

A yellow speech bubble with a tail pointing downwards and to the left, containing the word 'TALKING' in blue capital letters.

TALKING

sexual

health

A PARENTS' GUIDE

ACKNOWLEDGEMENTS

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A message from the Australian Council of State School Organisations and the Australian Parents Council

Sex education is an important area for all parents to address in their own way. This booklet, which has been developed in consultation with our members, provides a useful starting point.

We hope parents can use it and work in partnership with schools to provide sound information and guidance to all Australian young people.

Introduction

This booklet provides information about sex and sexual health to help parents feel well informed and confident to talk with their children about sex.

Research shows that when young people have information about sex and sexual health, they are more likely to make decisions which keep them safe and happy.

Australian parents come from a wide variety of cultural and religious backgrounds, do not all live in traditional nuclear families and have a wide variety of beliefs and values which they want to pass on to their children.

This booklet has been written with this in mind, to be useful for all parents.

The booklet includes:

- the latest research about sex education for children
- tips from other parents to make communication easier
- information to discuss with your child
- information about programs your child could participate in at school.



Australian Council
of State School
Organisations Inc.



The Australian Parents Council

EDUCATING children about sex is more than just telling them about bodies and babies. There are many other areas that really matter to them. The best sex education a parent can give is one that encourages their child to feel positive about their sexuality.

Learning about sexual health means learning about:

- hormones and physical changes
- periods, wet dreams
- reproduction
- body image and self-confidence
- how to manage intense and unpredictable emotions
- how to express closeness
- ways to prevent and reduce harm
- understanding sexual feelings and attractions
- good decision-making skills.

This list could be much longer, because sexuality is so central to the lives of young people.

CHECK OUT THE RESEARCH

Sexuality is a complex and confusing aspect of life, and the way we resolve needs, desires, values, and social expectations in this area has the potential to lead to outcomes ranging from great personal satisfaction to considerable conflict and pain ... We want to influence positively young people's sexuality, helping them to maximise adult sexual adjustment and life satisfaction.

Source: Moore, S. & Rosenthal, D. (1993).

Sexuality In Adolescence

When it comes to finding out about sexual matters, young people nominate their parents, particularly their mothers, as a desirable source of information which is both readily accessible and trustworthy.

Source: Hillier, L., Warr, D., & Haste, B. (1996).

The rural mural: sexuality and diversity in rural youth. La Trobe University.

what can parents expect when their child reaches adolescence?

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PUBERTY is a time when there are significant changes for young people. As well as changes to their bodies, there are psychological and emotional changes, like:

- Rapid growth towards independent adulthood, in which sexuality will play a major role.
- Growing interest in sexual matters.
- Anxiety about body image and appearance. This often results in a lack of self-confidence.
- Increased respect for, and interest in, the peer group rather than the family.
- Expanded intellectual abilities. These new abilities enable young people to appreciate and weigh up a number of points of view before making a personal decision. The parent's word may no longer be seen as 'law'.
- Need for privacy to work things out in their own way. This sometimes means they 'clam up'.
- Desire for social acceptance, to be part of the group. This need for 'social safety' is often felt more strongly than the need for physical or sexual safety, and often leads to risk-taking.

These are all part of a young person's normal and healthy development towards being an independent adult. Rather than trying to criticise or resist the changes in their children, parents should help them with the new challenges and situations they face, including how to cope with sexual feelings.



8 what role can parents play?

Who do you trust most to talk to? Do you talk to your friends? You don't know if they're going to tell other people, so I'd rather go to my mum. I don't really know my step-dad all that much and well, mum - we're always talking to each other. She understands lots of things.

Darren, aged 15

AT TIMES it can seem like parents don't have much to offer. In fact, every parent is already involved as a sexuality educator of their child from the moment their child is born.

Think about what you learnt about sex from your own parents when you were growing up. If you learnt very little or nothing at all from them, you probably also got a message that sex is embarrassing, even disgusting.

Many people have to work hard to find out about sex from other, often unreliable sources. They get the message that sex should not be discussed.

