



transmission

an intergenerational journey

OUTLINE AND NOTES
FOR ACTIVITIES

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Celsius Design

Finally, I wish to acknowledge Sebastian Robinson who kindly agreed to the very personal footage of his interview. It helped shape the focus of these materials.

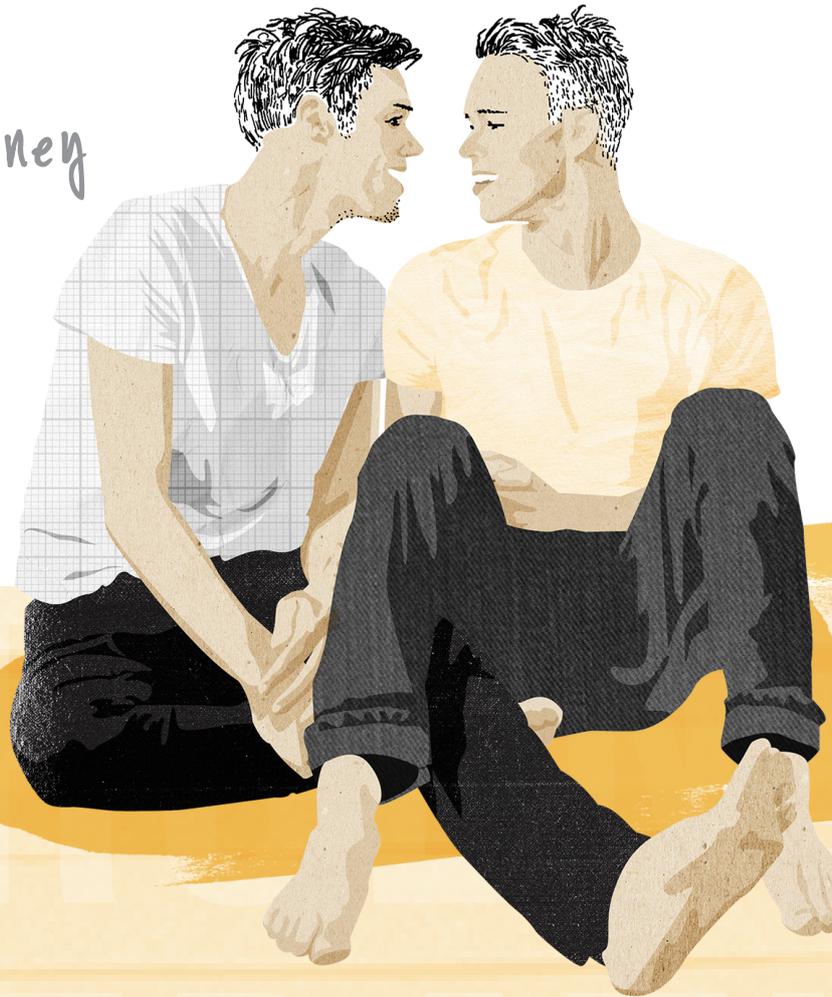
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– Pamela Blackman, Author
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Health and Society (ARCSHS)

Transmission

an intergenerational journey

Transmission - An Intergenerational Journey is a short film created to support health educators delivering sexual health education in schools. The film and activities are designed to engage young people in discussions regarding their sexual wellbeing. In particular, the activities focus on HIV/AIDS and sexually transmitted infections (STIs).



Author's Note:

An important aspect of these materials is the focus on sexual activities that young people, when ready, may engage in. I have tried to keep a positive approach to negative outcomes, HIV/AIDS and STIs. Sexual Activity, for those ready to engage in it, should be a good experience not an experience full of fear and guilt.

I think it's important to recognise that sexual activity is pleasurable as well as normal. It may be useful to include some of your own lessons around knowledge of how the body responds to sexual activity.

I also feel it's important that young people be reminded that sexual activity should be consensual and mutually pleasurable. Also, sexual activity is not just about sexual penetration but includes a wide and varied range of ways to feel sexual arousal and pleasure.

How it Works:

Given the number of issues that need to be covered in Health Education, it is not expected that educators will use all of the activities. It may be possible to use just one, or perhaps one activity will be used in one year and another the following year. The activities are designed so that they are stand-alone.

As always, it's understood that health educators know their school community and will determine the best choice of material.

Purpose:

- TO ENGAGE STUDENTS IN DISCUSSIONS AND ACTIVITIES.
- TO PROVOKE THINKING AROUND THE CONTRACTION OF HIV AND STIs.

Activities

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Activity 1:

transmission

an intergenerational journey

Introduction:

Sometimes we think we are immune to disease, accidents etc. In this short film Sebastian shares his story about HIV transmission and STIs.



Activity 1: transmission – an intergenerational journey

Instructions:

Here is a number of ways in which you may like to proceed. Choose the one you think best suits your group of young people. You may wish to use a couple of the ideas, this will greatly depend on the amount of time you can devote to this topic.

A. Brainstorm: (Write these on the board.)

- all the things your class knows about HIV/AIDS
- all the things they would like to know

There's no need for discussion at this point.

Once you have viewed the film, go back to the brainstorm on the board. Check whether the information written is correct. What do you want/need to investigate further?

B. Hand out the list of statements/questions.

Let them know that these statements are just a way of tuning into some of the things that will be discussed after viewing the film. Ask the students to read through the list before viewing the film.

