

Health and PE 2014

WALFORD ANGLICAN SCHOOL FOR GIRLS



NAME

CLASS

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Walford Anglican School for Girls

Year 10 Health and PE 2014 Workbook

Walford Anglican School for Girls
Year 10 Health and PE 2014 Workbook
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Walford Anglican School for Girls

Year 10 Physical Education 2014

At Walford we have a balanced and interesting Physical Education program, which, offers a variety of sports and experiences. We prepare our students well for those who choose to study Senior School Physical Education (SACE Stage 1 and 2) and our aim is to equip all our students with the necessary skills and positive attitude towards participating in life long physical activity.

Each class has four modules per week (25% theory and 75% practical). Health is one of the main focuses of the theory study and is taught through small group activities, class discussions and short answer questions in the student workbook.

All students are expected to arrive at their Physical Education lesson on time, changed in their correct uniform. If a student is unable to participate, or is not in correct Walford PE uniform, they must bring a note from home. If no note is provided, girls will be given one warning from their teacher (per term) and in the case of a second or subsequent time without a note they will be issued with a lunch time detention.

Walford Anglican School for Girls is an International Baccalaureate world school. The objectives of the Physical Education Middle Years program are detailed below.

Objectives of Physical Education MYP

A Use of knowledge

At the end of Year 10 students should be able to:

- use physical education terminology in context
- demonstrate an understanding of concepts, strategies, techniques and rules related to a variety of physical activities, and apply them in various contexts
- demonstrate an understanding of the various principles that contribute to fitness, and their importance in various contexts
- use their knowledge to analyse situations and solve problems.

B Movement composition

At the end of Year 10 students should be able to:

- explore movement possibilities and variations in accordance with the principles of a particular aesthetic activity
- compose aesthetic movements
- link movements in order to compose aesthetic sequences, taking into account the concepts of space, time, level, force and flow.

C Performance

At the end of Year 10 students should be able to:

- demonstrate the skills and techniques necessary for active participation in a variety of physical activities
- apply tactics, strategies and rules in both individual and group situations
- perform movement concepts and sequences of movement in a variety of physical contexts.

D Social skills and personal engagement

At the end of Year 10 the students should be able to:

- communicate effectively, including verbal and non-verbal forms of communication
- demonstrate attitudes and strategies that enhance their relationships with others
- show respect and sensitivity to their own and different cultures
- take responsibility for their own learning process and demonstrate engagement with the activity
- reflect critically upon their own achievements
- set goals to enhance learning and take action towards achieving them.

Mental health



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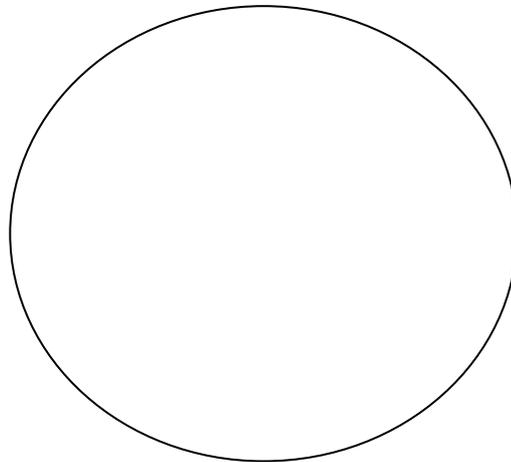
Being healthy

Being healthy means that you feel physically fit, psychologically strong, emotionally happy and generally feel comfortable with and in control of your life. At times you may feel as though you are not coping and this may mean that one or all of these areas need attention.



Dimensions of health

In the circle, create a pie graph to show how important you believe the various areas of health—emotional, physical, psychological and spiritual—are to your health and wellbeing. Once complete, answer the following.



1 Explain your pie graph giving reasons to support your choices.

2 How do you think your results may change as you grow older?

- Participate in an 'express yourself' session. Each person will take one minute to share their responses with the class. Once complete each person will have 30 seconds to support arguments or counter argue ideas put forward by fellow classmates.

What is mental health?

Our mental health is an important part of our wellbeing. It relates to our social, emotional and spiritual wellbeing and directly influences how we feel and interact within society.



Good mental health



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Good mental health arises from a range of inter-reacting factors. Our mental health soars when we feel enthusiastic about what we are doing in life, feel rewarded by our achievements, enjoy the people we are mixing with and establish a good balance in our lifestyle. If we disrupt the balance and allow it to go on for too long, our mental health can decline.

- Outline your week using the table below. List the activities that make up your week, what aspect of health they represent, how participating in them makes you feel and why you choose to participate in this activity.

Activity	Aspect of health (physical, emotional, psychological, spiritual)	How does this activity make you feel?	What influences your choice to participate in this activity (friends, family, money, location)?

Our mental health is influenced by a number of factors, some of which are beyond our control. It is important that we make healthy decisions in relation to mental health as individuals, and as communities. The table below outlines factors which can affect both individual and community mental health.

Mental health	
Individual factors	<ul style="list-style-type: none"> • genetic basis • personal behaviours
Environmental factors	<ul style="list-style-type: none"> • pressure for academic success • work-related stress • relationship issues
Political factors	<ul style="list-style-type: none"> • unemployment • funding for education • funding for treatment and support • funding for research
Sociocultural factors	<ul style="list-style-type: none"> • attitudes of family, peers and the wider community • access to services
Economic factors	<ul style="list-style-type: none"> • affordability of private treatment and care • cost of drug therapy

2 Have you or someone that you know of ever experienced one of the previous factors? Use the space below to explain what happened and how the person involved would have felt in that particular situation?



Maintaining a balanced lifestyle

Maintaining a healthy lifestyle can be difficult at times. There may be moments in life when you feel like everything is out of control. The key is to develop strategies to maintain the balance.

1 List 10 tips that you use to help maintain your health and wellbeing.

Top 10

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

9: _____

10: _____



istockphoto.com/Stock Photo NYC

2 Use your top 10 tips to provide feedback to the people in the following scenarios

a Caitlyn is competing in a Trampolining competition in two weeks. Her coach wants her to practise for an hour every day. She feels obligated to do this but doesn't know how she can fit it in.

b Max is being bullied at school by older students. He is so scared that he has started wagging class.

c Angel has four assignments due by Monday and is finding it hard to concentrate on one assignment let alone complete all four over the course of the weekend.

d Toby's mum and dad have just split up. He is finding it hard to sleep at night and as a result is tired during the day and unable to concentrate in school.

e Caleb's best friend has recently moved to another school. He is finding it hard to make new friends. As a result, he spends his lunch hours hiding in the corner of the playground away from everyone.

Taking control

Everyone needs to feel valued and have a sense of self worth to lead a healthy lifestyle.

Have you every heard the statement 'To be loved by someone you must first love yourself.'?

1 What does this statement mean to you?

2 Most people find it easy to criticise themselves and highlight what they perceive as flaws.

a In the table list three negative views that you have about yourself.

Negative trait	Positive trait
e.g. talkative	e.g. good public speaker

- b How you perceive yourself affects how you interact with others and as a result how others may view you. Use the example as a guide to turn your negative comment into a positive.
- 3 In pairs, share three positive comments about each other. Use the space provided to record what your partner has to say about you and discuss how the feedback makes you feel.

- 4 Using the calendar provided, record upcoming events for the next month. This may include holidays, assignments, sport activities/training/games, dates with friends and any other important events.

Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
1							
ate							
2							
Date							
3							
Date							
4							
Date							
5							

Once you have filled in your calendar look at what you have to achieve over the next month to develop some long-term goals. Once this is complete look at what you need to achieve over the next month and develop some short-term goals that will help you achieve this.

Using a different coloured pen, highlight what you may need to do over the course of the month to ensure you meet your goals. For example, one of your long-term goals may be to make the Interschool Touch team. Therefore, one of your short-term goals would be to improve your fitness. To achieve this you may need to schedule fitness sessions into your month.

Month:

Year:

Long-term goal/s:

Short-term goal/s:

Concentrate on following your plan for one month. At the end of the month, take the time to reflect on how your plan helped you achieve your goals. Use the space below to jot down your responses.



Offering support

- 1 Describe a time when you joined a group/team/activity/school where you did not know anyone. How did you feel? What events occurred that influenced your connection to the people in this environment?

- 2 Identify people whom you would have confidence in turning to for support. Identify what factors would be significant in determining these people.

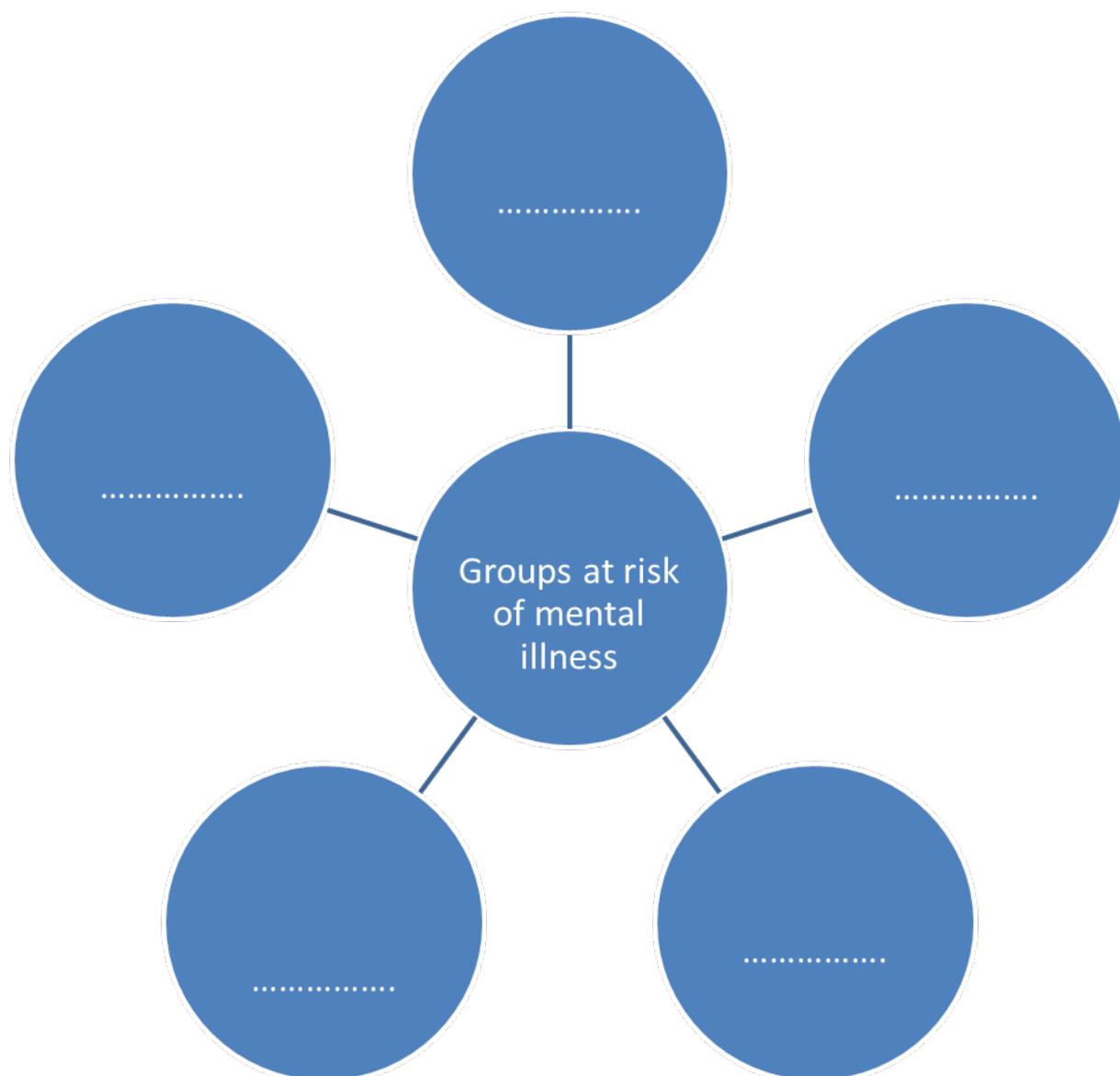
- 3 Have there been times when your trust in other people was misplaced? How did it make you feel?