Think about the messages you are giving your children now. Are these the messages you want to give?

Parents often find this subject difficult to raise. They think that talking about it may lead their children to start sexual activity too early.

Research has a lot of reassurance to offer parents on this subject.

It's hard to generalise about the topics teenagers will want to talk about. Some seem to stop talking to parents altogether at this age, while others will talk about almost everything.

CHECK OUT THE RESEARCH

Parents who have been successful communicators with their children throughout their lives will also communicate well about sexual matters.

The quality of this communication is more important than how often it happens.

Young people feel confident to talk about sexual matters with parents who:

- are good listeners
- give honest answers
- try to understand the child's point of view and feelings.

They find it less successful if the parent:

- does not take the young person's needs into account
- dictates hard and fast standards of behaviour
- insists that the young person share the parent's views.

Source: Rosenthal, D. & Feldman, S. (1998).

The importance of importance: the differentiated nature of parent-adolescent communication about sexuality. La Trobe University (paper under review)

THINGS MOST YOUNG PEOPLE DO WANT TO TALK ABOUT TO PARENTS

- The physical changes of puberty
- Menstruation and reproduction
- The risks of catching a sexually transmissible disease (STD)
- Unplanned pregnancy and contraception
- Issues such as abortion, homosexuality and sex before marriage
- Parents' own values and beliefs

THINGS MOST YOUNG PEOPLE DON'T WANT TO TALK ABOUT TO PARENTS

- Wet dreams
- Masturbation
- The personal and private areas of sexual experience. Sexual feelings such as sexual desires, needs and satisfaction
- Particular sexual practices

Source: Rosenthal, D. & Feldman, S. (1998).

The importance of importance: the differentiated nature of parent-adolescent communication about sexuality. La Trobe University (paper under review)

CHECK OUT THE RESEARCH

Research shows that, on the whole, teenagers have clear ideas of what they do and don't want to discuss. Mostly these topics match fairly well with what parents feel they can manage.

Young people are often disappointed by sex education that only teaches them about the physical or medical aspects. They also want to know more about social issues, relationships and values.

Parents have an important role to play in passing on personal, moral, religious and cultural values. Young people are interested in knowing what parents think, feel and believe, provided parents don't insist that their children take on these values as their own, without giving them a chance to work it out for themselves.

“I found it hard when I knew my kids were doing things that weren't acceptable in our culture. I was terrified of people finding out. But you know, you can't make them do anything at that age, can you? You just have to keep telling them what you think is right and eventually some of it probably sinks in.”

Poppy, mother of three children

PARENTS say they spend a lot of time worrying about the right time and place to bring up these issues, and then find it just happens when they least expect it.

Research shows that young people also worry about when to ask or tell their parents certain things.

Parents should make the time to talk, but remember that most young people react badly to serious talk behind closed doors. They respond better to more casual opportunities, like these suggestions from parents:

- in the car
- watching something relevant on TV
- over the phone, where it can be less confronting
- sharing a meal at home or out somewhere
- washing up together
- out fishing
- walking with the dog.

Tips for good communication

- Before you start to talk, try to be clear about what you want to communicate and why.
- Be open to learning from them. Show you are willing to really listen.
- Don't interrupt when they are talking.
- Avoid questions which can only be answered with a 'yes' or a 'no'. Instead, invite them to give an opinion or explain what's important to them.
- Whenever possible, assure them that you will respect their confidence and privacy. Ask them to respect yours.
- If you want to give them advice or guidance, explain the reasons.



Talking about sexual matters

Here are some more tips for talking to your children about sexual matters:

- Accept that you might both feel a bit embarrassed, but don't let that stop you. It gets easier each time!
- Accept that young people are sexual beings and that sexual activity will become an important part of their lives.
- Try hard not to react with anger, criticism or panic – no matter what they tell you.
- Don't be afraid to say 'I don't know the answer'. Then take the opportunity to find out, either together or on your own, and discuss it again later.
- Be positive about their emerging independence. Help them build up their self-confidence.
- Talk about things when they happen, and based on your own experience wherever you can.
- Be open to discuss any issues raised, even if you find it difficult.
- Remember that you can set boundaries about your own privacy too.
- Give advice and offer support, don't make hard and fast rules. Negotiating limits and boundaries is likely to be more successful.
- Show confidence that they can weigh up different points of view and make good decisions about their own health.
- Acknowledge to them that they are the ones who must make choices about their lives, and that your concern is that these choices are carefully thought through.
- Express your own principles and moral perspectives, and stand by them. Your child may not agree with you, but they will still consider these principles when making their own decisions.

