Unit 1: Diversity, Sexual Identity and Healthy Relationships

Unit outline
Students will examine and clarify their personal values and attitudes towards people of diverse backgrounds, challenge negative community attitudes and investigate the impact of discrimination, harassment and vilification. Strong links to sexuality and homophobia are made throughout this unit. Students will also understand and evaluate safe sexual practises and explore the consequences of unsafe sexual behaviour.

The main objectives of this unit are that students will learn to;
- affirm diversity by valuing and appreciating individual differences
- propose actions to challenge negative community attitude
- create safe and supportive environments for diverse groups within the community
- enhance wellbeing of people involved in sexual relationships

This unit relies heavily on decision making, communication and planning skills as students justify their opinions and ideas and propose actions to address discrimination and enhance safe behaviours.

Why does this learning matter?
- When students learn more about one another, and recognise and celebrate their differences, they are more likely to feel a sense of community. (Fred Rogers)
- 74% of same sex attracted young people experience abuse at school because of their sexuality. (2004 writing themselves in again)
- Discrimination has a profound impact on young people's health and wellbeing.

Target outcomes to be addressed
5.1 analyses how they can support their own and others’ sense of self
5.2 evaluates their capacity to reflect on and respond positively to challenges
5.3 analyses factors that contribute to positive, inclusive and satisfying relationships
5.6 analyses attitudes, behaviours and consequences related to health issues affecting young people
5.7 analyses influences on health decision-making and develops strategies to promote health and safe behaviours
5.8 critically analyses health information, products and services to promote health
5.11 adapts and evaluates communications skills and strategies to justify opinions, ideas and feelings in increasingly complex situations
5.15 devises, justifies and implements plans that reflect a capacity to prioritise, think creatively and use resources effectively

Key focus areas
- Diversity
- Discrimination
- Domestic violence
- Contraception
- STI’s
Focus area 1: Diversity

The focus for this lesson is to understand and accept diversity and the individual differences we have. We will also focus on how these differences may affect everyday life.

Adolescence is a time for exploring sexuality and learning how to make responsible choices. Sexual health refers to the physical, emotional and social dimensions of your sexuality. It involves being informed about sexual options and taking steps to ensure that you maintain a high standard of health. A sexually healthy person will be able to:

- appreciate and accept their own bodies
- acknowledge their sexual feelings and manage them in a way that is socially acceptable
- celebrate their feelings without being scared, guilty or angry about how they feel (feeling at ease with your sexual orientation – heterosexual / homosexual / bisexual)
- make decisions that are based on your own values and support your sexual feelings
- decide what is right and resist pressure to behave in a way that you do not want to.
- understand media pressures and demonstrate tolerance for people with different values

Sexuality is a combination of an individual’s gender, their sexual identity, their sexual orientation and their sexual behaviour. Exploring and discovering your sexuality can at times be confusing and difficult, yet at the same time an exciting experience.

In your own words, write down what you think diversity is?

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Watch the video on sexual diversity (4:30) and describe the main message from the video clip.

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Brainstorm a list of factors that could contribute to a person’s views and attitudes and explain how one of these factors might contribute to forming personal values and attitudes. E.g. Think about how people might treat others because of their differing personal values and attitudes.

Factors that affect people's views and attitudes

- Media
- Gender
- Culture
- Peers
- Religious beliefs

- Family

Factors that affect people’s views and attitudes
Class activity: Affirming diversity (approx. 20 mins):
In small groups, give students areas of diversity using the worksheet activity ‘Diverse backgrounds and experiences of the people we know’ and point out the specific aspects of each area of diversity. Each group needs to complete the table on each area of diversity listed. Each group is to compile a table of positive and negative attitudes (thoughts, feelings and actions) that young people in the community might have or show when they interact with people of that diversity. Groups will then be asked to present some of their ideas and the following questions can be asked to help understand the issues involved.