- 4 List five advantages or disadvantages of online counselling services provided by organisations such as Kidshelp: <www.kidshelpline.com.au>.

Mental illness

It is not uncommon for people to experience times in their life when they feel out of control. For some people, mental health is influenced by other factors such as the presence of a mental illness. The cause may be genetic, due to a chemical imbalance, biological influences may occur throughout different stages of life or mental illness may be triggered by environmental factors such as unresolved stress or inappropriate drug use.

Using the concept map provided, outline what groups of people may be at risk of suffering from a mental illness.



Groups at risk of mental illness

Anyone can suffer from mental illness

One in five people in Australia are affected by mental illness. More than one in four young people will have a mental health problem or disorder. While most of those affected do not need to be hospitalised, to have a mental illness can impact considerably on a person's lifestyle. The person may have difficulty in looking after themselves and functioning effectively in everyday life.

Being diagnosed with a mental illness is not uncommon. However, it may be difficult to know how to deal with it or why it has happened.

- 1 Research the lives of well-known people (such as painter Vincent van Gogh) who have or had a mental illness. How did it affect their lives? Were they accepted by others?

- 2 In pairs, list all of the mental illnesses that you know. Then list the aspects of a person's life that may be most affected. Suggest ways that the person could manage these difficulties.



Warning—stigma attached

Mental illness is a serious medical condition which often goes untreated. Many people would not think twice about asking for help if they were lost or injured however seeking advice over Mental illness is often overlooked. Why is this so?

Complete the table and discuss responses as a class.

Issue	Yes	No
Would you go to a mechanic if your car wasn't working?		
Would you ask your teacher for help if you had trouble doing an assignment?		
Would you visit a doctor if you had lumps or spots?		
Would you call the police if someone broke into your house?		
Would you see a counsellor or psychologist if you were depressed etc.?		

- 1 Why do you believe many people do not seek if they are suffering symptoms of a mental illness?

- 2 How does society portray individuals who suffer from mental illness? Provide examples to support your argument.

- 3 Visit <www.sane.org/stigmawatch/> Research the various examples of the media stigmatising people with mental illness.

4 What do you think of the way in which the media uses mental illness to make light of situations? Share your responses with a partner.

5 Have you ever been guilty of this type of behaviour or know someone who has? Record the situation below.

Types of mental illness



Depression

Have you ever felt so upset that you didn't want to get out of bed? Many of us use the word 'depressed' in an everyday sense when we feel down. Feeling sad however, is a normal and generally short-lived experience. Clinical depression is a different situation involving a state of prolonged sadness and hopelessness where the person is not able to 'just snap out of it'.

A world wide epidemic

The World Health Organization forecasts that by 2020, depression will be the second most prevalent illness in the world after heart disease. Depression affects up to one in four women and one in six men.

Using these statistics work out how many people in your class may be affected by depression throughout their lifetime.

males

females

Postnatal depression

Postnatal depression is suffered primarily by women who have given birth. (Antenatal depression occurs during pregnancy.) The symptoms are similar to those of depression and the risk of suffering this condition increases if you have previously suffered depression.

Bipolar disorder

Depressive disorders can be classified either as unipolar, involving depression only, or bipolar, where the person swings between deep depression and episodes of mania (characterised by an extreme elevation of mood, overactivity, reduced need for sleep and loss of inhibitions).

Do you know the signs?

Go to the Beyond Blue website: <www.beyondblue.org.au>.

Answer the 'Depression Questionnaire' questions.



Schizophrenia

In Australia, one in 100 people will suffer from schizophrenia as some stage of their life. The symptoms of this illness usually develop during a person's teenage or early adult years, especially during a stressful period in the person's life such as moving from school to work or university. These symptoms include:

- Major changes in behaviour and feelings—for example, laughing at something sad, or changing moods when this does not match the situation
- Confusion—for example, jumping from one topic to the next in conversations
- Delusions—for example, believing things that are not true
- Hallucinations—for example, hearing voices or seeing, feeling, smelling or tasting things that are not there
- Withdrawal—for example, not wanting to be around other people
- Loss of initiative, energy and motivation.



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Treating mental illness

The majority of cases of mental illness go undiagnosed. It is essential that correct diagnosis is received and treatment is given to bring about positive results. In most cases of mental illness the right course of action will include a combination of education, psychological therapy and/or medication.

Coping with mental illness

There is no truer saying than 'a problem shared is a problem halved' especially when talking about mental illness. It is important that we surround ourselves with people with whom we feel comfortable and who make us feel safe and supported. Being able to share your feelings and thoughts is just as important as being able to listen and when it comes to mental illness sharing these emotions can be the first step in the road to recovery.

Strategies for coping with mental illness include:

- recognising that you need some help
- talking to a friend or relative
- identifying what is making you depressed/anxious
- dealing with what is making you depressed/anxious
- looking at your lifestyle to see if you are getting enough sleep, following a good diet, exercising and having the support of friends
- seeking professional help and having counselling.

The above strategies are useful for all people. Although you may not necessarily suffer from a mental illness there may still be times throughout your life when you feel down and perhaps out of control.

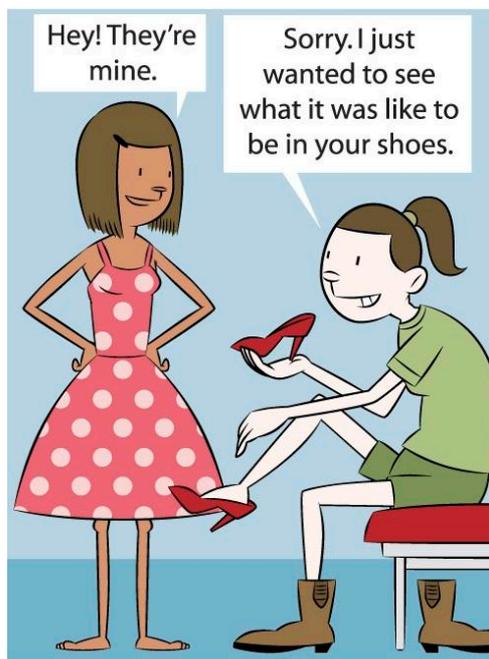
1 Think of a time when you have felt sad or upset. What was it that made you feel this way?

2 How did you cope with these feelings and how effective was this in solving the problem?

3 Now that you have been educated about what you can do in these situations what would you do differently?

Making a difference

Each individual has the power to positively influence others whether it be as a brother/sister, son/daughter, friend, team mate or just an acquaintance.



Read the scenarios and complete the activity.

- 1 Identify risk factors which may suggest that the subject may be suffering from a mental illness.
- 2 Develop three open ended questions that you could ask to find out how serious the problem may be.
- 3 What advice or support would you offer this person?

Scenario one

Your baby brother was born six months ago. Your mum has not had a full night's sleep in this time and when she does get the opportunity to have a rest she is unable to wind down. She cries a lot and you often come home from school and find her still in her pyjamas.

1: _____

2: _____

3: _____

Scenario two

Your dad lost his job two weeks ago. He has started drinking beer every night and stays up until all hours, sleeping in every morning. As a result, it is now your responsibility to get your brothers organised for school each day.

1: _____

2: _____

3: _____

Scenario three

Your friend has started hanging out with a new group. He has become edgy and loses his cool when things don't go his way. You suspect he may have started experimenting with drugs.

1: _____

2: _____

3: _____

Scenario four

Your sister has started acting differently recently. She has stopped hanging out with her friends, spends all of her time in her room and her school work is suffering.

1: _____

2: _____

3: _____

Scenario five

You have been feeling really down lately. You don't want to go to school and have had days when you have faked being sick so you didn't have to go. You have lost your appetite and feel tired constantly.

1: _____

2: _____

3: _____



Calling out for help

Mental illness can go undetected in young people and may lead to drug use, crime, violence and suicide.

Celebrities are often criticised for being poor role models, however, in regards to promoting help-seeking behaviours, many should be congratulated. Their willingness to often openly discuss emotional and mental health issues and their preparedness to access professional help through therapy when they feel it is required helps to break down barriers. This includes the misguided notion that professional help is only for 'weak' people or those with 'major' mental health problems.

Effective help-seeking behaviours can include:

- responding immediately to signs of reduced mental health
- confiding in people whom you trust and respect
- seeking support to identify and addressing specific issues that are impacting on your mental health
- accessing reputable mental health websites for accurate information and assistance
- making an appointment with the school counsellor
- seeking professional help
- fully undertaking the recommendations of mental health professionals.

