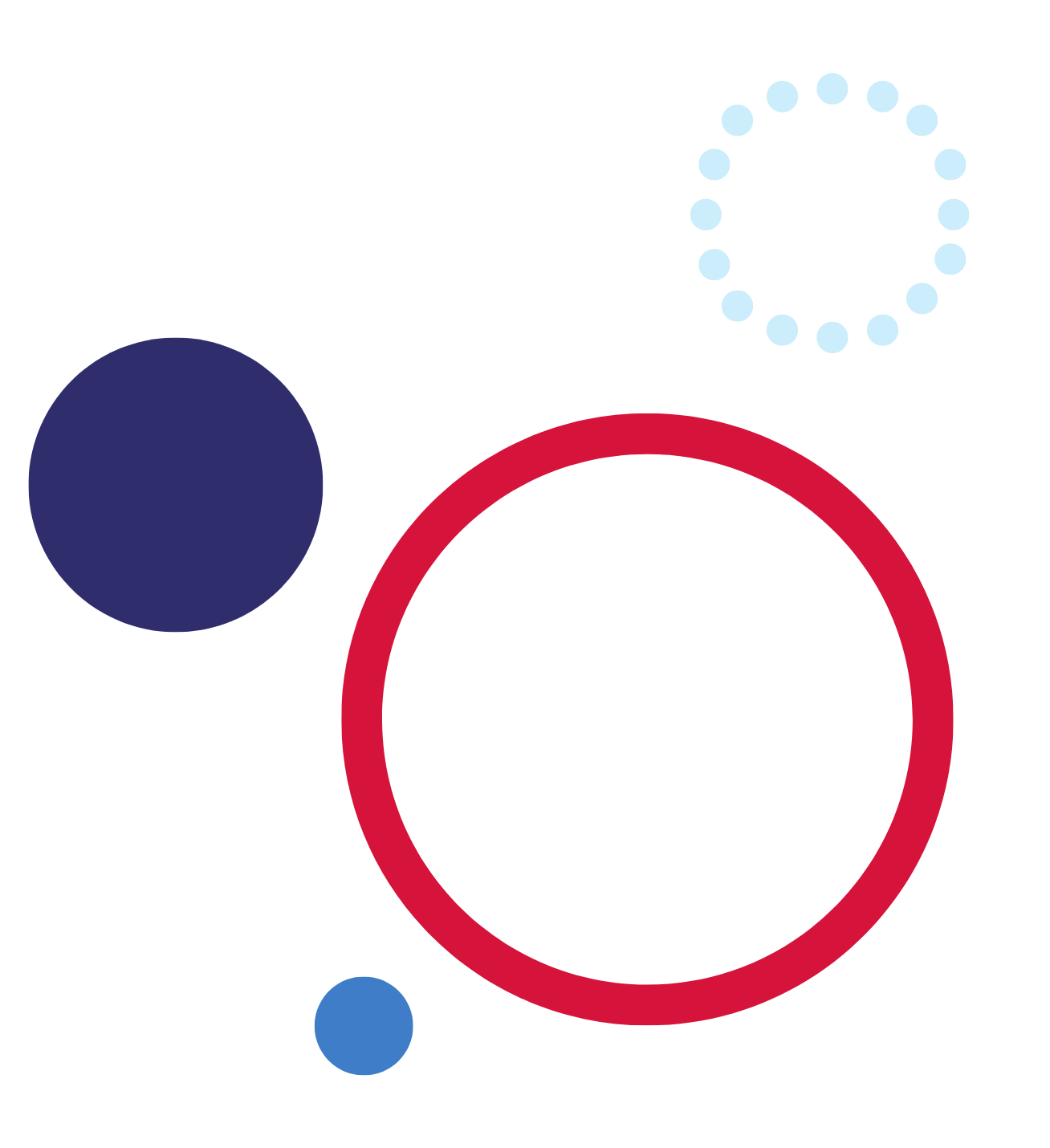
PDHPE Stage 5

# Accessing sexual health information and services

This learning activity sequence aims to provide the opportunity for students to reflect on their own values and make judgements about myths and sexual health related information. Students will explore the NSW Health Play Safe website to assess it as a reliable source of information for young people.

