistrusted its accuracy. The subtle messages that programs such as *Dawson's Creek* give, for example, by the token gay young person who fits stereotypical notions of homosexuality, is not very helpful in supporting same-sex attracted young people in schools.

Tasks

1. Give each student a copy of 'Media Headlines — What Do You Think It's about?' on worksheet 9. Inform students that the headlines come from two popular adolescent magazines. The students' task is to select one of the headlines and write either a short article or a letter to the editor around the theme of the heading. In other words, students need to decide what the heading is about.
2. After students have written their letters or articles, ask students to form groups with those of the same heading and address the discussion questions. Ask a member from each group to report back. As students report, write the assumptions being made about sexuality on the board. The types of assumptions you can expect are as follows:
 - Girls are passive; boys are dominant.
 - Boys want sex; girls want romance.
 - Sexuality is only relevant to heterosexual couples.
 - Sex is dangerous.
3. Follow the same procedure as Activity 1: Take up a Position, and ask students to position themselves along a continuum according to whether they agree or disagree with the assumption.

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 either one or two magazines, a set of birthday cards related to sexuality, a television program, newspapers, songs and similar. They then need to develop a question or hypothesis to guide their analysis. Example questions could include the following:

- Do television programs aimed at young people present sexuality in a positive light?
- Do teenage magazines present young people as white and heterosexual?

- Is women's sexuality used to sell products?
- Are people with disabilities ever presented as having any sexual desires or feelings?
- Do birthday cards present men as always wanting 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. They will also be useful to develop other focus questions. Ensure that all students address the last four questions.

- What themes did the media cover, (eg sex, love, romance, desire etc)?
- What is being said in the articles about girls and sexuality, and boys and sexuality?
- Were girls and boys presented in similar or different ways?
- Was sexuality presented in a negative or positive light?
- What was being said about sexuality?
- How was sexuality defined?
- If sex was included, what sexual activities were included?
- Did any of the media cover same-sex relationships? How were these 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 sexuality? For example, people who have disabilities do not have sexual relationships, girls only want romance out of relationships etc.
- 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.



Activity 6: Presenting Sexuality**Media Headlines — What Do You Think It's about?**

Your task is to select one of the following heading. In other words, you need to decide headlines and write either a short article or a what the heading is about. letter to the editor around the theme of the

Is He the One?

How Far Should You Go?

**Have You Got
*Sex Appeal?***

True Romance: Love Calling

ALL I WANT IS TO BE LOVED

Are You a Slave to Love?

How to Be a Man Magnet

Activity 6: Presenting Sexuality

***Boys on Revenge:
Why Every Girl Should Be Worried***

Forbidden Men

***Make Boys Nervous:
Make Their Girlfriends Very Nervous***

Are Men from Mars?

Questions

- What themes did the articles or letters cover?
- Did people tend to cover the same theme or different themes?
- Did girls and boys cover different themes? If yes, how were they different?
- What is being said in the articles about girls and sexuality, and boys and sexuality?
- Were girls and boys presented in similar or different ways?
- Was sexuality presented in a negative or positive light?
- What was being said about sexuality?
- How was sexuality defined?
- If sexual activities were included, what were they?
- Did any of the articles cover same-sex relationships?
- What assumptions are being made about sexuality?
- What are the implications for young people of the assumptions you have made?

ESSENTIAL LEARNING ACTIVITY

Love, Desire and Intimacy

Aim To examine the concepts of love, desire and intimacy and allow students to explore the range of experiences and situations where these concepts are relevant to them.

Introduction Research and evaluation of sexuality education programs (Gourlay 1996), clearly shows that many programs concentrate on the physiology of vaginal/penile sex and issues involved in preventing the negative consequences of sex such as STIs and pregnancy. Research has shown that students also want to examine issues of love, intimacy and desire. If schools are to provide a comprehensive program that takes a health promoting approach, students not only need to examine sexual practices but also the context in which they occur.

Tasks

1. Define the concepts love, intimacy and desire by putting three titled graffiti sheets around the room, one with love, one with intimacy and one with desire. Ask students to spend a few minutes writing a response to each word.
2. Bring student responses together and develop a shared definition of each, reminding students that how people define these will vary according to their experience, age, gender, culture and so on. For example, in some countries, such as Morocco, it is far more intimate for a man to kiss a woman in public than another man.
3. Using the diagram on worksheet 10, 'The People I Love', students establish a chart of the people that they love. Usually this will include family and certain close friends. Ask students not to include boyfriends/girlfriends on the chart. Inform students they will not have to share this chart.
4. In groups of two or three students consider the questions on the worksheet.
5. As a whole group discuss the following questions:
 - Is it possible for a person to desire someone without loving him or her?
 - Is it possible for a person to love someone without desiring him or her?
 - Is it possible for a person to be intimate with someone without loving him or her?
 - Is it possible for a person to love someone without being intimate with him or her?
 - Are there people that the law forbids people to sexually desire and be sexually intimate with?

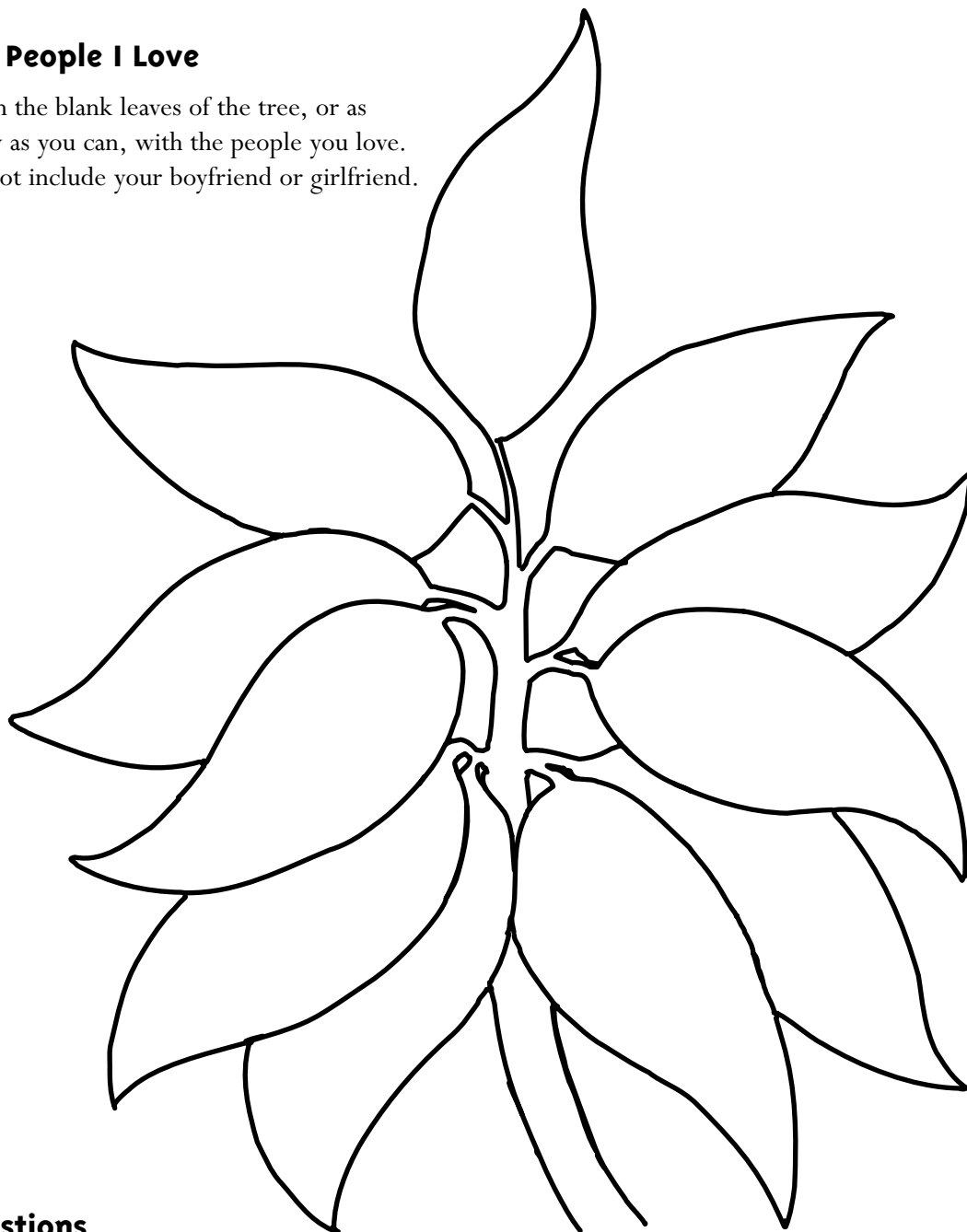
These questions could also be useful for journal writing.

6. Ask students to analyse each of the photos/images on worksheet 11, 'Is This Love?', (See also pages 134-146) using the questions as a guide.

Activity 7: Love, Desire and Intimacy

The People I Love

Fill in the blank leaves of the tree, or as many as you can, with the people you love. Do not include your boyfriend or girlfriend.



Questions

- What makes these relationships different from those you have with family friends, your doctor, your teacher or a sporting coach?
- Are these people all of the opposite sex? If so, is it possible to love people of the same sex? Does that make a person homosexual? If not, why not?
- When is it appropriate to have a sexual relationship with someone? Does this always involve someone you love? Would this be appropriate with anyone you have nominated in your chart? If not, why not?
- What is different about the people you have in your chart and a boyfriend/girlfriend?

Activity 7: Love, Desire and Intimacy

Is This Love?



Image 1



Image 2

Activity 7:

Love, Desire and Intimacy

Is This Love?



Image 3



(AIDS Council Card 22)

Image 4

Activity 7: Love, Desire and Intimacy

Is This Love?



Image 5

Questions

- Which of the images are referring to love? Why?
- Which of the images are referring to desire? Why?
- Which of the images are referring to intimacy? Why?
- Do the images tell us anything about gender, love, intimacy and desire?
- How realistic do you think these images are?
- What sorts of images do the media present of love, intimacy and desire?
- What are the implications of these images for heterosexual, gay, lesbian, elderly men and women, and men and women with disabilities? What are the common feelings, hopes and desires shared by people in loving relationships?
- What don't the images tell us about love, desire and intimacy?

There's Another Side to Love

ACTIVITY

Aims To examine other dimensions of love.

To examine the characteristics of love.

Introduction This activity is designed to enable students to explore other aspects of love that we often don't talk about, such as desire, the pain of separation and abuse, and lust. Music is a medium that young people are very comfortable with and an excellent source of material for examining issues in popular culture. Included is a list of songs that could be used to examine dimensions of love. However, the pilot schools found that it was more appropriate for students to select music they listen to. Better still, ask students to bring in their favourite songs about love and actually listen to the music in class while students read the lyrics. Alternatively, you could use poetry.

Tasks

1. Divide students into groups of four or five. The task of each group is to come up with three songs that are concerned with different aspects of love.

Each group reports back to class. Develop a list of the themes on the board. Examine the list of themes, identifying the major issues. Ask students to identify any other themes associated with love that are not represented on the list. Note these down.

2. Select three or four songs reflecting a number of views of love from the list included or other appropriate songs, and distribute one or two paragraphs of the lyrics to students. Ask students in their groups to read each and then consider the following questions:
 - What is each of these songs saying about love?
 - How are the points of view presented in each song different?
 - How are they similar?
 - What do you think was the writer's motive or reason for writing each of these lyrics?

Suggested Music and Focus

Alex Lloyd, *Amazing*, *Watching Angels Mend*, (love and friendship)

P.J. Harvey, *Beautiful Feeling*, *Stories From The City* (falling in love)

Jamiroquai, *Where Do We Go From Here*, *Synkronized* (Music)
(one-sided love affair)

Ben Harper, *Walk Away*, *Welcome To The Cruel World*
(love and pain, breaking up)

Simple Plan, *Perfect*, *No Helmets No Pads...Just Balls*
(father and son conflict)

Jewel, *Painters*, (lifetime love between two older people)

Daniel Bedingfield, *If You're Not The One*, *Gotta Get Thru This*
(romantic love)

Avril Lavigne, *Complicated*, *Let Go* (love and conflict)

Elvis Vs JXL, *A Little Less Conversation* (love and lust)

Destiny's Child - *Hey Ladies*, The Writing's On The Wall
(love and unfaithfulness)

Shakira - *Underneath Your Clothes*, Laundry Service (love and desire)

Coldplay, *Clocks*, A Rush of Blood to the Head (love and yearning)

Mary J Blige - *Family Affair*, No More Drama (love for everyone)

Red Hot Chili Peppers - *My Lovely Man*, Blood Sugar Sex Magik
(love and grief)

Beyonce ft. Sean Paul - *Baby Boy*, Beyonce - *Dangerously In Love*
(love and lust)

Tatu – *All The Things She Said*- 200km/h In The Wrong Lane
(same-sex attraction and love)

<http://www.toplyrics.net>

3. In their groups students discuss a definition of love. Does it mean different things at different times, with different people or in different cultures?
4. Having considered these points, the group should then brainstorm what they think are the characteristics of love, for example, trust and intimacy. These should be copied down by a nominated scribe onto a large piece of paper (butcher or A3) and then presented to the class.



The Intimacy of Sex

ESSENTIAL LEARNING ACTIVITY

Aims To provide students with information on the nature of sexual activities and behaviours.

To enable students to see that there is a range of ways of interpreting the level of intimacy in sexual activities and behaviours.

Introduction One of the difficulties with many STI/HIV prevention education programs is the disease-orientated approach in which students look at a range of sexually transmissible infections and how to prevent and treat them. Programs assume that students already understand the mechanics of sex and issues related to sexuality. In other words, they do not place education about STIs in context. It is impossible to talk about safer sex issues, for example, if students do not understand what sex is or only think about sex as penetrative vaginal intercourse. For these reasons, an activity is included that defines a range of sexual activities other than penetrative sex.

This activity can be confronting for teachers. It is important that teachers are familiar with the list of behaviours or select a range that will give students an idea that sex involves more than just intercourse. One way to assist students to feel comfortable is to tell them they won't be required to read out their list. You can either write their list on the board or read student lists for them.