“When they were younger, we always talked about things, mostly when they got in from school. I actually think it made it easier when they started to have their ups and downs with relationships, because everything was out on the table for discussion.

Sylvia, mother of two girls

CONVERSATION STARTERS

- 'How would you and your friends decide about...?'
- 'What do you think about televising Mardi Gras?'
- 'What do you think about condom vending machines in schools?'
- 'It sounds like you're pretty upset about that.'

CONVERSATION STOPPERS

- 'You what?!'
- 'We'll talk about it later dear.'
- 'Have you had sex?'
- 'You're not pregnant are you?'
- 'If you get yourself pregnant you needn't come home!'

And if talking is just too hard...

- Set an example in your own relationship of the behaviour you would like them to copy.
- Make opportunities for them to read about it by leaving brochures, books, etc. around the house.
- Help them get their own Medicare card, so they can get medical advice if they need to.
- Suggest someone or somewhere they can go for advice.

SOME young people experience discrimination or rejection because they are seen to be different. This may be because of their race, class, appearance, sexual orientation or because of a disability they have.

Such discrimination or rejection increases the risk of depression, drug and alcohol use, risky social and sexual behaviour and even thoughts about suicide.

Understanding and support from adults is an important way to help young people reduce these risks.

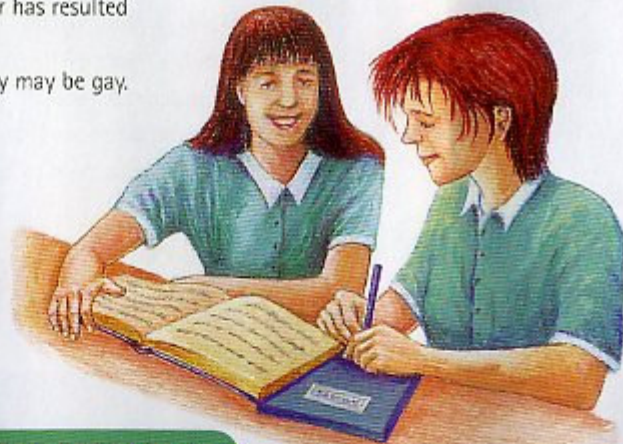
It can be a major challenge for a parent to find out their child is different, or has behaved in ways that others criticise.

For example, a parent may learn that:

- a daughter is being teased, rejected and called a 'slut' because of her sexual behaviour
- a son's or daughter's behaviour has resulted in an unplanned pregnancy
- a daughter or son believes they may be gay.

“
When he finally told me he was gay, the only thing I could think about was why he had to go through those years of worry and fear without telling me anything about it.

Anne, mother of a son, 18



CHECK OUT THE RESEARCH

Boys and girls recognise that there are different standards for judging the sexual behaviour of girls as opposed to boys.

While recognising the injustice of the double standard, most do not challenge it.

Fear of getting a 'bad' reputation can prevent young women from carrying condoms.

Source: Hillier, L., Warr, D., & Haste, B. (1996).

The Rural Mural: Sexuality and Diversity in Rural Youth.

La Trobe University

“
Sometimes if you have lots of boyfriends and stuff ... it's like, I know a girl that got a song made up about her because of it ... Well, the boys made it up about the girl, and they just didn't care what the girl was feeling. She was just so upset and it was really bad.