**Duration** – three to four lessons depending on the class context and emphasis (based on 60 minute lessons).



## Educative purpose

Like many other groups within our society, many young people find it difficult to seek the help they require to enhance their own health, safety and wellbeing. In relation to accessing health services, there are often perceived and actual barriers that prevent young people from receiving medical care.

The 6th National Survey of Australian Secondary Students and Sexual Health (2018) found that:

* most students (78.7%) had accessed the internet to find answers to sexual health questions, although they did so cautiously (55.5% indicated only moderate levels of trust in online sources)
* the most trusted source of sexual health information were GPs (88.6%), followed by mother (59.8%) and community health services (54.7%)
* the most frequently used sources of sexual health information were female friends (23.9%), male friends (16.4%) and the internet (13.6%)
* students felt most confident that they could talk about HIV/STIs, contraception and sex with female friends (71%), male friends (52%), and GPs (48%)

Accessing reliable and accurate sources of sexual health information for young people is important. Students will explore personal values and attitudes to sexual health services and examine how these personal values and attitudes impact on health decisions and use of sexual health services. Activities will focus not just on STI prevention, but on the actions a young person should take if they contract or pass on an STI. Destigmatising STIs and promoting sexual health care is crucial to support our young people to feel confident to access health information and services when they need it.

Syllabus learning contexts – Relationships, Sexuality and sexual health

## PDHPE skills focus

Table 1 – Skill domain and evidence of learning

|  |  |
| --- | --- |
| Skill domain and skills | Evidence of learning - what do we want students to be able to do? |
| Self management skills  Decision making and problem solving (information gathering, finding solutions to problems, analysis) | Use information gathered to challenge opinions and debunk myths and facts about STIs  Analyse sources of information on sex, relationships and sexual health for to determine those which are credible, valid and reliable  Assess the suitability and usability of the PlaySafe website as a source of sex, relationships and sexual health advice  Select and use appropriate communication skills to request an STI test or inform a sexual partner that they have an STI or need to be tested  Write a review of a reliable source of information to encourage young people to access appropriate services |

## Syllabus content

### Outcomes

* **PD5-2** researches and appraises the effectiveness of health information and support services available in the community
* **PD5-9** assesses and applies self-management skills to effectively manage complex situations

All outcomes referred to in this unit come from the [PDHPE K-10 syllabus](https://educationstandards.nsw.edu.au/wps/portal/nesa/k-10/learning-areas/pdhpe/pdhpe-k-10-2018). © NSW Education Standards Authority (NESA) for and on behalf of the Crown in right of the State of New South Wales, 2018.

### Content

Table 2 – Key inquiry questions and syllabus content

|  |  |
| --- | --- |
| Key inquiry question | Relevant syllabus content |
| How can I plan and advocate for health, safety, wellbeing and participation in a lifetime of physical activity? | * critically analyse health information, products and services to promote health, safety, wellbeing and physical activity levels * develop and apply criteria to assess health information, products and services and propose actions that may assist young people to select credible sources of information and advice S |
| Why are external influences an important aspect of my own and others’ health, safety, wellbeing and participation in physical activity? | * analyse situations where external influences may have an impact on their ability to make healthy and safe choices (ACPPS092) * explore external influences on sexuality and sexual health behaviours and recognise the impact these can have on their own and others’ health, safety and wellbeing I |

### Assumed knowledge and understanding

This learning activity sequence assumes that students have a sound understanding of the following PDHPE content:

* What is an STI and BBV and what are some examples?
* How are STIs and BBVs transmitted?
* How can a person protect themselves from STIs and BBVs?
* Common symptoms, signs and treatment for STIs and BBVs.

In the case that students are unfamiliar with the process involved in a GP consultation, it is recommended that students view the [Youth Friendly General Practice video](https://schools.au.reachout.com/articles/youth-friendly-general-practice-video) developed by NSW Kids and Families and hosted by ReachOut.com.