This activity should be done in single sex groupings. Experience from trialing the material clearly demonstrated that both boys and girls were more comfortable completing this activity in single sex groupings.

Tasks

1. Divide students into single sex groups of about six. Inform each group that they are required to brainstorm as many sexual activities or behaviours as they can. Ask students to think broadly in terms of sexual activity such as eye contact to types of penetrative sex.

Depending on the nature of the group, it may be more appropriate to use worksheet 12 'Sexual Behaviours' as the starting point rather than asking students to generate a list.

2. Compile the list on the board 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 worksheet 12, 'Sexual Behaviours', explain each behaviour so that the whole group has a common understanding of what each means.

3. Give each group a set of cards made up of the sexual behaviours on worksheet 12. Make up cards, for any additional behaviours students have suggested. Each group is to set up a continuum from least intimate or personal to most intimate or personal. The task for the group is to come to a shared view about the placement of the behaviours. Groups physically put their set of cards in order.

Give groups about 15 minutes to complete the task. Provide an additional few minutes to walk around and look at the placement of the other groups.

Discuss as a large group or use the questions for journal writing:

- What card positions did groups agree upon?
- What card positions was there disagreement about?
- Was it easy for the group to come to a shared decision?
- Did the girls and boys have different ideas?
- Were there any other factors that seem to affect where people placed behaviour cards?
- What factors seem to make it difficult for groups to come to a shared understanding of how intimate different sexual behaviours are?
- People have very different views about what constitutes intimacy or what is personal to them. What do you think the implications of this are for relationships and sexual activity between people?

This activity has been adapted from Mackay and Cleland (1994) *Challenges and Change*, New Zealand Family Planning Association, p 18.



Activity 9: The Intimacy of Sex

Sexual Behaviours

Love Bites

Biting or sucking a partner's body hard enough to produce red marks or bruises.

Kissing

Partners use their mouths to pleasure each other's mouths. Can also kiss anywhere on partner's body.

Holding Hands

A person gets sexual pleasure from holding hands with someone.

Love Letters

A person gets sexual pleasure from writing or receiving love letters.

Body and/or Genital Rubbing

Rubbing genitals against a partner's body or genitals for sexual pleasure.

Cuddling

A person gets sexual pleasure from cuddling their partner.

Anal Intercourse

A man inserts his penis into his male or female partner's anus.

Vaginal Intercourse

A male inserts his penis into his female partner's vagina.

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.

Fingering

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

Eyeing Someone Off

A person gets sexual pleasure from staring at, winking at or smiling at others.

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.

ACTIVITY

Bringing It Together— Student Presentation

Aim To give students the opportunity to present their understanding of sex, sexuality and gender through the development and presentation of ideas to the class.

Introduction It is important that students are given the freedom to develop a presentation that enables them to pursue areas or topics of interest in a variety of presentation styles. It is necessary however that they also demonstrate the knowledge they have acquired. Students must be provided with clear guidelines of your expectations and be monitored regularly. Moreover, teachers need to ensure that students do not compromise their own privacy and personal safety through inadvertent disclosures. If students are also involved in drama, it would be worth discussing the possibility of students developing this presentation through dramatic techniques or approaches.

Tasks

Inform students that they are to create a presentation on their understanding of sexuality. This can be done individually, in pairs or in groups. They can select either of the options below for their presentation.

Option 1

The presentation could be in a written or visual form.

- written (eg a poem, reflective story, essay etc)
- visual (eg a collage, drawing, poster, play etc).

Student presentation should include:

- a definition of sexuality
- at least one of the issues covered such as gender, intimacy, love, sexual identity
- an example of how the issue is presented in the media
- the range of values and attitudes held by people
- implications of different values and attitudes for the sexual health of young people.

Option 2

Students select one of their favourite song lyrics, poems or pieces of writing on one of the subjects covered during the unit, such as love, sexuality, gender and so on and present this to the class. In the presentation, students could consider the following points:

- What first attracted you to the song/poem/story?
- What does it say about love, sexuality, sex or gender?
- What do you know about the writer and why they wrote the particular piece?
- What audience do you think it is aimed at?
- Does the song/poem/story represent how most people view love, sexuality or gender? If not, why not?
- What are the implications of this view for young people and their sexual health?
- Optional: Does the song/poem/story confirm your own views or does it represent a different view? How?



UNIT TWO

Pressure, Power and Sexuality

This unit focuses on students developing some understanding of the concept of power. It is designed to enable students to explore the different dimensions of power, and the impact of power on sexual relations. It not only explores the obvious dynamics of power in social relationships but also attempts to help students see the subtle ways that power is exerted through language and the law.

Associated Learning Outcomes

Level/Strand	Learning outcome	Activities									
		1	2	3	4	5	6	7	8	9	10
5 Health of Individuals & Populations	5.1 Describe health issues which young people make decisions about and strategies that are designed to maintain or improve their health.	•				•	•	•	•		•
	5.2 Describe health resources and services available to individuals and groups in Australia and consider how they could be used to improve health.	•									
Self & Relationships	5.1 Describe heredity and environmental factors that affect human development.	•	•	•	•	•	•	•	•	•	•
	5.2 Describe the effect of family and community expectations on the development of personal identity and values.	•	•	•	•	•	•	•		•	•
	5.3 Describe how relationships change over time and are affected by achievements, roles and responsibilities.		•	•		•		•	•		•
6 Health of Individuals & Populations	6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	•	•	•	•				•		•
	6.2 Analyse health services and products associated with government and non-government bodies and how these can be used to support the health needs of young people.										
Self & Relationships	6.1 Evaluate a specific intervention designed to enhance human development.	•									•
	6.2 Identify the major tasks involved in establishing personal identity.	•	•	•	•	•	•	•		•	•

Level/Strand	Learning outcome	Activities									
		1	2	3	4	5	6	7	8	9	10
	6.3 Analyse ways in which individuals and groups seek to influence the behaviours of others concerning friendships and relationships.	•	•		•	•	•	•			•
6 Extension											
Health of Individuals & Populations	6.3 Review national or state strategies for addressing contemporary health-related issues.										
	6.4 Review the policies and priorities of major health bodies in meeting the health needs of a selected group.										
Self & Relationships	6.4 Investigate the impact of scientific and medical innovations and discoveries on human development.										
	6.5 Analyse and evaluate the influence of family and community in the development of independence as part of personal identity.		•		•	•	•	•	•	•	•
	6.6 Analyse the changing nature of stereotypes and how this affects, individual family and community expectations.	•	•	•	•	•	•	•	•	•	

ESSENTIAL LEARNING ACTIVITY

What Is Power?

Aim To introduce the concept of power by exploring students' personal understandings of power.

Introduction This activity is designed to start students thinking about the concept of power. Stem statements are used to enable students to reflect on their personal understandings. However, if your group is comfortable sharing their experiences and views, you may prefer to use graffiti sheets. As personal issues related to power can reflect gender relations, it is more appropriate to enable students to work in single sex pairs.

Tasks

1. Give each student a copy of 'Stem Statements' on worksheet 1 to complete. Once completed, ask each student to share their responses with one other person. Alternatively, you could ask for volunteers to share their responses with the class.
2. Discuss the following questions:
 - Are there situations related to sexuality when the use of power can have negative consequences?
 - Are there situations related to sexuality when the use of power can be positive?

Activity 1:

What Is Power?

Stem Statements

The word 'power' makes me think ...

When I hear the word 'control' I ...

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

Activity 1: What Is Power?

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

I feel powerful when ...

I feel powerless when ...

Adapted from Commonwealth Department of Employment, Education and Training (1995) *No Fear: A Whole School Approach Towards Creating a Non-violent School Community*, Australian Government Publishing Service: Canberra, p 56. Based on the work of Allard, A., Cooper, M., Hildebrand, G. and Wealands, E. (1995) *Steps Towards Addressing Gender in Educational Settings*, Curriculum Corporation: Carlton, Vic

Defining Power

ESSENTIAL LEARNING ACTIVITY

Aims To examine examples of power.
To develop some shared understanding of power.

Introduction Power is often a difficult concept to grasp. Students tend to think of power in terms of overt examples, such as violence. The following activity attempts to assist students to see that power also exists less obviously. For example, in language and in institutions such as marriage and the law. Three case studies are included, one that looks at power through family relationships, one through a rape situation, and one illustrating power as a positive thing. By using the case studies, many dimensions of power are included. If you choose to select only one then you will need to ensure that these other dimensions are drawn out.

It is important that teachers inform students that they will be looking at the issues of rape and family violence prior to using the case studies in class. Students who may find these case studies personally confronting need the opportunity to withdraw.

Teachers who trialled the materials found that students asked a number of questions about sexuality and the law. A useful and accessible resource to use with students is Family Planning Victoria's (1995) *Sexuality and the Law in Victoria: Fertility and Sexual Health*, and www.lawstuff.org.au

Tasks

1. Divide class into groups of four or five. Choose a student to record definitions and a student to report back to the class. Give students a copy of either Sam's story, Jenny's story or Kim's story from worksheet 2.
2. Students read the case studies individually, identifying what they consider are examples of power. Alternatively, depending on the level of literacy of the group, you may like to read the stories to the class or ask one person per group to read the story. As a group, students list the examples of power to report back to the class. As a group, students come up with a definition of power.
3. Each group reports back on the use of power in the case studies. Assist the students to examine the examples and the definitions of power developed to help them see that examples of power are not only physical such as the 'cuff across the head' or 'rape'; they are also related to a person's position such as Jenny's boss, or from gaining access to knowledge and inclusion such as in Kim's case. In addition, power exists in the use of language, such as 'stupid bitch', or part of gender relations in teaching Sam to 'never trust a woman'. More difficult to see are the power relations which are part of institutions such as marriage, a situation that often renders men in more powerful positions than women. The following questions will assist this process:
 - What is similar about all the definitions?
 - Are there any dimensions of power not illustrated in these three stories?
4. Bring the definitions together by showing students the definitions included on worksheet 3, 'Types of Power'. This will help students to see that power can be positive or negative, and that it can bring about change. Follow up on this by discussing the types of power on the worksheet.

This activity has been adapted from the Commonwealth Department of Education and Training (1995) *No Fear: A Whole School Approach Towards Creating a Non-violent School Community*, Australian Government Publishing Service: Canberra, p 43.

Activity 2: Defining Power

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

Sam's Story continued overleaf

Activity 2: Defining Power

Sam's Story continued...

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: Going Too Far* modified and adapted by Ministry of Education, Victoria, p 1.

Kim's Story

It was about eight months after I left school. I read a notice about a young gays group on the noticeboard of the women's book shop near me. I was scared, I can tell you, but I went the next Saturday when there was a meeting. That was where I met Sally. The group, about five girls and six guys, were planning a beach picnic for the following Saturday. Sally was friendly to me and was understanding when I said I was nervous and scared going to the meeting. She told me about the first time she had been to a gay nightclub. It was hilarious, she said, because she saw three girls who she'd been in year 12 with and one of her old primary school teachers!

Anyway, we went for a coffee after the meeting and now, a year later, we're great friends. Sally's got a girlfriend and they're really in love. I tease her and say neither of them are spunky enough for me and we all laugh. We have great times together and with the others in the group. It's such a relief not to have to pretend to want a boyfriend, like I used to at school. I don't really want a girlfriend either, like Sally has Maria, but I know I only like girls. I mean, the guys in the group are nice, except George, but there's no pressure from the girls to have to talk about boys and all that. It's a bit reversed. Now we can talk about girls, and I don't think I'm the only one on the planet who's like me!

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

Activity 2: Defining 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 cowered 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 which she was employed under. 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: Face Values* modified and adapted by Ministry of Education, Victoria, p 2.

Activity 2: Defining Power

Types of Power

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 people who possess it. It can either be restrictive or enabling.

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

Personal Power

Personal power generally refers to the power that a person feels they have. The power they feel they have in making decisions, choices, taking or not taking action. For example, Sam felt he had the power to make a choice about whether he picked up the comic on his mother's request or on his father's request. Similarly, Jenny felt she didn't have the power to say no to going for the drive. Kim didn't have to pretend she was heterosexual.

Social Power

This is the power dynamics exhibited in the day-to-day relations between people in social situations. Types of power could be information, charisma, expertise, reward, position, connection, strength and convention. Derived from things such as educational background, position of authority, status, financial resources, gender, sexual orientation, race and so on. For example, Sam obtained power from joining his father in jokes about women, and Kim and her friends felt the power from being part of the group.

Institutional/Structural Power

This is the power that is inherent in the practices and conventions of institutions, and is part of institutions such as the law, marriage, language, family, political system, sport ethos and so on. It could be expressed by omission, silence, active discrimination, resulting from historical factors, socially defined practices, ideology and so on. For example, institutional/structural power is the discrimination in the law that makes it difficult for Jenny to go to the police about the rape or the language exhibited by Sam and his father, and the discrimination that stopped Kim from coming out.

Changing the Rules

Aim To examine the issue of power by exploring feelings associated with power and powerlessness.

Introduction This activity is designed to enable students to experience some of the frustration associated with not knowing the rules of the game. Rules are designed to control and modify behaviour. As students move through the following activity, they will come to understand that there are very clear, although unwritten rules, of sexual behaviour.

If you are unfamiliar with games such as volleyball or basketball, speak to one of the physical education teachers about the best way to modify a game. It may even be possible to run this activity with one of the physical education staff.

Tasks

1. Select a game that most students know the rules of (for example, softball, rounders or volleyball). Nominate some students to take on the role of umpire. Meet with these students before the lesson and together determine some additional rules, which will be used to penalise players and to impact on the scoring system. For example:
 - Any player who calls out or swears loses a point for the team.
 - Every third male or female student who touches the ball or gets a run is to be sent off for two minutes.
 - Balls that land out of court are counted as in if the umpire decides (or if they feel like giving that team an extra point).
 - Anyone who complains loses two points for their team.
2. Tell students that some of the rules have been changed and they are just to do as they're told. They must work out the new rules as they go along. Do not reveal these additional rules to the rest of the class. Play the game for about 30 minutes.
3. Debrief students using the following questions:
 - How do you feel when you don't know the rules of the game?
 - How do you feel when the rules don't seem fair?
 - How do you feel when you have to play the game but cannot contribute to deciding what the rules are, when you cannot appeal against unfair treatment?
 - How did the rule makers feel?
 - Who is in the most powerful position? Who is in the least powerful position?
 - What can those who feel powerless do to change the situation?
 - Do the rules of sexuality advantage some people over others?

