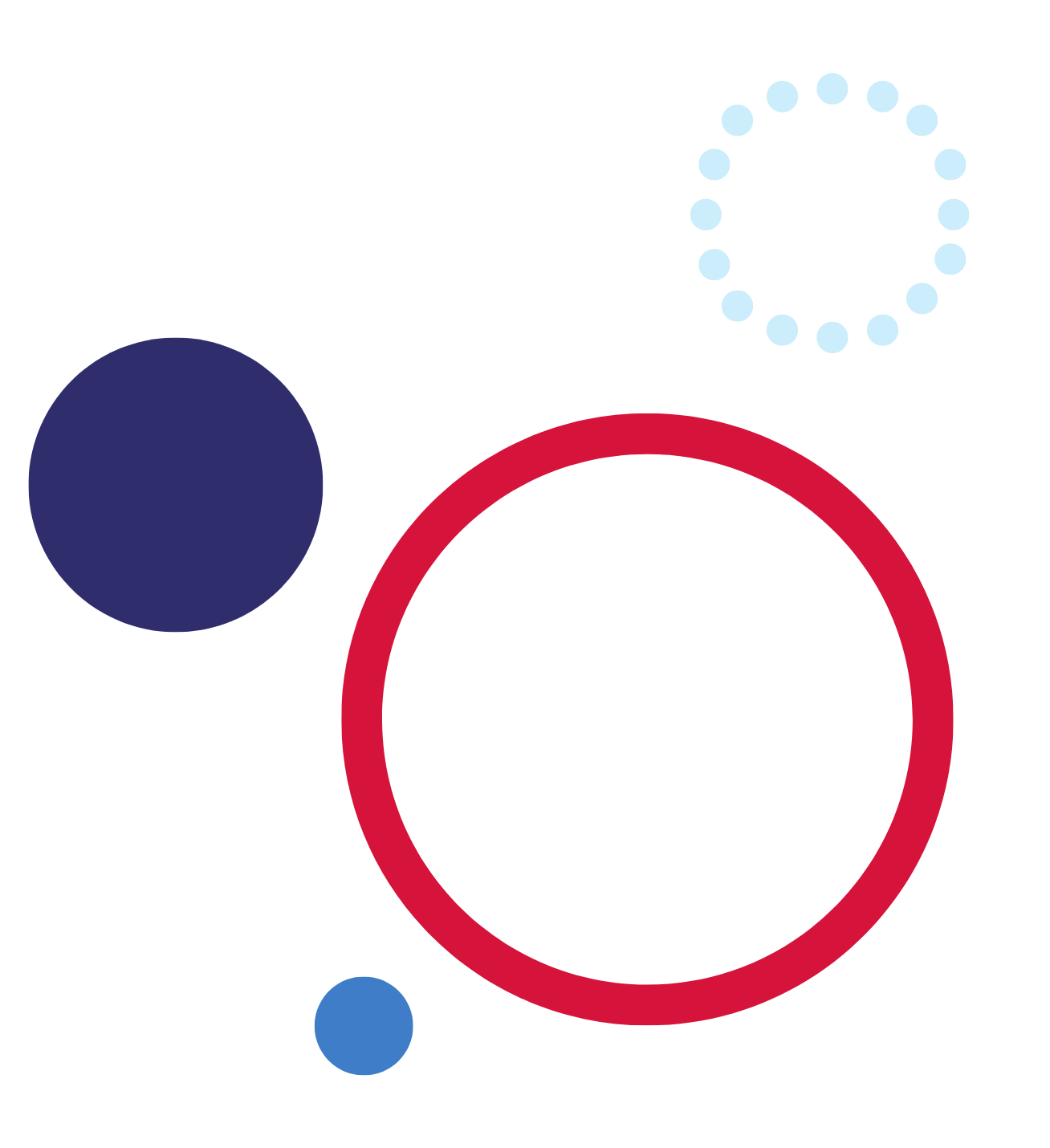
PDHPE Stage 5

# Planning and managing sexual health

This learning activity sequence aims to develop student understanding and skills about planning for and managing their sexual health in the future. Students explore methods of contraception and evaluate safer sexual health practices.

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



## Educative purpose

Despite ongoing concerns for the sexual wellbeing of young people, the vast majority of young people are confident in their decision-making around their sexuality and sexual health. Those who are sexually active are, by and large, having sex that they enjoy and feel positive about. The majority of those who are not having intercourse are feeling comfortable and confident that this is what they want. This is clearly a strength of young people and one which should be recognised in a strengths based approach to sexuality education.

Developing and applying the skills associated with negotiating contraception and planning for safe sexual practices for their future will build student confidence and capacity to support and protect themselves and others.

