# True stories: Stage 4 PDHPE

This activity uses personal stories of young people who have been infected with a sexually transmissible infection and/or a blood borne virus. Students analyse the implications of contracting a STI/ BBV on a young person’s life and propose ways to raise awareness about safe practices.

True Stories has been adapted from Talking Sexual Health, Unit 2 Activity 5 - Understanding the cost.

Duration: 50-60 minutes

## Educative purpose

Big idea - Why is this learning important, e.g. evidence, research, student need)?

Young people are disproportionately affected by STIs. This is not solely due to sexual behaviour. If left untreated, STIs can cause serious and painful health problems, such as pelvic inflammatory disease in women, which can result in infertility. Among men, there is also some evidence that untreated STIs can lead to infertility. Early detection and treatment are crucial if we want to reduce infection rates.

One of the most common reasons young people don’t get tested is that they underestimate the risk of contracting an STI. Some people, especially young men, were afraid of the test procedure itself, imagining it to be invasive and painful. However, a regular check during symptom-free times usually requires only a urine test.

Other barriers include the misconception most STIs are not serious, embarrassment about a physical examination, being too busy, and the cost of tests.

The stigma associated with STIs remains a pervasive barrier to testing. A diagnosis suggests a violation of social norms and values, such as engaging in unprotected sex, sex with multiple partners, or sex with disreputable partners. Some young people may be worried about their reputation or people’s opinions if they were found out about going for an STI test. Reducing stigma and normalising STIs, prevention and protection against STIs, treatment and testing are crucial to protect the sexual health of young people and the broader community.

Syllabus learning context – Personal identity, Sexuality and sexual health

## PDHPE skills focus

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| --- | --- |
| Skill domain and skills | Evidence of learning - what do we want students to be able to do? |
| Interpersonal skills   * empathy building (understanding other’s views, understanding other’s needs and circumstances) | * Communicate clearly with others * Share thoughts and emotions appropriate to the situation * Actively listen to others * Understand the needs and circumstances of others in different situations and express that understanding * Contend the negative attitudes and behaviours of others |

## Syllabus content

Outcomes

PD4-7 investigates health practices, behaviours and resources to promote health, safety, wellbeing and physically active communities

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

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| --- | --- |
| Key inquiry question | Relevant syllabus content (dots and dashes) |
| How can I effectively manage my own and support others’ health, safety, wellbeing and participation in physical activity? | * propose and develop protective strategies to effectively manage their own personal health, safety and wellbeing (ACPPS073)   + identify and plan preventive health practices and behaviours that assist in protection against disease, eg blood-borne viruses, sexually transmissible infections S I |

### Assumed knowledge and understanding

This learning activity sequence assumes that students have some understanding of:

* 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?

## Learning intentions and success criteria

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| --- | --- |
| Learning intentions | Success criteria |
| Recognise the impact of protective behaviours on themselves and others. | * Identify key issues related to STI and BBVs. * Raise awareness about safe practices. |

## Teaching notes

### Considerations when selecting activities

* 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.
* Seek endorsement by the school principal before use of materials in NSW government schools.
* Select the activities most suitable for your students.
* Individual students within the group have differing needs and backgrounds. Modify or extend some aspects of suggested activities accordingly.
* Consider and tailor lessons to cater for differing cultural perceptions of what should be taught at a certain age.
* Undertake a comprehensive step by step process to assess any physical or psychological risks associated with an activity before following using a variety of teaching strategies.
* Enable students to withdraw if they find issues personally confronting.
* Recognise that some students may find it difficult to contribute to class discussions and may say little in group activities. Don’t assume they are not engaged in the activities but rather provide all students with the opportunity to contribute in less public ways.
* Use the [resource review flowchart](https://nswpdhpecurriculum.coassemble.com/enter/b6fNd0S) to decide about the suitability of teaching and learning resources.

### 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 are available on the [PDHPE curriculum website](https://education.nsw.gov.au/curriculum/pdhpe/general-information/parents-and-carers).

### 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.

It is recommended that staff use a question box to allow for students to ask difficult questions anonymously through the unit. The question box provides staff with information on student prior and post knowledge by assessing the questions which arise through the question box. Students should be provided with a piece of paper at the beginning of each lesson which they can write their question on and submit. All students should submit a piece of paper, even if it is blank to ensure anonymity.

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

## Learning experiences

Teacher note: 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 1 – What makes me feel connected? (30 minutes)

1. Students read one of the personal stories of a young person who has contracted one of the following STIs and/or BBVs:
   1. HIV
   2. Chlamydia
   3. Genital herpes
   4. Hepatitis C
2. Students reflect on the story and answer the following questions in pairs:
   1. What factors contributed to this young person contracting a STI/BBV?
   2. What are the implications of having a STI/BBV on this young person’s life? Highlight physical, social, emotional and economic implications.
   3. Would these implications differ if the young person was of the opposite sex?
   4. Would there be extra difficulties for this young person if they lived in a rural area?
   5. What impact will this STI/BBV have on this person’s current and future sexual relationships?
3. Ask students to report back to the class and teacher lists some of the implications, making sure social, physical, emotional and economic implications are recognised and appreciated.
4. Within small groups, students review the personal story again. Groups:
   1. propose what actions could have been taken to prevent this person contracting an STI/BBV
   2. use a different story to re-write the ending and share with others in the class.
5. Each group then comes up with four key messages that highlight what young people need to know about STIs/BBVs and safe practices.
6. Each group then proposes one means of displaying or getting this information across to young people within their community and justifies its use and relevance to young people.