Identify a celebrity that you believe shows the warning signs of suffering from a mental illness. Use the effective help seeking behaviours to determine what advice you would give this person to help them access the support that they need.

Celebrity:

Warning sign/s:

Advice:

If you are interested in finding more out about what support is available for people with a mental illness, contact the Association of Relatives and Friends of the Mentally Ill (ARAFMI), SANE Australia, Mental Illness Education Australia, an occupational therapist or a social worker, community mental health nurse, psychiatrist or clinical psychologist.

Maintaining connections



Feeling isolated can be one of the most detrimental factors influencing our mental health. Feeling alone and insignificant can significantly reduce self-esteem and mental wellbeing. Knowing that at least one person cares about our feelings, our experiences and provides reassurance and helps us feel valued is very important. What can you do to help someone else feel connected?

Maintaining connections with our community has been identified as a major factor in promoting good mental health for all people. Making friends, doing volunteer work, helping others and getting a part time job are all ways to stay positive and make the most out of your life. Sometimes people who suffer from mental illness lose sight of the importance of these activities.

1 What other positive steps can you think of that could improve someone's quality of life.



Who can help?

Mental illness is a serious concern in our society and should not go untreated. If you have any questions or concerns regarding this issue seek out help. There are many options open to you at school, home and within the community.

Write down the local support services in your area:

1 School

2 Home

3 Community

Resources

While researching this unit the following websites were visited. You might also find them useful.

<www.kidshelpline.com.au>

<www.beyondblue.org.au>

<<http://au.reachout.com/>>

<www.sane.org>

<www.sane.org/stigmawatch>

**ACTIVITY:***Word search*

Find the nineteen words relating to mental health that are hidden in this word search. The words can run forward, backward, diagonally and vertically.

Emotional
Counselling
Physical
Disorder
Panic

Help
Phobia
Stress
Wellbeing
Control

Support
Risk
Balance
Delusion
Illness

Genetic
Psychological
Stigma
Anxiety

A	L	K	Y	E	M	O	T	I	O	N	A	L	I	O	H	P	G	F	R	F	S
B	G	J	U	N	F	R	V	D	F	R	E	F	O	L	P	T	L	E	A	C	U
G	E	N	E	T	I	C	B	I	K	D	S	P	A	R	V	G	B	E	L	O	P
J	I	K	H	E	V	J	I	L	F	D	S	P	O	Y	T	V	C	L	H	I	P
C	G	T	R	U	D	F	R	E	D	O	I	K	E	P	D	N	S	G	L	K	O
O	U	J	G	S	F	R	E	O	H	Y	J	C	V	L	O	H	O	R	P	C	R
U	L	K	S	I	R	D	E	P	S	Y	C	H	O	L	O	G	I	C	A	L	T
N	L	P	R	A	F	H	H	T	P	D	E	F	L	K	J	D	S	U	N	J	K
S	S	U	I	S	G	Y	F	R	I	K	M	C	B	X	N	V	E	O	I	S	A
E	S	P	O	T	S	F	G	P	R	X	A	B	N	H	E	E	T	G	C	L	O
L	E	H	R	I	F	D	E	Q	F	Y	N	K	O	V	F	C	E	R	T	I	L
L	N	U	C	C	F	R	F	T	U	K	I	G	D	P	S	A	N	R	C	D	X
I	L	A	Y	T	E	I	X	N	A	X	C	B	S	T	I	G	M	A	O	T	E
N	L	D	F	R	E	L	P	I	L	H	Y	T	F	N	O	I	S	U	L	E	D
G	I	B	D	I	S	O	R	D	E	R	K	L	O	H	Y	G	T	B	F	A	Y
P	K	C	F	R	D	K	Y	B	A	Q	C	B	T	M	O	E	A	S	O	J	B
T	B	Z	W	P	H	O	B	I	A	L	H	F	Z	W	H	Y	M	I	O	T	Y
G	D	V	Q	Z	Y	J	C	Y	T	I	G	B	Q	S	T	R	E	S	S	C	Q
D	H	G	M	U	L	I	E	Z	Q	V	R	J	O	U	O	M	Z	W	N	Y	E
S	B	G	N	Z	G	W	G	Y	K	M	Q	Z	T	W	U	I	E	Q	B	R	W
G	N	X	G	N	I	E	B	L	L	E	W	S	A	Q	C	G	M	T	N	R	E
H	Y	M	I	O	L	B	R	C	E	Z	V	N	T	M	U	I	M	E	V	E	G

Relationships, risks and sexual behaviours



!Stockphoto.com/mandygodbehear

Relationships..... 2

Sexual relationships..... 2

Discrimination, harassment and vilification 3

Positive relationships..... 8

Relationships

As a member of many different groups, you have many different relationships.

- 1 Make a list of all of the different types of relationships that you are a part of.

- a Underline each of the relationships that you believe you have had a part in forming.

- 2 Choose three of the relationships above. List the benefits of sharing a relationship with these people.

Sexual relationships

Throughout adolescence you will experience many feelings and will have to make choices depending on those feelings:

- Will I have a relationship or not?
- With whom?
- How much physical contact will I have?
- Will I have sexual intercourse?
- Will I use contraception?

It is essential that you gather as much information as possible in advance so that if and when the time comes you make the right choice for you. Also remember, once you have made your decision—STICK TO IT!

- 1 Visit <<http://au.reachout.com/>> and read the Fact Sheet 'Thinking about having sex'. Answer the questions and discuss your opinions with the class.

- a Do you believe in sex before marriage? Why?

- b What age do you think is suitable for someone to become sexually active? Give reasons for your answer.

- c What tips could you pass on to a friend who is considering having sex for the first time to ensure that they are ready?



Types of sexual relationships

Sexual preference is whether you prefer males or females as your sexual partners. Sexual preference is an individual's choice and there is no right or wrong—it is up to the individual to choose what is suitable for them.

- Heterosexuals have sexual preference for the opposite sex.
- Homosexuals have sexual preference for the same sex.
- Bisexuals are attracted to both sexes.
- Transsexuals are people of one sex who behave and look like the opposite sex.

Having strong feelings for, and showing affection to, people of the same sex does not necessarily mean that you have sexual feelings for them.

Homophobia is when a person feels uncomfortable around and is not tolerant of people who are not heterosexual.

- 1 Unfortunately we still have many people in society who are not tolerant of people with different sexual preferences. Why do you think this is so?

- 2 Visit www.lawstuff.org.au to find out the legal age of consent. Is the law different for people in same sex relationships?

Discrimination, harassment and vilification

Discrimination, harassment and vilification are all actions considered to be unacceptable in the Australian community.

Write down what you believe these terms mean. Share your responses as a class. Your teacher will guide you when deciding on a definition for each.

Discrimination is _____

Harassment is _____

Vilification _____



Research the Australian Human Rights Commission (AHRC) website at < www.humanrights.gov.au/education/how-young-people-can-get-involved-human-rights> and then answer the following questions.

1 List the basic rights that everyone is entitled to.

2 What are three major forms of discrimination?

3 Which of these forms of discrimination do you think is most common among your age group?

4 What avenues of action are available for people who suffer from discrimination?

5 What support is available for these people?



Sexual harassment

Sexual harassment is any sexual act which makes you feel uncomfortable, offended, humiliated or intimidated. This includes inappropriate language, sexual advances, requests for sexual favours, wolf whistles, staring, sexual jokes or physical contact.

1 Sexual harassment occurs everywhere (school, work, sport) and can happen to anyone. Write a list of examples of harassment that you or someone you know has experienced. What did they do about it?

- 2 Sexual harassment covers many behaviours however some people would not be aware that what they are doing is sexual harassment (i.e. wolf whistling). What could be done in your school to educate students about this topic?

Reporting sexual harassment

It is important that a person who is subjected to sexual harassment reports it to the necessary people in order to get the support that they need. If you have been subjected to sexual harassment, you can get help by lodging a complaint with:

Australian Human Rights Commission
Phone: 1300 656 419
Email: complaintsinfo@humanrights.gov.au
Website: <www.humanrights.gov.au/>



Being assertive

Assertiveness is an important people skill because it allows you to stand up for your own rights without putting down the person you are communicating with. Assertiveness is the ability to:

- state your feelings
- ask a favour
- begin a conversation
- deal with criticisms
- make a complaint
- ask or state an opinion
- behave how you choose
- give a compliment
- disagree in a positive way
- say no.

1 Re-read each of the behaviours above.

a In pairs, discuss which ones you would find most difficult to do and say why.

b Use this space to write a role play that aims at teaching your peers how to respond to one of your difficult situations.

- c Practise your role play with your partner. At some stage throughout this unit your teacher will give you the opportunity to perform to your class.

Assertiveness is the mid-point between submissive behaviour (giving in) and aggressive behaviour (starting a fight without thinking first)

- 1 Read the following scenarios. For each scenario, identify what type of behaviour is being displayed and rewrite it so that the person is using assertive behaviour.



Scenario one

Angel is at the local shops where she has been waiting to be served for 10 minutes. She has noticed a man following her around the shop. She feels uneasy but says nothing.

Type of behaviour: _____

Assertive response _____

Scenario two

Chloe has been dating John for 5 months. Lately, he has been pressuring her to have sex saying that she is a tease and if she loved him they would do it. One night while they are kissing John forces himself onto her.

Type of behaviour: _____

Assertive response: _____



Asking for help

Sometimes the situation may be too big for you to handle alone.

- 1 Do a web search and find a list of agencies that are set up to help teenagers with relationship issues.

When deciding whether or not a relationship is worth having the most important thing to consider is how the person makes you feel. If at any time you are made to feel unsafe, threatened or scared you must get help. It is only a phone call away.

Kids Help Line 1800 55 1800

Visit <<http://au.reachout.com/Conflict-in-relationships>> and read the fact sheet 'Working out if a relationship is best for you'.

A community context

Research the internet to find a Health Promotion organisation designed to educate and provide support for people suffering from sexual harassment and assault.

2 Complete the section below.

Name of organisation: _____

Web address: _____

Contact details: _____

Support offered: _____

Major promotions: _____

What can people do if they wish to support this organisation? _____



Who can help?