### Learning intentions and success criteria

Table 3 – Learning intentions and success criteria

|  |  |
| --- | --- |
| Learning intentions | Success criteria |
| Identify and evaluate safe sexual health practices | * Understand confidentiality and a medical professional’s responsibility to maintain confidentiality. * Explain the importance of STI testing as a part of regular health care routines. * Understand what STI testing involves, when testing is suitable and where it can be accessed. * Create a checklist for evaluating sources of information for reliability, validity, credibility and bias. * Explore as assess the NSW Health Play Safe website as an example of a reliable source of information. |

## Teaching notes

Preview and evaluate all strategies, resources and teaching and learning approaches in full before use with students to determine suitability for student learning needs, stage of development and local school context. Consider the age, maturity, cultural background, sexuality, gender, sex, health and other characteristics of students in your care. Apply professional judgements to all strategies, teaching and learning approaches and resources including audiovisual materials (e.g. videos, media clips and YouTube), interactive web-based content (e.g. games, quizzes and websites) and texts.

The [resource review flowchart](https://nswpdhpecurriculum.coassemble.com/enter/b6fNd0S) helps you decide about the suitability of teaching and learning resources.

Materials should be reviewed in full and endorsed by the school principal before use in NSW government schools.

### Communication with parents and caregivers

Some aspects of PDHPE may be viewed as sensitive or controversial, such as learning about abuse, child protection, drugs, respectful relationships, sexual health, sexuality and violence. Inform parents and carers, prior to the occasion, of the specific details of the PDHPE program, so that parents and caregivers have time to exercise their rights of withdrawing their child from a particular session. In this regard, a parents or caregiver’s wish must be respected.

Establishing how parents and caregivers will be informed about programs and involved in consultation is a school-based decision. Where parents and caregivers indicate they wish to withdraw their child from a program it is useful to negotiate which parts of the PDHPE program they are concerned about. [Sample information letters](https://education.nsw.gov.au/teaching-and-learning/curriculum/pdhpe/pdhpe-syllabus-implementation/pdhpe-communication#Sample1) are available on the PDHPE curriculum website.

### Creating a safe and supportive learning environment

There are a number of strategies that can be used to create a supportive learning environment which enables students to feel safe to learn and ask questions. They include:

* Making students aware at the beginning of PDHPE lessons that disclosing personal information that indicates they may be at risk of harm will be reported to the school principal in all instances. This includes personal disclosures related to instances of abuse, drug use, neglect or sexual activity under the legal age of consent.
* Being aware that some parts of PDHPE can be confronting and sensitive for some students.
* Enabling students to withdraw if they find issues personally confronting to protect them from making harmful disclosures. Equally, it is important to be prepared for issues that arise as a result of a student making a public disclosure in the classroom.

More information on creating a [safe and supportive learning environment](https://education.nsw.gov.au/teaching-and-learning/curriculum/pdhpe/pdhpe-syllabus-implementation/learning-environment) can be found on the PDHPE curriculum website.

## Learning experiences

Introduce the learning and develop a supportive environment within your classroom. As a class, brainstorm some clear expectations which will be in place during the unit. For example, always support each other, respect other’s cultural traditions, beliefs, values and languages, everyone has the right not to offer an opinion.

### Activity focus: Positioning on sexual health

Place the position cards; strongly agree, agree, disagree and strongly disagree around the room or on the floor in correct order.

Explain to students that you are going to read out a statement related to sexual health services.

Inform students that once they have thought about the statement, they need to move to the position card that best represents their thoughts about the statement i.e. do you strongly agree/agree/disagree/strongly disagree with the statement?

It is important to explain to students that there is no right or wrong answers in this activity and that they are free to change their mind at any time. After each statement is read out and students have positioned themselves, invite students to share their thoughts about the statement. Try to ensure a range of views are discussed.

Ask students:

* What was your thinking when you moved to the position of strongly agree/agree/ disagree/strongly disagree?
* To avoid having all students standing at the one position, invite a small number of students to volunteer to position themselves on the scale from the perspective of:
* a parent or an adult
* someone of the opposite sex
* someone of another age, culture, religion or sexuality.

Use the following statements to explore student’s personal values and attitudes.

* Warm up statement - Using two condoms at the same time is safer than just using one.

Key message - The friction caused between the layers of each condom increases the risk of them splitting or tearing, therefore wearing two condoms is not safer.

**Sample statements**

Oral sex is safe

Key message – A big misconception is that there is no STI risk from oral sex, therefore some people view it as a safer option. It's true that oral sex will prevent unplanned pregnancy, but it only reduces, and does not eliminate, the risk from STIs like chlamydia, gonorrhoea, herpes and hepatitis B. If you are going to have oral sex, use a condom to cover the penis or a dental dam or cut-open condom to cover the vulva or anus to reduce the risk of infection.