Syllabus learning context – 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) | Review information and determine the most suitable information to construct a case or justification for the effective nature of contraception  Analyse information gathered to determine the most effective contraception for young people |
| Interpersonal skills  Communication (verbal and non verbal communication, assertiveness) | Challenge opinions, attitudes and beliefs that could result in unsafe sexual behaviour  Express own thoughts, emotions and opinions openly and honestly with others.  Listen to the opinions and thoughts of others  Construct an argument and communicate the case for the effectiveness and suitability of a contraceptive |

## Syllabus content

### Outcomes

* **PD5-6** critiques contextual factors, attitudes and behaviours to effectively promote health, safety, wellbeing and participation in physical activity

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 be the best version of me and support the identity of others? | * evaluate factors that impact on the identity of individuals and groups including Aboriginal and Torres Strait Islander Peoples (ACPPS089) * reflect on personal values in relation to a range of health issues and assess their impact on attitudes and behaviours S * examine and refine interpersonal skills and actions to take greater responsibility in relation to their own health, safety and wellbeing * demonstrate an assertive position on a situation, dilemma or decision by expressing thoughts, opinions and beliefs while acknowledging the feeling of others S I |
| How can I plan and advocate for health, safety, wellbeing and participation in a lifetime of physical activity? | * evaluate strategies and actions that aim to enhance health, safety, wellbeing and physical activity levels and plan to promote these in the school and community * identify methods of contraception and evaluate the extent to which safe sexual health practices allow people to take responsibility for managing their own sexual health S I |
| 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 * investigate the influences on risk-taking and decision-making and assess their impact on individual health, safety and wellbeing, eg pregnancy S |

### Assumed knowledge and understanding

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

* respectful relationships
* rights and responsibilities in relationships
* STIs and BBVs
* behaviours that assist in preventing STIs, BBVs and HIV/AIDS.

### Learning intentions and success criteria

Table 3 – Learning intentions and success criteria

|  |  |
| --- | --- |
| Learning intentions | Success criteria |
| * Research methods of contraception and understand what makes them suitable and effective in different situations * Understand how to plan for and manage their sexual health in the future * Practise how to negotiate safe sex when they are ready * Recognise that health decisions and risk behaviours are not simply an individual responsibility but are shaped by a range of influences | * Identify safe sexual health practices, including methods of contraception * Evaluate the suitability and effectiveness of various methods of contraception * Describe the range of influences that impact on an individual’s ability to behave in healthy and safe ways in relation to sexual health * Identify the factors that influence a young person's decisions in relation to sexual health practices, including contraception * Demonstrate interpersonal skills to negotiate safe sex in different situations |

## 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: Sexual choices and their consequences

* Explain to students that all sexual choices have various consequences. In groups 0f 2-3, student brainstorm the positive and negative outcomes of sexual behaviours and choices. Focus on one for each group.
* Physical outcomes (e.g. pleasure, STIs, pregnancy)
* Emotional outcomes (e.g. closeness, worry, nervousness)
* Social outcomes (e.g. new relationships, social status)
* Explain the term contraception as methods of preventing pregnancy and STIs. Contraception may involve avoiding sexual activity (abstinence), using physical barriers and devices, hormonal (oral, implant and injectable) methods, sterilisation, emergency and natural methods.
* Students complete a [KWLH chart](https://app.education.nsw.gov.au/digital-learning-selector/LearningActivity/Card/562). This comprehension strategy and teaching technique helps students to access background knowledge, formulate questions and document information learned.
* Brainstorm what they KNOW about contraception to establish prior knowledge, what they WANT to learn about contraception, what they LEARN in real time and leave a column for HOW more learning can happen at the end.

### Activity focus: Influences on decision making

* Students work in groups of 4-5 to identify the range of factors that will influence an individual's ability to behave in healthy and safe ways in relation to sexual health.

**Contextual factors**

A range of factors existing in differing ways, with varying impacts on individual, group and community health, safety, wellbeing and participation in physical activity. Factors include, but are not limited to:

* + individual: knowledge, skills, attitudes, beliefs, ability, sex, gender
  + sociocultural: religion, parents/carers, family, media, culture, peers, language, politics
  + socioeconomic: education, income, employment
  + environmental: geographical location, access to health services.
* Students use graffiti sheets to record the impact of the following factors on the decision to use contraception.
* Students move around the room after 2-3 minutes at each graffiti sheet.
* individual factors, e.g. values and attitudes
* socio cultural factors, e.g. family, peers, gender, culture, sexual identity/ preference
* political factors, e.g. laws and regulations
* economic factors, e.g. costs, - environmental factors, e.g. access
* Students use Microsoft Word Smart Art or [Canva](https://app.education.nsw.gov.au/digital-learning-selector/LearningTool/Card/653#.Y2ncDcgwfVc.link) to create a flowchart that analyses the decisions individuals and partners need to consider when choosing a method of contraception that is suitable to their needs.
* Considerations may include the need to prevent STIs, side effects, reliability of the contraception.
* Students need to consider the implications of using various types of contraception in the decision making process.