Clare, aged 14 years

Parents who have been through these experiences describe a mixture of reactions:

- Disbelief – 'This can't be my child!' 'This can't be happening to me!'
- Anger – 'Who is responsible for this?' 'How could she let this happen?'
- Anxiety about how others will react – 'What will the neighbours think?' 'We can't let my mother find out!'
- Confusion – 'How do I feel about this?' 'Will I ever be able to sort it out?'
- Guilt and self-blame – 'What did I do wrong as a parent?'
- Grief for lost hopes and dreams – 'I'll never have grandchildren!'
- Relief – 'Now I know what's going on, I feel better about dealing with it.'
- Loyalty – 'None of this makes any difference to my love and support for you.'

Parents in this situation say that recognising these normal reactions eventually helps them to support their child in the way they want.

CHECK OUT THE RESEARCH

Between 9 and 11% of secondary students indicate they are not exclusively attracted to the opposite sex.

Source: Lindsay, J., Smith, A., & Rosenthal, D. (1997). *Secondary students, HIV/AIDS and sexual health.*

Centre for the Study of STDs, La Trobe University

Of those youth who are attracted to others of the same sex, 46% have been verbally abused, and 13% physically abused.

Nearly 70% of this abuse happens at school, 60% from other students.

Source: Hillier, L., Dempsey, D., Harrison, L., Beale, L., Matthews, M., Rosenthal, D.A. (1998).

Writing Themselves In. A National Report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People. La Trobe University

CHECK OUT THE RESEARCH

Over 10% of sexually active young people are using no contraception, and 28% are using withdrawal in the mistaken belief it will prevent conception.

Source: Lindsay, J., Smith, A., Et Rosenthal, D. (1997). *Secondary students, HIV/AIDS and sexual health.* La Trobe University

It is estimated that for every teenage birth there is also one abortion in the age group.

The number of teenagers having abortions has more than doubled since 1971.

Source: Australian Bureau of Statistics (1994). *Women's Health.* Canberra. No 4365.0

I really didn't know if I was gay or not, even though kids at school gave me a hard time. I didn't know how to talk to my mum and I didn't even know what I wanted to tell her. But I couldn't take the bullying any longer, I just had to blurt it out. I thought she'd go ballistic, but she was angry at the other kids, not at me.

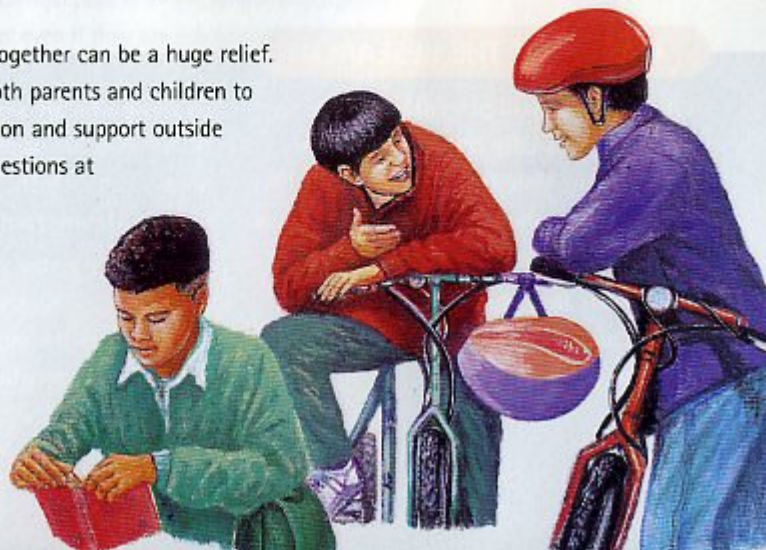
Nick, aged 17 years

Young people who have found themselves in any of these situations say that they rehearse over and over again how to tell a parent.

If children are distressed, victimised or isolated, most parents really want the opportunity to know about it and support them.

Simply talking about it together can be a huge relief.

It's also useful for both parents and children to find sources of information and support outside the family. (See the suggestions at the end of this booklet.)



I wasn't happy when he told me he was having sex, but I was glad he did come to me about it. We had a talk about being responsible, using condoms, and he said he was doing all that, so I figure that's the best I can do.