Someone would know if they have a sexually transmissible infection

Key message – You definitely can't tell by looking at or talking with someone that they have a sexually transmitted infection (STI). In fact, for some STIs like chlamydia, most girls and about half of guys don’t get any symptoms. Symptoms of chlamydia for girls include burning or pain when passing urine and unusual discharge from the vagina. Guys may experience whitish or yellow discharge from the penis and burning or pain when passing urine. The only way to protect against most STIs and unplanned pregnancy is by using condoms and water-based lubricant. The only way to know for sure someone does not have a STI is by having a STI test.

The first time someone has sex is always special

Key message – Many people imagine their first time to be special and magical. For some it can be but for others it may not be enjoyable. Being sexual with another person should be an expression of pleasure, closeness and intimacy. Common reasons first sex isn’t enjoyable include awkwardness, lack of skill, anxiety/worry. Sex and nudity is very vulnerable and people can be easily hurt or embarrassed. Doing it when not personally ready because of peer pressure or to please a partner can result in guilt or lack of pleasure. Deciding whether and when to have sexual intercourse, or any other kind of sexual activity, like touching or oral sex, requires a lot of thought from you and your partner.

If you don’t have symptoms, then you don’t need an STI test

Key message – Some STIs do not have obvious symptoms – this means that even if someone is infected, they usually do not notice there is a problem with their genitals or physical health. So if they have been infected and don’t know it, there is a chance they can pass it on if they have sexual contact with anyone. The only real way of knowing whether someone has an STI is if they are tested.

People with STIs should just keep that information to themselves

Key message – It is important for people who test positive for an STI to inform their sexual partners so they can attend their doctor or clinic for testing and treatment, too. This can be done in a couple of ways. If you are able to talk to your partner about tricky issues and trust they won't be nasty about your news, then a heart to heart discussion would be the way to go. It can be really difficult to know where the infection came from anyway, and so it's important not to blame each other. If you don't see your partner any more, or are unsure of how they might react, you could ask your doctor or nurse to do the contacting for you or use [www.letthemknow.org.au](http://www.letthemknow.org.au) to notify them anonymously. This is called contact tracing and is done in a confidential manner. The partner is called or sent a letter where they are told they may have come into contact with a sexually transmitted infection and should see their GP or clinic for further testing/treatment. No name is provided to tell them who "gave" them the infection, or when it may have occurred.

Knowing your doctor or health professional makes it easier to talk about sexual health

Key message – It is crucial that young people feel confident and comfortable with their health professional or doctor. Young people should be able to speak openly about sexual health to make the most of their consultation.

Health professionals and doctors understand the needs of young people

Key message – It is crucial that young people are honest with their health professional or doctor. Health professionals and doctors are trained to understand the needs of young people. Young people should be able to speak openly about sexual health to make the most of their consultation.

**Debrief**

It is important to debrief the activity by asking students to consider the following questions:

* 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 sexual health and sexual health services?
* In what way did this activity change your way of thinking about issues related to sexual health and sexual health services?
* What did you learn from this activity?

### Activity focus: STI transmission

As students enter the room, place a red dot (or something similar) on the hand of every third student.

* Students move around the room and introduce themselves to other students using some form of appropriate and comfortable physical contact, e.g. shaking hands, high five, pat on the back. Allow several minutes before students regroup.
* Ask students to raise their hand or stand up if they were given a red dot upon entering the room.
* Ask students who had physical contact with a person with the red dot to also raise their hands or stand up.

Explain to students that this activity is designed to reflect the widespread transmission of sexually transmitted infections and blood borne viruses within the community.

* If students consider the original group with the red dots as the initial carriers or infected person, then consider how many people that person has had contact with which could result in transmission.
* Although modes of transmission are not as simple as a hand shake, the spread of STIs and BBVs often occurs without people being aware that they have placed themselves at risk of transmission
* Explain to students that every third person was chosen to have a red dot – because that is the current representation of chlamydia statistics in NSW.