If you would like to discuss the issues regarding relationships further, there are many options open to you at school, home and within the community.

Write down the local support services in your area:

1 School

2 Home

3 Community

Positive relationships

As you grow you will have the opportunity to experience many positive relationships. Relationships where you feel happy and comfortable to be yourself not only benefit your own life but have a positive influence on those people around you.



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- 1 Make a list of couples (family members, celebrities) that you identify as having solid relationships. Explain your response.

- 2 Make a list of characteristics of a good relationship. Place a tick next to each characteristic that you have experienced in one of your relationships. Discuss how these make you feel.

- 3 During adolescence your romantic relationships will help you develop the necessary skills that you will need for future long term relationships. What attributes do you have that you think would make you a good boyfriend or girlfriend?

Useful websites

While researching this unit the following websites were visited. You may find them useful for further reading.

<<http://au.reachout.com/>>

<www.familyrelationships.gov.au>

<www.humanrights.gov.au/education/how-young-people-can-get-involved-human-rights>

<www.kidshelp.com.au>

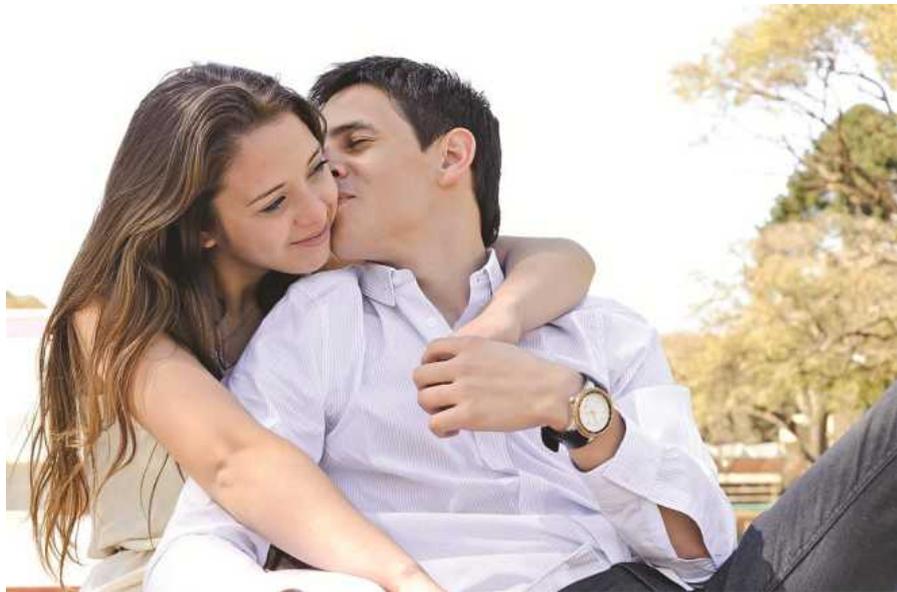
Men and Boys support—Mensline Australia <www.mensline.org.au/Home.html>

Youth support—Make a noise project SWSAHS <<http://makeanoise.org.au/index.html>>

Relationships Australia <www.relationships.com.au>

<www.lawstuff.org.au>

Advanced sexuality education



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Introduction

Sexuality is a broad term which relates to everything about you that has to do with sex. It does not merely mean sexual intercourse. It also covers:

- the physical changes you experience during puberty
- your sexual feelings and thoughts
- the ways in which you relate to others of the same and opposite sex.

The most important influence on your sexuality will be your personal values, emotional and physical feelings. These will undoubtedly be influenced by your own life experiences and effect the choices that you make.



Sexual feelings

Throughout adolescence you will experience many feelings and will have to make choices depending on those feelings.

- Will I have a relationship or not?
- With whom?
- How much physical contact will I have?
- Will I have sexual intercourse?
- Will I use contraception?
- If so, what type?

It is essential to gather as much information as possible to make responsible decisions about your life.

- 1 Re-read the questions above and think about what your responses are at the moment. Underline any question that you may not know the answer to yet and consider your thoughts while studying this unit.

At the end of the unit, revisit these questions to see how what you have learned has influenced your decisions.

Sexual anatomy

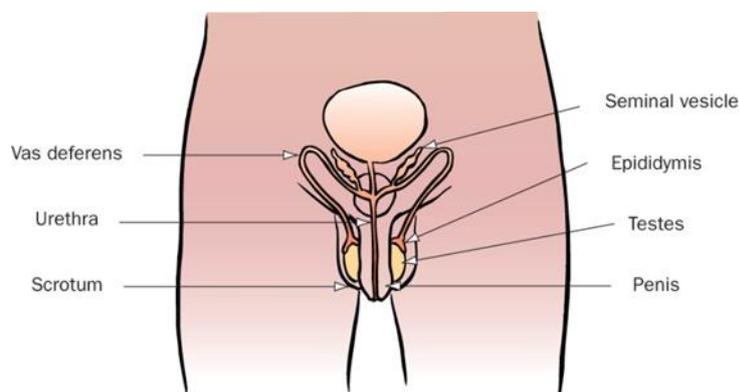
Understanding sexual anatomy and behaviour is a starting point for:

- exploring the risks of having sex before it happens
- making strategies to minimise sexual harm before it happens
- planning for personal safety when it comes to sex
- ensuring you have enjoyable and fulfilling sexual relationships throughout your adult life.

How well do you know your body?

The male reproductive system

The male sexual organs are external to the body and consist of the penis and the testes which hang in a sac, called the scrotum, below the penis. The testes are egg-shaped glands responsible for producing the male sex hormone testosterone and sperm, which unite with the female egg to form an embryo. It is essential that the testes hang in the scrotum because it keeps them cool and increases chances of fertility.



When aroused the penis becomes erect, and during ejaculation sperm pass from the testes through small ducts called the epididymis, a coiled structure which sits on top of the testes. The epididymis from both sides leads to a central tube called the vas deferens, which channels sperm through the seminal vesicle before joining the urethra, which is the duct which exits at the tip of the penis to reach the female reproductive system. Both urine and semen leave the body through the penis.

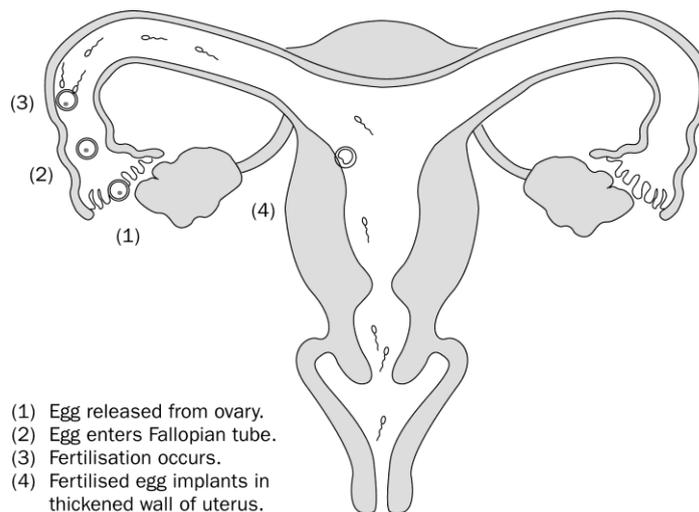
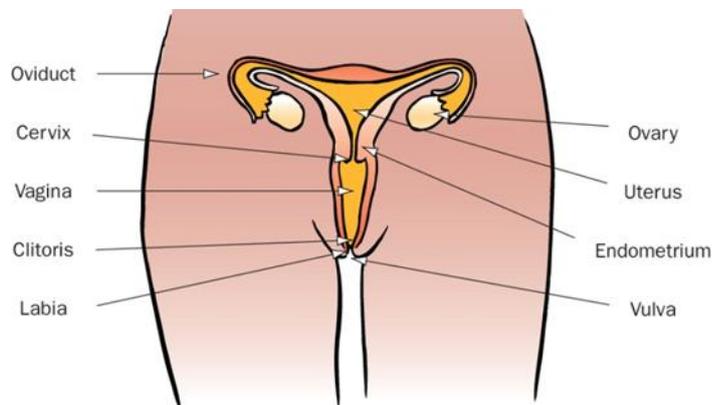
The female reproductive system

The female reproductive system consists of a series of interrelated organs. The outer female sexual organs are called the vulva. These consist of folds of skin called labia, which protect the urinary and inner sexual organs. The labia meet at the clitoris which is made of erectile tissue sensitive to touch, and which contributes to sexual arousal. During arousal, small glands in the vulva release moisture through ducts to the vaginal opening.

Underneath the clitoris is the urethra, through which urine from the bladder leaves the body. Beneath this is the vagina, a passage which extends 7–10 centimetres to the cervix at its uppermost part.

The uterus is a thick-walled chamber lined with a tissue called the endometrium. Each month, an egg (ova) travels from the ovary, along one of the oviducts (Fallopian tubes) into the uterus. If it is fertilised by a sperm, it embeds itself in the uterus and grows into a baby. If not the uterus sheds its lining and flushes the egg out during menstruation.

Interesting fact: From the moment she is born, a female possess all of the eggs that will be released from her ovaries throughout her life. Alternatively, males produce sperm throughout their entire life.



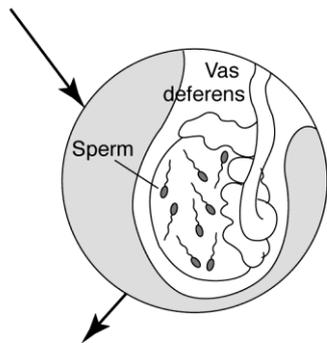
The path of the sperm when it enters the female



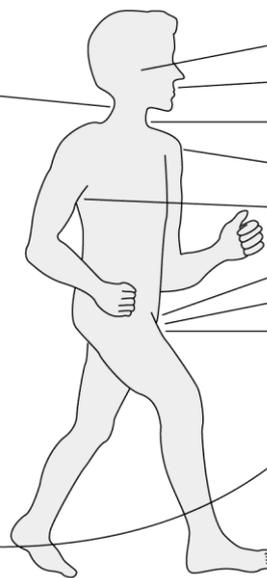
Physical changes during puberty

During puberty, the physical changes that occur enable you to reproduce. The images below show the growth of secondary sex characteristics for males and females, respectively.

Hormones secreted from the base of the brain stimulate sperm production.