Robert, father of a 15-year-old son.

Young people learning about sexual health need to understand what is meant by safe sex.

Young people want to enjoy their sexual experiences and to have enough information and confidence to be able to prevent themselves coming to any harm.

The World Health Organisation has listed the life skills that young people need in the sexual health area as the ability to:

1. make sound decisions about relationships and sexual intercourse and stand up for those decisions;
2. deal with pressures for unwanted sex or drug use;
3. recognise a situation that might turn risky or violent;
4. know how and where to ask for help and support; and
5. know how to negotiate protected sex and other forms of safe sex when ready for sexual relationships.

Safe sex

Safe sex means having sex in a way that avoids getting or passing on a sexually transmissible disease (STD).

STDs can be passed on through penis/vagina sex, penis/anus sex, and by oral sex.

The surest way to prevent infection is to have no sex at all, but if people choose to be sexually active, then having only safe sex is important.

CHECK OUT THE RESEARCH

While only a small percentage of young people are sexually active in their early teens, by the time they are 18, about fifty per cent of young people will have begun having sexual intercourse.

This means that about half of all young people are not having intercourse in their teenage years.

Of those who are sexually active, around 80 per cent are using condoms but not always consistently, especially if drugs or alcohol are involved.

The biggest sexual health concern of young people is unwanted pregnancy, and condoms are the most frequently used form of contraception.

Source: Lindsay, J., Smith, A., Et Rosenthal, D. (1997). *Secondary students, HIV/AIDS and sexual health.* La Trobe University

Condoms used with water based lubricant greatly reduce the chance of a disease being passed from one person to another during intercourse.

However, safe sex means more than just using condoms. Other safe sex practices include:

- kissing
- cuddling, stroking
- rubbing, massage
- masturbation (touching your own genitals)
- mutual masturbation (touching each other's genitals)

Many young people believe that they don't need to use condoms with someone they love and trust. The problem with this is that young people's relationships are often short-term, and each new partner soon becomes loved and trusted.

It is important to remember that anyone can get an STD, even from someone they care about and who cares about them.

Some diseases are also passed on through contact with infected blood. They include hepatitis B and C, and HIV, sometimes called blood borne viruses (BBVs).

A really big risk for catching these diseases is when people share equipment used for injecting drugs (like needles, syringes, spoons, swabs, tourniquets or water). Never sharing any of this equipment, and washing hands before each injection, is an important message for young people to remember even if they are not regularly injecting drugs.

Pregnancy

Not all teenage pregnancies are unplanned or cause distress, but research shows that for most young people unwanted pregnancy is their biggest worry about sex.

Having control over their fertility is therefore important to most young people, but many have difficulty getting contraception organised.

“It happened to me at 17 and I made up my mind if it happened to any of my kids it'd be different for them, so it came true and I had to swallow my feelings and try and help her. A couple of years later she told me she wouldn't have got through it without me, so that felt like I'd really done the right thing... I felt proud of myself.

Linda, mother of a daughter now 18

“We bought a pregnancy test kit at the chemist's, and when it turned positive we just wanted to die. Neither of us knew anything about finding doctors or getting help. In the end I just thought that my parents will find out anyhow, so I might as well tell them. Mum cried a lot, and Dad went off his brain at first, but at least they knew what to do.

Kim, aged 15 years

Parents can help by:

- Having a supply of condoms available at home (eg stored with the tampons and bandaids).
- Encouraging or assisting teenagers to make an appointment for a confidential discussion with a doctor or family planning nurse.

Contraception (birth control)

Condoms, properly used, provide good protection against STDs and pregnancy. They are readily available for both young men and young women and do not require a visit to a doctor, so for many they are the best option. They are by far the most widely used form of contraception by young people in Australia.

Oral contraception (the pill) is about 98 per cent effective as a contraceptive. It is only available with a doctor's prescription and must be taken regularly. If a pill is missed, if antibiotics are being taken, or if there is diarrhoea or vomiting, the pill may not work to protect against pregnancy.

The contraceptive pill does not protect against STDs.

