

Report on HEESP Project:

Health and wellness in the context of sexuality and relationships

April to December 2008

Linda Kirkman

assisted by Niki (Kate Nicola) Wardrope



Image of Bear Card from http://www.innovativeresources.org/display_details.aspx?productcode=0200

Contents

2	Contents
3	Application
7	Acceptance letter
8	Literature Review
13	Progress Report, May 2008
15	Soiree session one outlines and evaluations
16	Soiree session two outlines and evaluations
17	Soiree session three outlines and evaluations
19	Soiree session four outlines and evaluations
20	Soiree session five outlines and evaluations
21	Soiree session six outlines and evaluations
22	Final reflection, evaluation and recommendations
23	Budget

EQUITY AND ACCESS UNIT
APPLICATION FOR HEESP FUNDING

Closing Date: 8 June 2007

Please ensure that you have read the guidelines before completing an application.

Please submit four copies (original plus three copies) of the Application to the Equity and Access Unit, Peribolas East, Bundoora Campus.

1. DETAILS OF MAIN APPLICANT (Person responsible for funds management and reporting)		
Title:	First name:	Family name:
Dr	Michael	Shortland
Position:	Faculty/School/Department/Unit:	
Associate Director: residential life	Division of Residential Services	
Phone no.:	Mobile no:	Email address:
9479 1071	0408 520 301	M.Shortland@latrobe.edu.au
DETAILS OF APPLICANT NO. 2 (if relevant)		
Title:	First name:	Family name:
Ms	Linda	Kirkman
Position:	Faculty/School/Department/Unit:	
Site Coordinator- The University Lodge/Graduate House	Division of Residential Services	
Phone no.:	Mobile no:	Email address:
	0419 420 373	I.kirkman@latrobe.edu.au
*DETAILS OF ANY FURTHER APPLICANTS SHOULD BE INCLUDED ON A SEPARATE PAGE		
2. SHORT PROJECT TITLE (Up to 20 words – short, descriptive title that is clear, brief and informative)		
<p>Health and wellness in the context of sexuality and relationships: a transition program as part of a broader orientation program in the residences. This is an identified area of need; there is evidence of increasing STIs and sexual harassment in residences.</p>		
3. TOTAL FUNDS REQUESTED IN THIS APPLICATION (whole dollars only)		\$9,990

4. SUMMARY AND SIGNIFICANCE OF PROJECT (up to 150 words)

Promoting student health, safety and happiness is a priority for the Division of Residential Services, which currently manages university accommodation for around 2,300 students. The Division aims to foster independence and encourage safety in students' transition to a University environment, which is less sheltered than the parental home. Equity group students include NESB (non English speaking background), low SES (socioeconomic status) and rural students.

Young adults in transition to an environment of personal freedom frequently lack the knowledge and skills to conduct themselves in an appropriate and safe manner. Sexuality education in Australian schools is patchy at best and many students lack essential knowledge and skills. NESB students come to Australia with understandings about sexuality that are very different from those of Australian students. Cultural differences mean that many students have not had the opportunity to learn basic knowledge about sexual identity, behaviour and health or engage in open discussion on these topics.

The project aims to provide such students with an evidence-based course designed to provide them with an opportunity to learn about sexuality and sexual health and develop life skills. This will assist in the development of students' independence and safety, and enable sexual health promotion to be delivered to the students. Part of the course will emphasise social communication skills that enhance student safety. Becoming more familiar with safe sexuality and sexual health should improve access, participation, success and retention of residential students, as happier personal lives leads to better academic lives.

5. BUDGET INFORMATION

Detail Budget Items	Amount Requested
Personnel (include on costs) : Development of program, including research with current students and writing the course outline and materials; \$33.40 ph (cas sen research asst rate) x 140 hrs = \$4676 Delivery of program to three groups @ \$166.68 ph x seven hours per group = \$3500.28	\$8,950
Equipment: Photocopying	\$ 200
Maintenance:	\$
Travel:	\$
Other: Food as incentive and to promote a sense of community; \$40 per session x 21 sessions	\$840.00

Total:	\$ 9,990
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NB: HEESP Grants are normally awarded for a maximum of one year.

6. BUDGET JUSTIFICATION

In the space provided below, write a justification for each category of the budget requested, using the same headings, i.e., Personnel – Equipment – Maintenance – Travel – Other. Ensure that all items are adequately and clearly justified.

Personnel
 The person who would be researching, writing and delivering this short course is Linda Kirkman, who has a Masters in Health Science with a focus on sexual health promotion. She has taught Relationships, Gender and Sexuality for four years (2002-2006) and observed the responses of students to the subject materials. It is this experience that led to the idea of this proposed short course. Through ARCSHS she has developed a sexuality education short course for beginning teachers. The proposed transition program would require time to research issues that are culturally specific to key resident populations, and develop a transition program that would be acceptable to the target audience.