Students complete the true or false quiz to refresh assumed knowledge from Stage 4 content. Use the [Play Safe Pro quiz cards](https://pro.playsafe.health.nsw.gov.au/wp-content/uploads/2018/07/S3_GAME_QUIZZES_GAME-CARD-Questions_April2018_v1_final-2.pdf) to guide the discussion.

This could be done in the following ways:

**Physical positioning:** Allocate a space for true and a space for false within the classroom. After each statement, ask students to move to the relevant space. Once students are in that true or false space, read the answer.

**Individual choice:** Read each statement and ask students to demonstrate a specified static balance to show they think the response is true and a different balance or movement (such as a squat) to show they think the response is false.

**Movement quiz:** Give students a card each. They move around the room and find a person to ask their question to. The person says true or false. They provide the answer. Their peer then asks them the question on their card, waits for an answer and then shares the correct answer.

As a group, revise the key points using the teacher fact sheet resource.

Treatments for the different types of infections can include:

* bacteria – (including chlamydia, gonorrhoea and syphilis) require treatment with antibiotics (either one high dose or a course)
* parasites – (including pubic lice and scabies) require treatment with medicated shampoos
* viruses – (including genital herpes, HIV, hepatitis B and human papillomavirus (HPV)) do not have a cure. In most cases, there are treatments to help reduce symptoms and keep you healthy.

### Activity focus: STI testing

Use the [Play Safe Pro STI testing video](https://pro.playsafe.health.nsw.gov.au/training/play-safe-sti-test/) to introduce the topic.

Use a partner strategy such as parallel lines, to encourage discussion between students to explore their background knowledge.

Parallel lines strategy — Students stand in two parallel lines facing each other. Students are allocated 20 seconds only to make their case or answer the question before swapping roles with their partner. Students must actively listen to their partner and are not permitted to interrupt. After both students have had a chance to speak ask person 1 to move to the left or remain where they are (depending on numbers) and person 2 to move to the right to a new partner. Repeat the process with a new statement or question.

Sample questions may include:

* What are 3 things you already know about STI testing?
* Where could a young person access an STI test in our community?
* Why is STI testing important?
* What does STI testing involve?
* What sort of questions might you be asked by a GP or medical professional before an STI test?
* When is the most important time to get an STI test and why?
* What are some of the enablers or factors that would encourage young people to access an STI test?
* What are 2 things you could say to ask for an STI test from a GP or medical professional?

### Activity focus: Reliable sources of information

Use a think, pair, share to brainstorm sources of information on sex, relationships and sexual health. For example, parents and carers, teachers, websites, friends, television, radio, news updates on social media, social media applications such as Twitter, Tik Tok or Instagram, newspapers, magazines, journal articles.

Students use a sticky note to nominate their top 3 forms of media for accessing information on sex, relationships and sexual health and justify why.

Teacher collects the sticky notes and share in the room grouping similar forms of media together. Create a class top 5 and provide the top reasons for accessing those sources. Share with the class after the next activity has been completed.

**Note:** The teacher can collect the sticky notes and create the list while students work on the credibility, bias, reliability and validity activity.

Provide definitions for the terms – credible, bias, reliable and valid in relation to information.

**Credible**: able to be believed, can persuade someone.

**Bias**: shows a prejudice for or against a person or group, especially in a way which might be considered unfair.

**Reliable**: able to be trusted. Consistent in quality.

**Valid**: based on logic, fact or evidence.

Students work in pairs using the list from the think, pair, share activity to identify which sources of information would be considered credible, biased, and reliable and valid. Use a highlighter or colour code to indicate credibility, reliability, validity and bias.

Join another pair and compare judgements. Provide reasons to justify decisions.

In groups, discuss whether online or offline sources of information are more reliable, credible and valid. Record some reasons and arguments from the discussion.

In groups of 4, create a checklist designed for young people to use to identify appropriate, accurate and reliable sources of information on sex, relationships and sexual health. For example, but not limited to:

* information is current - a date of publication appears
* information is directly related to the topic or content
* sources of the information are provided and are reliable
* the purpose of the information is clear, eg to entertain, inform, persuade or sell
* the author or person responsible for the information is reputable, credible and reliable, for example, a government agency, evidence based information, a trained professional, someone who has experienced something first hand.

**Teacher note:** this is an opportunity to check for understanding by listening or reading student responses interpretively. Do students understand the terms enough to be able to apply them?