Many young people do not know this fact.

The 'morning-after' pill

Emergency contraception (sometimes called the 'Morning-After Pill') is a hormone pill to prevent pregnancy which can be taken up to 72 hours after unprotected intercourse, or if a condom breaks. It works by preventing fertilisation of the egg.

The extra hormones can cause nausea, so anti-nausea tablets are usually issued with the hormone pills.

While not suitable for long-term contraception, emergency contraception provides a safe and effective back-up for other methods. It is only available with a doctor's prescription, however 12 per cent of sexually active young people have used it at some time.

Other contraceptive options include diaphragms, the injectable drug Depo Provera and the intra-uterine device (IUD) for women who have had a baby. These all need to be discussed with, and prescribed by, a doctor.

FOLLOWING the impact of HIV/AIDS in the last decade, there has been a growing awareness of the different sorts of STDs.

Australian school students are quite well informed about HIV but know little about other STDs, including the various forms of hepatitis. Most parents also say they don't know enough about these infections.

Sexually transmissible diseases other than HIV are common among sexually active young people in Australia. If these diseases are left untreated, they can have serious consequences, including infertility.

Not all STDs cause symptoms. Regular medical checks are an important part of sexual health for people who are sexually active.

However, symptoms that can indicate the presence of an STD are:

- unusual, pus-like discharge
- genital itchiness
- pain when urinating
- abdominal pain
- genital lumps, rashes or sores.

Any of these symptoms means it's time to see a doctor.

Many STDs produce no obvious symptoms.

Sexually active young people in Australia are at significant risk of acquiring an STD.

Overleaf is a brief overview of common sexually transmissible diseases, symptoms and treatments.

CHECK OUT THE RESEARCH

69% of young people do not know that chlamydia can lead to sterility in women.

64% are unsure about whether chlamydia can be sexually transmitted to both women and men (it can).

Of those students having sex, 37% use condoms only sometimes, and 9% never use them.

23% of young people believe they are not at risk of STDs because they trust their partner.

Source: Lindsay, J., Smith, A., Et Rosenthal, D. (1997).

Secondary students, HIV/AIDS and sexual health. La Trobe University

When we found out she was carrying condoms in her bag, it came as a bit of a shock. But in the end I thought, well, I've got to be glad that she's looking after herself.

Peter, father of a 16-year-old daughter

Sexually transmissible diseases and blood borne viruses

CHLAMYDIA: A commonly occurring infection, particularly in young women, which can be readily cured. Doesn't always cause symptoms and can remain undetected. In women it can result in pelvic inflammatory disease (PID) and infertility. In men it can cause an infection of the urinary tract (NSU). Easily cured with antibiotics.

GENITAL HERPES: Caused by the same virus which causes cold sores. Can be passed on through intercourse, oral sex, kissing and skin-to-skin contact. No cure for the infection, which lasts for life. There is a treatment which can keep it under control.

GENITAL WARTS: also called Human Papilloma Virus (HPV). Caused by a virus which infects the skin and causes warts in the genital area. The infection is life-long, but the warts themselves can be removed, although they often grow back. In females the infection may be linked to the development of cervical cancer, and hence the importance of a Pap smear every two years.

GONORRHOEA: A common STD. Can be passed on through vaginal, anal and oral sex. Often women don't have symptoms, and if untreated it can cause infertility. Is easily cured with antibiotics.

HEPATITIS: A number of different viruses which affect the liver, and can cause fever, vomiting, jaundice and sometimes permanent liver damage, even cancer. Some infected people have no obvious symptoms. There are several different forms of hepatitis, but the most important in sexual health are:

HEPATITIS A: Passed on through contaminated food or water, or other oral contact with infected faeces. Personal and food hygiene helps protect against infection. When recovered, the person is then immune from further infection for life. There is an effective vaccine.

HEPATITIS B: Transmitted through contact with blood, semen, vaginal fluid or saliva, which means that sex, the sharing of toothbrushes, injecting equipment or razors, and deep kissing can all be risky. A small number of infected people become life-long carriers of the virus. An effective vaccine is available.