Michael Shortland will provide administrative and operational support and assist with the organisation of focus groups, training programs and follow up, as well as taking on the role of reporting.

Maria Nichterlein, Warden of Chisholm College, will contribute her expertise in counselling and facilitate the project by establishing linkages with Chisholm students.

Equipment
 Printing of research materials and photocopying course handouts are a necessary part of the work.

Additional Costs
 The Division of Residential Services will bear all other costs associated with the development and delivery of these programs, including room set-ups, administrative support and office back-up.

7. HAVE YOU RECEIVED HEESP FUNDING IN THE PAST FIVE YEARS?

Linda Kirkman No
 Michael Shortland: Yes (A HEEP grant, awarded for a project jointly undertaken with Phoebe Ritches, Counselling Services, 2001-2003)
 Maria Nichterlein: No

8. AIMS, PLAN AND FUTURE DIRECTION

Please see attached sheets

9. SUPPORT FOR THE PROJECT

The Division of Residential Services (DRS) will provide support as follows:
 Personnel (Michael Shortland and Maria Nichterlein). Administrative support: telephone, office, stationery, meeting rooms, hospitality for groups, training facilities. Any additional on-costs will be borne by the DRS.

10. CERTIFICATION: To be signed by main applicant

I/we certify that all the details in this application are correct.

I/we understand that I/we am/are required to:

- (a) Submit a brief progress report to the Manager, Equity and Access Unit, by 15 May in the year following award of the HEESP grant (The report will be incorporated into the University Student Equity Profile Report to DEST).
- (b) Submit a final report on the outcomes of the project to the Manager, Equity and Access Unit within 12 months of the date of project approval;
- (c) Provide evidence of expenditure of funds to the Manager, Equity and Access Unit by 30 June in the year following award of the HEESP grant; and
- (d) Return any non-expended funds to the HEESP central fund account held by the Equity and Access Unit.

Signature: _____ Date: _____

11. CERTIFICATION: To be signed by the Dean/Head of School/Division/Manager of Unit

I certify that the project can be accommodated within the general facilities in my Faculty/School/Division/Unit and that sufficient working and office space is available for any proposed additional staff. I am prepared to have the project carried out in my area under the circumstances set out in this application.

Comments:

Signature: _____ Date: _____

Literature review

Sexual health matters. It has an impact on personal happiness, physical and emotional health, fertility, unplanned pregnancy, termination of pregnancy, and control over relationships.

How we learn about sexuality, relationships and sexual health will influence how we feel about ourselves and how we conduct our social and intimate relationships (Allen, 2006).

Sexual good health is an integral part of holistic good health. The World Health Organization's (WHO) updated definition of sexual health is as follows:

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO, 2002, in Butler, 2004: 4).

This definition suggests that sexual good health encompasses all aspects of our lives.

Emotional wellbeing encompasses good self esteem, a sense of control over relationships (Quinlivan et al., 2004; Warr, 2001) and being free from the threat of violence and coercion (Krug et al., 2002; Victorian Health Promotion Foundation, 2004). Emotional wellbeing will also contribute to good mental and social sexual wellbeing.

Social sexual wellbeing includes the freedom to choose a partner, or not partner at all, and to live a life true to the individual's sexual identity (Hillier et al., 2005; ANCAHRD, 1999a). 'It involves freedom from shame, fear, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships' (WHO Regional Office for the Western Pacific, 1995). Paradoxically, identifying as same sex attracted seems to correlate with earlier commencement of sexual intercourse and greater number of partners, and higher teen pregnancy rate than having a heterosexual attraction (Hillier et al., 2005).

Control over fertility encompasses all the above aspects of sexual wellbeing; the information about and availability of acceptable contraceptive methods, access to termination of pregnancy safely and without social stigma (Evans, 2000), and personal power to consent to or refuse sexual activity (ANCAHRD, 2001).

What are young people up to? Data from the Australian Bureau of Statistics (ABS), cited in *The Sexual and Reproductive Health of Young Victorians* (FPV et al, 2005) show that young people aged 12-25 constituted 20% of the population of Australia at the end of June 2004. The ASHR shows that the age of first intercourse has declined over the past 40 years from 18 for men and 19 for women to 16 for men and women today. People are having more partners over a lifetime as a result of the earlier age of sexual activity, combined with a later age of marriage.