- What did Sebastian assume about his younger partner?
- When Sebastian talks of getting the news regarding his HIV status, what do you think goes through his mind? Is Sebastian's life over? Do you agree or disagree with this statement?
- Two groups of young people are interviewed about what they know or they think the community knows about HIV/AIDS. How do their concerns differ (those in the late 80's compared to those in 2014)?

- Sebastian talks about revealing his sexual health status on dating apps, but when meeting someone when he's out, he likes to tell the person face-to-face. Should there be a protocol regarding this on dating apps?
- Sebastian talks about finding a GP you trust and feel safe with. What are your thoughts about this?

C. Questions For Sebastian

While watching the film, make notes of things you don't understand. Keep your notes brief.

Using the notes you made, write three questions for Sebastian.

-
-
-

Use the time at the end of the film to answer the questions or collect the questions and use them in the following lesson.

Wrap up

Verbatim theatre is a form of documentary theatre in which plays are constructed from the precise words spoken by people interviewed about a particular event or topic.

[Verbatim theatre - Wikipedia, the free encyclopedia](#)

Why do you think verbatim theatre is important in this context?

Can you think of other events that have used this method of portraying an issue?

Activity 2:

Prior knowledge

(What I know about: STIs/HIV/AIDS)

Introduction:

The questions that are used in this activity are from the *5th National Survey of Australian Secondary Students and Sexual Health 2013*.

If you wish to compare your results to those of the survey you can find the results at: [School Survey 2013, Chapter 3 – HIV, STIs, Hepatitis And HPV](#).

*Remember, this activity is used:

- To establish prior knowledge
- To find an easy, safe starting point for your discussions.

What you will need:

- Copies of the Questions, one per group
- Copies of the Answer Sheet, one per student

NOTE: You do not need to use this activity, particularly if you have had lessons on HIV/AIDS/STIs, as it may be repetitious. If you decide to use this activity, the idea is to use it early in your lesson, so either just before or just after viewing the film is best.



Activity 2: Prior knowledge

Instructions

1. Divide the class into small groups of three to five students.
2. Ask the students to choose a group representative.
3. Hand out a copy of the questions to the group representative who will read out the questions and record the answers.
4. Allow approximately 10 minutes for the groups to complete the questions.
5. Once the task is complete, read out each question and answer.
6. Ask the students if this has raised other questions they would like answered. You can answer them at this time or wait until after they have watched the film. They may need to write them down on the back of the answer sheet.
7. Collect the question sheet from each group as your record of prior knowledge to be used in other activities.
8. Hand out an answer sheet to each student.

Wrap Up

Taking responsibility for your sexual health means you should be having regular check-ups. Sexual health is not just about not contracting an STI or HIV but should also include looking after your fertility. If you are sexually active you should be having regular check-ups, if you have any of the symptoms discussed today, you should have a check-up as soon as possible. If you are not sexually active your sexual health is still something you might want to discuss with your GP.

'Taking responsibility for your sexual health means you should be having regular check-ups.'



ACTIVITY 2: SURVEY QUESTIONS

What's my understanding of HIV/AIDS and other STIs

| Questions about HIV/AIDS | | Yes | No | Not sure |
|--------------------------|--|-----|----|----------|
| 1. | Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs? | | | |
| 2. | Could a woman get HIV (the AIDS virus) through having sex with a man? | | | |
| 3. | If someone with HIV coughs or sneezes near other people, could they get the virus? | | | |
| 4. | Could a man get HIV through having sex with a man? | | | |
| 5. | Could a person get HIV from mosquitoes? | | | |
| 6. | If a woman with HIV is pregnant, could her baby become infected with HIV? | | | |
| 7. | Could a person get HIV by hugging someone who has it? | | | |
| 8. | Does the pill (birth control) protect a woman from HIV infection? | | | |
| 9. | Could a man get HIV through having sex with a woman? | | | |
| 10. | If condoms are used during sex does this help to protect people from getting HIV? | | | |
| 11. | Could someone who looks very healthy pass on HIV infection? | | | |

Activity 2: Prior knowledge

| The questions in this section are about the human papilloma virus, which is also known as HPV. | | | Yes | No | Not sure |
|--|--|-------------------------|-----|----|----------|
| 12. | HPV affects | a. Only or mainly men | | | |
| | | b. Only or mainly women | | | |
| | | c. Both men and women | | | |
| 13. | HPV is the virus that causes genital warts | | | | |
| 14. | HPV causes cervical cancer in women | | | | |
| 15. | HPV causes cancers of the head and throat | | | | |
| Do you think: | | | Yes | No | Not sure |
| 16. | Using condoms when you have sex gives complete protection against HPV? | | | | |
| 17. | You can tell if you have HPV? | | | | |
| 18. | Being infected with HPV always leads to cervical cancer? | | | | |
| 19. | Vaccinating young people against HPV would encourage them to become sexually active? | | | | |
| 20. | The vaccination won't work if a person is already sexually active? | | | | |
| 21. | The vaccine gives you HPV? | | | | |
| 22. | My GP can give me the vaccine free of charge? | | | | |
| 23. | If a woman has had the vaccination she also needs to have regular Pap tests? | | | | |