HEPATITIS C: Similar to Hepatitis B, although transmission via sex is much less common, and occurs only when blood is present, eg from menstruation or a cut. Most infections happen through the sharing of needles, syringes and other equipment while injecting drugs. A majority of people become infected for life. No vaccine or cure is available.

HIV: Human Immunodeficiency Virus, the virus that causes AIDS. It is passed on through vaginal or anal sex without a condom, and through sharing of equipment used in injecting drugs. At present there is no vaccine to prevent infection, and no cure.

NSU: Non-specific urinary tract infection. Inflammation of the urinary system. NSU is one of the most common STDs for men, and is usually caused by Chlamydia. Symptoms are pain when urinating and sometimes a pus-like discharge from the tip of the penis. Can lead to infertility if left untreated. Easily cured with a course of antibiotics.

PID: Pelvic Inflammatory Disease. Occurs in women if an infection spreads to the uterus or fallopian tubes. Symptoms include lower abdominal pain, pain during intercourse, heavier periods and fever. If untreated, it can lead to infertility.

PUBIC LICE: Commonly known as 'crabs'. Irritating skin infestation with tiny insects. Lice can be passed on through close skin-to-skin contact, and via shared bedding, towels or clothes. Treatment is through the use of special lotions and shampoos available from a chemist without a prescription, and washing of all contaminated clothing in very hot water.

SCABIES: Similar to pubic lice. Similar treatment.

SYPHILIS: An uncommon infection in most parts of Australia. Transmitted via sexual intercourse. Causes a painless sore at the point of infection, followed by a rash and a flu-like illness. There are serious long-term consequences if it is not treated. Easily cured if treated early.

THRUSH: Caused by a fungus which is very common, and can be transmitted non-sexually as well as through sexual contact. Symptoms include discharge and itching. Treatment is with an anti-fungal cream on the infected genitals. Men often have no symptoms.

For more details about STDs, see the reference section at the end of the booklet.

PARENTS are often anxious about the reported use of alcohol and other drugs by young people. They are well aware of the increased risk-taking that happens under the influence of alcohol and other drugs.

Many concerns about safety on the road relate to drug use, especially alcohol. The same is true for sexual behaviour. Sex without a condom with casual sexual partners is more likely to happen when a person is affected by alcohol or other drugs.

Laws in each State and Territory of Australia provide a minimum age of consent for people to engage in sexual intercourse.

These ages vary between the States and Territories, and may also vary between males and females or for heterosexual and homosexual intercourse.

Sexual intercourse below this age, even if consent is given, is a criminal offence.

Sex without consent is rape.

For assistance contact a Sexual Assault Centre, see listings in the phone book.

Parents can help by setting some boundaries for their children about alcohol use.

You can negotiate with your child that they:

- eat a meal before drinking
- pour only their own drinks, or allow only trusted people to buy drinks for them
- never get into a car with a driver who has been drinking
- have a non-drinking friend with them, to ensure their safety and get them home
- always have taxi money and a phone card for emergencies
- know they can call you at any time of the night or day
- plan ahead with you about how to handle potential emergencies.

Source: *Rethinking Drinking* education kit.
Call ACHPER
(08) 8340 3388

Parents may not be able to stop their children using alcohol or other drugs, but strategies like these can reduce the harm they do.

CHECK OUT THE RESEARCH

25% of sexually active young people have had unwanted sex because they were too drunk or high at the time.

20% of sexually active young people did not use a condom because they were too drunk or high at the time.

Source: Lindsay, J., Smith, A., & Rosenthal, D. (1997). *Secondary students, HIV/AIDS and sexual health*. La Trobe University.

AS WELL as talking about sex with our children at home, it is ideal if schools provide a sexuality education program. Parents can help this to happen.

There are National and State/Territory guidelines to help schools provide all students with school-based programs which formally address issues of sexuality. School systems or individual schools can adopt these guidelines as their own, or modify them to fit their particular needs.