What Are the Rules?

ESSENTIAL LEARNING ACTIVITY

Aim To examine the power inherent in sexual rules and standards for young people.

Introduction This activity is designed to follow on from the previous activity, 'Changing the Rules'. The activity caters for a broad age range so that students who are not sexually active can consider the laws, rules and standards of those ages which are more commonly defined as sexually active.

This activity is appropriate to complete for homework or as a work requirement.

Tasks

1. Give students worksheet 4, 'What are the Rules', and explain that they are to imagine that they have received a letter from Loan, a 17-year-old girl, and Tuan, a 17-year-old boy, both from an isolated village in the middle of another country. Loan and Tuan are expected to start at your school next term. In their culture and religion there are certain laws, unwritten rules, expectations and standards of sexual behaviour for young people which are quite different to your own. They have asked you to explain to them the laws, rules, expectations and standards expected of young women and men between the ages of 17 and 25.
2. Discuss with students what we mean by unwritten rules, standards and expectations. For example, 'unwritten rules' might include not getting on with a friend's lover; a 'standard' might be that young people wear clothes and an 'expectation' could be that boys are the ones to initiate sex.
3. Inform students they will have to do some research to find out what the laws in Victoria are in relation to sexuality. Students can either research this themselves or teachers may like to give students a copy of Family Planning Victoria (1995) *Sexuality and the Law in Victoria: Fertility and Sexual Health* or direct them to www.lawstuff.org.au
4. Students write a letter back to Loan and Tuan, explaining the laws, expectations, rules and standards of sexual behaviour. Ask for volunteers to read out their letters. Alternatively, they could be written anonymously, put into a box and then read out by the teacher.
5. Summarise the rules and standards by asking students the following questions:
 - How do the laws differ from the unwritten rules?
 - Who do the rules benefit?
 - Who holds the most power? Why?
 - Where do these unwritten rules, expectations and standards come from?
 - Is it possible to change any of these unwritten rules, expectations and standards? How?

Have the Rules and Standards Changed over the Past 20 Years?

This task could be an extension activity or a work requirement. Students carry out an oral history exercise to find out about sexual standards, expectations and rules in other generations. Another excellent resource is the *Australian Study of Health and Relationships* (2003) which is the largest survey of sexual health behaviours, attitudes and knowledge ever conducted in Australia. The survey report also compares different age groups' responses, and is available at www.latrobe.edu.au/ashr/.

Other issues to examine are:

- changes in responsibility for contraception
- sex before marriage
- the impact of sexually transmissible infections, including HIV/AIDS
- acceptance of gay and lesbian relationships
- media influence on sexual standards.

Activity 4: What Are the Rules?

Knowing the Rules

Imagine that you have received a letter from Loan, a 17-year-old girl, and Tuan, a 17-year-old boy, both from an isolated village in the middle of another country. Loan and Tuan are expected to start at your school next term. In their culture and religion there are certain laws, unwritten rules, expectations and standards of sexual behaviour for young people which are quite different to your own. They have asked you to explain to them the laws, rules, expectations and standards expected of young women and men between the ages of 17 and 25.

Write a letter back to Loan and Tuan explaining the laws, expectations, rules and standards of sexual behaviour in our society.

<p>Dear Loan,</p> <hr/> <hr/>	<p>Dear Tuan,</p> <hr/> <hr/>
-------------------------------	-------------------------------

Questions

In your letter you need to describe to them both the written and unwritten rules of sexuality and relationships. In your answer consider the following questions:

- What are the laws governing sexuality in Victoria?
- What are the sexual standards for girls of this age?
- What are the sexual standards for boys of this age?
- Are there differences according to age?
- Are there differences for other groups of young people?
- Are there expectations and rules from different groups of people, such as adults, parents, the law makers?
- Are there differences depending on where you are, eg at school, at a party, in public?
- Who is it acceptable to have sex with?
- Who is it not acceptable to have sex with?
- What protection is used and why?
- How do you feel about the rules, standards and expectations?

ACTIVITY

Interpreting the Rules

Aim To explore the use of pressure and power in a common sexual encounter.

Introduction This activity is designed to enable young people to look at a situation that involves one person putting pressure on another for sex. While it is important to examine the issue of being pressured be careful that students don't see this scenario as one that confirms stereotypical views about masculinity and femininity. These notions place women as victims and men as predators. To balance this, it is important that students later work through Activity 7: Another Meaning, Unit 2, which explores the limitations of making these types of assumptions.

The following activity is designed as a role-play. If you or your students are uncomfortable using role-play the worksheet can be used to promote discussion.

Students tend to feel more comfortable doing this activity in single sex pairs.

Tasks

1. Ask for two volunteers, to role-play 'Dina's Decision', from worksheet 5. While you brief the volunteers, ask the rest of the class to write down the arguments they have heard that are used to exert pressure on someone to have sex, and the arguments that are used to resist this pressure.
2. Run the role-play for 2–4 minutes.
3. Debrief by asking the volunteers to do the following:
 - Explain to the class who they were and what their task was.
 - Say how different they are from the character they played.
4. Give each student a copy of the case study and discuss the following questions:
 - Who had the power in this situation? How was it exerted? Could Dina and Mario both have power in this situation?
 - What methods did Dina use to resist the pressure? Were they successful?
 - What else could Dina have done to resist this pressure?
 - Is this a common situation for young people?

Activity 5:

Interpreting the Rules

Dina's Decision

Mario says we've been together long enough. He says he's not going to wait. I have to go on the pill and have sex with him, he says, or he'll drop me. My best friend Jan says I'm mad to stay with him. She says why should I have to go on the pill, that if we are going to have sex he should get some condoms in case he has a sexually transmitted disease* or even AIDS as well as pregnancy. Jan says he has slept with a lot of other girls before me. But she's never been out with him. He's great. Except when he's hassling me to have sex. He says all his

mates are sleeping with their girlfriends. I feel a bit of a dick 'cause I'm scared. I'm a virgin. People go on about sex but I bet that at 14 most people haven't done it yet. He says I've got two weeks or he'll start looking for someone else. Most of the time he's great. We've had heaps of laughs. I know it hasn't been long, but honest, I think I love him. Jan laughs at me. She reckons if I'm in love I should get on with it or get rid of him. I don't want to lose him and I don't know what to do.

Whangarei Rape Crisis Centre and Bagnall, C. (1990) *Standing Strong: Going Too Far*, modified and adapted by Ministry of Education, Victoria, p 5.

- Who has the power in this situation? How was it exerted?

*Sexually transmissible infections (STIs) are also referred to as sexually transmissible diseases (STDs)

Activity 5: Interpreting the Rules

- What methods did Dina use to resist the pressure? Were they successful?

- What else could Dina have done to resist this pressure?

- Is this a common situation for young people?

Assumptions

ESSENTIAL LEARNING ACTIVITY

Aims To examine some of the assumptions associated with gender and sexuality.

To explore the concepts of consent and negotiation.

Introduction The case studies in this activity come from focus group research conducted with young heterosexual people (Mitchell, Peart & Rosenthal, 1996). The activity is designed to look at issues of sexuality and power by examining what young people understand as consenting to sexual activity. This activity is more appropriately carried out in single sex groups and the discussion conducted as a whole group.

Tasks

1. In small groups of three to four each group examines one or two of the statement(s) from worksheet 6, 'Assumptions'. Groups address the questions included and report back.
2. Bring the activity together by asking students to consider the safer sex campaign aimed at young women which states: **Tell him if it's not on, it's not on.** Discuss the following questions:
 - Who is responsible for safer sex according to this slogan?
 - How practical is this strategy for young women?

Activity 6: Assumptions

Look Who's Talking

If they didn't want sex, they would have got up.

Well if they haven't had any discussion about not wanting to, then they want to have sex.

Obviously they like it. Yeah, they haven't said they don't.

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.

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.

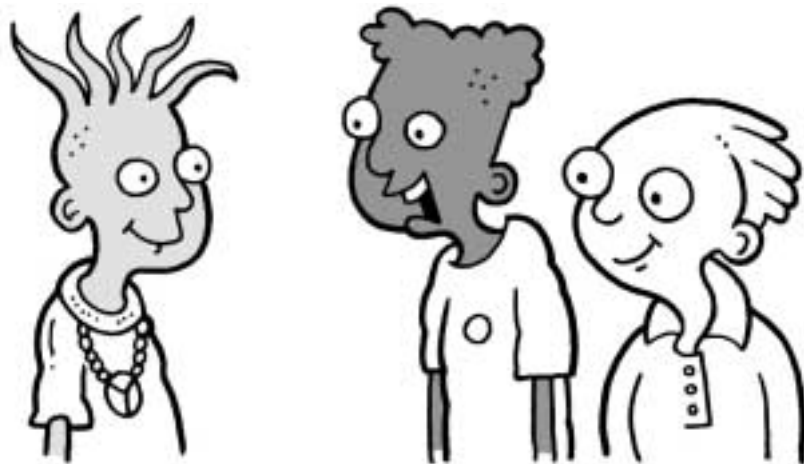
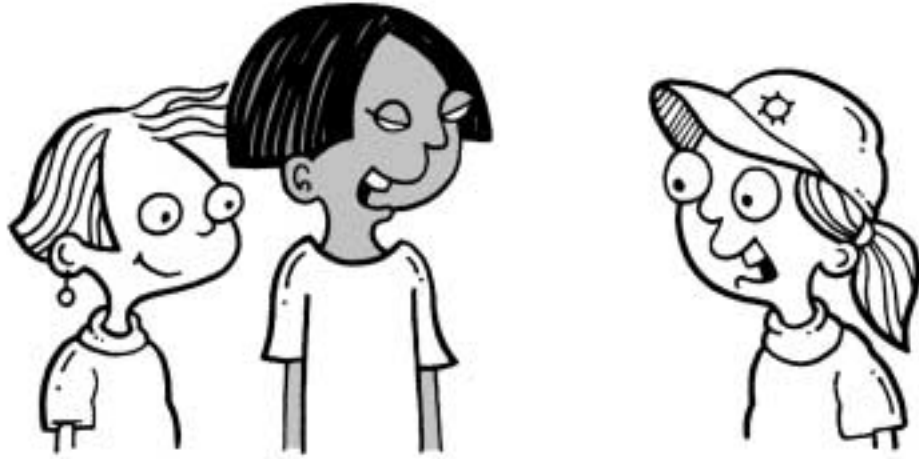
I think if you said what you wanted to do, then they might think they can push it a bit.

You've got the biggest mongrel—when you want to go for it and they are not really keen, then you're spewing.

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.

I think you have them down in about five seconds flat, then you see what happens, wait 'til you get it in. 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 angry that you're doing it, then you stop. You know you've definitely got no chance when they go 'get off. I told you to stop it.'

Activity 6: Assumptions



Questions

- In your group decide if the person speaking is male or female. Why do you think so?
- What are the statements saying about girls and sexuality, and boys and sexuality?
- Does your group think this is true? Why?
- Imagine if the statements were the opposite. For example, if you think it is a boy, imagine it is a girl; if you think it is a girl, imagine it is a boy. What is being said now about girls/boys and sexuality?
- What do you think is making it difficult for the person in the statement to say what they want?
- How easy do you think it would be for a girl and a boy to say what they want or don't want sexually?
- What barriers would make it difficult for a girl to insist on safe sexual practices, such as condom use?

ESSENTIAL LEARNING ACTIVITY

Another Meaning

Aims To explore commonly held notions of gender, power and sexuality.

To begin to redefine sexuality, gender and power.

Introduction This activity is important for young people to see the limitations of the assumptions made about the sexual needs and wants of young people.

Tasks

1. Display the following statements and assumptions:
 - I think the male sex drive is unstoppable and needs controlling.
 - I think females are generally pressured into having sex by men.
 - I think it is unfair to expect males to stop putting pressure on women for sex.
 - I think females need to protect themselves from the pressure males put on them by learning to say no.
 - I think females don't need to know how to meet their need for sex or pleasure.
2. Using the values continuum idea from Activity 1: Take up a position, Unit 1, ask students to position themselves in regards to each of the statements.
3. Discuss the following questions:
 - What are the consequences for women of each statement?
 - What are the consequences for men of each statement?
4. Students are to develop the cover of a magazine. This can be done individually, in pairs or in small groups of three. Boys are to develop the cover of a women's magazine, and girls a magazine designed for men. The cover must include the title of articles, stories and quizzes that dispute these assumptions and present both women and men as interested in sex, assertive and equal partners in sexual relationships.

Language and Power

Aim To examine the power of language in affecting sexual behaviour.

Introduction Language is a powerful tool in affecting how young people feel about themselves and their sexuality. Lees (1993) found that the derogatory words such as 'slut' and 'slag' had an enormous impact on controlling young women's sexuality. This activity is designed to examine language used to describe male and female sexuality.

ACTIVITY

Tasks

1. Make two columns on the board, one with the heading 'female sexuality' and the other with the heading 'male sexuality'. Ask students to brainstorm words that are used to describe male and female sexuality. Encourage them to think about appearance, what they do and so on.
2. Once there are about 10–20 words, ask students to identify the words which have positive connotations and those which have negative connotations. Put a plus and minus to indicate these.
3. Discuss the following questions:
 - Which group had the most negative words? Which had the most positive words?
 - What negative words are used for males? What might this suggest about male sexuality?
 - Did any of the words refer to gay males? What might this say about male sexuality?
 - What negative words are used for females? What might this say about female sexuality? Did any of the words refer to lesbians? What is this saying about female sexuality?
 - Which words have the effect of controlling someone's behaviour? How?
4. Rub out all the negative words. Discuss the positive words that are left.
 - Who do the positive words refer to?
 - What are implications of the use of language on young heterosexual and homosexual people?