Having multiple sexual partners is common (Hillier et al., 2005, Smith et al., 2002, Smith et al., 2003), and while condom use has become more acceptable over the last decade (Smith et al., 2002), concerns still exist about STI knowledge and infection rates, and the incidence of unplanned pregnancy. The results of *Secondary Students and Sexual Health*, the third National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, indicate that participants know about AIDS, but knowledge of HIV transmission has declined over the past decade, and while knowledge of STI transmission shows some improvement, it is still poor, especially in relation to chlamydia and its potential to lead to infertility (Smith et al., 2002).

The sexual activities reported in *Secondary Students and Sexual Health* (Smith et al., 2002) by the students, and the percentage who had engaged in those activities were: deep kissing (80%); genital touching/ being touched (67%); giving/ receiving oral sex (45.5%); sex without a condom (20.5%); sex with a condom (33%).

Over 20% had had sex without a condom, which puts them at risk of both pregnancy and infections.

Sexual health education has paralleled or lagged behind societal attitudes to sexual behaviour (Mitchell, 2005). Anne Mitchell outlines two incorrect but persistent assumptions about young people that influence the debate about sex education;

'These are that young people:

- are bathed in romantic innocence that will be destroyed by the provision of sex-related information; and
- will immediately react to such information by putting it to bad and ill-considered purposes' (2005: 215).

Central to the confusion, is the question of whether the purpose of sex education is to inform or control. As Mitchell explains it, 'Are young people provided with information to enable them to make informed choices about their beliefs and behaviours, or are they provided with selected information that will persuade them to behave in ways that do not alarm the older generation?' (2005: 216). This focus on what happens in the classroom does not take in to consideration all the other influences out there: TV, music, internet, friends' behaviour etcetera.

Public policy in Australia that supports projects such as this is seen in strategies such as *National Sexually Transmissible Infections Strategy* (Commonwealth of Australia, 2005b), *National HIV/AIDS Strategy* (Commonwealth of Australia, 2005a), the *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008* (Commonwealth of Australia, 2005c), the *Victorian Sexually Transmissible Infections Strategy 2006-2009* (Victorian Department of Human Services Communicable Disease Control Unit, 2006) and the *New South Wales Health Promotion Guidelines* (NSW Department of Health, 2002). The *National Sexually Transmissible Infection Strategy 2005-2008* (Commonwealth of Australia, 2005b) states that the States and Territories are responsible for (among other things):

- developing, funding delivering and evaluating a range of services including health promotion, treatment and care, and workforce training that reflect the prevalence and changing needs of populations at risk;

- delivering appropriate, relevant and consistent sexual health education through the public education system. (2005b: 32)

Based on the research and policy described above, and knowing that school sexuality education is sketchy and inconsistent it was decided to take a range of approaches to the advocating for health and wellness in the context of sexuality in the residential environment. The soiree concept, where a small group of individuals meet as a group and gradually build up trust and self confidence was used as the ideal for effective personal development (Liebmann, 1986). The other activities which were not as in depth, were included as a way to reach a wider audience. Data on similar projects in residential settings were not available.

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Final evaluation, reflection and recommendations

Preparation

Preparation for the project has included a review of relevant literature, including current government policies re sexual health and ways to deliver effectively education around personal skill development with a focus on relationships and sexual health. Extensive consultation was undertaken with residents, both individually and in groups to ascertain what was needed and what form of delivery would be acceptable. It was not surprising to find that residents expressed a reluctance to discuss taboo topics. A range of activities has been implemented to raise general awareness of sexuality and sexual health issues. These are listed and described below.

The funding application was based around offering a series of educational sessions, possibly delivered in regular area meetings. When the consultation with residents indicated that this was inadvisable then plans were made to deliver the information in a range of ways. The soiree sessions were planned to deliver the program in the spirit of the funding application, and were very successful in that aim. Other interventions were implemented which also communicated the message about sexual diversity and sexual health to a wide audience.

International AIDS Day Barbeque

An International AIDS Day barbeque and cricket match was held at Graduate House on December 1, 2007. Resources from the Department of Human Services were obtained, including t-shirts, posters promoting AIDS awareness, wristbands, stickers, postcards, ink stamps, and lanyards. Supplies of free condoms, obtained from Marie Stopes International, (<http://www.mariestopes.com.au/>) were put in recreation rooms. The event was well attended, with about 70 residents coming on the day at different times, and many stayed to play cricket, soccer and other ball games. All resources were taken, and lanyards, posters and stickers are still in use and visible. This is evidence of the value of the resources and ongoing awareness of the message. The posters have the HIV/AIDS message in many languages, which assists the promotion to residents from a NESB.

A similar event is planned for December 2008 but had not occurred when this report was written.