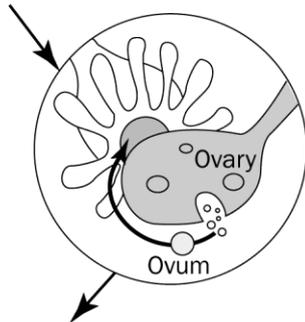
The testes produce the sex hormone testosterone. Testosterone is responsible for the development of secondary sex characteristics. (See opposite column.)



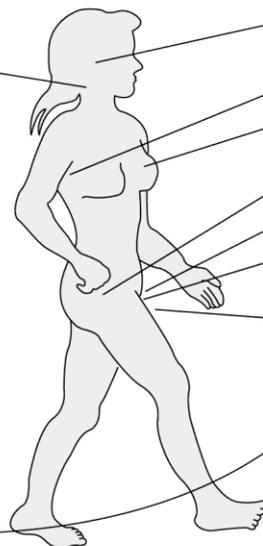
- Triggering of sexual arousal
- Growth of facial hair
- Deepening of voice because of growth of larynx
- Broadening of shoulders
- Underarm hair
- Growth of pubic hair
- Growth of penis and testicles
- Sperm production

- General changes
- General increase in size
 - General increase in muscle bulk
 - Increase in body hair
 - Increased sweat gland production
 - Increased oil production

Hormones secreted at the base of the brain stimulate the ovaries to produce eggs (ovum).



The sex hormones, progesterone and oestrogen, are produced in the ovaries. Oestrogen is mainly responsible for the development of secondary sex characteristics. (See opposite column.)

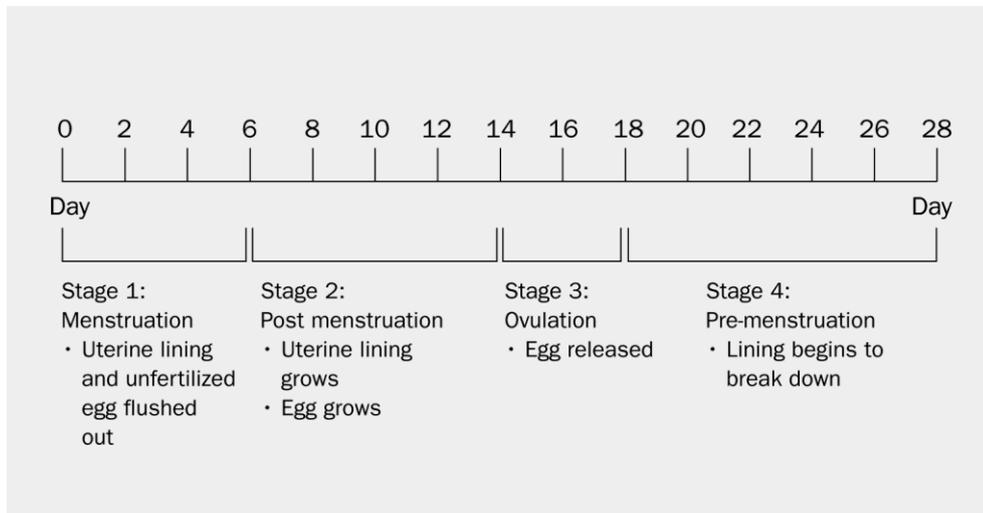


- Triggering of sexual arousal
- Growth of underarm hair
- Development of breasts
- Broadening of hips
- Growth of pubic hair
- Growth of vagina and uterus
- Menstruation and ovulation commence

- General changes
- General increase in size
 - General increase in body hair
 - Increased sweat gland production
 - Increased oil production
 - Change to rounder body shape.

Menstruation

The first period marks the onset of puberty for the female. She is in the first stages of becoming a young woman. Menstruation is the process whereby the lining of the uterus thickens to prepare for a fertilised egg to be implanted. If not fertilised, the egg and the lining are expelled from the uterus. This 'flushing out' may take approximately one week and usually occurs every 28 days. This process is called the menstrual cycle.

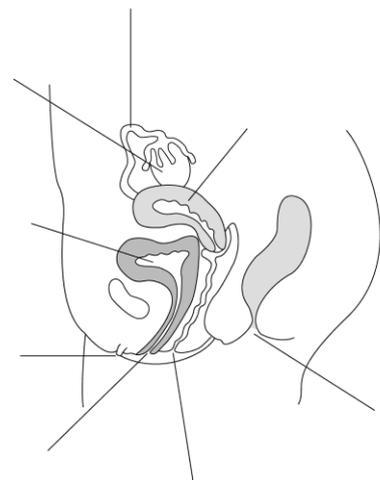
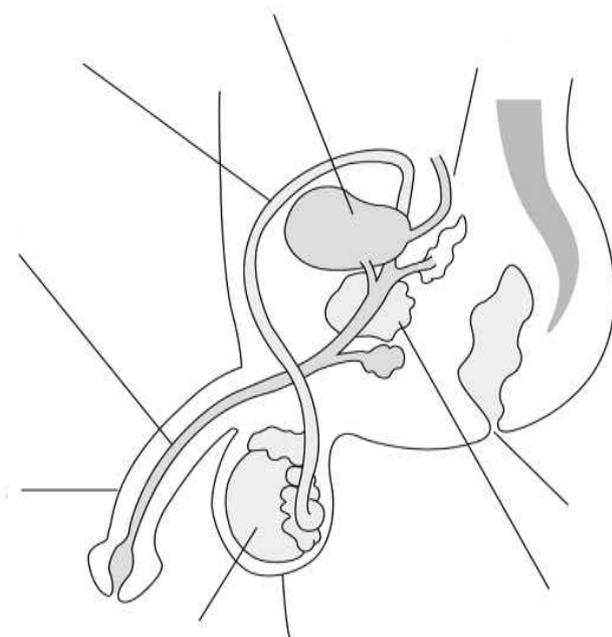


The menstrual cycle

Reproduction

1 Explain the path the egg in a female takes each month.

2 Label the reproductive systems that follow.



3 Use the words given in the box to complete the statements below.

ovaries	oviduct	penis	uterus	vagina
sperm	urethra	ovum	semen	ovulation

- _____ is the release of an ovum from the ovary.
- The mixture of sperm and liquid that is ejaculated by the male is called _____.
- When fertilised the egg is transferred to the _____ where it develops into a baby.
- The male sex cell is called the _____.
- The female sex cell is the _____.
- Semen and urine pass through the _____ to outside of the male body.
- When stimulated and filled with blood the _____ becomes erect.
- From the ovary the egg passes through the _____.
- The menstrual flow leaves the body via the _____.
- Ovum are produced in the _____.



Are you ready?

Many teenagers postpone sex for a variety of reasons. You may be physically ready for it, but not emotionally ready. Once you have been in a relationship for some time and feel that you wish to make love to your partner, it can be a very enjoyable experience. Before making this decision the following must be considered.

- Unwanted pregnancy
- Protection from sexually transmitted infections
- Guarding your reputation
- Being used by others
- Legal issues

Most people find that their first time is very difficult because:

- They are not aware of the skill involved.
- They may be very anxious the first time, hence problems may arise, for example, premature ejaculation for the male or poor lubrication for the female.
- They are unaware that males and females can have difference responses to sex that need to be taken into consideration.

Ready, set, go

- 1 In pairs have a discussion about how you think you will know when you are ready to have sex.
- 2 Develop a list of five tips for young people to help them decide whether or not they are ready to commit to a sexual relationship

1 _____

2 _____

3 _____

4 _____

5 _____



Influences on sexual choices

Family

Growing up as part of a family means being exposed to values and beliefs about issues like sexual behaviour. Some families may have a religious view that some sexual activity is permissible only within marriage. Other families may take the view that sexual relationships require a certain level of maturity before they are experienced.

Peer influences

Our peers may project a view of sexual behaviour that is balanced and reasonable. But more likely, the most vocal opinions will not be based on a great deal of experience or wisdom. Our families, teachers, health professionals and the health services we consult also influence our behaviour.

Media and culture

In our society, what we see and hear from television, magazines and from general social patterns has a quietly powerful effect on our choices. For this reason, we need to think carefully about the consequences of our actions rather than simply 'going with the flow' of media and culture. While media and culture can make sexually-free lifestyles seem attractive, they are not around to help if things go wrong—for example unwanted pregnancy and sexually transmitted diseases.

Personal values and beliefs

The values we develop shape our identity and our behaviour.

What influences you?

- 1 List five influences on your behaviour and beliefs.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Sources of reliable advice

- 2 List six sources of information and advice about sexual behaviour.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

3 Now place them in order of reliability.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

4 Who would you go to for advice?

5 Your parents will be strongly influential when it comes to your decision making. What are their opinions about sexuality and sexual behaviour? In pairs, discuss whether or not you agree with your parents, giving reasons for your opinions.



Rights and responsibilities

As sexual beings we have rights and responsibilities. The most important right is the right to say 'no' to an unwanted sexual advance and the most important responsibility is to never force sexual activity on another person.

The issues that accompany emerging sexuality hinge on personal responsibility. We are each responsible for our own health and wellbeing and we are responsible for the health and wellbeing of those affected by our sexuality. Responsible sexual behaviour is defined by respecting our own wellbeing and the rights of those affected by our sexual behaviour.

A guide to responsible sexual conduct

These days there is a lot of pressure to have sex as soon as an opportunity arises, but when you think about it, if you have the whole of your adult life ahead of you, there is no hurry. Consider the following points.

The law of consent

The law of consent means that you cannot be forced to have sex against your will. Both people involved must agree to sex before it is considered 'consensual'. In most Australian states and territories, no one is allowed to have sex with you if you are under the age of 16. If you are aged 16–17, no one is allowed to have sex with you if you are under their care, supervision or authority (for example a teacher, youth worker or guardian). The law applies equally to sex between people of both the opposite sex and the same sex. Be aware that while each state or territory follows the same legal principles they may not be the same in respect to age and sexuality. See <www.lawstuff.org.au> for more detailed legal information specific to young people living in all states and territories.

The 'law' of personal values

Some people's personal values (based on such things as family traditions, religious ideas or spiritual convictions) will mean that they should only have sex with somebody to whom they are committed in a long-term relationship. Other people might view sex as an outcome of a night's socialising and not expect an ongoing relationship. When two people's personal values about love and sex do not agree, the consequences of having sex can be hurtful and confusing. It is wise to talk about personal values before having a sexual relationship.