Activity 2: Prior knowledge

| The following are statements about sexually transmissible infections (STIs) and hepatitis. | | Yes | No | Not sure |
|--|--|-----|----|----------|
| 24. | Someone can have a sexually transmissible infection without any obvious symptoms. | | | |
| 25. | Chlamydia is a sexually transmissible infection that affects only women. | | | |
| 26. | Chlamydia can lead to sterility among women. | | | |
| 27. | Once a person has caught genital herpes, then they will always have the virus. | | | |
| 28. | People who have injected drugs are not at risk for hepatitis C. | | | |
| 29. | Hepatitis C can be transmitted by tattooing and body piercing. | | | |
| 30. | Which of the following are possible symptoms of sexually transmissible infections (STIs)? Please ✓ as many as apply. | | | |
| | Discharge from the penis or vagina | | | |
| | Pain or discomfort when urinating | | | |
| | Muscular soreness in the thighs | | | |
| | Lumps and bumps in the genital area | | | |
| | Severe headache | | | |
| | Discoloured skin in the genital area | | | |
| | A rash in the genital area | | | |
| | Don't know / Not sure | | | |

If you're interested, you might like to compare your class results to the survey results.

Answers to Survey Questions

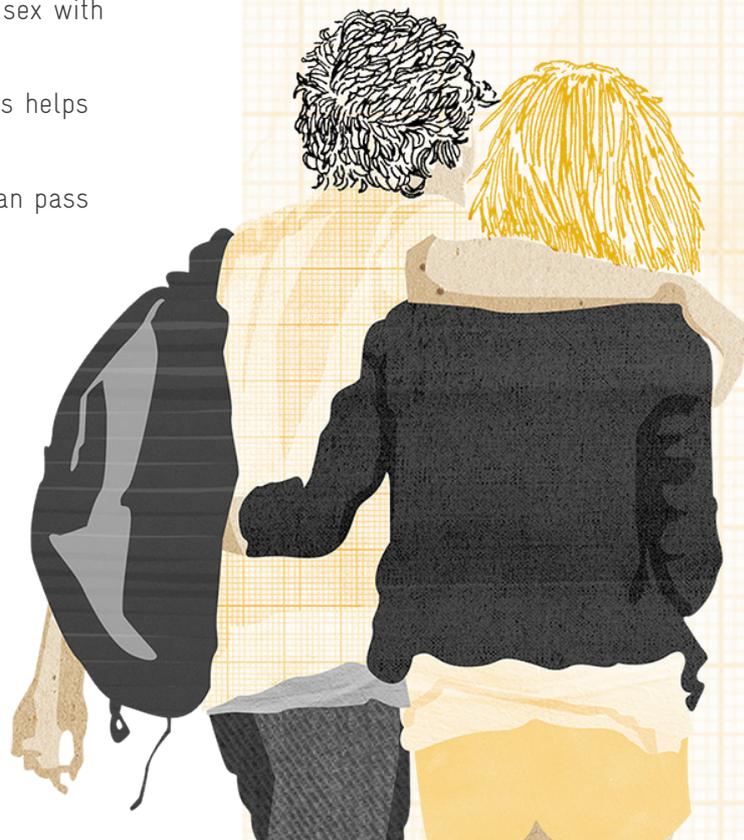
Statements about HIV (the AIDS virus)

1. A person can get HIV by sharing a needle and syringe with someone when injecting drugs.
2. A woman can get HIV through having sex with a man.
3. If someone with HIV coughs or sneezes near someone else they can not transmit the AIDS virus.
4. A man can get HIV through having sex with a man.
5. A person can not get HIV from mosquitoes.
6. A woman with HIV who is pregnant could infect her baby with HIV.
7. A person can not get HIV by hugging someone who has it.
8. The pill (birth control) does not protect a woman from HIV infection.
9. A man can get HIV through having sex with a woman.
10. If condoms are used during sex this helps to protect people from getting HIV.
11. Someone who looks very healthy can pass on HIV infection.

Statements about HPV (Human Papilloma Virus)

12. HPV affects both men and women.
13. Those people who get HPV, most get it without genital warts.
14. There are many different kinds of HPV infections. Some increase the risk of getting cervical cancer.
15. Most people who have HPV will never develop cancers of the head and throat. There are many different types of HPV infections. Some increase the risk of getting cancers of the head and throat.

'HPV affects both men and women.'



Activity 2: Prior knowledge

Do you think:

16. Using condoms when you have sex does not give complete protection against HPV.
17. You may be able to tell you have HPV.
18. Most women who have HPV will never develop cervical cancer.
19. Vaccinating young people against HPV is about good sexual health and does not encourage them to become sexually active.
20. The HPV vaccine works best if it is given before someone becomes sexually active, so it is important for women to have the vaccine when they are young. It is usually best to have the HPV vaccine up to around the age of 30.
21. The HPV vaccine does not give you HPV.
22. My GP can give me the HPV vaccine free of charge.
23. If a woman has had the HPV vaccination she also needs to have regular Pap tests.

Statements about Sexually Transmissible Infections (STIs) and Hepatitis

24. Both women and men can have an STI without any obvious symptoms.
25. Chlamydia is an STI that affects women and men.
26. Chlamydia can lead to sterility among women.
27. Once a person has caught genital herpes, then they will always have the virus.
28. People who have injected drugs are at risk for hepatitis C.
29. Hepatitis C can be transmitted by tattooing and body piercing.
30. Some of the possible symptoms of STIs are discharge from the penis or vagina, pain when urinating, lumps and bumps in the genital area, and discoloured skin or rash in the genital area.



