

Curriculum links

WA Curriculum

- [ACPPS092](#): External influences on sexuality and sexual health behaviours, including the impact decisions and actions have on their own and other's wellbeing.
- [ACPPS095](#): Critical health literacy skills and strategies: evaluating health services in the community; examining policies and processes for ensuring safer behaviours.

International technical guidelines on sexuality education

- The human body and development
- Skills for health and wellbeing

Materials

- [Laugh and learn video - condoms](#) (2min 23sec)
- Attitudes and values_teacher answer sheet (1 for teacher)
- Life skills_student activity sheet (1 per pair) - electronic or hard copy
- Life skills_teacher answer sheet (1 for teacher)

Before you get started

- [Protective interrupting](#) - Teachers need to know and understand how to use this technique to prevent students from potentially disclosing sensitive information or abuse in front of other students.
- [Dealing with disclosures](#) - Teachers must be aware of the school and legal procedures if a student discloses personal issues, particularly disclosures of sexual abuse.
- [Exploring my own values](#) - Consider your own thoughts, feelings, attitudes and values on this topic and be aware of how they may influence the way you present this activity.
- [Question box](#) - Have a question box available in every lesson to allow students the opportunity to ask questions that may be too embarrassing or unsafe for them to ask openly in class. See [Setting up the question box](#) and [Types of questions](#) for further information. For ways to answer some of the curly questions, see [Student FAQs](#).
- Preview the [Laugh and learn - condoms](#) (2min 23sec) video to determine suitability for your students.
- Before facilitating this lesson ensure you are familiar with the laws about sexual consent in WA. For essential information about consent, safer sex and taking selfies go to:
 - [Youth Law Australia - Consent](#) (external site)
 - [Get the Facts - Sex and the law](#)

Learning activities

Group agreement

10 minutes

Teaching tip: A group agreement must be established before any RSE program begins to ensure a safe learning environment. Read [Essential information: Establishing a group agreement](#) for tips on how to create one and what to include.

1. Revise the class [group agreement](#).
2. Remind students that throughout the lesson they can write any questions down and add them to the question box at the end of the lesson (if they do not wish to ask them during the lesson). See [Essential information - Setting up a question box](#).

Trigger warning

3. Say:

"This lesson covers topics that can sometimes be difficult for people. If you feel uncomfortable, you may like to take a break from the room.

Before we start, let's check that everyone knows where to go for help if you want to check anything that this lesson raises for you."

4. Ask students:

Who are some trusted adults you can talk to?

(Possible answers: parents, grandparents, teacher, older siblings, doctor, other family members, etc)

Teaching tip: It is important not to *tell* students who their trusted adults are or should be. You can offer a list of suggestions of who they *might* be. For some students, some of the people you suggest, may not be people that are safe for them to talk to. Students should not be made to share their list of trusted adults publicly unless they wish to do so.

Who are some people at this school that you can talk to?

(Possible answers: class teacher, other teachers, school psychologist, community health nurse, youth workers, etc)

What services and online support is available?

(Possible answers: [Sexual Assault Resource Centre \(SARC\)](#), [Kidshelpline](#), [Headspace](#), [GPs](#), [Sexual Health Quarters](#), [Beyond Blue](#), [Lifeline](#), [1800 Respect](#))

5 minutes

Introduction

3. Using the [One minute challenge](#) teaching strategy students complete this sentence, "To me, safe sex is.....".
4. Share in small groups.
5. Ask for volunteers to share with the class. (Some of the answers may be humorous and that's ok!)
6. Say:

"What we will be covering in this session may not be new to many of you. But I am sure that you will all find at least one new and different piece of information - if not more! Everyone needs reminders at different times about keeping ourselves and others safer."

7. Explain:

"The terms 'safe' and 'safer' are often used interchangeably. In this video the term 'safe' is used however the more accurate term is 'safer' as no sexual activity is 100% safe. Safer sex means protecting the health of both ourselves and others. This means preventing sexually transmitted infections (STIs) and unintended pregnancy."

For more detailed explanation see [What is safer sex?](#) (external link) and [Get the Facts - Safer sex.](#)

10 minutes

Laugh and learn video - condoms

8. Watch [Laugh and learn video - condoms](#) (2min 23sec).



9. Ask the following questions:

Why do you think humour is used in this video?

(e.g. negotiating condom use can be difficult and embarrassing; lots of people have negative thoughts and myths about condoms; sex can be embarrassing and people use humour to cope with their embarrassment and/or lack of knowledge)

Does it help get information across? How?

What is the main message/information you got from this video?

Seriously, what is 'safer sex'?

(Using a condom (male or female condom) to reduce the risk of STIs and pregnancy.)

Remember, safer sex really starts right at the beginning – talking to your partner and being sure that you both want to have sex and are ready.

10 minutes

Survey statistics

10. Say:

“Some of you may have already had some sessions in the past about condoms. Today we are going to revise that and also look at some other issues associated with condom use and safer sex.”

11. Ask:

“Who thinks that 100% of young people know that using condoms reduces the risk of unplanned pregnancies and STIs?”

In 2018, what percentage of Western Australian Year 10 – 12 students do you think say they **always** use condoms? Take some answers.

(37%)

And what % said they **often** used them? Take some answers.

(22%)

If most people know that it is important to use condoms, why do you think that 63% of those students surveyed said they didn't always use them?