'No' means 'no'—it's the law!

The law of consent means mutual consent. If a person does not want sex it is a criminal offence to force them into having sex. When someone says no to sex their choice must be respected.

Balanced lifestyles

For teenagers, sex can be a preoccupation because of hormonal developments in the body. But as an adult, a preoccupation with sex can result in being unable to enjoy a balanced lifestyle. Life is at its most rewarding when physical, mental, emotional, social and spiritual pursuits are balanced.

Safe sex

Safe sex means sex with a condom between consenting adults. If there is no condom, the risk of infection from a sexually transmitted disease increases by 96%. Safe sex also means you feel safe with your sexual partner and are comfortable with your decision to have sex according to your own values. Safe sex should not involve feelings of guilt afterwards.

The rules of engagement

- 1 What would you say is the most important rule of sexual conduct? Why?

- 2 How can communication avoid problems in sexual situations?

- 3 Why do some people think that 'no' means 'yes' in sexual situations?

Safe sex

Condoms can be used to prevent unwanted pregnancies and sexually transmitted infections like HIV and AIDS. They must be used properly so that they are effective. Other methods of contraception that do not protect against STIs include the intra-uterine device (IUD), diaphragm, birth control pill and spermicidal creams. You should speak to a trusted adult about contraception before you begin or continue sexual activity.



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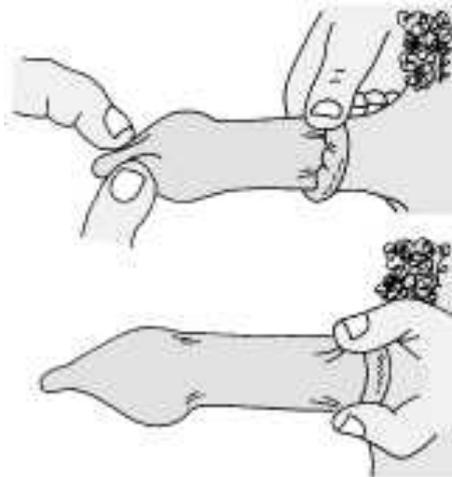


Contraception

The male condom

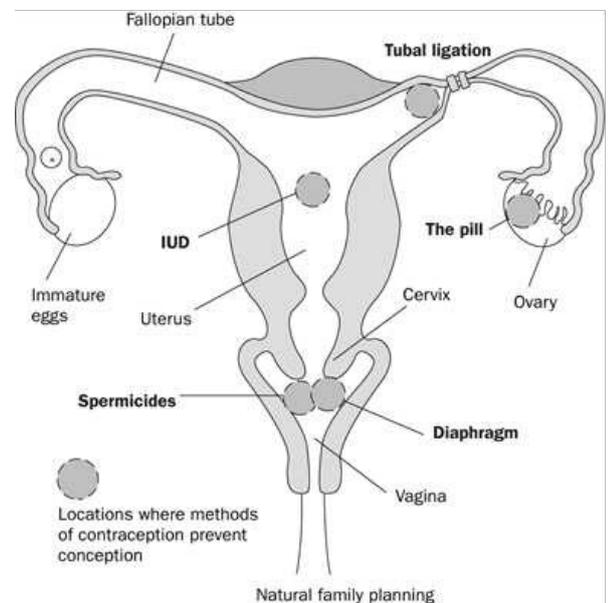
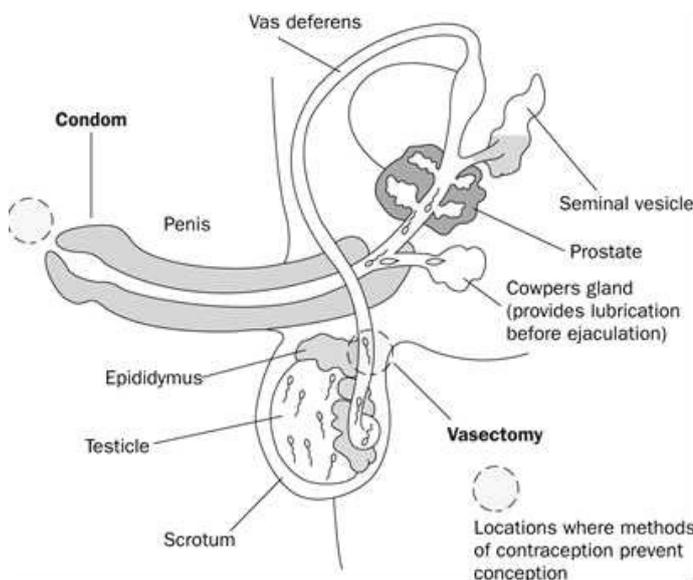
This is a rubber sheath placed over the penis before sexual contact. Condoms have been around for a long time—the use of linen or lengths of intestine is documented from the 15th century, and some believe condoms were being used even in ancient civilisations.

These days condoms of latex rubber are very thin, strong and impervious to body fluids. But only proper fitting before sex and removal of the condom after sex will ensure that using the condom works. Directions for the use of condoms are provided in their retail packaging and should be carefully consulted before use.



Putting on a condom

Condoms prevent pregnancies around 96% of the time, if used properly. Their proven reliability, affordability, ease of use and practicality make them the most suitable choice of contraception for young people.



Contraceptive choices for males and females

The female condom

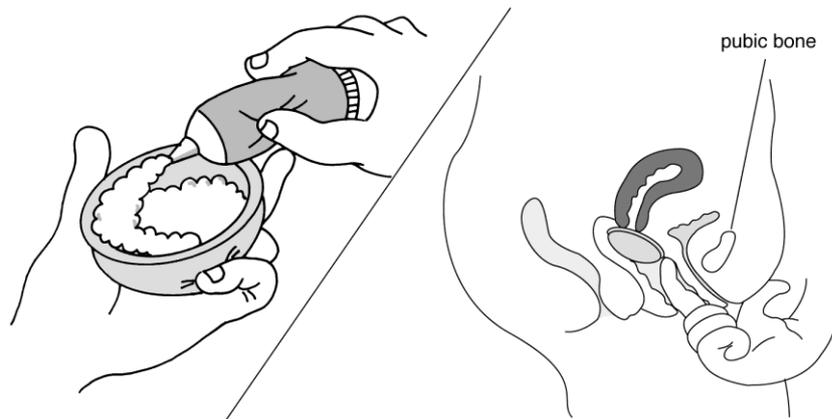
Female condoms offer an alternative barrier form of contraception to the male condom. The female condom is a prelubricated sheath that fits loosely into the vagina. Insertion is assisted by a soft removable ring, which also helps to keep the condom in place. A large flexible ring remains on the outside of the vagina, covering the opening of the vagina (vulva) and providing added protection. When used correctly, the female condom is more effective than other female barrier contraceptive methods like the diaphragms or cervical caps. However, getting used to inserting and using the female condom may take some practice.

The contraceptive pill

The contraceptive pill is taken orally and works by stopping the ovary from releasing the egg, hence preventing fertilisation. The pill must be taken every day or else there is a risk of pregnancy.

The diaphragm

The diaphragm is also a barrier method of contraception. It is inserted into the vagina, over the cervix to prevent sperm getting into the uterus. To be effective it must be properly fitted by a doctor and inserted before intercourse.



Inserting a diaphragm

The mini pill

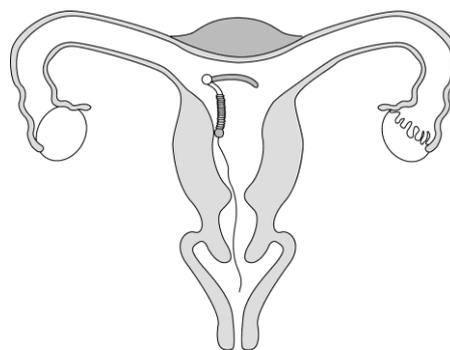
This pill contains progesterone. It works by thickening the mucus at the entrance of the uterus to prevent sperm getting through. It can cause irregularity in the menstrual cycle and can be obtained through prescription.

The emergency pill

Also known as the morning-after pill, this can be used by a woman following unprotected sex. It prevents the release of an egg, stops a fertilised egg from sticking to the uterus wall and interrupts hormone development necessary for a pregnancy to continue. The earlier the treatment begins the more effective it will be. It should be used within 72 hours of the intercourse occurring, and can be obtained from a doctor.

Inter-uterine device (IUD)

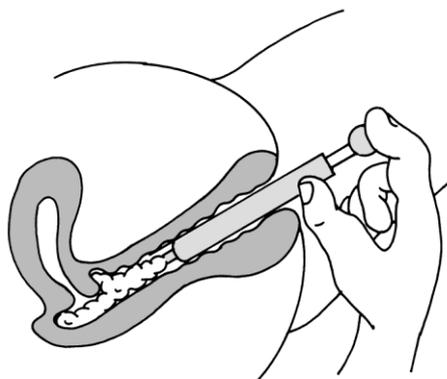
The IUD is a small device that is inserted by a doctor into the uterus to form a barrier between the egg and sperm. The IUD may remain in place for many years however may cause discomfort in the form of period pain and cramps. In some cases vaginal infection may result, which can lead to infertility.



Inter-uterine device

Spermicides

These come in the form of creams, jellies and foams and can be purchased from a pharmacy. They work by killing the sperm before they reach the egg. On their own they are not very effective however, if used in conjunction with a diaphragm or condom, they can be very reliable.



Spermicide application

Withdrawal method

The withdrawal method is where the male withdraws his penis before ejaculation. It is not an effective method as sperm leak from the penis during foreplay and in the vagina before ejaculation. It relies on a lot of self-control from the male.

Sterilisation

This is any method that permanently stops the sperm from reaching the egg. It is an effective method of contraception. However, it may not be reversible and is therefore only suitable for people who do not ever want to have children.

Tubal ligation (female)—the process by which the Fallopian tubes (oviducts) are cut and tied, therefore preventing any eggs from reaching the uterus.

Vasectomy (male)—the process by which the vas deferens is surgically cut, stopping the path of sperm from the testes through the penis to the vagina.

The calendar method (natural method)

The calendar method uses the menstrual cycle to determine when it is safe to have sex without falling pregnant. For this to be effective, the female must be very aware of her body.