### Activity focus: Exploring the Play Safe website

Students access the NSW Health [Play Safe](http://www.playsafe.health.nsw.gov.au/) website to find out more about:

* the range of tests that can be undertaken for STIs
* getting a personal Medicare card and a young person’s right to privacy
* the cost of STI testing and access to bulk billing to reduce costs
* confidentiality
* medical professional’s duty of care in situations where a young person appears to be at risk of harm
* services that offer STI testing in their local community.

Students use the checklist they created in their groups of 4 to assess the health information, products and services on the PlaySafe website and evaluate whether the website is a credible source of information and advice for young people. Discuss each component of the checklist to make a judgement.

Individually, students write a review of the PlaySafe website to share with young people.

**Creating an online review**

Open with a clear statement for or against the website. Use adjectives to support the statement.

Explain the reasons behind the opening statement using examples. This requires critical thinking to determine the parts that will draw young people to the website and the information young people would be looking for.

Finish with a closing statement. To what extent would they recommend the website. What is their recommendation for young people?

### Activity focus: Scenarios

Individually or in pairs, students use the scenario cards provided. Students read 2-3 scenario cards and provide guidance to each individual involved in the scenario.

Invite students to discuss each scenario as a class and share suggestions.

Use the Scenario teacher guide to clarify any misconceptions and encourage discussion.

Student work in pairs to practise skills associated with requesting an STI test or informing a sexual partner that they have an STI or need to be tested.

Students could practise verbal or written communication skills, based on their strengths and comfort level. For example:

* Students construct a text, email or letter to inform a partner they have an STI and should get tested.
* Students verbally request an STI test, including commonly asked questions. This could be done live or recorded.

Students can adopt different roles to show an understanding of a consultation between a young person and a medical professional, such as:

* Young person requesting the STI test
* Community nurse at local health clinic
* Family GP

**Concluding the activity**

As a whole class, reflect on the following questions:

* How can we reduce the rate of STIs in our community?
* What services can we access to support us in this?
* Why is it important for individuals to be proactive in regard to their sexual health?

### Activity focus: Post test

Individually, use the myths and facts activity as a quick check of the knowledge or students.

## Teacher fact sheet

### STI rates

Rates of sexually transmitted infections (STIs) continue to rise for some age groups, including young people. The true number of STIs in Australia is unknown as many people who have unprotected sex haven’t been tested for STIs.

The risk of STI transmission increases when:

* people engage in sexual behaviours without using condoms or dams
* people engage in sexual behaviour with multiple sexual partners.

The Sixth National Survey of Secondary Students and Sexual Health (2018) involved over 2000 Year 10, 11 and 12 students. It found that:

* Most students (78.7%) had accessed the internet to find answers to sexual health questions, although they did so infrequently (86.5% indicated once a month or less) and cautiously (55.5% indicated only moderate levels of trust in online sources).
* The majority of students reported that they felt most confident talking about sexual health with female friends (71%), did so frequently in last year (53.9% reported several times to almost weekly) and trusted them to provide accurate information (52.7% indicated high levels of trust).
* Students also talked with their mothers and male friends, though less so than female friends.
* Students reported varying levels of confidence in talking to a doctor or GP about sexual health. They were more confident talking to a GP about contraception (62.1%) than HIV/STIs (44.7%) or sex (38.3%).
* However, doctor/GPs were by far the most trusted source for accurate sexual health information (88.6%), but were used infrequently or never in the last year (89.1%) and were less likely to have ever been used (32.6%).
* Most students have engaged in some form of sexual activity, from deep kissing (74.4%) to sexual intercourse (46.6%).
* Perceived concerns about HIV (41.6%) and STIs (45.8%) were important for many of the students who were not yet sexually active
* The most commonly reported behaviour was touching one’s own genitals (89.0%), followed by deep kissing (74.4%), being touched on the genitals (65.6%), and touching a partner’s genitals (65.0%).
* About half of students reported having ever engaged in oral sex, both giving (52.1%) and receiving (51.4%).
* Sexually active students (46.6%) were largely having sex in their homes (75.8%) with a boyfriend or girlfriend (64.6%) who was about the same age as them (85.5%).
* Most reported discussing having sex (81.2%) and protecting their sexual health (76.9%) prior to having sex, were using condoms (56.9%) and/or oral contraception (41.0%) and felt good about their last sexual experience.
* A majority of sexually active students (62.2%) reported always or often using condoms in the past year.
* Further, 75% indicated a condom was used the first time they had vaginal sex.
* A solid majority of students (68.2%) believed most or all people around their age used condoms.
* Most students thought that, for those young people who use condoms when having sex, solely girls (43.8%) or both girls and boys (44.3%) suggested using a condom.