Power and the Law

ACTIVITY

Aim To examine the power of the law in controlling sexuality.

Introduction This activity looks at the power of the law by looking at homosexuality and control of sexual practices through history. A series of snapshots is provided. It would be quite easy to replace the snapshots with other sexuality issues such as the age of consent, sexual assault, prostitution, paedophilia and so on. Homosexuality has been used because it raises issues of the rights of consenting adults.

Tasks

1. Give students a copy of worksheet 7 'Snapshots from History'. Depending on the levels of literacy you may want to read it out.
2. Divide the students into small groups. Students summarise the attitudes to homosexuality and sexuality in general in each snapshot.

- What are the differences and similarities in the way homosexuality is viewed in each snapshot?
 - What impact does culture, beliefs and values of particular societies have on homosexual men and women?
3. Discuss the following questions:
- What has changed since the times of ancient Greece?
 - Would our society accept older men having sexual relationships with younger men?
4. In a small group, students are to imagine that they are the government. They are required to formulate a series of laws outlining what is permissible in terms of sex and sexuality. They need to consider some of the following in their deliberations:
- age of consent (legal age at which a person can have sex)
 - privacy
 - consequences, if any, of violent or forced sex
 - various sexual acts
 - sexual orientation
 - discrimination and harassment.

The process for decision making in the government requires that a majority of members support any proposal before it becomes law. Groups make a list of the laws decided on and present them to the class. Importantly, they need to provide a justification for each law, that is, the reasons why they have decided to have that law.

5. Discuss the following questions, which may also be used for journal writing:
- Do you believe that the government should make laws about sexual behaviour?
 - What aspects of sexual behaviour should be controlled by law?

Activity 9: Power and the Law

Snapshots from History

In ancient Greece there appears to have been no distinction between homosexuality and heterosexuality. In most cases older men were involved with younger men but they were also married to women. This type of behaviour appears to have been common and was not stigmatised or regarded as different. Same-sex relationships between women were less common or not recorded historically except for famous cases like Sappho and the women on the island of Lesbos.

The word homosexuality was first used in 1869 by Karl Maria Kertbeny, a German–Hungarian campaigner for the abolition of Prussia’s laws that criminalised sexual relations between men. Before this time no one had really considered a person could be ‘gay’ or ‘straight’. What was considered wrong or immoral was a range of sexual behaviours including anal and oral sex. The law grouped these acts together and called them ‘sodomy’, which was illegal. People engaging in these sexual behaviours were not provided with any sexual identity by them.

Throughout the twentieth century and before, homosexuals had regularly been the victims of intense discrimination with perhaps the most notorious example being the Nazi persecution during the Second World War. The Nazis, particularly Heinrich Himmler, despised homosexuality, and many homosexuals were imprisoned in concentration camps and identified by the ubiquitous ‘pink triangle’. It is estimated that 50,000 homosexuals died in the camps, although the number may be significantly higher. Towards the end of the war many homosexuals were released if they consented to castration. When the allied soldiers liberated the camps many homosexuals remained imprisoned and unlike other survivors of the camps homosexuals were not eligible for compensation from the German government after the war until 1970. Lesbians were also victims of this intense persecution; however unlike gay men they did not wear the ‘pink triangle’ denoting their sexuality. Instead they were classified as ‘social misfits’, members of a group that included prostitutes, vagrants and others who wore a ‘black triangle’. Their fate in the camps was equally grim.

Miller, N. (1995) *Out of the Past*, Vintage, London.

Monique Brumby is a well-known and popular Australian singer and songwriter who has won ARIA awards for her performances. She has also ‘come out’. She has publicly acknowledged that she is a lesbian and understands that some young lesbians will see her as a role model. But as her sexuality is only one part of who she is and what she does she would rather be seen and talked about as a musician.

Shale, E., (ed) (1999), *Inside Out: An Australian collection of coming out stories*, Bookman Press: Melbourne.

Activity 9: Power and the Law

The Icelandic Parliament (*Altinget*) passed a law on 4 June 1996 that allows two persons of the same sex to form a registered partnership. This law, which is built on the same principles as the partnership laws in Denmark, Norway and Sweden, gives same-sex couples the same legal rights and responsibilities in marriage as heterosexual couples (except for insemination rights), providing that one of the partners is a citizen. The Icelandic Law gives a registered couple the right to obtain joint custody of children and in this sense is currently the most progressive in the world.

Ian Roberts is a champion A-Grade Rugby League star, who has frequently represented Australia in rugby league and is an openly gay man. He says, 'I keep saying that people lead their lives the best way they know how and I just try to do that. I am proud of my achievements in League as I have had to work for every one of them, but I am the person I am and being gay is just the way I am. Not good, not bad, just me.' *Outrage*, August, 1996.

Prior to 2001, Victorian same-sex couples did not have the same rights as heterosexual couples because they could not legally be a 'spouse', that is legally married, or a 'de facto spouse', or 'next-of-kin'. That meant that even if a same-sex couple had been living together for some years, their parents still had the legal power to inherit property over a person's same-sex partner. In 2001, the Victorian Parliament replaced the term 'de facto spouse' with 'domestic partner'. This new term includes same-sex couples with female-male couples, giving same-sex couples the same legal status as heterosexual couples.



UNIT THREE

Safer Sex Issues

This unit focuses on sexually transmissible infections (STIs) including HIV/AIDS in the context of sexual health. The unit has been left until last so that issues of disease prevention are placed in a social and cultural context. It is one thing to give students information about the risk of STIs, but quite another to provide them with an understanding of the social world in which they must make decisions related to their sexual health. By examining the broader sexuality issues in the previous units, issues around STIs and safe sex issues will have more relevance to students. Readers should note that the term 'sexually transmissible infections' (STIs) has been used rather than 'sexually transmissible diseases' (STDs).

Associated Learning Outcomes

Level/Strand	Learning outcome	Activities									
		1	2	3	4	5	6	7	8	9	10
5 Health of Individuals & Populations	5.1 Describe health issues which young people make decisions about and strategies that are designed to maintain or improve their health.	•	•		•	•				•	•
	5.2 Describe health resources and services available to individuals and groups in Australia and consider how they could be used to improve health.							•			•
Self & Relationships	5.1 Describe heredity and environmental factors that affect human development.	•	•	•	•	•	•	•	•	•	•
	5.2 Describe the effect of family and community expectations on the development of personal identity and values.		•		•		•	•	•		
	5.3 Describe how relationships change over time and are affected by achievements, roles and responsibilities.		•			•			•		
6 Health of Individuals & Populations	6.1 Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.	•	•	•	•					•	
	6.2 Analyse health services and products associated with government and non-government bodies and how these can be used to support the health needs of young people.				•		•				
Self & Relationships	6.1 Evaluate a specific intervention designed to enhance human development.				•		•			•	
	6.2 Identify the major tasks involved in establishing personal identity.					•			•		

Level/Strand	Learning outcome	Activities									
		1	2	3	4	5	6	7	8	9	10
	6.3 Analyse ways in which individuals and groups seek to influence the behaviours of others concerning friendships and relationships.	•	•	•		•	•	•	•	•	
6 Extension											
Health of Individuals & Populations	6.3 Review national or state strategies for addressing contemporary health-related issues.			•	•				•		
	6.4 Review the policies and priorities of major health bodies in meeting the health needs of a selected group.	•		•	•				•	•	
Self & Relationships	6.4 Investigate the impact of scientific and medical innovations and discoveries on human development.		•	•							
	6.5 Analyse and evaluate the influence of family and community in the development of independence as part of personal identity.	•				•	•	•	•	•	•
	6.6 Analyse the changing nature of stereotypes and how this affects, individual family and community expectations.					•	•	•	•	•	•

What Are the Risks?

Aim To identify some of the risks associated with being sexually active.

Introduction This activity is designed as an introductory activity to get students to think about some of the risks associated with being sexually active.

The activity requires students to think about what they see as the risks associated with being sexually active. For this activity you will need some photocopied \$100 dollar bills from *Monopoly* and small boxes or envelopes for students to put their money into when they have decided how to spend their money.

Tasks

1. Ask students to reflect for a couple of minutes on what they see as the risks of becoming sexually active. Follow this with a brainstorm of the risks. Issues that students are likely to identify are:
 - trust/breaking trust
 - feeling used
 - getting a STI
 - losing the partner
 - getting pregnant
 - parental disapproval
 - community disapproval
 - peer disapproval.
2. Inform students that they have \$700 to spend on reducing these risks for young people. Explain there are certain rules as to how they spend their money. For example, they cannot spend any less than \$200 on reducing any one risk. They could spend the money on three issues \$200, \$200 and \$300; or they could spend \$300 and \$400 on two risks; or, if they felt very strongly about one risk, they could spend all \$700 on that risk. Give students a few minutes to decide how they will spend their money.

While students are deciding how to spend their money as risk reduction the teacher will need to write the identified risks on either the boxes or the envelopes. Then place them around the room allowing enough space for students to move about freely without other students closely observing them.

3. Students move around the room, placing their money in the appropriate box or envelope.
4. Determine the priorities and report back about what were considered the most important risks to reduce. Discuss how important it was to reduce the risk of contracting STIs.

Inform students that reducing the risk of contracting a STI will be the major focus of this unit, although related risks of sexual activity will also be covered.

5. Students complete the following questions individually, as journal entries or as a piece of reflective writing:
 - What did the class see as the most important risks to reduce?
 - Do you think there were any gender differences in the risks the groups thought were important to reduce?
 - Did your own view of risks match those of the class? Explain.
 - Reflect on the risk that you considered most important to reduce. Can you think of any ways young people could minimise this risk?

How Much Do You Know?

ESSENTIAL LEARNING ACTIVITY

Aims To check student knowledge of STIs, HIV and hepatitis.
To compare student knowledge with Australian data.

Introduction This activity is designed to check student knowledge of STIs as well as provide an introduction to the bio-medical aspects of STIs. The activity aims to enable students to compare their class knowledge with surveys of student knowledge in Australia. Depending on the structure of your school, you may be able to negotiate with the mathematics department to complete part of this activity. You will need a calculator to work out percentages.

Tasks

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 and the depth you are spending on STIs, allocate one or two questions to be researched per student. Ensure that each student has at least one HIV question and one other STI question to answer. Alternatively, students could complete all questions or be put into groups to examine a number of questions.

Regardless of the allocation of answers, give out copies of sections 2, 3 and 5 of *Catching On: Support Material* (the information booklet that accompanies this resource kit) and ask students to look up the answers to the questions.

4. Go through the questionnaire again, asking for student answers to the questions. You will need to clarify information for students. Ensure that a student is recording how many correct answers the class gets.
5. Ask for a volunteer to work out the class percentages for each question. Alternatively, all students could work out the percentages if time permits.
6. Compare the class results with Australian data from the *Secondary Students and Sexual Health Survey 2002*. A summary of these is included on worksheet 2.
7. Discuss the following questions:
 - How does your class compare to students in other States and Territories?
 - 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?

Activity 2:

How Much Do You Know?

Sexual Health Questionnaire

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

	Yes	No
a) Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?.....
b) Could a woman get HIV (the AIDS virus) through having sex with a man?
c) If someone with HIV coughs or sneezes near other people, could they get the virus?.....
d) Could a man get HIV through having sex with a man?.....
e) Could a person get HIV from mosquitoes?.....
f) If a woman with HIV is pregnant, could her baby become infected with HIV?.....
g) Could a person get HIV by hugging someone who has it?.....
h) Does the pill (birth control) protect a woman from HIV infection?....
i) Could a man get HIV through having sex with a woman?
j) If condoms are used during sex does this help to protect people from getting HIV?
k) Could someone who looks healthy pass on HIV infection?.....

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

	True	False
1. A man can have a sexually transmitted infection without any obvious symptoms.
2. A woman can have a sexually transmitted infection without any obvious symptoms.
3. Apart from HIV, all sexually transmitted infections can be cured.....

Activity 2:

How Much Do You Know?

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

	True	False
4. Chlamydia is a sexually transmitted infection that affects only women.
5. Chlamydia can lead to sterility among women.
6. Once a person has caught genital herpes, then they will always have the virus.
7. People who always use condoms are safe from all STIs
8. Gonorrhoea can be transmitted during oral sex.....
9. Genital warts can only be spread by sexual intercourse.
10. HIV only infects gay men and injecting drug users.
11. Cold sores and genital herpes can be caused by the same virus.
12. Hepatitis C has no long term effects on your health.....
13. It is possible to be vaccinated against Hepatitis A.
14. It is possible to be vaccinated against Hepatitis B.
15. It is possible to be vaccinated against Hepatitis C.
16. People who have injected drugs are not at risk for Hepatitis C.....
17. Hepatitis C can be transmitted by tattooing and body piercing
18. Hepatitis B can be transmitted sexually.
19. All people that have Hepatitis C. can be cured.
20. Hepatitis C. can be transmitted by sharing razors and toothbrushes.

Smith, A., Dyson, S., Agius, P., Mitchell, A., & Pitts, M. (2003) *Secondary Students and Sexual Health 2002*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Activity 2:

How Much Do You Know?

Australian Data from the Third National Survey of Australian Year 10 School Students, HIV/AIDS and Sexual Health.

Yes or No questions	% of students who answered questions correctly	
	Male	Female
a) Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?.....	96.6	96.1
b) Could a woman get HIV (the AIDS virus) through having sex with a man?	94.3	96.0
c) If someone with HIV coughs or sneezes near other people, could they get the virus?.....	82.2	86.7
d) Could a man get HIV through having sex with a man?.....	85.7	83.1
e) Could a person get HIV from mosquitoes?.....	38.6	42.8
f) If a woman with HIV is pregnant, could her baby become infected with HIV?.....	67.9	73.7
g) Could a person get HIV by hugging someone who has it?.....	95.6	98.6
h) Does the pill (birth control) protect a woman from HIV infection?....	85.4	89.8
i) Could a man get HIV through having sex with a woman?	86.6	90.3
j) If condoms are used during sex does this help to protect people from getting HIV?	88.6	86.0
k) Could someone who looks healthy pass on HIV infection?.....	80.3	83.4

True or False questions

1. A man can have a sexually transmitted infection without any obvious symptoms.	69.9	82.7
2. A woman can have a sexually transmitted infection without any obvious symptoms.	69.7	83.9
3. Apart from HIV, all sexually transmitted infections can be cured.....	52.6	61.2

Activity 2:

How Much Do You Know?