Such programs are usually under the broad heading of Health Education. However, in your State/Territory or school, the program may be called Personal Development, Human Relationships Education, Health and Physical Education, Life Skills or Pastoral Care.

These programs should not just teach about reproduction and diseases, but provide students with:

- accurate, relevant and useful information
- opportunities to discuss personal values, feelings and beliefs
- confidence in talking about feelings, needs and expectations
- awareness of the impact of social and cultural influences on their decisions
- practice in developing the following skills:
 - using information to make healthy choices
 - reflecting on one's own values and standards
 - communicating and listening to others
 - decision-making, problem-solving, goal-setting and negotiation
 - demonstrating respect for diversity
 - accepting the consequences of individual actions
 - cooperating and collaborating with others.

Many schools offer parents the opportunity to participate in sexual health education programs in their children's schools. Parent information sessions and evenings with invited guest speakers are examples. Some schools hold special information sessions for parents,

Federal and State laws require that schools have policies relating to equal opportunity and anti-discrimination. In addition, most States and Territories require schools to provide a safe and supportive environment free of discrimination, harassment and violence. This means that schools should not discriminate against children on sexuality issues, and must provide an environment free of sex-based harassment.

to consult, advise or inform them about the program. Contact your school for details.

Any parent who feels their child's school is not providing an appropriate curriculum or learning environment should first contact the school. Parents can also arrange their own information sessions or meetings with other parents. The student welfare or curriculum section of your state or territory education department is a good contact point to get things happening.

Parents are important members of the school community, and have a very worthwhile contribution to make in this area. Schools and parents working together to give young people accurate information, advice, support and opportunities to explore their own ideas, are already helping young people to take responsibility for their own sexual health.



Family Planning organisations

ACT (02) 6247 3077
 NSW (02) 9716 6099
 NT (08) 8948 0144
 QLD (07) 3252 5151
 SA (08) 8431 5177
 TAS (03) 6228 5244
 VIC (03) 9257 0100
 WA (08) 9227 6177

P-FLAG Groups (Parents and Friends of Lesbians and Gays, providing support for parents)

ACT (02) 6251 1599
 NSW (02) 9899 7013
 QLD (07) 3390 1561
 SA (08) 8241 0616
 TAS (03) 6249 5778
 VIC (03) 9511 4083
 WA (08) 9228 1005

Additional information and support can be obtained from:

- Aboriginal Health Centres
- Community Health Centres
- Sexual Health Centres
- Sexual Assault Centres
- AIDS Councils, Hepatitis C Councils

Check your local phone book

You may wish to contact the Telephone Interpreter Service to help you in languages other than English.

Reading

Try your local library or a Family Planning bookshop.

Some suggested references include:

Adolescent Sexuality. Moore, S. & Rosenthal, D. Routledge, London, 1993.

Youth, AIDS and Sexually Transmitted Diseases. Moore, S., Rosenthal, D. & Mitchell, A. Routledge, London, 1996.

How Sex Works. Fenwick, E. & Walker, R. Family Planning Association. Dorling Kindersley, London, 1994.

Sex Talk For Parents and Teenagers. Morris. Acer, 1995.

Coming Out Coming Home – Growth in freedom for the parents of gay and lesbian children. Golding, J. and Wood, P. Spectrum Publications, 1998.

Parenting and Alcohol. Burrows, C. & Wright, S. Australian Drug Foundation, Inferno, 1998.

Sexually Transmitted Diseases. Plummer, D., Kovacs, G. and Westmore, A. Hill of Content, Melbourne, 1995. (For more medical information.)

The Keep It Simple Guide to Safe Sex (Booklet for young people funded by the (then) Commonwealth Department of Health and Family Services, 1998.)

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There is no evidence at all that sex education of any kind leads to earlier or increased sexual activity. In fact there is a body of research which tells us that such education means that young people are more likely to delay sexual intercourse, and to be better prepared for it when the time comes.

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Source: Baldo, M., Aggleton, P. & Slutkin, G. (1993). *Sex Education Does Not Lead to Earlier or Increased Sexual Activity in Youth*. WHO Global Program on AIDS