### STI testing

STI testing should be part of an individual’s sexual health care routine. Many young people have misconceptions about STI testing. This increases the importance of including testing in any sexual health education program to support messages around safer sexual behaviour, protective strategies and accessing health care services.

The main reasons identified by young people to stop them from getting tested for STIs include:

* don’t need to test because they trust their partner
* worried about boyfriend/girlfriend’s reaction
* don’t see the benefits of testing
* think that testing for an STI is embarrassing
* don’t think friends would think testing is important
* worried about parents’ reaction

Some practical reasons why young people may not test for STIs include:

* lack of knowledge of treatments
* unsure of where to get tested
* fear and anxiety about medical tests
* worried people will know if they got a test
* concerned testing is too expensive
* worried that staff will judge.

#### Who should have an STI test?

STI tests are recommended:

* at the start of new relationship
* at the end of a relationship
* any time you have symptoms that could be related to an STI, (e.g. unexplained genital symptoms)
* if a sexual partner tells you they’ve been diagnosed with an STI (even if you don’t have symptoms or haven’t had sex with them in a while)
* after unprotected sex
* once a year as part of routine check-up.

#### What does an STI test involve?

Where young people are familiar with the process involved, it can reduce anxiety and increase confidence to access services more often. It is important that young people understand that having an STI test is simple and painless.

Qualified medical professionals at youth services, GP and medical centres, sexual health services and family planning centres conduct STI tests. Some services will require a Medicare card and young people should ask if one is required when making appointments.

Medical professionals are encouraged to ask questions about STI testing as part of any consultation with young people.

Young people should be aware that in a consultation it is common for the medical professional to ask questions about:

* gender of sexual partners
* number of sexual partners
* sexual practices (i.e. oral, vaginal or anal sex)
* whether they have any symptoms
* whether they have ever injected drugs
* whether they have piercings or tattoos.

There are many tests that can be involved in STI testing. These include:

* A urine sample
* Urine testing is the most common method is testing for STI’s.
* Commonly used in males to test for chlamydia and gonorrhoea.
* Offered to females as an alternative to a vaginal swab in some instances.
* A blood test
* Used in testing for syphilis, hepatitis and HIV.
* A vaginal swab
* Can be performed yourself or by a medical professional.
* Used in testing for chlamydia and gonorrhoea in females.
* An anal swab
* Can be performed yourself or by a medical professional.
* Used in testing for rectal chlamydia and gonorrhoea.
* A throat swab
* Performed by a medical professional.
* Commonly used to test for STI’s passed on through oral sex such as chlamydia and gonorrhoea.
* A physical examination
* The medical professional will look at the external genital area, inside the mouth, vagina and anus for any symptoms of STIs.

#### Cost

Many services that offer STI testing are bulk billed through Medicare. Young people will require access to a Medicare card to utilise these services. Costs and bulk billing should be confirmed by young people when making an appointment.

#### Confidentiality and other matters

Confidentiality is an integral component of STI testing. Medical professionals are legally obliged to keep information that a patient gives them confidential, regardless of their age.

However, if there are issues that raise concerns about patients under the legal age of consent (16 years of age), then the doctor may take steps to ensure their safety. The health care provider uses information collected at the service to address any health needs.

#### Getting the results

Test results normally take about a week to come back. If the results indicate the presence of an STI (positive results) it may be necessary for the person to inform sexual partners so they can also be treated and tested. This is called contact tracing. If this does not occur, then reinfection will result.

The medical professional may treat the young person before the results come back.

In some instances, health care providers will need to share information with external agencies. Examples include notifiable diseases such as chlamydia, gonorrhoea, hepatitis, syphilis and HIV.