Implanon

This is a hormone implant in the form of a small plastic rod that is inserted under the skin to stop ovulation occurring and to change the uterine lining so that an egg cannot implant. This device must be inserted by a doctor and can last for up to three years.

Dams

Dams are another barrier method used to prevent the transmission of bodily fluids during oral sex. They are a thin sheath of latex that is placed over the vagina or anus as a barrier during oral sex. They reduce the risk of contracting some STIs but are not effective if used during sexual intercourse.

Waiting game

The simplest thing to do about sexual relationships as a teenager is to wait until you are legally and emotionally ready for them.

- 1 While other contraceptives can prevent pregnancy, condoms are the only contraceptive that prevents the spread of STIs. Why is this?

- 2 List three different places you could get condoms from. How comfortable would you feel purchasing condoms from each of these places? Are there any strategies you could employ to make you feel more comfortable?

- 3 Read the scenarios below and fill in the table to highlight the most appropriate forms of contraception and the reasons for your decisions.

Scenario	Appropriate contraceptive device	Reasons
Mary has been on the pill for 20 years. She and her husband have three children and do not want any more.		
John has been dating Cait for three months and things have started to get serious. He wants to be prepared in case they decide to take their relationship further.		
Charlotte and Omar are in a committed relationship. Charlotte often forgets to take her pill so she wants a form of contraception that will not be affected if she forgets to take it. They look forward to having children in the future.		
Anthony enjoys giving his girlfriend oral sex however he is concerned as she has recently found out that she has an STI.		
Anthony is confused. He really likes Lulu but is feeling pressured to do things that he doesn't feel comfortable with.		



Teenage pregnancy

The rate of teenage pregnancy has dramatically declined over a number of years with only 5% of teenage women accounting for the birth rate. This decline is due to the availability of contraception and access to abortion rather than a decrease in sexual activity.



istockphoto.com/BrianJackson

- 1 Even though teenage pregnancies account for a small percentage of the birth rate, this rate is significantly higher amongst our Indigenous population. Use the space below to suggest reasons for this.

- 2 Not all teenage pregnancies are unplanned. Some teenagers choose to have babies at an early age. In pairs, record reasons why you believe some teenagers choose to have babies.

One argument regarding teenage pregnancy that people often put forward is that young mothers choose to have babies so they can collect the Baby Bonus provided by the Federal Government. Use the internet to find out more about this initiative.

- 3 Do you agree with this argument? Record your ideas and share your opinions with the class.

It is your choice

Once pregnancy is confirmed there are many options available. It is important that you gain as much knowledge about your situation as you possibly can in order to make the best choice for you.

The options are:

- having the baby
- adoption or fostering
- abortion (terminating the pregnancy).

You are not alone

- Statistics show that many young people hold off finding out if they are pregnant. They feel scared and alone and do not know what they will do. It is important to remember that you are not alone. There are many support services available to provide you with information and support, including:
- Pregnancy Help Australia
<www.pregnancysupport.com.au/index.php?page=fact-sheets>
- Pregnancy Counselling Australia
<www.pregnancycounselling.com.au/>
- Pregnancy, Birth and Beyond
<www.pregnancy.com.au/resources/teenage-pregnancy/teenage-pregnancy-support/index.shtml>

Research task

Form groups of three. Each person is to be responsible for researching one of the options above. They are to report back to their group with an outline of what the option would mean to a teenager and the implications of each option. Write your notes here.

Parenthood

When making these decisions your own ideas may differ from the opinions of family members and friends. While it is important to consider their opinions it is ultimately your decision and needs to be the best one for you. Remember you are the one that has to live with your choices.

If you choose to have the baby you then have to consider parenthood.

Would you choose:

- Single parenting
- Getting married and co-parenting
- Living together and co-parenting
- Living separately and co-parenting
- Living with a family member for support?

As a class discuss your opinions regarding each parenting option.



Implications of teenage pregnancy

Choosing to have a baby is definitely a life-changing decision. How you cope with this can be greatly influenced by the support that you receive.

- 1 Make a list of how you believe having a baby would affect a young person's life.

You are not alone

Statistics show that many young people hold off finding out if they are pregnant. They feel scared and alone and do not know what they will do. It is important to remember that you are not alone. There are many support services available to provide you with information and support.

- 1 Use the space provided to make a list of questions or concerns that you think you would have if you found out you, or your girlfriend, was going to have a baby.

Visit <www.betterhealth.vic.gov.au> or <www.fpv.org.au> to find out the answers you are looking for. You may find it useful to use the links provided to find out more information. Use the space to record any useful websites that you find.

- 2 You have just found out that your best friend is pregnant. What advice and support would you give her to help her with this situation?

- 3 When discussing teenage pregnancy many people only think about the mother. What concerns do you think a teenage father would have? Share your responses with the class.

- 4 Review your answers to question two. How would you respond differently if it was a male friend who had a girlfriend who was pregnant?



STIs and viruses

Managing our health during adolescence means becoming aware of the links between health risks. Using drugs and alcohol can impair our ability to make wise decisions about sex, as well as bring us into contact with blood borne viruses like hepatitis and HIV.

Sexually transmitted infections

There is a range of infections, blood borne viruses and parasites that can be transmitted through sexual contact and sharing needles used for intravenous drug use.

The most common sexual activities that can spread an STI from one partner to another include:

- **Vaginal sex**—the man’s penis in the woman’s vagina.
- **Anal sex**—the man’s penis in the partner’s anus (the partner may be either male or female).
- **Oral sex**—the man’s penis in the partner’s mouth, or the partner’s mouth or tongue in the woman’s vagina.
- **Oral-anal sex**—one partner’s mouth or tongue on the other partner’s anus.

Condoms and dams help prevent infection. It is not difficult to avoid catching STIs. You can prevent most STIs by using barrier protection such as condoms, female condoms and dams.



Sexually transmitted infections

Type of infection	STI	Transmission	Symptoms	Prevention	Treatment
Bacterial	Chlamydia	Bacteria spread through vaginal, oral or anal sex	Unusual discharge from vagina or penis; pain when urinating	Avoid sharing sexual partners. Always use a condom.	Antibiotics and sex-free period
	Gonorrhoea	Neisseria gonorrhoea (bacteria) spread through vaginal, oral or anal sex	Unusual discharge from the vagina or penis; pain when having sex or passing urine; infection may occur in the rectum, mouth and eyes	Avoid sharing sexual partners. Always use a condom.	Antibiotics course, followed by a repeat test to ensure the infection is cured
	Syphilis	Treponema pallidum (bacteria) transmitted during unprotected sex	Ulcer or sore around or in the genitalia or mouth 3–4 weeks after infection; enlarged lymph glands, rash, headaches and joint pains after 2–6 months. If untreated, the third stage may result in serious complications of brain and heart.	Avoid sharing sexual partners. Always use a condom as this decreases chance of transmission.	Antibiotics course, followed by a repeat test to ensure the infection is cured. Damage already caused to the body cannot be reversed.
Viral	Genital herpes	Herpes simplex virus II is spread through vaginal, oral or anal sex or skin contact	Small blisters appear, burst and become ulcers or sores; scabs form and finally the skin heals (after 1–2 weeks)	Avoid sharing sexual partners. Always use a condom.	Medication can ease symptoms and decrease further outbreaks. However, it cannot be cured
	Genital warts	Human papilloma virus	Warts may occur on the cervix or the urethra; warts can also grow around the genitals, mouth or throat	Avoid sharing sexual partners. Always use a condom.	Liquid nitrogen or laser treatment to burn the warts off
	Hepatitis B	Virus transmitted through sexual contact and sharing needles	Jaundice, fatigue, nausea, vomiting, diarrhoea, fever, rash; abnormalities of the senses of smell and taste	Avoid sharing sexual partners, always practise safe sex and do not share needles	Vaccine for prevention however there is no cure at this time; medication varies depending on severity
Parasite	Scabies ('itch')	Parasite transmitted via skin-to-skin contact	Itchiness and small bumps or red welts where the mites have burrowed underneath the skin; may be seen on pubic hairs	Know your partner's sexual history.	Over the counter medication and strict hygiene; if not treated, may lead to secondary infection and may spread to other parts of the body
	Pubic lice ('crabs')	Parasite transmitted via skin to skin contact and contact with infected surfaces such as clothing	Intense itchiness around the genital or anal area; blood spots where lice burrow beneath the skin.	Know your partner's sexual history.	Over the counter medication and strict hygiene; if not treated may spread to other parts of the body

Risk and STIs

1 What risks do people with an STI take?

2 What is a 'reasonable' degree of risk is when it comes to STIs?

3 Describe how you think men and women might see risk and STIs differently.

4 What can contracting an STI do to a person's idea of reasonable risk?

5 There are various ways in which you can prevent the contraction of an STI. List all of the strategies that you can think of and rate them in order of effectiveness.

6 Justify whether or not you think it is important to know your partner's sexual history.



HIV/AIDS

HIV/AIDS is the most dangerous of all sexually transmitted diseases, since there is currently no vaccine to protect against it and no cure.

The Human Immunodeficiency Virus (HIV) is a retrovirus. This means that it is capable of taking over a cell's reproduction centre and producing infected copies rather than healthy ones. HIV attacks the cells of our immune system, which is our body's defence against disease. HIV progressively weakens the immune system, targeting a group of white blood cells called lymphocytes. As more and more CD4 cells (a type of lymphocyte) are destroyed, the body's ability to fight infections and some forms of cancer becomes impaired.

The meaning of AIDS

A	Acquired	you catch it from someone (cannot be inherited)
I	Immune	relating to our immune system (which fights disease)
D	Deficiency	inability to defend against disease
S	Syndrome	a group of symptoms (not just one illness)

Acquired Immune Deficiency Syndrome (AIDS) is a life-threatening illness caused by infection with HIV. It is thought that all people infected with HIV will eventually contract AIDS. However, as AIDS is the most advanced stage of HIV infection, it may take a long time for its signs and symptoms to appear. AIDS can take the form of a number of conditions. The common characteristic is the body's inability to fight the disease. Some of these bacteria, microbes and viruses would not cause harm in healthy people and are called 'opportunistic infections', as they take the opportunity offered by the body's weakened condition to wreak damage.