Activity 3:

What has history taught us?

Introduction:

Following the film, discuss the following questions.

- What was Australia's response to the AIDS epidemic in the mid 1980's (as in the start of the film)?

Death of Kings: "You wouldn't see someone for awhile and then they would say they were unwell and you would know they would be dead within 10 months."

- How did this impact on the Australian response?
- Have another look at the interviews with young people about HIV/AIDS - how do the responses given during the 1980's compare to the more recent responses?



Instructions:

What was the Australian response to the AIDS epidemic?

1. Using one or more of these links, find the time line for the history of HIV in Australia.

http://www.acon.org.au/wp-content/uploads/2015/04/History_of_HIV_5th-Edition.pdf
(this goes up to 2011)

<http://www.afao.org.au/media-centre/History-of-HIV#.V4RHUJN94UH>

<http://www.dipity.com/AFA0/History-of-HIV-in-Australia/>
(this timeline covers events up to 2015)

2. Share your research with a small group of students.
 - Decide which three events were the most critical in regards to Australia having a relatively low incidence rate of HIV.
 - Which events may be leading us to become complacent?
3. As a class, discuss the group findings. What is similar/different?

Activity 3: What has history taught us?

Wrap Up

There have been significant changes in both treatment and attitudes to HIV/AIDS in Australia over the last 30 years. Imagine a close friend of yours has been diagnosed with HIV. What would you like to change in the future to make life better for this person? Think of a change in treatment and a change in attitudes. Share your ideas with another person in your class.

If time permits and there is interest, it's worth checking out the treatments that are available.

Terms which may be of interest in regards to treatment are:

- Antiretroviral
- PEP Post-exposure prophylaxis
- PrEP Pre-exposure prophylaxis

I like the idea of using Australian content, in particular as the laws and regulations are different around the world.

There will most likely be changes to the how, where and cost of PrEP which you will be able to find as these sites update their information.

AUSTRALIAN SITES:

<http://www.hivtnt.org.au/treatments/>

<http://www.afao.org.au/about-hiv/hiv-prevention/post-exposure-prophylaxis#.V4RH0pN94UF>

<http://www.afao.org.au/about-hiv/hiv-prevention/pre-exposure-prophylaxis-prep#.V4RH5ZN94UF>

I found these links to be quite accessible although not Australian.

<http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/treatment.html>

<http://www.cdc.gov/hiv/basics/pep.html>

<http://www.cdc.gov/hiv/basics/pep.html>



We need
real trust
not quarantine
to stop AIDS

Activity 4:

Sexual Pleasure –

Does it come with risk?

Introduction:

In this activity we look at ways in which people have sex or show intimacy.

Students discuss and decide the level of intimacy and the degree of risk involved. This activity may be quite confronting for both teachers and students but we need to give young people the information as well as an opportunity to engage in the discussion around pleasure and risk.

NOTE: You, the teacher, know your school community best and so you should determine which activity cards to include.

What you will need:

- Handout - Ways to Engage in Sexual Pleasure, one per student.
- Activity Cards - Ways to Engage in Sexual Pleasure, one set per group.

Instructions:

As individuals

1. Give each student the Handout - Ways to Engage in Sexual Pleasure.
2. Ask the students to think about the various sexual practices and determine which they think might be okay.
 - Put all the activities you are comfortable with (does not mean you have engaged in these) in the toy box.
 - Put those you think you would never be comfortable with in the recycle bin (note: you can always retrieve things from your recycle bin if you've gotten it wrong).
 - Put those you are unsure of in refrigerator for bringing out later.



Activity 4: Sexual Pleasure – Does it come with risk?

In small groups of three to five students:

3. Hand out a set of Activity Cards - Ways to Engage in Sexual Pleasure cards to each group.
4. Ask the groups to order them according to level of intimacy

NOTE: Many classes will have done similar activities to this so you may not need to repeat this. If this is the case, move on to step 8.

5. Ask each group to report their top three most intimate activities and their three least intimate activities.
6. Compare and discuss their responses.
7. Allow a few minutes for groups to make changes to their continuum following the discussions.
8. Ask the students to put the cards in order of least to highest risk of contracting HIV and STIs.
9. Ask each group to report their top three most risky activities and their three least risky activities.
10. Compare and discuss their responses.
11. Allow a few minutes for groups to make changes to their continuum following the discussions.

12. Discuss the following questions:

- Consent -how do you know someone is consenting? Is this the first step in a sexual relationship? It might not be, so when do we get/give consent?
- What do we know about what is safer sexual practice?
- How do we have an intimate experience that's low risk?
- How do sexual partners begin the discussion around pleasure and risk? Is it okay to ask your partner about their sexual health? What are some opening lines to this discussion?

NOTE: This is a good opportunity to role play the lines students have come up with.

- If someone knows they are HIV positive or have an STI, which, if any, are safe?
- How important is trust in an intimate experience?

Acknowledgement: The list and definitions of sexual terms has been modified from the Sex Dictionary, Sexnstuff.com.au website.

<https://sexnstuff.ansellcondoms.com.au/sex-dictionary/>

Activity 4: Sexual Pleasure – does it come with risk?