- Which aspects of this diversity are recognised and approved more than others?
- What influences whether each aspect is recognised or approved? E.g. religious beliefs, cultural traditions, upbringing, family values, societal attitudes
- Which aspects of this diversity are treated differently than others? For example, are there aspects that are treated in a positive way and ones that are treated in a negative way? If so, which ones?
- Are there any aspects of this diversity that you think are not recognised or valued in the community? How do you think people feel if these aspects of their lives are not recognised or valued?
- Have you ever thought about the way you interact with people of diverse backgrounds? For example do you treat elderly people differently than you do young people?
- Do you think it would be harder or easier for a person with more than one of these aspects of diversity in their lives? For example, a person of low socio-economic status with a physical disability? An elderly person of Non English Speaking Background? A same sex attracted boy living in a country town?
- What challenges do people face by having diverse backgrounds/experiences?
- What support is available for people with diverse backgrounds/experiences? For example, people with disabilities, people from different cultural backgrounds, people who are same sex attracted.
- Are there any strategies or initiatives you know of, that affirm the diverse backgrounds/experiences of people in a positive way? For example, multicultural days, Mardi Gras, Croc Festival.

Answer the following question: **What does diversity mean?**
Focus area 2: Diversity – Taking up a position

The focus for this lesson is to think, feel and identify the aspects of diversity and the impact this has on our contribution to society. It is important to adhere to a class contract or group agreement, to ensure a safe environment is available.

Class activity – Sexuality
Students will be asked to listen to the teacher prepared statements and form a view/opinion based on the following categories:

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<th>strongly agree</th>
<th>agree</th>
<th>disagree</th>
<th>strongly disagree</th>
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Students complete the following questions in their books/booklets:
Do you think everyone should share the same values and attitudes? Why/Why not?

What factors do you think contribute to your own personal values and attitudes?

How did other people’s views differ to your own?

Why do you think people’s values and attitudes differ?

What factors do you think have the most influence on your values and attitudes?

How did this activity influence your attitude around sex and sexuality?

In what way did this activity change your way of thinking about issues related to sexuality?

What did you learn from this activity?
Focus area 3: opposite ends of the pole

In this focus area, students will address the diverse nature of sexuality and acknowledge assumptions made about sexual diversity within the wider community. Students will examine the implications of assumptions on the lives of those who do not identify as exclusively opposite sex attracted and recognise the influence that gender expectations and assumptions have on sexual feelings and behaviours.

Class Activity – opposite ends of the pole
Create a temperature continuum by drawing a vertical line on the board and writing the word Temperature as a heading. At one end of the line place the term freezing. Ask students what the opposite of freezing is? E.g. boiling - place the word boiling at the other end of the line. Ask students for ideas that could fill up the continuum, for example; hot, warm, moderate, chilly, cold. Explain to students that often terms can be placed in a continuum to demonstrate the broad spectrum of something, in this case temperature.

In pairs, create a weather continuum that demonstrates the broad spectrum of weather descriptions. Instruct students to think of one term to place at one end of the continuum and then another term that is the opposite to place at the other end of the continuum. Students then fill in the continuum with terms that fit in between the two extremes. Terms students you may use on their continuum may include: hailing, stormy, raining, cloudy, sunny, dry, hot, humid, drought.

Complete the following definitions and then use the definitions to complete the table that follows.

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Sexual behaviour
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Sexual identity
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In small groups, examine the various character scenarios and complete the opposite ends of the pole worksheet. Groups must indicate how traditional binary or opposite thinking would identify the characters sexuality and determine each character’s sexuality by discussing their sexual orientation, sexual behaviour, and sexual identity. You are to use the terms same sex attracted and/or opposite sex attracted to refer to differences in the character’s sexuality.

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

Alex
After an adolescence that included dating and having sex with girls, Alex got a job out in a remote country town. There he developed a close and loving relationship which included sexual contact with another man. When he transferred closer to his home, he began dating women again.

Paddydeh
Paddydeh is 30 years old and has only ever had sexual relationships with men. In her last year of high school she was sexually attracted to one of her girlfriends and for a few months fantasised about having sex with her. Since she left high school she has never been attracted to another woman.

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

Zarita
Zarita was married for 16 years. During this time she had two sexual relationships with men. She ended her marriage because she fell in love with another man whom she has been with for the past three years. In this time she has had 3 sexual encounters with other men.