Information used in this fact sheet was obtained from the [NSW Health Play Safe website](http://www.playsafe.health.nsw.gov.au)

## Fact or myth worksheet

Record whether you believe the following statements are **fact** or **myth.**

1. STI stands for school transmitted infection.
2. STIs can be transmitted via intercourse only.
3. Some STIs remain symptomless.
4. Chlamydia is an example of an STI.
5. Transmission of STIs can be reduced by using condoms and dams.
6. The number of young people with STIs is decreasing.
7. Treatment of STIs is relatively simple – often with a course of antibiotics.

## Scenarios – Teacher guide

### Scenario 1

Chris has been in a relationship for two years with Alex. They have recently commenced an intimate relationship. Chris has had previous sexual partners and Alex is concerned about her sexual health. What can Chris do?

Suggested responses.

* Chris should communicate concerns to Alex.
* Both Chris and Alex should have an STI test.
* Chris and Alex should practise safe sex.

### Scenario 2

Allam has regular STI checks every 6 months. The latest results have indicated that Allam has contracted chlamydia. What should Allam do?

Suggested responses.

* Seek medical treatment.
* Have another STI test at the conclusion of medical treatment to ensure chlamydia has been treated.
* Continue regular STI testing.
* Contact past and present sexual partners – either in person or via a service like [Let them know](http://www.letthemknow.org.au).

### Scenario 3

Xu has recently become sexually active and has had multiple partners in the last few months. What can Xu do to ensure positive sexual health?

Suggested responses.

* Xu should practise safe sex.
* Xu should have regular STI testing.

### Scenario 4

Priya is very anxious about going for an STI test on Friday. What advice could you give Priya about the STI testing process to calm his nerves?

Suggested responses.

* STI testing should take place as part of your regular health check ups.
* Most testing for males is based around a urine sample, and sometimes a blood test.
* Most STI’s are easily treated.

### Scenario 5

Sharon had an STI test at the doctors last week. She has found out that a previous partner has given her gonorrhoea. Sharon is very concerned that if this information gets out into the community her reputation will be ruined. What advice could you give Sharon?

Suggested responses.

* The doctor is bound by terms of confidentiality and cannot discuss Sharon’s health with other parties.
* Gonorrhoea is a notifiable disease – but this information is not connected to people’s names or other identifying details information is kept on a highly secure database.
* Sharon can let previous partners know anonymously via the [Let them know website](http://www.letthemknow.org.au/).

### Scenario 6

Blake is engaging in oral sex with a long-term partner. What test would the doctor/nurse perform to test for STI’s? What information can you give Blake about the test?

Suggested responses.

* The doctor/nurse would perform a throat swab.
* A throat swab may make you cough but is generally painless.
* Throat swabs generally test for STI’s passed on through oral sex such as chlamydia and gonorrhoea.

### Scenario 7

Ash recently had an STI test at her family doctor. She is worried that her doctor will tell her parents that she had an STI tests and the results. What advice can you give Ash?

Suggested responses.

* In NSW people 16 years or older are considered old enough to consent to sex and to make medical choices for themselves.
* Doctors have some discretion as to whether someone aged 14 or 15 is old enough to understand their health care without parental involvement.

### Scenario 8

Austin has just ended a relationship with his partner. The relationship ended because Austin’s partner was being unfaithful. What advice would you give Austin in relation to maintaining positive sexual health?

Suggested responses.

* Austin should be tested for STI’s.

## Position cards

Teacher can photocopy, cut out and laminate.

|  |
| --- |
| Agree |
| Disagree |
| Strongly agree |
| Strongly disagree |

## Position activity – Teaching considerations

### Key messages

* Create a safe and supportive environment
* Share thoughts not feelings
* There are no right or wrong answers
* Respect each other’s differences
* Feel free to move or change your mind
* Use appropriate and inclusive language.

Table 4 – Do and do not

|  |  |
| --- | --- |
| Do | Do not |
| * Set boundaries and expectations * Use inclusive language * Listen to what students are saying * Encourage everyone to share thoughts rather than feelings * Rephrase student thoughts without judgement * Thank students for sharing * Use the ‘teachable moment’ * Invite analysis * Reflect questions back to students * Use other situations to expand values continuum * Invite students to move if they change their minds | * Give research or facts * Judge the student * Show your opinion * Try to change values or beliefs * Give advice * Pressure students to share their thoughts |