Wrap up

'Consent' and 'checking in' (do you like this? how about if I do this?) are often overlooked. Here are two videos that might help young people develop the confidence to initiate these conversations:

As always, the video should be watched by the educator before using.

Tea Consent

Wanna Have Sex? (Consent 101)

The following information about safe sex is from *Safe Sex*.

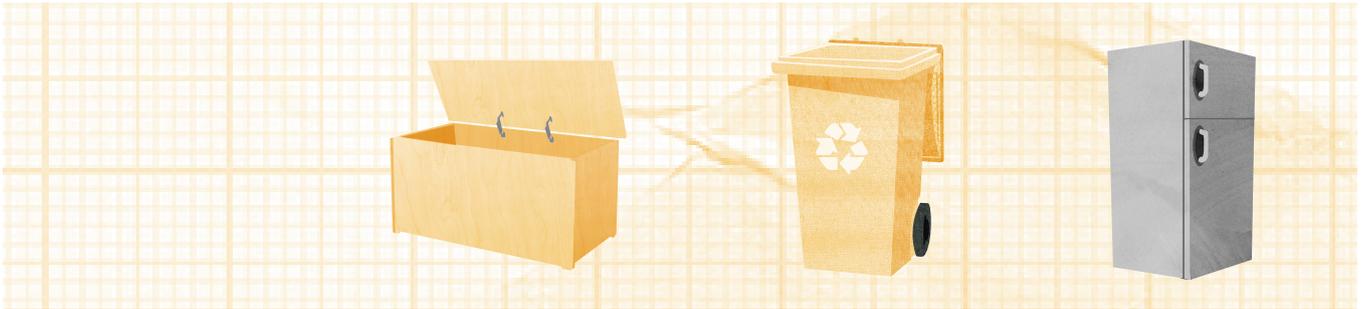
In regards to HIV, 'safe sex' is sexual contact that doesn't involve the exchange of body fluids such as semen, vaginal fluids or blood between partners. Safe sex is important because these body fluids can carry particles of HIV which can infect another person. To prevent this from happening, one should practise safe sex by using a condom during vaginal and anal sex, and taking precautions before having oral sex.

Some other safe sex activities (no exchange of body fluids) include:

- Caressing/massaging
- Hugging
- Kissing
- Rubbing against each other
- Mutual masturbation
- Using sex toys (not shared)
- Fantasising and cyber/phone sex

It is often assumed that these kinds of activities are only a lead up to sexual intercourse (foreplay). But many people find them to be equally as enjoyable as intercourse.

Ways to Engage in Sexual Pleasure



| Activities for sexual pleasure | Toy box | Recycle | Not sure |
|--------------------------------|---------|---------|----------|
| Anal Sex | | | |
| Analingus | | | |
| Cuddling | | | |
| Cunnilingus | | | |
| Dry Humping | | | |
| Body and/or Genital Rubbing | | | |
| Fantasy | | | |
| Fellatio | | | |
| Foreplay | | | |
| Holding Hands | | | |
| Manual Sex | | | |
| Massage | | | |
| Masturbation | | | |
| Love Bite/Hicky | | | |
| Kissing | | | |
| Oral | | | |
| Penetrative Sex | | | |
| Phone Sex/Cyber Sex | | | |
| Scissoring/Tribbing | | | |
| Vaginal Sex | | | |

Activity 4: Sexual Pleasure – does it come with risk?

Anal Sex

Anal sex means having something, maybe a penis, finger or dildo put into the anus.

Analingus

Analingus is when you give someone anal oral sex. The slang word for this one, rimming,

Cuddling

A person gets sexual pleasure from cuddling their partner.

Cunnilingus

Cunnilingus is the name for oral sex when performed on a female

Dry Humping

Dry humping is when two people rub themselves against each other when fully clothed – generally people rub their genitalia against each other when dry humping

Body and/or Genital Rubbing

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

Fantasy

Imagining things that are sexually arousing.

Fellatio

Fellatio is the technical word for oral sex performed on a male.

Foreplay

Foreplay is generally everything that happens in the lead up to sex. It can include flirting, touching, kissing, oral or hand sex. Foreplay can be a really important part of sex and relationships and can be a way of creating sexual excitement and pleasure

Holding Hands

A person gets pleasure, sometimes sexual pleasure, from holding hands with someone.

Activity 4: Sexual Pleasure – does it come with risk?

Manual Sex

Manual or hand sex is when someone uses their hands to give someone sexual pleasure, arousing another person's genitals. This includes, but is not limited to, a hand job (hands on a penis) or fingering (fingers on the clitoris or inside the vagina).

Massage

A person gets sexual pleasure from being massaged.

Masturbation

Masturbating is when someone gives themselves sexual pleasure – generally using their hands, fingers or an object to play with and stimulate their genitals. Can also involve fantasy, pornography. Some slang words – wank, self-pleasure, fingering, or tossing off.

Love Bite/Hicky

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.

Oral

Is when a person uses their mouth (like kissing, licking or sucking) to stimulate someone's genitals, giving them sexual pleasure.

Penetrative Sex

Penetrative sex is when a penis or an object is inserted into the vagina or anus.

Phone Sex/Cyber Sex

Activity in which people become sexually excited by sending messages about sex to each other over the Internet by text or phone.

Scissoring/Tribbing

Scissoring – or "tribbing" – is a sex act where two females rub their genitals together.