True or False questions

% of students who answered questions correctly

	Male	Female
4. Chlamydia is a sexually transmitted infection that affects only women.	13.7	15.6
5. Chlamydia can lead to sterility among women.	23.7	37.8
6. Once a person has caught genital herpes, then they will always have the virus.	41.6	53.5
7. People who always use condoms are safe from all STIs	69.4	74.4
8. Gonorrhoea can be transmitted during oral sex.	34.2	41.7
9. Genital warts can only be spread by sexual intercourse.	29.0	45.2
10. HIV only infects gay men and injecting drug users.	73.1	85.4
11. Cold sores and genital herpes can be caused by the same virus.	35.2	51.3
12. Hepatitis C has no long term effects on your health.	49.7	54.3
13. It is possible to be vaccinated against Hepatitis A.	46.9	57.4
14. It is possible to be vaccinated against Hepatitis B.	59.8	74.4
15. It is possible to be vaccinated against Hepatitis C.	10.1	11.1
16. People who have injected drugs are not at risk for Hepatitis C.	63.9	70.7
17. Hepatitis C can be transmitted by tattooing and body piercing.	42.8	52.7
18. Hepatitis B can be transmitted sexually.	45.8	35.8
19. All people that have Hepatitis C. can be cured.	35.8	44.1
20. Hepatitis C. can be transmitted by sharing razors and toothbrushes.	34.2	29.1

Smith, A., Dyson, S., Agius, P., Mitchell, A., & Pitts, M. (2003) *Secondary Students and Sexual Health 2002*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

ESSENTIAL LEARNING ACTIVITY

A Maze of Diseases

Aims To introduce students to the categories of STIs. To see how much information they have recalled from the previous activity. To reinforce the information from the last activity.

Introduction This activity is designed to develop an understanding of the categories of STIs. For this activity students will need to have access to section 2 of *Catching On: Support Material*.

Tasks

1. Make five columns on the board with the headings:
 - virus
 - bacteria
 - yeast
 - lice or mites
 - other.
2. Give each student a copy of the worksheet 4, 'A Maze of Diseases'. Explain to students that there are different types of STIs caused by viruses, bacteria, yeast, lice and mites, and another group, which we call related STIs.
3. Ask students to recall the names of any STIs from the previous activity or others they have heard or read about. Ask students to identify which category the diseases fit into. Ask students to record these on their worksheet.
4. Give students a copy of *Catching On: Support Material* or other appropriate resource (see the resource section) and allocate to each student one of the five categories of diseases identified. Using the worksheet, students identify:
 - the name of the STI that fits into this category
 - the general symptoms of the category
 - how transmission occurs
 - if the STI can be treated
 - what the implications of the disease are for a person living with it.
5. Encourage students to read the personal stories attached to the factual information.
6. Divide class into six or eight groups on the basis of the category of the STIs they have researched. There should be one or two groups per class of students who have researched the viruses, those students who have researched the bacteria, those who have researched yeast, and so on.

As a group students present to the rest of the class a summary of their findings. To do this, the group is to imagine they are a panel of experts in STIs who are being interviewed about their knowledge and views regarding the category of STIs they are looking at. In the group, they need to decide how the panel will be constituted. For example, the panel could consist of the following:

- one or two interviewers
- a doctor
- an expert from a sexual health clinic or community health centre
- a person who educates young people about STIs
- one or two people who have had the STI or are living with the STI.

Give the students about ten minutes to decide who is who and how they are going to carry out the interview. Encourage students to take on names and act out the role of their expert.

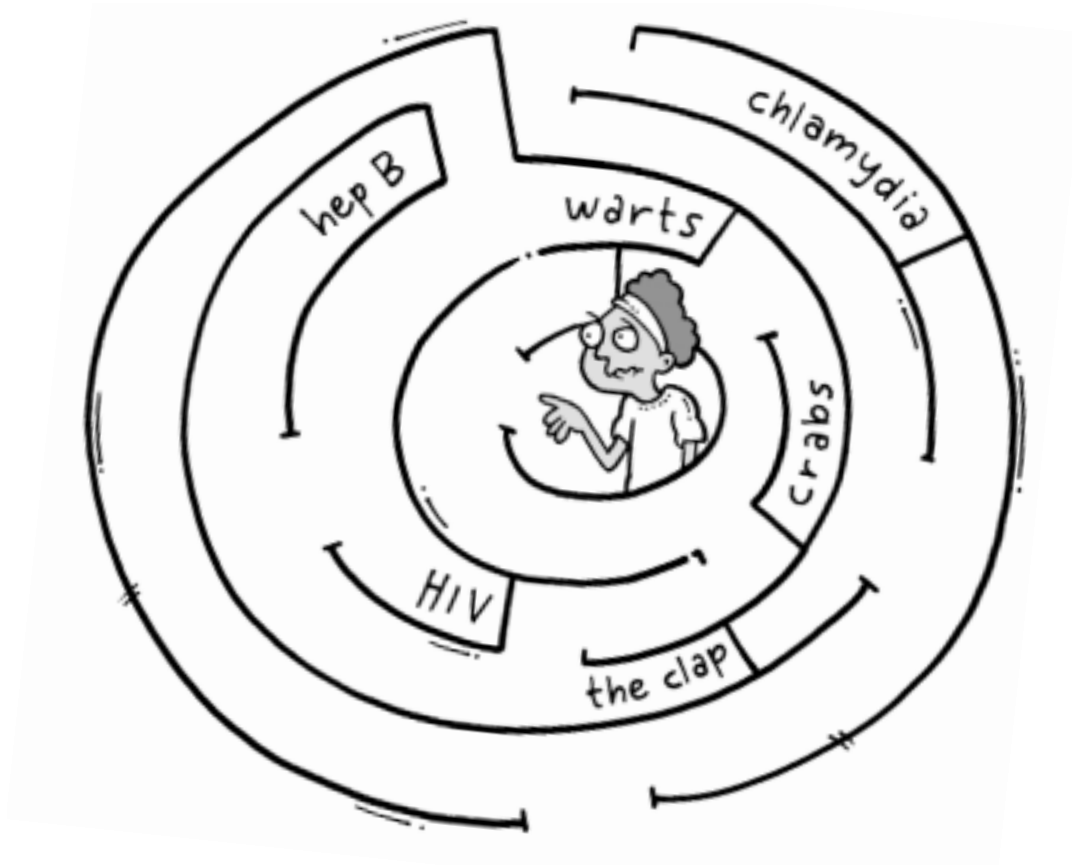
7. Groups present their information to the class.

Activity 3: A Maze of Diseases

Categories

1. Fill in the following list from the class brainstorm.

Virus	Bacteria	Yeast	Lice or mites	Other



Activity 3: A Maze of Diseases

2. Once you have been allocated one of the five categories you need to refer to *Catching On: Support Material* or other appropriate resources and complete the following questions:

- What are the names of the sexually transmissible infections (STIs) that fit into this category?

- What are the general symptoms of the category?

- How are the STIs transmitted?

- Can the STIs be treated? If so, how?

- What are the implications of the infection for a person living with it?

Make sure you read the personal stories attached to the factual information.

What Do You Need to Know More About?

ESSENTIAL LEARNING ACTIVITY

Aim To examine chlamydia, gonorrhoea and hepatitis C in more depth.

Introduction The most recent research indicates that students' knowledge of HIV/AIDS is quite good; however their knowledge of other STIs and blood-borne viruses is extremely poor. Of particular concern is their lack of knowledge about chlamydia and hepatitis C. By filling in the sexual health questionnaire in this activity, students will see for themselves they have little knowledge of these infections. The two articles included are designed to help students understand both the bio-medical issues associated with the infections and the social and emotional implications for persons who may have the infections.

Tasks

Refer back to the class results of the questionnaire or use the national data in worksheet 2.

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 Victorian and national data show three such infections are chlamydia, gonorrhoea and hepatitis C. This lesson will examine these in more depth.

Students are to work in pairs. One person is to read the article 'Bye, Bye Baby' and the other 'Hepatitis C — The Virus That Got Away' worksheets 5 and 6.

Option 1

Using the articles as the basis of information, students role-play a visit to a STI clinic. One person is to attend the clinic because they think they may have the STI.

The other person (the person who read the article) is to be a doctor and inform the person coming to see them that they have the STI or virus discussed in the article they read.

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

- that they have the infection
- if it is treatable and what that involves
- what are the implications of no treatment?

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 how I live my life?

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

Option 2

Using the articles as the basis of information, students respond to a request for information. Each person is to assume they are a doctor and respond to one of the 'Dear Doctor Smear' letters on worksheet 7. Remind students that they need to consider the sex of the person who has the infection.

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 an infection?
- Who should be told if a person has a STI?

This task could also be used as a work requirement.

Activity 4: What Do You Need to Know More About?

Bye, Bye, Baby

Several common STDs* can cause infertility. Here's how to make sure you don't kiss your chances of motherhood goodbye.

If you ever played with a doll as a child, you've imagined yourself as a mother. Of course, the reality is no game — as any sleep-deprived new mum can confirm. Nevertheless, discovering later in life that you can't fulfil your dreams of motherhood is a shock that sends thousands of women reeling every year. Even women who think they don't want children can be thrown off-balance by finding that one of life's options is forever denied to them.

That's what happened to Kaz. 'I was the classic young, free, single girl,' she says. 'I was convinced I wanted to be an explorer, well,

something exotic; certainly not a housewife. I never wanted to be tied down by a husband and 2.2 kids. Then I started having abdominal pains, which gradually worsened. The doctors ultimately diagnosed that I had pelvic inflammatory disease (PID) from an untreated sexual infection — chlamydia — that I never even knew I had. It had probably been lurking there, doing the damage, for years. I've now been told I almost certainly can't conceive in the normal way. And there's nothing like being told you can't have something — eg a baby — to make you want it more than anything in the world. Just walking down the street is painful, emotionally. The world seems full of young mothers and I feel desperately excluded and envious.'

The Stealthful STDs

Infertility is a life crisis. It can strike men or women and it isn't necessarily related to sexually transmitted diseases (STDs). You can be unable to have children for a whole host of reasons, from birth defects to a 'low' sperm count in men. But even if everything's in perfect working order, you can jeopardise your fertility with a STD.

The really worrying thing about STDs is that you may have one for months, or even years, before you find out about it. By that time, you may have kissed your fertility goodbye. Some STDs are stealthily symptomless. Gonorrhoea (aka 'the

Clap', 'the Drip' or 'the Jack') develops unnoticed in women in 40–60 per cent of cases, until it's passed up through the uterus into the Fallopian tubes, causing internal infection.

Then it may cause irregular periods, pain on one or both sides of your abdomen, vomiting and/or fever. In some cases, you get an 'early warning', a burning sensation when you pee, extra vaginal discharge or swollen glands in the groin. Most (but not all) men get a pus-like discharge from their penises and pain or burning on urination. So when you're in a sexual relationship, keep an eagle eye on your partner's sexual health as an extra safeguard for your own.

*Sexually transmissible infections (STIs) are also referred to as sexually transmissible diseases (STDs).

Chlamydia — The Silent Infection

Although few people have heard of it, chlamydia is actually one of the commonest forms of STD. In the last few years, doctors have revised their opinion of this infection dramatically. It used to be regarded as a relatively trivial disease; now it's recognised as a major cause of PID.

One reason that chlamydia wreaks so much reproductive havoc is that it's so hard to spot. Initial, post-infection symptoms are mild — they can include cystitis, a thin vaginal discharge, abdominal pain and a touch of fever. That may be the end of it until PID strikes, months or even years later. Symptoms in guys are similar to those of gonorrhoea, and include a burning feeling when peeing and a discharge from the penis. But around 10 per cent of men escape any form of symptom even though they're carriers: in men, chlamydia is often diagnosed as non-specific urethritis (NSU). Chlamydia is spread through condom-less sex.

Accurate diagnosis of chlamydia requires sophisticated equipment otherwise it can get overlooked.* Chlamydia bugs need an incredibly strong microscope to pinpoint them, so you're probably best off getting tested at a specialised sexual health or STD clinic, as these generally have the best facilities for testing. And chlamydia often goes hand-in-hand with gonorrhoea. Sometimes, the gonorrhoea gets diagnosed and treated while the chlamydia goes unspotted. It's important to make sure you're tested for both, since the type of antibiotic used to treat the two diseases is different. Both partners need to be treated — otherwise you'll only reinfect each other, or someone else.

Sammi and her live-in lover, Chris, were both prescribed a course of antibiotics after she was diagnosed with chlamydia, 'which must have been lurking there unnoticed for at least three years'. Before she and Chris moved in together, Sammi explains: 'We decided to reassure ourselves by having HIV tests, which proved negative. But who's going to think to be tested for something they don't even know exists? I'd had some of the milder symptoms of PID: tiredness, depression and occasional discharge. Then a few months ago, sex started getting intensely, stabbingly painful if Chris penetrated too deeply, so I went to get it checked out. Thankfully, my GP is very enlightened and guessed it might be chlamydia, so I was sent to a sexual health clinic. I actually consider myself one of the lucky ones; my gynaecologist says I probably still have a good chance of having a child. But it scares the living daylights out of me to think that a disease I'd never even heard of could have robbed me of that opportunity forever.'

*Testing for chlamydia is now very simple. Doctors can diagnose it from a urine sample or tampon testing.

So Easy to Catch

Gonorrhoea is frighteningly easy to catch: you have a 50 per cent chance of contracting it from an infected partner after just one sex act. It can be spread to the throat through oral sex, causing a sore throat or sores around the

mouth. Thoughtfully, condom manufacturers now make flavoured versions to stop the spread of STDs through oral sex. Gonorrhoea can be treated with a course of antibiotics prescribed by your doctor, STD clinic or Family Planning clinic — although it requires ever-stronger doses to kill new strains. But

Activity 4: What Do You Need to Know More About?

prompt treatment is essential: leaving it too late can jinx your baby-making chances.