(e.g. Too embarrassed; condom not readily available when required; partner didn't want to use; didn't think about it; didn't think they would have sex at that moment; not prepared; I don't like them; my partner doesn't like them; I trust my partner; we've both been tested; I know my partner's sexual history; it's not my responsibility; we both haven't had any sexual activity with anyone else before.)"

(Reference: [WA Survey of Secondary Students and Sexual Health](#))

Say:

"Did you know: Some STIs can be passed on through oral sex. External condoms (sometimes referred to as male condoms) can reduce the risk of STI transmission during oral sex. [Dental dams](#) (external link) can also be used. This is a piece of latex (or polyurethane) that can be used between the mouth and vagina or mouth and anus during oral sex.

[Internal condoms](#) (sometimes referred to as female condoms) are another contraceptive that prevents both STIs and unintended pregnancy."

10 minutes

Attitudes and values

12. Say:

"It's important to understand that knowledge alone isn't always enough for people to make the safest or healthiest choices. They need to believe that the behaviour is really important and they need to value the outcome - whether that is not getting an STI or having an unplanned pregnancy.

And then people need specific skills to be able to put into practice their knowledge and attitudes and values.

So, Knowledge + Attitudes/Values + Skills (might) = Healthier/safer behaviour."

13. Say:

"Let's think about using a condom.

We already know that you have lots of knowledge about how to use condoms and why they should be used.

Let's look at attitudes and values.

Working in pairs make a list of attitudes and values, beliefs, feelings and opinions that might underlie why some people (especially young people) may choose to use or not use condoms."

Show students the headings and provide an example.

People value _____ so might use condoms	People value _____ so might NOT use condoms
<i>not getting an STI</i>	<i>family (e.g. they may want to have a baby)</i>

Teaching tip: It is important to consider diversity of sexual identity and sexual behaviours when discussing sexual health topics like condom use. Some people may have sexual experiences with people of the same sex and not identify as lesbian, gay or bisexual.

14. Discuss answers as a whole group. See [Values and attitudes_teacher answer sheet](#) for possible answers.

Point out that different people have different values and individuals have values that may change depending on their stage of life.

Teaching tip: It is important to unpack responses around valuing reputation and relationship as reasons to choose not use condoms. Lead discussion about the importance of respectful relationships and gender expectations (refer to background note [Respectful Relationships](#)). Example questions include:

- Are the expectations around buying condoms the same for everyone? (*Typically it is an expectation for men and less expected for women*)
- Are the potential reputation impacts of carrying condoms the same for everyone? (*Typically the seen as a positive for men ('stud') and negative for women ('slut') in line with gendered expectations about sex and relationships*)
- What are important features of respectful relationships? Are these present when a partner is feeling pressured to not use condoms? (*Feeling safe. trust, honesty. being valued and cared*)

for, being able to disagree and say no without fear of being unsafe or hurt. No, pressure to not use condoms is not respectful)

10 minutes

Life skills

15. Say:

“Just because people have knowledge about the correct way to use a condom, and they think that it is important to use condoms, people still need a variety of skills in order to use condoms properly, consistently and respectfully.”

16. Display [Life skills_Student activity sheet](#) or provide as a handout for students to complete (1 per pair).

17. Working in pairs, ask students to suggest examples of the life skills being practised when negotiating condom use and using condoms. See [Life skills - answers sheet](#) for possible answers.

18. Ask for volunteers to give their examples.

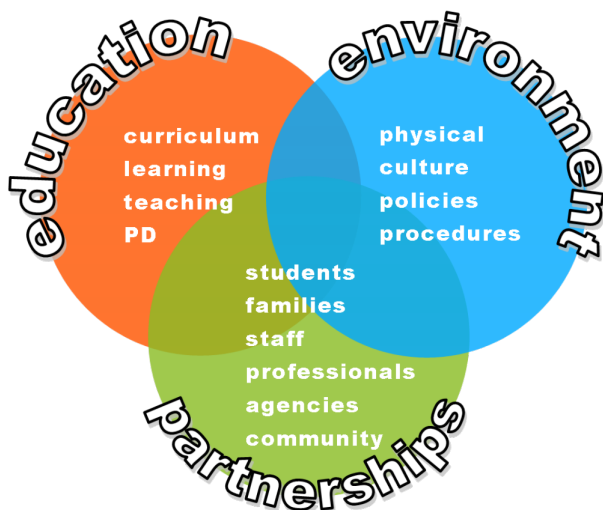
3-2-1 Reflection

19. Ask for volunteers to respond to the question:

What skill is the most important to you and why?

20. Remind students that [Get the Facts](#) has a completely confidential ‘[ask a question](#)’ service that they may wish to use. All questions are answered by a qualified health professional within a week.

Health promoting schools



Background teacher note: [Health promoting schools framework](#).

Partnerships with parents

- *Talk soon. Talk often: a guide for parents talking to their kids about sex* is a free resource that can be bulk ordered by schools. Send a copy home to parents prior to starting your RSE program. The booklet offers age and stage appropriate information so that parents can reinforce the topics covered in class. ([How to order hardcopies.](#))
- Run a parent workshop prior to delivering RSE lessons so that parents can see the resources used, ask questions and find out how to support the school program by continuing conversations at home.
- Add the [Get the Facts](#) and [SECCA app](#) links to your website/e-news for parents.

Partnerships with school staff

- Invite the school health professionals and pastoral care staff (school nurse, school psychologist, chaplain, boarding house master, etc) to a class or an assembly to introduce them to the students and let them know what their roles are and how they can help the students. For example:
 - If you have concerns about relationships, you can go to...
 - If you have more questions about sexual health, you can go to...