Vaginal Sex

Vaginal sex is the insertion of a penis or an object into the vagina.

Activity 5:

think Again —

taking control of your Sexual Health

Introduction:

How do we begin/have the discussions with our sexual partner?

What do we know about safer sexual practice?

These are questions that need to be talked about.

What you need:

Scenario cards, enough for each group to have one card.

‘Good sexual health is important, it’s not just about preventing an unplanned pregnancy or contracting HIV or STIs, it’s also about fertility.’



Activity 5: Think Again – Taking control of your Sexual Health

Instructions:

1. Divide the class into groups of three. Hand out a scenario card to each group along with a large piece of paper about A1 size. Divide the sheet into six sections, one section for each question and fasten the card to the large sheet of paper for further reference.

| | | |
|----|----|----|
| 1) | 2) | 3) |
| 4) | 5) | 6) |

NOTE: You may include instruction five at this point.

2. Read your scenario and on the large piece of paper, write the answers to the following questions:
 - 1) How will you begin the conversation? Write down a conversation starter.
 - 2) What could be done to take responsibility for the health of all involved? List two or three things to do.
 - 3) What changes in behaviour can help avoid an adverse situation in the scenario?
 - 4) Is there a key time in this situation where the two people could have talked about safe sex?

- 5) If you know you are HIV positive or have an STI, which, if any, sexual activity is safe? Provide a few ideas.
 - 6) Why is trust important in an intimate experience?
3. Ask each group to move onto a new scenario, read the scenario and then add to the answers already supplied. Continue until all groups are back to their original scenario.
 4. Ask the groups to have a quick look at the additions and then report back to the class.
 5. Ask the groups to consider: When reading the scenario, what kind of relationship did you think the scenario was describing? Was it opposite sex or same sex? Whichever it was, go back to the scenario and think about it in the opposite way to which you first approached it. Does that change anything? Report back any changes this discussion may have to the answers.

Wrap Up

For those who are sexually active:

- Have regular sexual health checks for common STIs once a year.
- The more frequent casual sex you have, the more often you should be screened.

Good sexual health is important, it's not just about preventing an unplanned pregnancy or contracting HIV or STIs, it's also about fertility.

NOTE: It's a good idea to provide information about local screening services available to young people.

Activity 5: Think Again – Taking control of your Sexual Health

- a) You are 15 years old. You are living at home.
- b) You are not seeing anyone in particular but you have had sex twice in the last month.
- c) Your doctor has told you that you have chlamydia.

- a) You are 17 years old. You have been living interstate with a family for the last 2 years in order to complete your secondary schooling.
- b) You have been in a relationship for nearly a year and have ONLY had sex with this person.
- c) Your partner informs you that you need to be tested for gonorrhoea.

- a) You are 21 years old.
- b) You have had one long term relationship. When that ended you didn't see anyone else but two months after the breakup, you had sex with your ex-partner. You have met someone using a dating app and would like to have sex with this person. You both agree to have a sexual health test.
- c) Your doctor informs you that you are HIV positive.

- a) You have just turned 18 and have gone overseas to celebrate finishing school. To save a bit of money, you decide to stay in backpackers accommodation.
- b) You make friends with some great kids from all over the world and twice you had sex with one of them.
- c) You have a partner back home, the same one for nearly a year. A few weeks after you arrive home you are told by the health nurse, that you have contracted syphilis.

Activity 5: Think Again – Taking control of your Sexual Health

- a) You are 15 years old and have gone to a party where there's plenty of alcohol. You are usually quite careful about the amount you drink as it affects the way you play sport the next day. However, there's no game tomorrow so you have quite a bit to drink.
- b) You like the look of one of the other people at the party. Before you know it, you're in the middle of some very passionate kissing and one thing leads to another and you have sex.
- c) A week later you receive a text message from your sexual partner from the party letting you know you need to go see a health nurse as you may have an STI.

- a) You are 16 years old. You live in a very small town in country Victoria.
- b) This is your second serious relationship but this time you and your partner have been having sex for the last two months. Your partner is 17, and has just finished school and is heading to a Schoolies week without you.
- c) A few weeks later, after your partner returns, you develop symptoms you associate with Human Papillomavirus (HPV).

- a) You have just finished year 12, turned 18 and have your P Plates. You feel you deserve to live a little before starting Uni.
- b) After hearing stories about friends using hook-up apps, you think it might be fun to try it yourself. It's pretty exciting using the app and you've hooked up with someone on Friday night and someone different on Saturday night. Turns out that although you engaged in sex with both, you didn't find them very much fun. Still it gave you something to talk about with your friends.
- c) During the summer you start a relationship with one of your classmates. After lots of dates things start to get serious. You talk about the next step – will you have sex?

- a) You are 17 years old. You are not sexually active, but you are interested in knowing what the fuss is all about.
- b) There's someone at your local basketball stadium that you're interested in. You've heard that this person has had a few partners but doesn't have one currently.
- c) At the end of the year basketball breakup you have an opportunity to hook up with this person of interest. It goes well and you head out to the park behind the stadium. Although you haven't had sex before, you think this is too rough and you are very uncomfortable with it.

Activity 6:

Hypothetically Speaking

Introduction:

It can be helpful to look at commonplace events to take away emotional or difficult notions/prejudices and then proceed to discuss more sensitive issues.