In 17 per cent of cases, gonorrhoea develops into pelvic inflammatory disease. PID is bad news for fertility: just one run-in with it leaves 15–40 per cent of women infertile. (See box p107 for information on chlamydia, the other silent fertility-zapper). Most women have never even heard of PID before they develop it. In fact, PID is not a STD in its own right, but a condition that results from STDs. It's a general term to describe a group of infections that affect the Fallopian tubes, the ovaries and/or the womb. Symptoms vary from woman to woman and can include any or all of the following: heavier or more painful periods; irregular bleeding or spotting; pain or bleeding during or after sex; an abnormal vaginal discharge; the urge to pee a lot (or burning when you do); a swollen abdomen; lower back or leg pain; a high temperature and feeling sick or dizzy. These symptoms can appear long after the sexual encounter that set gynaecological events in motion.

If you use an IUD [intra-uterine device], your chances of developing PID are higher, since bacteria find it easy to travel up the strings of the coil to your uterus. And because it's so effective at preventing pregnancy, an IUD may lull you into a false sense of condom-less security. Instead, you should be using condoms *with* an IUD to avoid pregnancy and STDs.

Too Painful for Sex

PID's symptoms can be so mild that you dismiss them. Or it can strike with a vengeance, causing agonising tummy pains accompanied by a fever. If treated too late, or improperly, PID can lead to lingering pain from scar tissue on your reproductive organs. If the Fallopian tubes are damaged, it ups your chances of an ectopic pregnancy (a pregnancy that results when an egg is fertilised in one of the tubes rather than in the womb). Ectopic pregnancy can be extremely dangerous and usually requires emergency removal of the affected tube as well as the developing foetus.

'I Forgot to Use a Condom ...' One Woman's Nightmare

Thirty-one-year-old Jane has had several bouts of PID, resulting from an attack of gonorrhoea four years ago. 'I got drunk and didn't use a condom; I figured I'd take my chances and — so it turned out later — the guy had the Clap. I feel so stupid: it was the one time that I didn't insist on a rubber. I never imagined that it would lead to this.' More than nine months later, spurred into action by increasingly painful periods and between-period spotting, Jane went to see her doctor. Unfortunately, by this time 'it was too late to undo the damage. They treated the gonorrhoea with antibiotics, but the scarring to my Fallopian tubes couldn't be reversed. I'm now married and because my husband and I were keen to have children, I'm attending a fertility clinic. But I've been told that my chances of motherhood are very slim. Because I still have bouts of PID, they're treated with antibiotics — which I find exhausting. I've almost given up wanting a baby; I just want to be well again. I'm currently considering having one tube removed, in the hope of clearing up the infection once and for all.'

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What Do You Need to Know More About?

Repeated flare-ups of PID can sap your energy and stymie your sex-life. And not having sex is a very good way *not* to conceive.

Of course, there are many reasons not linked to STDs why women may be infertile, ranging from irregular ovulation to structural problems in the womb. Another possible cause is the partner. Difficulties in conceiving can just as easily stem from a male's problems with sperm production or sperm movement.

Rubber Rules, OK?

Whatever the reason for it, infertility can lead to wrecked relationships when people desperately want to conceive and bear their own child. But while there's little you can do if fate randomly doles out infertility, you can take positive steps to avoid becoming infertile through STD infection.

You can't cancel a condom-less encounter you had years ago, but you can ask your gynaecologist to examine you for signs of PID, or take a chlamydia

test for reassurance. And for all future encounters, you can use a condom to put a barrier between foreign bacteria (that is, his) and the mucous membranes that such bacteria thrive in (such as your vagina, urethra, anus and mouth). We tend to think mainly about condoms' efficiency at preventing HIV. In fact, they also do a great job preventing the spread of other STDs. Moreover, you are protecting the next generation, as syphilis and HIV can be passed on from mother to child. In Australia, between 13 and 25 per cent of babies born to HIV-positive mothers are also HIV-positive; with breastfeeding, that rate increases by 25 per cent.

Not only are condoms a good way to prevent a baby now; they may be the best way to ensure you can have a healthy one later — when you get round to having the family you imagined back when it was you, Barbie and a stark-naked Action Man.

Arthur, J. (1996) *Sex Guide Extra, Cleo*, December.



Activity 4: What Do You Need to Know More About?

Hepatitis C — The Virus That Got Away

You might have thought hep C could only be caught by sharing needles. But it may also be caught through unsafe sex.

If police put out an APB on hepatitis, it would read something along the lines of: ‘Wanted — runaway virus, potentially more infectious than AIDS. Has at least five different faces. Can be dangerous. Found in blood, semen, water and food.’

In May this year, hepatitis C hijacked the headlines when five patients caught the virus after surgery on the same day in the same hospital. It was a strange tale of unfortunate coincidence. These people had never spoken, never touched, and probably never even made eye contact. In terms of what we know about hepatitis, their infection was an aberration. The theory is that a throat abrasion caused by a breathing tube resulted in the first patient coughing blood into a face mask. Carried by the blood drops, the virus apparently made its way into the gas tube and infected the four other patients while they were being anaesthetised. Since that time, it’s been nothing but hype, hype and more hype.

If you’re planning on giving the whole thing a miss until the hysteria blows over consider this: 20 years ago, science only recognised hep A and hep B. Ten years ago, the medical profession knew about hepatitis D and had a test for it. Hepatitis C and hepatitis E were known about, but no tests were available. So it wasn’t until a test for hep C became available in 1990 in Australia that the extent of its spread started to emerge.

While AIDS dominated the world stage, hepatitis hid behind its public profile. In 1994 the landscape has dramatically shifted. There now exists a veritable alphabet soup of hepatitis. Hepatitis A, B, C, D and E belong to

the same family, yet are individual viruses, with differing risks, treatments and prognoses. Catching one doesn’t protect you against the others. Catch B, C or D and you could become a carrier for life.

Recognising the Signs

Hepatitis targets the liver, which is responsible for filtering blood, processing food and secreting many of the products the body no longer needs. Symptoms of viral hepatitis are so nondescript they could be dismissed as irritable bowel syndrome, a stomach bug, or the legacy of that ‘big night on the turps’. They include abdominal pain, nausea, vomiting, fever, weight loss, exhaustion, loss of appetite, pale stools and darkened urine. Jaundice is another common symptom, which causes the skin and eyeballs to take on a yellowish tinge.

Hepatitis C is a blood-borne virus, spread mainly through the sharing of infected needles and syringes. But there is increasing evidence that it can also be transmitted by the same unsafe sex practices as HIV. Transmission from mother to baby during pregnancy or at birth is uncommon and the virus does not appear to spread through breast milk.* In the past, transmission occurred through the use of infected blood, but since the introduction of screening in 1990, donors with the hepatitis C antibody have not been accepted by blood transfusion services. Once infected, some people have an acute outbreak of illness, then completely recover. However, in at least 50 per cent of cases, people with hepatitis C will become carriers and 20–30 per cent of these will develop, within 20 years, chronic liver problems such as cirrhosis (scarring) or cancer.

It’s estimated that 50,000 to 100,000 Australians have the disease but are unaware of their infection. They are hepatitis carriers who have never developed any symptoms, or blame their abdominal pain and nausea on a volatile

Activity 4:

What Do You Need to Know More About?

love life, poor diet or the stress of work. Of the infected people, about 75 per cent are thought to have a history of drug use, with less than 20 per cent having had a blood transfusion prior to the start of screening in 1990.

Occupational exposure and unsterile tattooing account for a small proportion of cases.

'How Hep C Changed My Life'

Jane (not her real name) is a 33-year-old health educator who contracted hep C in 1986.

'I knew I was sick,' Jane says, 'because I developed acute hepatitis for a month. The whites of my eyes went yellow. I was so tired I couldn't drag myself out of bed, felt constantly nauseous and had stabbing pains up under my ribcage. Back then I was diagnosed as having hep non-A non-B.

'Over six months I slowly got better, and since then I haven't had any symptoms. But I heard about the hep C test three years ago, and sure enough, I was positive. It took me six months to tell the people at work, but everyone has been wonderful. My flatmates all know I'm positive but it doesn't bother them, although they wouldn't touch my toothbrush because I told them hep C can be passed on by blood left on the bristles from small cuts in the mouth. The hardest thing I've had to deal with was my mum. She knew I'd been sick with hepatitis before and recently asked my which one I had. When I answered "hep C" she got really upset, saying "Oh no, that's the really fatal one." My sister's got it as well but she hasn't told my mum yet and probably won't unless she gets sick. The only other people I feel obliged to tell are sexual partners. I was in a relationship not too long ago and the guy's attitude was like, "Don't worry, I won't get it," whereas I was very much: "No, we're using condoms, we are going to be careful."

'No one's quite sure exactly how hep C is contracted, so there's a lot of conflicting information. At first I was told it can't be

sexually transmitted, but now the medical profession is changing its tune. It does seem that if you do all the things you do to avoid HIV, you're unlikely to get hep C. Six months before I got the virus I shared a syringe. It was the only time I've done that, and because of it, I got sick. I've recently been told I could get a liver biopsy and try a course of the drug *Interferon*. But for me the flu-like side effects of *Interferon* would probably outweigh the benefits. Every three to six months my blood is monitored to check how my liver is working. When I'm sitting in the doctor's office waiting for the results, I'm always pretty nervous. But so far, so good. My biggest fear is that my liver will fail. With hep C some people feel generally unwell for years and that would be awful. I'd hate to think I didn't have enough energy for a social life or going to the gym.'

NOTE: Since this article was published the estimated number of Australians infected with hep C has increased to over 200,000; with 11,000 new infections reported each year.

*There is a low risk of transmission from mother to baby during pregnancy or at birth and through breast feeding.

Activity 4: What Do You Need to Know More About?

Hepatitis A, B, and C are different.

2.1.3 Hepatitis A

Hepatitis A is a viral disease that affects the liver. Anyone can be infected with hepatitis A if they come in direct contact with food, drinks or objects contaminated by the faeces (poo) of an infected person. There have been outbreaks associated with eating contaminated shellfish, and among particular groups including injecting drug users and gay men. Hepatitis A is also common in developing countries where hygiene standards are poor.

Outbreaks have also occurred in childcare centres.

This is because children under three years of age often don't show any symptoms but can infect childcare workers or other children, especially if care is not taken during nappy changing.

Hepatitis A, B & C are different

One attack of hepatitis A will give you lifelong protection. However, remember that hepatitis A, hepatitis B and hepatitis C are caused by different viruses. This means that prior infection with one type won't offer any immunity against the others.

It takes time for the symptoms to show

You can fall ill any time between 15 and 50 days after catching the virus, with the average incubation period being 28 days. Many infected people, show few or no symptoms. For older children and adults, the symptoms include:

- Fever
- Nausea
- Abdominal discomfort
- Dark urine
- Yellow skin and eyes (jaundice).

The disease is infectious

Hepatitis A is caused by a virus. It is spread when taken by mouth, which can happen when hands, foods or other items are contaminated with the faeces from a person with hepatitis A. The disease can also be spread sexually by oral-anal contact. A person with hepatitis A is infectious from two weeks prior to showing symptoms, to one week after they become jaundiced.

Strict hygiene is important

To reduce your risk of catching hepatitis A, you should:

- Wash your hands with soap and hot running water before handling food, after going to the toilet and after handling used condoms or having contact with the anal area of another person.
- Clean bathrooms and toilets often, paying attention to toilet seats, handles, taps and nappy change tables.
- Boil your drinking water if it comes from an untreated source, such as a river.

You can be immunised against Hepatitis A

Immunisation against hepatitis A includes a course of injections over six to 12 months. Hepatitis A immunisation is a good idea for people travelling to places where the disease is common. The vaccine is also recommended for childcare workers, gay men, people with liver problems, food handlers, injecting drug users and some other groups.

Type of help available

Hepatitis A can be diagnosed with a blood test. There is no specific treatment, but your doctor can help prevent the disease from spreading to other family members by offering them an injection of immunoglobulin.

Things to remember

- Hepatitis A is a viral disease that affects the liver.
- Hepatitis A, hepatitis B and hepatitis C are caused by different viruses so catching one doesn't offer immunity against the others.
- Children under three years of age often don't show symptoms.

Activity 4:

What Do You Need to Know More About?

Hepatitis A, B, and C are different.

2.1.4 Hepatitis B

There are several viruses that can cause hepatitis (inflammation of the liver) and each virus is known by a particular letter in the alphabet, such as hepatitis B. All of the viruses cause similar problems, but they are spread in different ways.

Symptoms of hepatitis B

The symptoms vary of hepatitis B vary. They include:

- Loss of appetite, nausea and vomiting.
- Pain in the liver - this is felt under the right hand side of the ribcage.
- Fever and pain in the joints.
- Jaundice - the urine becomes darker and the eyes and skin turn yellow.
- Tiredness.
- Carriers can spread the virus even if they are not sick

Carriers of hepatitis B:

- Often show no symptoms
- Can infect others, even when they look and feel well
- May eventually develop liver cancer or chronic liver disease.
- Babies and children are more likely than adults to become carriers.

How hepatitis B is spread

Hepatitis B can be spread by:

- Having sex without a condom
- Sharing needles, syringes and other injecting equipment
- Sharing razor blades and toothbrushes
- Body piercing and tattooing the skin with improperly cleaned and sterilised equipment
- Infected blood coming into contact with the open cuts of an uninfected person.
- Hepatitis B can be passed from mothers who are carriers to a baby in the womb or during the birth. Immunisation at birth will protect these babies from the disease.
- In about 30 to 40 per cent of cases, infections occur without a known cause.

Avoiding hepatitis B

To protect against hepatitis B:

- Get immunised.
- Use condoms for vaginal or anal sex.
- Do not get friends to do your body piercing or tattooing. Go to a professional tattooist or piercing studio.
- Oral sex is normally unlikely to spread hepatitis B, but it is best to avoid oral sex if you or your partner have herpes, ulcers or bleeding gums.
- Do not share needles, syringes or other equipment (such as spoons, swabs and water) if you inject drugs.
- Wear disposable gloves when cleaning up blood or administering first aid.