Joseph
Joseph is married and has three children. His only experiences of sexual intercourse have been with women. When he masturbates, he fantasises only about men. Joseph talks negatively about men having sexual relationships.
Opposite ends of the pole
Group worksheet

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<th>Character</th>
<th>How would binary thinking label this characters sexuality?</th>
<th>Sexual orientation</th>
<th>Sexual behaviour</th>
<th>Sexual identity</th>
<th>Determine the characters sexuality</th>
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<td>Paddydeh</td>
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<th>Character</th>
<th>What factors influenced your decisions when determining the characters sexuality? What things did you discuss as a group about the characters life?</th>
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<td>Joseph</td>
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Discuss as a group:

- Did the traditional binary thinking provide a clear indication of the characters sexuality?
- What made it difficult to determine the sexuality of each of the characters?
- Is defining a person’s sexuality as easy and clear as some people think? Why/Why not?
In your group, answer the following questions and then discuss as a whole class (time permitting):

- Did the traditional binary thinking provide a clear indication of the character’s sexuality?
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- What made it difficult to determine the sexuality of each of the characters? e.g. components of sexuality changed over time, sexual behaviour, orientation and identity were not the same.
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- Is defining a person’s sexuality as easy and clear as some people think? Why/Why not?
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Conclusion questions:
What assumptions are made when people use labels?
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How do gender expectations contribute to assumptions made about sexuality?
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How does labelling sexuality influence a person’s feelings or behaviour?
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What are the implications for people who do not exclusively fit into the labels of binary thinking? e.g. emotional distress, confusion, isolation, exclusion, low self-worth, harassment, ridicule.

Why do you think sexuality is made up of so many components? e.g. sexuality is dynamic (constantly changing), sexuality is very diverse, sexuality is different for different people and can vary at different times in a person's life.

Exit task: Identify something you have learnt from this activity about sexuality.

Focus area 4: Power of assumptions of sexuality

The focus in this lesson aims to examine links between sexuality, assumptions and negative community attitudes. It is designed so that students can explore common assumptions about same sex attracted men and women and the implications of these assumptions on individuals.

Class group activity:
You will be handed five response cards. For this activity, you will need to circle either strongly agree, agree, disagree, or strongly disagree, depending on their belief about each statement and then place your card in the relevant post box. The class will be divided into five groups and one post box will be provided to each group. Each group is responsible to tally the responses and add the results to the class result table on the board (i.e. what are the results of the class survey in regards to this statement? i.e. 1 strongly agree, 5 agree, 23 disagree).

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<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<td>If you have a same sex attracted sexual experience it means that you are gay or lesbian</td>
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<td>You can tell if someone is same sex attracted from how they look or what they do</td>
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<td>Same sex attraction is just a phase</td>
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<td>Same sex attraction is unnatural/abnormal</td>
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<td>Having same sex attracted teachers or parents will make children same sex attracted</td>
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Go through the results as a whole class and discuss the following questions. (Refer to the background information sheet for ideas to raise during discussion).

Where do you think people get these beliefs from?

What are the implications of these assumptions for the same sex attracted individuals or groups?

Why do you think some people have the perception that same sex attracted people are different from other people in society?

What has formed this view?

What are some of the things that occur within the community that affirm this perception? e.g. derogatory terms, violence, abuse, discrimination, different laws, unfair treatment.
Focus area 5: Stepping out (role play)

In this lesson, you will complete the ‘Stepping out’ activity to bring together ideas around sexuality, values, assumptions, and community attitudes explored in previous activities. This activity enables students to move from acknowledging assumptions made about sexual diversity and how they have developed, to looking more closely at the implications of these assumptions.

Note: It is important that a supportive environment is established and maintained throughout this activity.

‘This activity is about exploring the lives of others and the implications of community attitudes and assumptions. The character card you are given is purely for the purpose of this activity only. No student should be harassed or made fun of by others at any time because of the character card they have in this activity.’

You will be given a character card at random. Please do not talk to anyone or show anyone your card during the activity.

A series of questions will be asked which you will have to decide if you can answer yes or no to, in reference to the character on your card. For each question you answer yes to you take a step forward. For the questions you answer no, you remain where you are. If you answer yes to one question and then no to the next you do not move backwards.