What you need:

A set of scenario cards, one set per group.

Instructions:

1. Divide the class into small groups
2. Hand out Scenario Card 1, *Who's decision is it?* to each group.
3. Ask one of the group members to read the card to the others and then discuss the **'So What?'** points.
4. Ask for responses from the groups. What was the most important issue in this scenario?

5. Hand out Scenario Card 2, *Same, same, but different.* to each group.
6. Ask one of the group members to read the card to the others and then discuss the 'so what?' points
7. Ask for responses from the groups. What was the most important issue in this scenario? Is the important issue the same or similar to the issue in Scenario 1? Why/Why not?

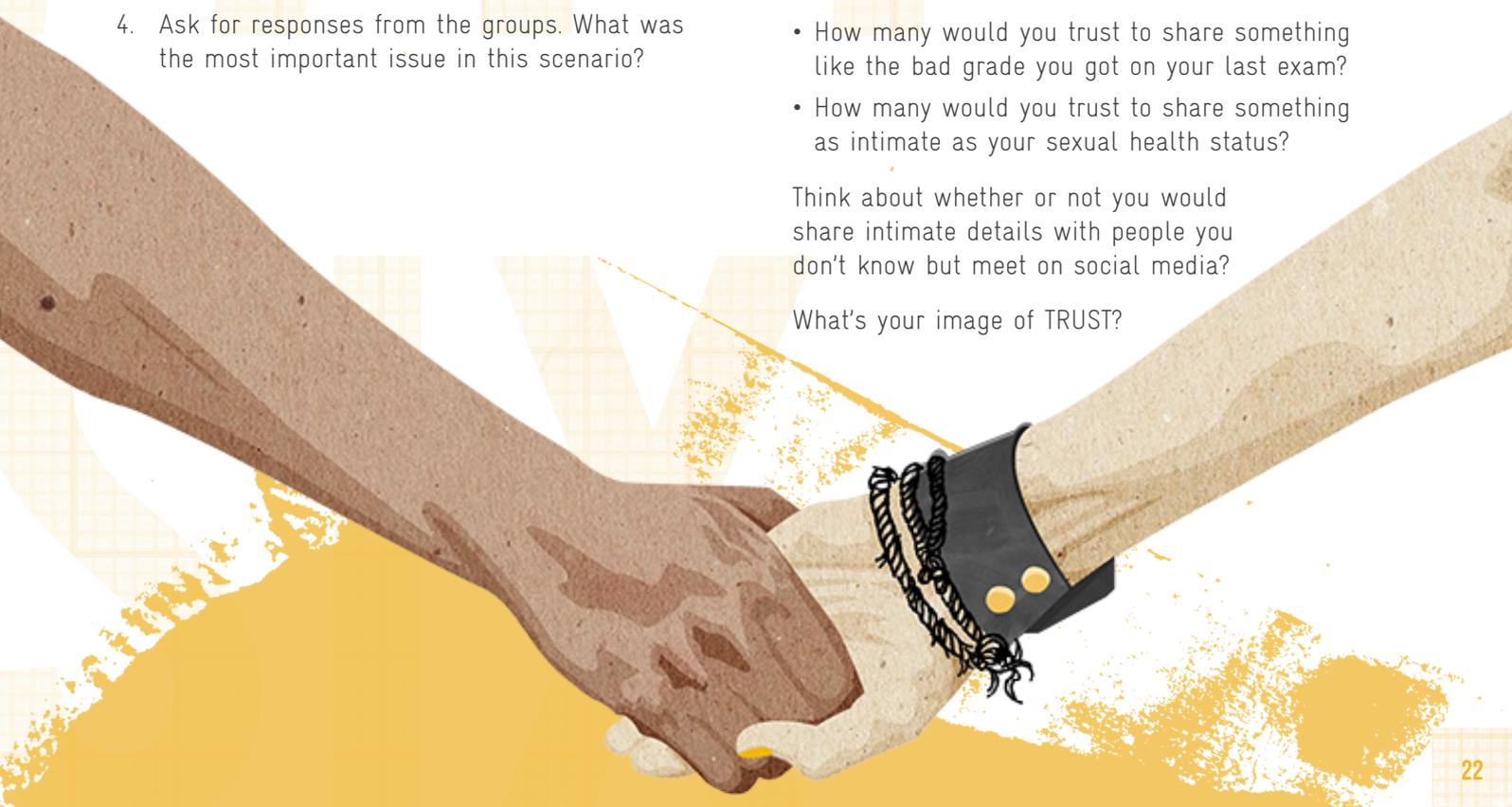
Wrap Up

When we think of the friends we have, we know there are some friends we trust more than others. Think of your circle of friends:

- How many would you trust to share something like the bad grade you got on your last exam?
- How many would you trust to share something as intimate as your sexual health status?

Think about whether or not you would share intimate details with people you don't know but meet on social media?

What's your image of TRUST?



Scenario 1: Who's decision is it?

You have just finished year 12. A close friend is house sitting for the summer and your parents/carer have agreed it's fine for you to move in as well. Just for something to do you have decided to make lasagne using a recipe of your sister's.

It's vegetarian which is good as so is your housemate. However, there is one secret ingredient – anchovies; those little fishy things that add big flavour.

Because you use such a small amount you don't mention it. All goes well. The lasagne is really good and your housemate loved it.