If you think you have been exposed to hepatitis B, see your doctor immediately. You can be given treatments that may greatly reduce the risk of hepatitis B infection.

You can be immunised against hepatitis B

You need three injections to be fully immunised:

- The first two injections are given one month apart.
- The third injection is given five months after the second dose.
- Side-effects are uncommon, but can occur soon after immunisation. They include fever, injection site soreness, nausea and joint pain.

Things to remember

- Hepatitis B can cause serious illness or death.
- Body piercing and tattooing are a risk for Hepatitis B, especially if done by a non-professional.
- Carriers can spread the virus, even if they look and feel well.
- Immunisation is 95 per cent effective.

Activity 4:

What Do You Need to Know More About?

Hepatitis A, B, and C are different.

2.1.5 Hepatitis C

Hepatitis C is a blood-borne virus that causes inflammation of the liver. It is most often transmitted through sharing needles, syringes and other equipment during drug use. There is currently no cure for hepatitis C and no vaccine to prevent it, however, there are ways to alleviate the symptoms and drug therapy is successful for some people.

How people become infected by hepatitis C

A range of activities can lead to hepatitis C. Most people in Australia are infected by sharing drug injecting equipment. An increased risk of hepatitis C is also associated with:

- Tattooing and body piercing using unsterilised equipment.
- Sharing razor blades or toothbrushes.
- Health care work where there is exposure to blood.
- Kidney dialysis.
- Blood transfusions given before 1990.

Activities with a low risk of infection

There is a low risk of infection from:

- Sexual intercourse. (The risk may be greater if there is bleeding, for example, during menstruation.)
- Blood transfusions given since 1990.
- Transfer from mother to baby during pregnancy, at the time of birth or during breastfeeding.

Symptoms can be mild

People with hepatitis C may show only mild, flu-like symptoms, or no symptoms at all. Symptoms that do appear include:

- Dark-coloured urine
- Jaundice - when skin and the whites of the eyes go yellow.
- If you have these symptoms, see your doctor, who will give you a blood test for hepatitis C. It may not show up until two or three months after you were originally infected.

Hepatitis C often becomes chronic

When the initial infection persists for more than six months, it is called chronic hepatitis C. Symptoms of chronic hepatitis C include:

- Mild to severe tiredness
- Loss of appetite
- Nausea and vomiting
- Soreness in the upper right side of the stomach (under the ribs)
- Fever
- Joint pain.

Most people infected become carriers for life

More than 70 per cent of people infected with hepatitis C continue to carry the virus in their blood. These people have an increased risk of developing cirrhosis (scarring) of the liver and some will develop liver cancer. They can also infect other people at any time.

How to avoid catching hepatitis C

There is currently no vaccine to protect people against hepatitis C. Everyone should take the following steps to help protect themselves:

- Avoid sharing personal items such as toothbrushes, razors, nail files or nail scissors, which can carry blood.
- Go to professionals for tattooing or piercing. Do not get friends to do it.
- Use 'safe sex' practices, including condoms for vaginal, anal and oral sex.

There is no vaccine for Hepatitis C.

If a person injects drugs they should:

- Never share drug injecting equipment such as needles, syringes, tourniquets, spoons, swabs and water.
- Always wash their hands before and after injecting have any contact with blood.

Activity 4: What Do You Need to Know More About?

Hepatitis A, B, and C are different.

Treatment for hepatitis C is limited

People who have hepatitis C will feel better if they:

- Avoid drinking alcohol
- Eat a well-balanced, low fat diet
- Rest when tired
- Consult their doctor regularly.

Hepatitis C can be treated with drug therapy. However, the success of drug therapy depends on many factors and treatment does not benefit everyone. Side effects are common.

Things to remember

- Hepatitis C is hard to treat and easy to spread.
- There is no vaccine for hepatitis C.
- Hepatitis C could be transmitted by unsafe piercing and tattooing practices.
- See your doctor immediately if you have any symptoms.

The information is based on that available through the Better Health Channel,
(www.betterhealth.vic.gov.au/)

Activity 4:

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?
- If I decide not to go ahead with treatment, what will happen?
- 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 how I live my life?

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?
- If I decide not to go ahead with treatment, what will happen?
- 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 how I live my life?

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?
- If I decide not to go ahead with treatment, what will happen?
- 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 how I live my life?

Yours sincerely

Tri Safe

How Safe Is That?

ESSENTIAL LEARNING ACTIVITY

Aim To examine the safety of sexual practices.

Introduction In this activity students will be examining the idea of safe sexual 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 safer. This not only enables young people to see there is a range of practices but to start to think about safety in terms of risk behaviours not in terms of risk groups. If you have not completed Activity 9: The Intimacy of Sex, Unit 1, you will need to complete the brainstorm in that activity before you begin this one.

Tasks

1. Review the sexual behaviour cards from Unit 1, Activity 9: The Intimacy of Sex.
2. Divide students into single sex groups of about six. Give each group a set of the prepared cards. Each group is to place their cards into one of the piles: 'safe', 'unsafe', 'unsure'.
3. Give students about ten minutes to complete the task. Provide an additional few minutes to walk around and look at the placement of the other groups.
4. Go through each of the behaviours discussing their relative safety.
5. Finish the activity by having each group develop a definition of safe sex.

Things Are Not Always What They Seem

ESSENTIAL LEARNING ACTIVITY

Aim To enable an opportunity for students to clarify and explore their own attitudes and values regarding myths of sexual safety.

Introduction Research shows that part of the reason young people do not practise safe sex in a consistent way may be because of a number of myths about STIs, gender and relationships. This activity is designed so that students can dispel these myths by examining the logical consequences of a series of statements.

Tasks

1. Divide class into small groups of three or four to look at some commonly held attitudes about sexuality. Inform students they are going to be given a statement related to young people and sexuality. The group appoints a person who will report back to the class. The statements are as follows:
 - It is only necessary to use condoms if you have casual sex.
 - If you love someone, they won't give you a STI.
 - It is the girl's responsibility to insist on using condoms.
 - You can tell by looking at someone whether they could have a STI.
 - Young people don't use condoms to prevent pregnancy but rather they use them to prevent themselves from getting infections.

ESSENTIAL LEARNING ACTIVITY

- Young people consider getting a STI in the decision to have sex.
 - Young people never have unplanned sex if they have been drinking.
 - It would be easy to discuss using condoms with a person during a sexual encounter.
 - It would be easy to say no to having sex without a condom if the other person is putting pressure on you.
 - Sexual reputation is not as important a consideration as getting a STI in the decision to have sex with someone.
 - The main reason why young people don't use condoms is that condoms are hard to get.
2. Give each group a statement and inform them that the task of the group is to:
 - a) discuss how they feel about the statement
 - b) decide whether they think the statement is true and why
 - c) assume the statement is true and list what this would mean for young people and sexuality.
 3. Groups report back to the class. Discuss any remaining statements.

Inform students that these statements are myths but are some of the reasons why young people find it difficult to practise safe sex behaviours. Go through each of the myths and inform students why this is a myth. The research presented in the introduction to the materials will provide this information if you are unsure.

There's More To Sexual Safety Than You Think

Aims To enable students to appreciate the impact of social and cultural factors on their capacity to manage their sexual health. To understand the extent to which these social and cultural factors are gendered. To begin to devise appropriate strategies to address these issues.

Introduction Sexual health and STI prevention is often seen to belong to the medical realm and best addressed by examining physical 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 can help young people to clarify their values relating to sexual behaviour and to make informed decisions about the influences they choose.

Task

Give students a copy of the two case studies of Melissa and Rafat on worksheet 8 and ask them to complete the accompanying activities.

Activity 7:

There's More to Sexual Safety Than You Think

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 or not he is going to be interested. She has not had a sexual relationship before 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 that 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 that could stop Melissa living up to her promises to herself and having a safe sexual relationship.

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 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 for Rafat in living up to his promises to himself to have a safe sexual relationship.

Activity 7:

There's More to Sexual Safety Than You Think

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 workers?
- What strategies might be useful for addressing the barriers in the second column?

The Power of Assumptions about Sexuality

ESSENTIAL LEARNING ACTIVITY

Aim To examine common assumptions about homosexuality and how they contribute to discriminatory practises.

Introduction It is important young people have the opportunity to examine the effect of assumptions made about sexuality. Attitudes towards people who are homosexual or believed to be homosexual are often based on perceptions that they are different from other people in society, and that difference is wrong. This often leads to expressions of prejudice, discriminatory actions and acts of violence.

Tasks

1. Put up the definitions of homosexuality and homophobia (worksheet 9).
2. Ask students to complete the 'Assumptions' questionnaire (worksheet 10).
3. Using OHTs (worksheets 10), 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 positioning activity such as that in Activity One: Take Up a Position, Unit 1.
4. Discuss:
 - Where do people get these ideas and attitudes?
 - What are the implications of these attitudes for the people involved and other people around them?
 - What type of sexuality has the most power in our society?
 - How is this power exerted?
5. Sum up the discussion using worksheet/OHT 11 'The Power of Assumptions' and worksheet/OHT 12 'Assumptions about Difference'.

Activity 8: The Power of Assumptions about Sexuality

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.

Activity 8:

The Power of Assumptions about Sexuality

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

(Source: Family Planning Association of NSW 1991)

Activity 8: The Power of Assumptions about Sexuality

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.

Activity 8: The Power of Assumptions about Sexuality

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.

Activity 1: Take up a Position

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.

Activity 1: Take up a Position

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.

Activity 8: The Power of Assumptions about Sexuality

The Power of Assumptions

- Heterosexuality is an inferior experience, chosen in ignorance of the 'real' and 'better' option.
- Heterosexuality can be tolerated as long as it remains invisible. Open heterosexuality is offensive.
- Heterosexuals are perverted. All they ever think about is sex.
- All heterosexuals are dangerous child molesters.
- Heterosexuals are incapable of, and/or not interested in having real, long-term relationships.
- Heterosexuality is a problem and needs to be fixed.

Activity 8: The Power of Assumptions about Sexuality

Assumptions about Difference

- Being different means – being dangerous, immoral, insensitive, ignorant, superficial, inadequate, unreliable, perverted and not as good as ‘normal’.
- Being different means – being undeserving of respect, privacy, sensitivity or inclusion, let alone admiration.
- Being different means – being ‘other’, and therefore ‘less than’, and therefore without entitlement.



**ESSENTIAL
LEARNING**

ACTIVITY

Who Can I Trust?

Aims To examine where young people get their information about sexuality.

To explore how much they trust these sources of information.

To critically examine the sources of information young people use.

Introduction One of the difficulties for young people is knowing whom to trust and where to get accurate information about sexuality. Popular culture transmitted through the media often present a distorted and inaccurate picture to young people. Research by Hillier, Warr and Haste (1996) found that adolescents do not use sources of information they trust. This activity is designed to help students clarify the information sources they do use and why.

Tasks

1. Ask students to fill in the quiz on worksheet 13, 'Where Do I Get My Information?'
2. Present students with the information on worksheet 14, '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. Discuss the questions as a class.

Activity 9:

Who Can I Trust?

Where Do I Get My Information?

1. Put a tick next to the sources you have used or found have provided you with most of your information and ideas about sex, sexuality and relationships.
2. Circle the sources that you trust.

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	<input type="checkbox"/>	School nurses	<input type="checkbox"/>

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

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	<input type="checkbox"/>	School nurses	<input type="checkbox"/>

Activity 9: Who Can I Trust?

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

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	<input type="checkbox"/>	School nurses	<input type="checkbox"/>

5. 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?

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	<input type="checkbox"/>	School nurses	<input type="checkbox"/>

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

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	<input type="checkbox"/>	School nurses	<input type="checkbox"/>

Activity 9: Who Can I Trust?

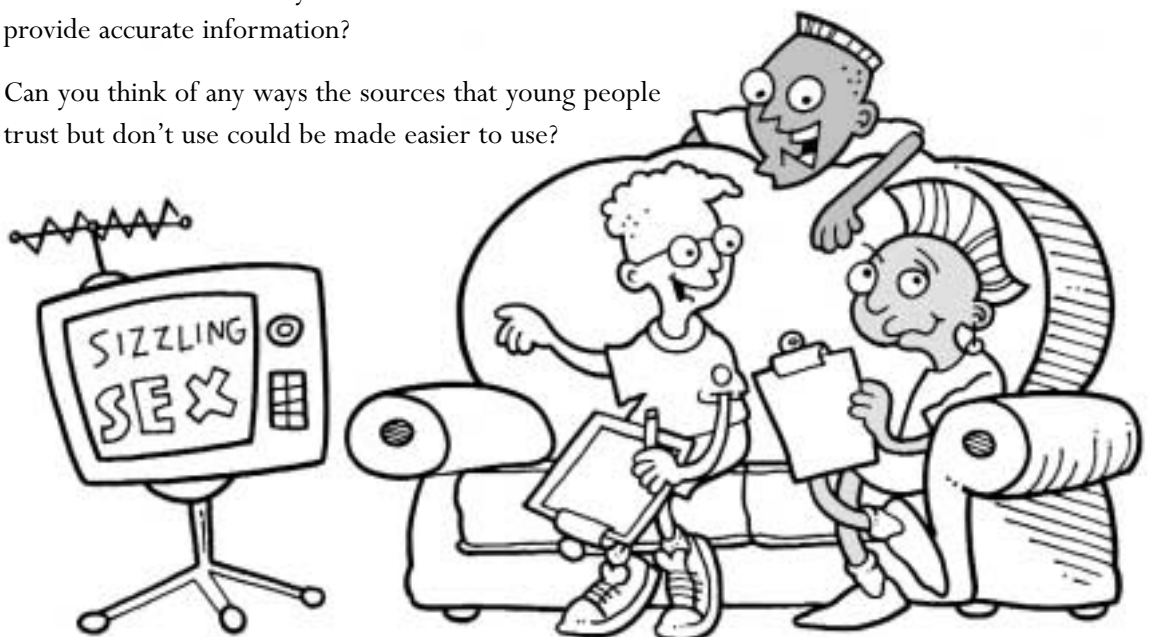
Information Sources Used and Trusted by Adolescents

Information source	% used	% trusted
Mum	75	79
Books/magazines	73	30
Health education	63	63
Female friends	62	26
Pamphlets/posters	60	43
Television	52	8
Boyfriend/girlfriend	43	19
Dad	41	59
Teachers	26	49
Doctors	20	70

Hillier, Warr & Haste (1996), *The Rural Mural: Sexuality and Diversity in Rural Youth*, National Centre in HIV Social Research, La Trobe University: Victoria

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 quiz; 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?
- Television is used by over half of young people but only trusted by 8 per cent. What makes young people feel this way?
- 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?