### Activity focus: Researching contraception options

* Individually, students explore the [Family Planning NSW contraception choices website](https://www.fpnsw.org.au/health-information/individuals/contraception/contraception-choices) to determine which form of contraception is most suited to their avatar they will create in the following activity.
* The website provides relevant information for each of the following methods of contraception: the male condom, the female condom, the pill, the mini-pill, hormone implant (implanon), contraceptive injection (depo-provera), intra uterine device (IUD), vasectomy, fertility awareness (natural family planning), tubal ligation, diaphragm, emergency contraceptive pill (morning after pill), vaginal ring, dental dam.
* The website contains brief information that answers each of the following questions: how does the method of contraception prevent pregnancy? Why does the method of contraception protect against the transmission of STIs?
* In groups of 5, students create characters. Students need to create at least three fictional characters: the couple and a contraceptive character. The contraceptive character is to communicate with the couple involved and discuss their relationship along with the various options they have.
* Online option: create characters as an online avatar using suitable avatar design sites and create an animation to play out the scene.
* Offline option: write a scenario and script involving the three characters.
* Alternative option: students could use a device camera or webcam to record a role play of a scenario involving a couple who are discussing engaging in sexual activity.
* Within the scenario, the following needs to be established:

1. details of the individuals: their names, their age, gender, cultural background, level of assertiveness, sexual identity, level of maturity, interest, school and career hopes
2. the setting where the discussion takes place: e.g. location, time of day
3. the nature of their relationship: casual relationship, short-term relationship, long-term relationship, level of emotional intimacy, degree of respect, power in the relationship
4. type of sexual behaviour involved and their respective attitudes towards this behaviour
5. influences on their decision
6. their previous sexual history.

* The role of the contraceptive’s character in the scenario is to convince the couple to examine their personal values related to contraception and engaging in sexual activity. If the couple decides in the scenario to engage in a form of sexual activity, the contraceptive character needs to discuss the following information with the couple:

1. what factors have influenced the couple's decision to use this form of contraception?
2. description of how the contraception prevents pregnancy
3. the advantages/disadvantages of using this form of contraception
4. an explanation as to how the contraception protects against STI’s
5. details about the reliability of the contraceptive and factors that can increase or decrease its effectiveness
6. an outline of the short-term and long-term side effects.

* Students share the scenarios and animations they have created in a way that allows for peer evaluation.

### Activity focus: Assessing suitability and effectiveness

* Students respond to the question: what is the most effective form of contraception for young people? Students state which form of contraception they view as most effective and provide reasons as to why it is effective, e.g. cost effective, prevent STIs, easy to use.
* As a class, complete the condom copout activity.
* The condom cop-out information card is provided to be distributed to students.
* Students read the condom cop-out information card.
* Read out the first statement to the class: We're monogamous. Using condoms would be saying I don't trust my partner.
* Pose the following questions to the class.

1. Who do you think is saying this statement? Why?
2. What might be going on inside the person’s head that is making this statement?
3. What might have influenced the person to make this statement?
4. What might you say as a response to this statement?

* Students write or act out a response to one of the condom cop-out lines that a sexual partner has used.

1. Sex is spontaneous, having condoms looks like you're planning it
2. It's not my responsibility
3. I know I don't have an STI, I feel fine
4. I know my date doesn't have an STI, he (or she) looks too healthy
5. I can't talk about this before sex, it's a turn-off
6. It's embarrassing to talk about using condoms
7. It gets in the way of a good time.

* Explain to students that the response is to challenge the statement and argue in support of condom use and safer sex practices. Share and discuss the responses.
* Debrief the activity by asking the following questions.

1. How difficult was it to come up with a response?
2. What response is the best and why?
3. What do you think influences a person to use these statements?
4. How could things be different to make talking about condom use easy for young people?

## Condom cop out activity

### Condom cop-out information card

Unless you're in a long-term, monogamous relationship or doing it on your own, there's no such thing as 'safe sex'. But there is 'safer sex' and you need condoms to do it.

Sometimes people confuse safer sex with contraception because condoms do both. Safer sex is about minimising the risks of getting or spreading sexually transmitted infections (STIs). Contraception is about preventing pregnancies. Using anything other than condoms, such as being on the pill, isn't safer sex.

If you are sexually active, condoms are the best way to help prevent you from getting STIs, which have health impacts ranging from smelly discharges to infertility to death. Condoms are portable, discreet and relatively cheap compared to the huge cost in potential consequences of not using them. And they come in different colours and textures.

### Condom cop-outs

Condoms sometimes get associated with relationship or other issues that stop people from using them. Issues like:

* We're monogamous. Using condoms would be saying I don't trust my partner
* Sex is spontaneous. Having condoms looks like you're planning it
* It's not my responsibility
* I know I don't have an STI. I feel fine
* I know my date doesn't have an STI. He (or she) looks too healthy
* I can't talk about this before sex, it's a turn-off
* It's embarrassing to talk about using condoms
* It gets in the way of a good time.

If you cop out on condoms, that's a choice. But if you make that choice, don't tell yourself it's about trust issues or because 'it won't happen to me'. If that were true, STI rates would not be so high.

Adapted from ‘Your sexual health’ by University of Melbourne