Look at the character on your card and think about what their life would be like. Answer each question according to what really happens in the community not what you think should happen.

Do not want them to reveal their character at this point.

Ask the following questions:
How did you feel about your character and seeing others move ahead of or behind you?

Were there any questions that you weren't sure how to answer? If so, what made it difficult to answer the question?

After doing this activity, which sexuality do you think has the most power in our society? Why do you think this is the case?
In what ways is this power demonstrated in everyday life? E.g. society's attitudes, bullying, homophobia, laws etc.

What are the implications for people living in these situations? What impact do you think this has on their physical, social and emotional wellbeing?

How do you feel about the experiences of the character on your card after being in their shoes?

How could you work with others to be more supportive of people from diverse backgrounds?

Optional: question box (10 minutes)
Give each student a piece of paper, of the same colour and size, and ask them to write down a question related to anything that you have discussed in the previous lessons about values, attitudes, diversity, assumptions and sexuality. Have students place their question in the question box. If time permits go through some of the questions in class or take all questions away and answer them in the next lesson.
Focus area 6: Contraception

In this focus area, you will research the differing types of contraceptive methods available. Students will understand the efficacy ratings, methods for protection, and resources available to assist safe decision making and share opinions on contraception and safe sexual practises.

Views of Contraception (Class Activity)

You will be asked to stand under or near the sign that best describes your values or beliefs in response to each of the following statements. You may be asked to explain your answer to the class. Remember, everyone has a right to their own opinion. Whatever is mentioned in the classroom, stays in the classroom!

Do You: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree to the following statements.

Statements:

1. It is mainly the guys’ responsibility to buy condoms.
2. Teens who abstain from sex are less likely to be harmed emotionally.
3. Teens who abstain from sex are less likely to be harmed physically.
4. If you can’t talk with your partner about sex or contraception ahead of time, then you shouldn’t even consider having sex.
5. I would not buy condoms from a store where I might know someone.
6. Having sex without using contraception for the first 1 or 2 times is OK because the chances of getting pregnant are minimal.
7. It is the girls’ responsibility to take her pill everyday
8. If my parents found out I was having sex they would be mad
9. Teens who don’t have sex are unpopular

Answer the following questions in regards to your choices for **FOUR (4)** of the statements above.

Question 1: What made you decide to stand where you did?

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Question 2: How did your decision to stand there affect other people?

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Question 3: Were you comfortable where you stood for all the statements? Please explain.

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Contraceptive Methods – research task in class

For each of the listed contraceptive methods, complete the following table. The following websites may assist: [http://www.sexandu.ca/contraception/](http://www.sexandu.ca/contraception/)  [http://au.reachout.com/types-of-contraception](http://au.reachout.com/types-of-contraception)


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<th>Method</th>
<th>What is it?</th>
<th>How is it used?</th>
<th>Advantage/s</th>
<th>Disadvantage/s</th>
<th>Efficacy/success rate against pregnancy</th>
<th>Does it protect against STI’s?</th>
<th>How/where is this obtained?</th>
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<td>Male condoms</td>
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Method

What is it?

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Advantage/s

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<td>Advantage/s</td>
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<td>Disadvantage/s</td>
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<td>Efficacy/success rate against pregnancy</td>
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<tr>
<td>Does it protect against STI's?</td>
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<td>How/where is this obtained?</td>
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**CONTRACEPTION QUIZ**

Test your knowledge on different types of contraception and what their properties are. Circle the most correct answer.

1. Condoms can help protect against...
   - a) Just unplanned pregnancy
   - b) Just sexually transmitted infections
   - c) Both unplanned pregnancy and sexually transmitted infections
   - d) Neither unplanned pregnancy nor sexually transmitted infections

2. What is the double Dutch method? (also known as the dual method)
   - a) Using the pill then the morning after pill
   - b) Using a condom as well as the pill
   - c) Using a diaphragm and a condom
   - d) Using a condom as well as the contraceptive injection

3. When should emergency hormonal contraception be taken?
   - a) Every day
   - b) Before sex
   - c) Straight after sex
   - d) After unprotected sex