Awareness of sexual diversity

Awareness and acceptance of sexual diversity has been promoted by the use of posters designed by the WayOut Rural Youth and Sexual Diversity Project. (<http://www.wayout.org.au/>) These have been put up in three sites and have contact details of La Trobe's Equity and Access clearly written on them. In conjunction with this student leaders have had training in awareness about homophobia and how to address it. Feedback from student leaders indicates that this training has been useful and has been utilised in response to an incident.

A planned session with an English conversation group at Chisholm College did not go ahead.

Women's Soiree

The major focus of the project, devised as a response to the research findings, has been to run a women's group. It has been called a 'Women's Soiree'. This title was chosen as soiree means a gathering with a particular focus. Women were selected for the pilot group because single sex groups were preferred by respondents consulted, and because the project worker is female. It was planned to work towards a similar men's group if a suitable facilitator could have been found. As a suitable male presenter was not found the men's group didn't eventuate. Group work of this nature has been shown as a very powerful way to promote personal development and empowerment. If sexuality and sexual health information can be delivered in the context of a safe space, alongside the development of self awareness and self confidence, then the information is more likely to be absorbed and utilised appropriately.

The underlying aim for the women's group was for women to develop friendships, build confidence and provide a safe space talk and learn about women's health. It was promoted with posters at Glenn, Menzies and Chisholm Colleges, and posters were supplemented by individual invitations put under every female resident's door at Waterdale Apartments, Graduate House and The University Lodge. Participants were hard to obtain, however, and word of mouth proved the best recruiting tool. Group members were drawn from Chisholm College, Waterdale Apartments and The University Lodge. A maximum group size of ten was aimed for, but six participants signed up. Equity categories of participants were NESB, low socio-economic status, and disability.

Providing a free meal was a central part of the regular meetings. Most of the meetings were held in first semester, and a final, long wrap-up session was held at the end of semester two. Despite regular sessions not being conducted in semester two the participants developed and maintained friendships and support for one another in this time. This indicates the value of the earlier sessions in establishing trust and communication between the participants. The venue for the semester one sessions was the Roger Joyce Kitchen at Chisholm College, and was provided without charge to the project. The Roger Joyce Kitchen has a kitchen and a dining room with table, and has enabled the group to cook together and sit and do activities around the table afterwards. Each session had a similar structure, with some activities being routine and others changing. Focus activities are planned both to direct discussion to the matter of relationships and sexuality, and in response to perceived needs and issues arising in the meetings. Each session was evaluated afterwards and the next session's planning was based on the evaluation.

Soiree evaluation

An in-depth final evaluation of the Women's Soiree was completed. The questions asked were: What did you enjoy most about the soiree; was there anything you did not enjoy about the soiree; what did you find useful; is there anything you would modify; what have you learned that may be useful to you in the future; and given an opportunity to make other comments.

Participants most enjoyed the meditation, the opportunity to make new friends and talk about difficult topics openly in a comfortable setting. One participant did not feel comfortable with the others, which she attributed to being older than the rest. She had particularly enjoyed the meditation/visualisation activities, and the art activity in

session five. Another participant really disliked the visualisations, which indicates that not all activities suit all people. The approach to the sessions was that people could opt out of anything if they wished, and no one was obliged to contribute to or comment on a discussion if they didn't wish to.

Most participants would have liked more sessions in semester two. Things that were most useful were the sex education, body image issues, information, learning new techniques of meditation and relaxation, the openness of the discussion and the opportunity to ask any question and not feel judged. One participant listed, 'just talking' as one of the benefits of the soiree.

The ongoing benefits of the program are important. Participants felt it helped in improving communication skills, self esteem, and in 'dealing with all kinds of people'. Learning about the exact nature of STIs, which had not been known before, was given as something that would be useful in the future. Another benefit for participants was the access to the presenter in residence for informal visits to ask for information and advice. Being a participant in this program enabled the participants to be more comfortable to approach the presenter to discuss sexual health concerns. These findings indicate that the program was successful in its aims.

Recommendations for the future; availability of presenter is critical for success

The success of this pilot program depended on the capacity of the presenter and her availability to run the program. If the student residences have a staff member with similar skills next year, then I would recommend that it be run again. If no such skilled person is available then the other aspects of the project could still be run, such as the International AIDS Day barbeque and cricket match, with promotional materials being made available. Posters promoting acceptance of sexual diversity, such as the ones used this year, remain at the residences and can continue to be used and updated as required. Training of student leaders in the residences could include a component on sexuality and sexual health, and information about where to go for sexual health matters.

Sexuality and sexual health information is needed in residential settings

Observations this year of residents at three residential sites show that there is a need for sexual health information, there are varying levels of willingness to receive information but that free condoms are taken very rapidly and willingly. Understanding and acceptance of same sex attraction will still continue to need to be promoted, as many residents come from cultures where sexual diversity is not discussed and has legal sanctions against it.