So What?

- Your housemate is actually allergic to fish and suffers a bad reaction. **So What?**
- Your housemate is very serious about being vegetarian. **So What?**
- **So What** about trust?
- You have involved your housemate in this indiscretion (eating non vegetarian food). **So What?**

Scenario 2: Same, same, but different

You have just finished year 12. A close friend (you're actually a couple) is house sitting for the summer and your parents/carer have agreed it's fine for you to move in as well. You have recently been tested for HIV and the only information you have so far is that you are HIV negative. However you know it will be a few weeks before you get the full report. That night you have sex for the first time in this relationship.

So What?

- You know your partner has always been very careful to get regular sexual health check-ups. **So What?**
- **So What** about trust and the effects of your action on your relationship?
- You have withheld the information about your sexual health status. **So What?**

Activity 7:

It's My Sexual Health – I'd like PERMISSION to talk about it

Introduction:

Young people don't often have to visit a GP because they are usually in good health. When they do visit it's often with a parent or carer.

There are two issues here:

1. Having a conversation with the parent/carer that enables them to see the GP on their own.
2. Once they get into see the GP, starting the conversation about their sexual health.

This activity will address the second of the issues.

'It can sometimes be awkward for young people to visit a GP or health service and feel that their visit and information will remain private.'



Activity 7: It's My Sexual Health - I'd like PERMISSION to talk about it

Instructions:

1. Revisit the section of the film where Sebastian is discussing the importance of finding a good GP.



2. Divide the class into small groups.
3. The students in each group brainstorm the sorts of things a GP might say that makes them feel comfortable to talk about their sexual health.
4. Using these ideas, develop a poster that GPs could display in their office to help young people know it's okay to talk.

5. Add graphics to the poster and check out these links: What makes a good poster?

<https://designshack.net/articles/inspiration/10-tips-for-perfect-poster-design/>

<https://www.cis.rit.edu/htbooks/dtp/projects/poster/poster1.html>

6. If you wish, send me a copy, Pam Blackman, p.blackman@latrobe.edu.au as we are running a competition and your poster might be the one selected for printing and distribution.

Wrap Up

As mentioned in the introduction, it can sometimes be awkward for young people to visit a GP or health service and feel that their visit and information will remain private.

If you have youth friendly practitioners in your area it's useful to display a list of these.

It's also important for young people to understand how Medicare cards work. When they can apply for their own card, how to do this and what information the main card holder receives in regards to the other members listed on the card.

<https://www.humanservices.gov.au/customer/subjects/young-people-becoming-independent>

Activity 8: Advocating for Sexual Health Rights — Good Enough for Me, Good Enough for you



Introduction:

It's often good for all of us to walk in the shoes of others.

We can also ask ourselves about fairness and community standards related to HIV and AIDS.



Instructions:

1. Go back to the film where the actors are discussing the impact of HIV/AIDS. You may need to replay this section a few times.
"Disease is not moral failing it deserves passion and not judgement."
2. How should this be applied?
3. Ask the class to respond to following questions:

- Do I hold stereotypes about people living with HIV or AIDS? What are they? Where did I learn these attitudes?
 - How would I feel if I learned that my sibling was infected with HIV?
 - How do I view people who pay to have sex, and how do I view those who sell sex to them? Do I think of them similarly or differently, and on what basis have I formed my attitudes?
 - What responsibility, if any, do I have to defend the dignity and rights of HIV-positive people?
4. Ask the class for suggestions around promoting fairness. Look at how the suggestions might be implemented and if possible, take action to do this.

Wrap Up

Every day, we make decisions about the way we react to and treat other people. Many times, we make decisions without stopping to think about what is fair or ethical, or about other decisions we could make. Being fair means treating people with equal respect as a matter of personal ethics and human rights.

Does treating someone equally mean the same as treating someone fairly?

Acknowledgement: The statements in instruction three have been taken from the resource: It's All ONE Curriculum Volume 1: Guidelines for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education, created by the Population Council, 2009, page 226.

<http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to->



Interesting links

Centers for Disease Control and Prevention PrEP

<http://www.cdc.gov/hiv/basics/prep.html>

Australian Federation of AIDS Organisations

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

HIV Media Guide Information for journalists

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

The Albion Centre Partnerships in Health - A HIV/AIDS Timeline

http://www.acon.org.au/wp-content/uploads/2015/04/History_of_HIV_5th-Edition.pdf

Guide to Australian HIV Laws and Policies for Healthcare Professionals

<http://hivlegal.ashm.org.au/index.php>

Gay News Network - Checkup

<http://gaynewsnetwork.com.au/checkup/sexual-health/even-though-it-only-went-in-for-a-few-seconds-am-i-still-at-risk-19681.html>

Australian Government, Department of Health - STIs

<http://www.sti.health.gov.au/internet/sti/publishing.nsf>

The Conversation article by Bianca Fileborn

<https://theconversation.com/forget-the-pick-up-lines-heres-how-to-talk-about-your-sexual-desires-and-boundaries-53291>

Wanna Have Sex? (Consent 101)

<https://youtu.be/TD2EooMhqRI>

Beyond the birds and the bees: constituting a discourse of erotics in sexuality education.

<http://www.tandfonline.com/doi/abs/10.1080/09540250310001690555>

GET PEP.info

<http://getpep.info/>



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