## Resources: True stories

### Alex’s story: HIV

I had just moved to Sydney from a country town, caught up living my life in the fast lane when it happened. In June 2003, at the age of 18, I was told that I was HIV positive. Up until that time I felt that I was educated about HIV/AIDS. My friends would tease me, calling me “Condom Mamma”. I was always telling them to use condoms, yet I did not protect myself every time, nor did I believe it would happen to me, but it did. I met a really nice guy who was a friend of my cousins. I had sex with him on his birthday and didn’t use protection because I was on the pill. STI’s never crossed my mind in the heat of the moment.

I had a little pre-test counselling, and then I was told that I was positive over the phone “Excuse me, Miss… your test result came back positive”. I will never forget those words. I was all alone. I still get a numbing feeling just remembering. So much in my life is different that it feels like a lifetime ago.

When I was first diagnosed, I just assumed it was inevitable that I would die and soon. Therefore, I didn’t focus on my health. I was so young but was already facing death. I lost a lot of sleep thinking about the past and the future that could have been. I had too much planned. I was on my way to university. I was going to get married, have children and live long enough to spoil my grandchildren.

How I feel about having the virus now is mixed. There are times I am quite accepting and days when I just feel like revenging back. Sometimes it is quite difficult to hide from HIV because of all the medication. The good thing is that it is normal for a girl to go into a toilet cubicle with her bag. Many times I take my medication in there. When I don’t take them, I become breathless, tired and at times irritable.

There are so many stigmas attached to HIV, when you live in a small community. I was afraid that those who knew my HIV status would tell others or I would slip and someone who was uneducated would cause pain and confusion for my family. My biggest concern was that everyone would reject me. I have found that, like myself, there are other people in my community who are infected. They want to reach out to our community, yet they drive seventy miles or more for support groups or to find services, all for fear of being “found out” in their small communities.

Adapted from HIV/AIDS ‘positive stories’

Sarah’s story: Coping with Chlamydia

My name is Sarah and I am 19 years old. I always go for check-ups at the sexual health clinic or with my GP every six to 12 months, especially if I have a new partner. So, I no longer feel fazed by the intimate examinations as the staff at the sexual health clinic are friendly and I have a good rapport with my female doctor.

However, after my latest urine test, I was shocked to find out I had Chlamydia. I felt really upset and angry that I'd managed to get an STI. I thought I had been very careful and I also thought I could trust the person who I caught it from. We had used a condom together while having sex, but it had split. I was shocked that he wasn't more careful about his own sexual health. I got in contact with him to let him know I had Chlamydia and that he should get himself checked out too. He reckons he didn’t give it to me.

I was treated with a single dose of antibiotics and advised to notify any sexual partners in past 6 months. I have to re-test in 3 months because statistically there is a high chance of being reinfected. I felt a bit embarrassed, but tests and notifying partners are necessary. I was given the all clear, which was an immense relief.

Safer sex has always been a big thing for me so it was very unfortunate the condom split. I intend to be even more cautious when I sleep with someone now. In a sexual situation, it really is impossible to know for sure who you can trust. The whole experience has left me a bit cynical and made me appreciate that however much you may trust a partner; they may not always be looking out for you. I've put this down to an unpleasant experience that I've been able to learn from. Fortunately, the infection was caught early so I'm now in good health, but often there are no visible symptoms for Chlamydia, so without that routine check-up it could have gone unnoticed. This could have led to infertility and would have been devastating as I have always wanted to have children. The Doctor told me that many young girls don’t even know they have the disease either because they show no symptoms or they don’t get regular STI check-ups. This is extremely scary because one in five girls have Chlamydia and they don’t even know it.

I always practice safe sex and get any new partner to have a test for all STIs. Communication about monogamy is important, but what a partner does is not in your control. I am not going to consider sleeping with someone new nowadays unless they get the all clear and want to pursue a physical relationship where just the two of us are involved exclusively. Any other set-up just isn't worth the potential risk to my health.

Author: Unknown

### Herpes

I have always been a very focused, successful, friendly, sporty and healthy person. I have a really good supportive network of friends and family, and nothing has ever really gone wrong for me. So needless to say, that 4 years ago when I found out I had genital herpes it rocked my world.   
  
Anyway, as a mature person who was really looking for a future and a life partner this was a really scary moment. The doctor who diagnosed me, gave me bugger all information and no medication options. I investigated further myself and ended up physically taking control of the symptoms. Psychologically it took me about 2 years to come to terms with the fact that this did not make me a dirty person or a bad person. Even though each time those little blisters appeared I was sure I was being punished for something.  
  
I now have a long-term partner and I told him after we had been together only 2 weeks. I figured that I would rather tell people straight up and have them leave (if that's what they chose) than wait and get more hurt. I armed myself with information this time and gave him some reading material to take with him. I told him about my medication and the risks etc and waited for a response. He took a few days but when we caught up again he told me that the herpes was simply a part of me and not all of me and that we would work around it. We talked about it another few times over the months and now it's such a non issue.

I just wanted to tell this story to other people who have been diagnosed. Please remember that knowledge is power and that you can control this. I know it's hard to tell other people but give them something to read themselves and take on what my partner said. It's just one of those things.

Extract from [‘Stories’ at the Somazone website](http://www.somazone.com.au)