4. How often does a woman have a contraceptive injection?
   - a) Every week
   - b) Every month to three months
   - c) Twice a year
   - d) Annually
5. How often should the pill be taken?
   a) Once a day
   b) Once a week
   c) Once a month
   d) Only after sex

6. Which of the following contraceptives protects against STIs?
   a) Contraceptive injection
   b) Diaphragm
   c) Condom
   d) The pill

7. Which is the only contraceptive method that is 100% effective?
   a) Condoms
   b) Abstinence
   c) Norplant
   d) Intrauterine devices (IUDs)

8. How long does the intrauterine device work for?
   a) One month
   b) Six months
   c) One year
   d) Three to ten years

9. When should a diaphragm be inserted?
   a) Before sex
   b) During sex
   c) After sex
   d) Should be inserted all the time

10. Which method offers a permanent contraceptive solution?
    a) Contraceptive injection
    b) Intrauterine devices (IUDs)
    c) Sterilisation
    d) Implant
Focus area 7: STI's & consequences

In this focus area, students will research the differing types of Sexually Transmissible Infections and other consequences associated with sexual behaviour. Students will demonstrate empathy towards others decision making and identify options and actions for harm minimisation and improved wellbeing.

Teenage pregnancy

The rate of teenage pregnancies in Australia has declined significantly over several years and has been stable over recent years. Only five per cent of children are now born to women aged 19 years and under. Estimates vary, but it is believed that around one in four sexually active teenage young women become pregnant by mistake. About half of these unwanted pregnancies are terminated. Some pregnant teenagers are so shocked and frightened that they try to cope by ignoring or denying the pregnancy. This means they don’t receive proper antenatal care, or miss the safest window of opportunity for abortion. Research indicates that sex education and access to effective contraception are essential in preventing unplanned pregnancy in the teenage population.

Options

An unplanned pregnancy is a traumatic event, and a teenage woman needs empathetic support. Pressure from parents, medical staff, friends and partners can exacerbate her stress. Her options include:

- Abortion - 16 per cent of Australian women seeking abortion are teenagers.
- Adoption - relatively few women relinquish their children for adoption anymore, although adoption agencies and the demand for babies still exist.
- Foster care - the child lives with a foster family until the teenage mother feels ready to cope as the primary carer.
- Parenting - the stigma of single parenthood has passed, which means that keeping the child is more common than in the past.

Complications of teenage pregnancy

Teenage women generally encounter more problems during pregnancy and childbirth than older women. Reasons for the higher complication rate include:

- Physical immaturity
- Lack of health care knowledge
- Cigarette smoking
- Alcohol consumption and the use of other social drugs
- Poor diet
- Inadequate antenatal care
- High levels of emotional distress.

The partner

In nearly one quarter of cases, the partner is never told about the pregnancy. Most teenage women believe that having a child would have a positive effect on their relationship; however, of those women who choose to keep their baby, twice as many live in hostels than with the father of their child.

Social problems faced by teenage mothers

The social stigma of being a single parent no longer exists, and the availability of pensions means that parenting is a viable option. Many teenagers believe that looking after a baby will be the happiest time of their lives. This is true for some, but keeping the child may have unforeseen consequences, such as:

- Reduced education and employment opportunities
- Alienation from family and friends
- Poverty
- Increased risk of mental disturbances
- Increased risk of child abuse and neglect
- The child lacks adequate guidance due to parental life inexperience
- The child is more likely to become a teenage parent themselves.

Counselling options

Pregnancy counselling is generally available in all Australian states and territories. Ideally, counselling should support the young woman in making a free and fully informed decision about her options, and give information on abortion, adoption and parenting. Many teenagers feel uncomfortable or unable to talk with family, so professional counselling offers a valuable and much-needed resource.
Questions – Teenage Pregnancy

1. State four points discussed in regards to teenage pregnancy?

2. Explain why teenagers often do not receive the support and treatment that they require during pregnancy.

3. Discuss why teenagers might be reluctant to tell their partners about a pregnancy (i.e. social problems)?

4. List the options for a pregnant teenager and the pros and cons for each option.

5. Outline how you believe your life would change if you became a teenage parent (e.g. finance, living arrangements, education, work etc).
STI stands for Sexually Transmissible Infection, or an infection that is passed from person to person during sexual activity. Some of the STI's you might have heard of include:

- Chlamydia
- Human Immunodeficiency Virus (HIV)
- Genital warts / Human Papilloma Virus (HPV)
- Genital herpes
- Hepatitis B
- Gonorrhoea (the clap)
- Pubic lice
- Syphilis

STIs are caused by organisms like viruses, fungi, bacteria or parasites. Different types of STI's need different kinds of treatment. Many STI's are easily treated, like chlamydia and gonorrhoea, but some (like HIV and herpes) are not curable. This means that you can treat some of the symptoms but you cannot remove the virus from your system. If untreated, some STI's can cause problems with menstruation, pelvic pain and infertility. Don't worry! You can still avoid an STI by keeping a few things in mind.

How could I get an STI?
During vaginal, anal or oral sex STI's can be transmitted through the exchange of blood, semen and vaginal fluids, or through skin contact.

Can I protect myself from getting an STI?
Yes you can, in most cases, by practicing safer sex. Massage, touching, kissing and mutual masturbation are ways to get sexual that don't involve contact with (or exchange of) body fluids. If you're having vaginal, oral or anal sex it's important to use a condom and lube (lubricant) every time. Condoms are the best protection from STI's.

How can I tell if I have an STI?
Often, you can't tell. Some people have no symptoms at all, while others can feel sick. Different types of STI's will have different symptoms. Some common symptoms can be itching, rashes, discharge, burning when you wee and sores on the genitals.

Can I tell if somebody else has an STI?
No, you can't always tell. The only way to know for sure is by having an STI check.

I think I might have an STI. What do I do?
The easiest way to find out if you have an infection is to get tested.

How happen if I have an STI and just leave it? Will it go away?
Most STI's can be quickly and effectively taken care of. If untreated, they can affect your reproductive organs, which can lead to infertility (where you can't have babies). A good example of this is chlamydia, the most common STI among young people. Chlamydia is tricky as often there are no symptoms of the infection. Young people can have chlamydia and feel fine, but the infection can be growing and lead to long-term problems with your health, like pelvic pain and problem periods. Chlamydia can be treated with antibiotics.

If I go to a clinic will they tell my parents?
According to the law you can ask for and agree to medical care for yourself once you are 16 years old. At the sexual health clinic, discussion with you and the information you give the staff is completely confidential. It cannot be shared with your parents or people you know, unless the law requires staff to do so. An example of this would be if health staff thought you were at risk of serious harm. In this case the clinic is required to report this to DOCS (Department of Community Services). Another example might be if your files were required in a Court case. If you are between 14 and 16 you may still be able to agree to your own medical care, but this can vary in individual cases.

Using the following resources, complete the table on the following page.
http://www.thedramadownunder.info/bugs/
http://mshc.org.au/SexualHealthInformation/SexualHealthFactSheets#.WIm9B1N97IV
<table>
<thead>
<tr>
<th>STI &amp; facts</th>
<th>Signs &amp; Symptoms</th>
<th>Risky when...</th>
<th>What can happen?</th>
<th>Treatment</th>
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<td>e.g. Chlamydia</td>
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<td>– one of the most common STIs but is easily cured if treated early. Hard to know if you have it or not.</td>
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**Extension activity** - Sexual health crossword

**Across**

1. The act of speaking out on an issue of concern or importance
5. The uterus and fallopian tube are part of the female ___ system
7. A virus that causes AIDS
9. Not having sexual intercourse at all
12. The male sex organ
13. The prevention of pregnancy
15. Someone's sexual preference or orientation
16. Sex that involves preventing the transmission of body fluids between partners (4, 3)

**Down**

2. Contraceptive device consisting of a sheath of thin rubber or latex that is worn over the penis during intercourse
3. Sexual intercourse involves the ___ of either one or both partners
4. A tablet containing hormones that is used for contraception
6. Being sexually attracted to, or having consenting sexual relationships with, someone of the same sex
8. The period from conception to birth when a woman carries a developing foetus in her uterus
10. An infection that is passed on by sexual contact
11. A device inserted into the uterus to prevent pregnancy
14. Protected from getting a disease