ESSENTIAL LEARNING ACTIVITY

Positive Approaches to Sexuality

Aim To explore ways of feeling positive about sexuality.

Introduction As a final activity it is important that students finish the unit feeling positive about sexuality or at least feeling that they understand why it is often difficult to make choices about sexuality. For this activity students need to reflect on the range of issues that have been covered as a result of using the *Catching On* activities. It may be worth asking them to reflect on some of the issues and information they have considered.

Part of this activity requires students to talk about an issue to try and convince others of its importance. Depending on the experience of your students, you could teach them the voting principles of meetings, such as putting a motion, speaking to the motion and so on.

Tasks

1. Single sex groups would be most appropriate for this activity. Divide the class into groups of three to four. Tell students they have been hired by the Victorian government to advise on developing a charter of rights to help young people feel positive about their sexuality. Each group must come up with one right for inclusion and a justification of why this is important. Encourage students to think broadly about issues of gaining information, discrimination, and sexual orientation, access to advice, using community services, being provided with education and so on. Give students about ten minutes to think this through and develop their justification.
2. Each group presents their right and its justification to the class. Write these on the board.
3. When all groups have presented, ask students if they agree with the rights and if there are any that need to be added. The class agrees a final list.
4. Tell students that only five rights may be included in the charter. This means that the groups will have to vote on which five to include. To do this, people must put forward ideas about which rights should be included. In other words, they must put forward a motion to be voted on. As in any meeting they must ask for someone to second the motion and then speak to it. Other people can speak for and against. Let students speak for and against the rights and then vote.
5. Once the five rights have been established, each student must select one of the rights and prepare a one-page report to the Victorian Minister for Health, outlining the importance of including this right in the charter and how it could be achieved.

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Relationships, Sex, Sexuality and Young People

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Scasey, B. (1993) *Just Hold Me While I Cry*, Elysian Hills: USA

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Videos

Videos can be a great way to check how much you know about the details of a STI and how it may affect relationships, health, communication and behaviours. Generally, information available on video dates very quickly, so you may need to check statistics, research findings, treatment and other issues with more recent sources of information.

Periodicals

The following general scientific periodicals may be available in schools or regional libraries and regularly have articles on AIDS and HIV infection.

- *Nature*
- *New Scientist*
- *Science*
- *Scientific American*
- *The Scientist*
- *Time*

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- Szirom, T. (1988) *Teaching Gender? Sex Education and Sexual Stereotypes*, Allen & Unwin: Sydney

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 infection'.

The following sites may also be a good place to start. Many of these sites have links with other useful sites. Some of the information on the sites may not be directed to secondary school students, and may have detailed and complex information 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 Centre at the Alfred

<http://www.accessinfo.org.au/>

The first port-of-call for current information on HIV/AIDS, hepatitis and sexually transmissible infections.

www.ssaf.org.au

A website for Victorian teachers and others working in schools providing information and resources that supports the creation of inclusive environments for same-sex attracted young people. It is part of a project run by Family Planning Victoria in collaboration with the Australian Research Centre in Sex, Health and Society, La Trobe University.

The ALSO Foundation

<http://www.also.org.au>

Activities and services for gay and lesbian communities in Victoria;
gay and lesbian youth specific information.

Australian Research Centre in Sex, Health and Society, La Trobe University.

<http://www.latrobe.edu.au/arcshs>

Information about Australian and Victorian research.

Department of Human Services, Public Health Branch

<http://www.dhs.vic.gov.au/>

Up-to-date Victorian and Australian statistics on a range of STIs;
information about sexually transmissible infections;
links to other sites in Australia and around the world.

Healthe, the Australian Health Information Service

http://www.healthe.com.au/health_information/aids.htm

The website provides access to a wide variety of health resources on the internet.

National Centre in HIV Social Research

<http://www.arts.unsw.edu.au/nchr/>

Links to other sites in Australia, the region and international organisations

Victorian AIDS Council/Gay Men's Health Centre

<http://www.vicaids.asn.au/>

Activities, services and priorities of the agency;
information about HIV/AIDS;
links with other sites.

The Better Health Channel

<http://www.betterhealth.vic.gov.au>

The Better Health Channel was established in May 1999 by the Victorian (Australia) Government. Its role is to provide the community with access to online health related information which is quality assured and reliable

Translations

<http://www.healthtranslations.vic.gov.au>

The Health Translations Online Directory helps linguistically diverse communities to easily find reliable translations of health information.

Melbourne Sexual Health Centre Online

www.mshc.org.au

Melbourne Sexual Health Centre Online provides comprehensive and reliable resources for people with questions about sexually transmissible infections (STIs). Go to Infections and You.

Family Planning Victoria

<http://www.fpv.org.au/>

The Sex!Life! website is owned by Family Planning Victoria. Family Planning Victoria (FPV) has been providing sexual and reproductive health services in Victoria for over 30 years.

The National Hepatitis C Resource Manual

http://www.health.gov.au/pubhlth/strateg/hiv_hepc/hepc/manual.htm

The National Hepatitis C Resource Manual has been developed as a concise source of accurate and current information s about hepatitis C.

www.lawstuff.org.au

Law information written for under 18 year olds, including matters to do with sex and discrimination. Produced by The National Children's and Youth Law Centre.

The Equal Opportunity Commission

<http://www.eoc.vic.gov.au/aboutus.html>

The Commission is responsible for eliminating discrimination in Victoria.

<http://www.eoc.vic.gov.au/yourrights.html>

For information on your rights and sex, gender, sexual harassment, and sexual orientation.

International Websites

It is important to remember that information from international sites may not apply to Australia or Victoria. So, be careful when using statistics, trends or other information.

AIDS Treatment Network

<http://www.aidsnyc.org/network/index.html>

Community-based organisation providing treatment counselling; simple fact sheets on different treatments and tests.

Centers for Disease Control and Prevention (CDC)

Division of HIV/AIDS Prevention

<http://www.cdc.gov/hiv/pubs/facts.htm>

HIV/AIDS and STI information; national statistics; information for young people.

CDC National Prevention Information Network

<http://www.cdcnpi.org/>

Pan-American Health Organisation

<http://www.paho.org/english>

Information about HIV infection in North and South America.

UNAIDS (Joint United Nations Programme on HIV/AIDS)

<http://www.unaids.org/>

International issues and statistics; reports and analysis of international HIV/AIDS issues; on-line queries and searches on topics of interest.

Sex Information and Education United States

<http://www.siecus.org/about/about0000.html>

SIECUS is a 38 year old nonprofit organization, dedicated to affirming that sexuality is a natural and healthy part of life. SIECUS develops, collects, and disseminates information, promotes comprehensive education, and advocates the right of individuals to make responsible sexual choices.

The World Health Organization

http://www.who.int/health_topics

The World Health Organization site is a source of information on all priority health issues globally, including sexual health and HIV/AIDS.

Where to Find Resources

Information about HIV/AIDS, STIs and sexual health is not always easy to find. The following places might be worth visiting or contacting to find out what is available. Most of them will not be able to send you information, but you may be able to visit and/or talk with a worker about your questions.

- school library
- local community health service or centre

- local youth centre or worker
- needle and syringe exchange program
- local library.

Many of the resources listed in this section and others are available for sale through the following bookshops.

Options Bookshop	Open Leaves Bookshop
Family Planning Victoria	79 Cardigan Street
901 Whitehorse Road	Carlton 3053
Box Hill 3128	Ph: 9347 2355
Ph: 9257 0100	

Where to Ask More Detailed Questions

The following telephone information and counselling services can be contacted with specific questions, concerns or issues.

AIDSLine	Positive Women (Vic) Inc.
9347 6099	Fairfield House (Alfred Hospital)
1800 133 392	Moubray St Prahran 3181
1800 032 665 (TTY)	9276 6918
Mon–Fri 9.00 am–10.00 pm	
Sat–Sun 11.00 am–2.00 pm	
7.00 pm–11.00 pm	
Hepatitis C Helpline	Gay & Lesbian Switchboard
9349 1111	9827 8544
1800 800 241	1800 631 493
1800 032 665 (TTY)	Sun–Mon 6.00 pm–10.00 pm
Mon–Fri 9.00 am–10.00 pm	Wednesdays 2.00 pm–10.00 pm
Sat–Sun 9.00 am–11.00 am	
6.00 pm–8.00 pm	

Sexual Health and HIV/AIDS Specialist Services

Clinical, education, counselling, support and referral services are available from a range of health and community services. Individuals can find a service that is confidential and anonymous. It is important that people feel comfortable and able to discuss all issues of concern with an appropriate doctor or health worker.

The telephone book or newspaper may provide information about local services. The following organisations also exist to provide a range of services.

Centres/Clinics

Community Health Centres or Services

Doctors and health services

Family Planning Victoria — Action Centre

Family Planning Victoria

Hospitals (outpatient clinics in Family Planning or Sexual and Reproductive Health)

Melbourne Sexual Health Centre

People Living With HIV/AIDS — Positive Living Centre

Appendix

Activity 3: Making Links

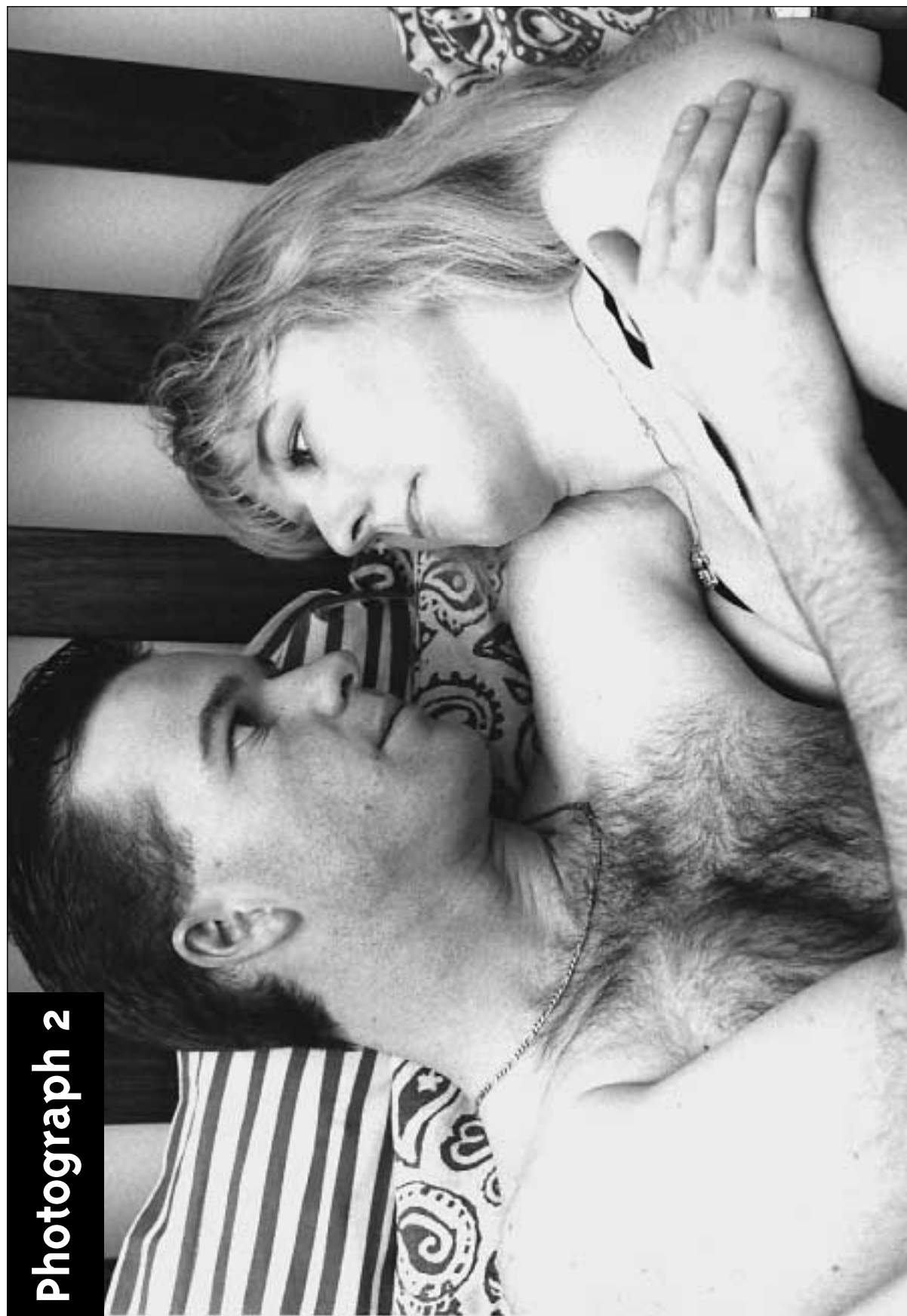
Photographs — How Do You Read Them?



Photograph 1

Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 2

Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 3

Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 4

Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 5

Activity 3: Making Links

Photographs — How Do You Read Them?



Activity 3: Making Links

Photographs — How Do You Read Them?



Photograph 7

Activity 7:

Love, Desire and Intimacy

Is This Love?



Image 1

Activity 7: Love, Desire and Intimacy

Is This Love?



Image 2

Activity 7: Love, Desire and Intimacy

Is This Love?



Image 3

Activity 7: Love, Desire and Intimacy

Is This Love?

(AIDS Council Card 22)



Image 4

Activity 7: Love, Desire and Intimacy

Is This Love?



Image 5

Notes



A series of horizontal lines for writing notes, starting below the dotted line and extending to the bottom of the page.