Transmission of HIV

HIV is transmitted when body fluids pass from an infected person into the bloodstream of an uninfected person. Seroconversion, or initial infection, will only occur if the virus is present in sufficient quantities. For example, only small amounts of HIV are present in saliva, sweat or tears. HIV, however, can be transmitted through infected blood, semen, vaginal fluids and breast milk.

Common ways to transmit HIV:

Blood	<ul style="list-style-type: none">• Sharing infected injecting equipment, such as syringes.• Receiving infected blood through a transfusion. Blood donations have been screened in Australia since 1985. There is an extremely small risk that HIV may not be detected if the donation occurred during the early stages of infection.
Sexual intercourse	<ul style="list-style-type: none">• Unprotected sexual intercourse may allow infected fluid to pass through lesions on the lining of the vagina, vulva or penis.
Perinatally	<ul style="list-style-type: none">• Infected blood of the mother shared with the child during pregnancy or at birth.• Approximately 30% of infected mothers will pass the infection to their unborn child.• Infected breast milk can pass the infection to the child.

- 1 Before continuing, make a list of the myths that you are aware of that relate to HIV and AIDS. Share your responses with the class.

The facts

HIV, like cancer, generates a great deal of fear in the community. When the virus first appeared in Australia there was widespread hysteria, based on an ignorance of how HIV can be transmitted. Some of the myths from that time still exist and may cause unnecessary anxiety and even discrimination. HIV **cannot** be passed on through:

- exchange of saliva—kissing, sneezing, coughing, and sharing eating utensils
- skin contact—hugging, shaking hands, coming in contact with sweat
- casual contact—sharing towels, bedding, toilet seats, swimming pools
- biting insects—mosquitoes, bed bugs.

The virus is very fragile and dies quickly when exposed to the hostile environments outside the body.

Strategies to prevent HIV infection

As HIV/AIDS is a communicable or infectious disease, the risk of contraction will largely depend on decisions related to lifestyle. This means that HIV/AIDS is a preventable condition. The incidence of HIV infection can be reduced through certain practices.

Reducing the incidence of HIV infection:

Health-enhancing behaviours	<ul style="list-style-type: none">• Do not share needles.• Practise safe sex, for example, wear a condom, use water-based lubricant, use a dental dam.• Be responsible in your sexual relationships, for example, practise monogamy (one partner), know your partner's sexual history, be honest and open in communication with your partner.• Practise abstinence.
Target groups	<ul style="list-style-type: none">• Injecting drug users• All people engaging in sexual intercourse (heterosexual or homosexual)• All people capable of having sexual intercourse

- 1 Identify three ways you can reduce the incidence of HIV infection.

Health promotion

Health promotion agencies and services play a vital role in reducing the incidence of STI within our community.

- 1 Use your prior knowledge, and research on the internet, to find out harm minimisation strategies that have been introduced to reduce the transmission of STIs such as HIV and AIDs within our community. List your findings below.

- 2 As a class, take turns writing your findings onto the board. Your teacher will hold a class vote to decide which strategies will be discussed further.



Health Web Quest

Using the website <www.yoursexhealth.org> answer the following questions by navigating through the site.

Reproduction

Briefly explain the three stages of birth.

What are two tests that are used to test for pregnancy?

How you live your life

What does 'age of consent' mean?

Female matters

Female physiology: What are the female sex hormones and what effect do they have?

Male matters

Name an important fact regarding testicular cancer.

Sexual practices

Identify one STI and list the symptoms and treatment of the disease.

Getting help

Access to health information, services and personnel can depend on a number of factors. These include:

- Where you live—if you live in the country there may be a limited number of sources for information and help. The Kids Help Line on 1800 55 1800 can be accessed free by children and teenagers in Australia.
- Your family—some people may not feel comfortable asking a member of their family for help in accessing this kind of information.
- Your level of confidence—some people may avoid seeking help as they feel embarrassed or ashamed.
- Whether or not you listen in Health and PE lessons.

Accessing support

1 How can teenagers living in the country overcome barriers to good information and help about sexuality?

2 What advantages are there for young people living in major cities when it comes to health services?

3 How can young people support each other when facing sexual and other health issues?

4 See the space below to record who you would go to for information about sex. You may find it useful to research various agencies via the internet.

It's up to you

Educating yourself about the facts and asking for advice are important steps in making decisions. Ultimately, the final choice is up to you; therefore, you need to ensure that you make decisions based on the fact that they are right for you and that you will not be sorry you made them at a later date.

Remember—if it doesn't feel right it probably isn't!

Useful websites

The following websites provided useful information for this unit. You might like to use them for further reading.

headspace: Australia's National Youth Mental Health Foundation

<www.headspace.org.au/is-it-just-me/find-information/sexuality-and-gender-identity>

Gender identity

<www.abc.net.au/radionational/programs/allinthemind/born-this-way---gender-identity/4353904>

The Royal Women's Hospital

<www.thewomens.org.au/HealthInformation>

Information on safe sex and abstinence

<<http://gdhr.wa.gov.au/background-info/contraception-abstinence-and-safer-sex>>

Get the Facts

<www.getthefacts.health.wa.gov.au/>

Information on STIs

<www.likeitis.org.au/love-bugs/stis>

Information on chlamydia

<www.sti.health.gov.au/internet/sti/publishing.nsf/content/Chlamydia>

Information on Gardasil

<www.gardasil.com/>

Let Them Know

<www.letthemknow.org.au/STI.html>



istockphoto.com/ShaneKato

Body image and self-esteem



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What is body image?

Body image is the way that you perceive your physical appearance. Sometimes this perception is accurate, but often it is not. Body image also includes what you feel your body is capable of.

Many people feel that their bodies should be different, that they should be 'better' or more 'perfect'. But who defines this idea of perfection? There are many things that influence our ideas about what the 'perfect' body is, including our family, culture, self-esteem, and the images that we see in movies, advertising and magazines. Unfortunately, these things do not always provide us with a positive and healthy idea of what our bodies should look like.

Every body is unique. The way that our bodies look is determined by our genes, diet and physical activity. If we eat a healthy and balanced diet and get a reasonable amount of exercise, there is no reason why we should feel the need to change our bodies.



Genetics

Our genes are the traits passed on from our parents that determine our physical characteristics, like height and body type. There are three basic body types—endomorph, mesomorph and ectomorph.

Endomorph—short, well-rounded bodies with a tendency to carry weight

Mesomorph—muscular bodies

Ectomorph—tall, thin bodies

People are usually a combination of all three body types, though some people clearly lean towards one or another.

We cannot change our genes. They will stay the same for our whole lifetime. This means that physical characteristics that are genetically determined, like having long legs or wide hips, are ours for life whether we like it or not.

This is not to say that we have no control at all over our body shape. We can control important environmental factors that affect our bodies, the two most important being our diet and physical activity.



ACTIVITY:

Understanding body types

- 1 Look in magazines to find an example of each of the three body types. Cut out the pictures and place them in the box provided.

Endomorph
Mesomorph
Ectomorph

- 2 What body type (or combination of body types) do you think you are? Compare your answer with a friend. Does your friend agree with your self-analysis? If you disagree, discuss why.



Diet

In today's Western culture, there are many different types of foods available. The food that we eat is initially determined by our families, and our families often have a significant impact on the values that we hold about food. For example, if the people in your family eat a lot of snacks and junk food, it is likely that you will do the same. However, our families are just the beginning. Many other factors influence the food that we eat. These include religion, the cost of food, the culture in which we live, the availability of food, nutritional information, lifestyle choices and advertising.

There are a lot of different ideas about the 'right' way to eat, and many of them focus on minimising calorie and fat intake. In general terms, a healthy diet is one where food intake is balanced. Most eating models generally agree that we should eat a lot of fruit and vegetables, a lesser amount of grains and lean meats, and a small amount of fatty and sugary foods. There are no foods that are utterly 'bad', there are just foods that should not be eaten all the time.



iStockphoto.com/Phil Date



ACTIVITY:

International food choices

Do some research and answer the questions on fats and sugars in other countries. The following websites are a good place to start: <flexibooks.com.au/w/2k> and <flexibooks.com.au/w/2ku>.

- 1 List the three world regions that consume the most carbohydrates. Why do you think this consumption is so high?

- 2 Which continents consume the most fats? Why do you think this is so?

- 3 Why does the United States have such a high level of calorie intake?



Exercise

Everybody needs to exercise; it keeps us fit and healthy. With today's focus on technology, many people spend more time looking at a screen of some sort than they do exercising. The idea of exercise can seem boring, daunting or expensive to a lot of people, but it does not have to be. It can be simple and fun.

There are a lot of different opinions about how much exercise people need to do, but general guidelines recommend that people should exercise for at least half an hour three times per week. This can be as simple as taking your dog for a walk or participating in a school sport team.

It is important to remember that everyone is different. What works for you might not necessarily work for someone else. People also exercise for different reasons. Some people just want to do enough exercise to keep themselves healthy. In contrast, professional athletes would need to do a completely different amount and type of exercise.

It is also important to keep in mind that you do not necessarily have to set special time aside as 'exercise time' (although many people enjoy doing this). It is quite possible to get plenty of exercise as a part of your daily life if you just make a conscious decision to—this is called incidental exercise. Climb the stairs instead of taking the lift. Walk to the train station or school or work instead of being driven. Simple things like these can have a significant cumulative effect on your general fitness.

Incidental exercise can be particularly beneficial for people who do not feel that they are able to do more strenuous kinds of activities. Take, for example, someone who would like to improve their fitness by jogging, but finds jogging difficult because they are carrying too much weight. If this person undertook incidental exercise as much as they could every day, they would soon see (if their perceptions were accurate) that they were losing weight, gaining strength and would consequently feel more able to go jogging.



istockphoto.com/Dragan Trifunovic



ACTIVITY:

Reflecting on exercise

- 1 List the types of exercise that you generally do in a week.

- 2 Are you getting at least half an hour of exercise three times per week? Do you think that this is enough?

- 3 Identify some things that you could do to increase the amount of incidental exercise that you do every day.

Self-esteem

Your self-esteem is essentially the way that you feel about yourself, the image that you hold of yourself as a whole person. If you are generally happy with yourself and the way that you interact with the world, you are likely to have high self-esteem. If you are unhappy with yourself as a person and think that you should be different to how you are, you are likely to have low self-esteem.

Who influences your self-esteem?

The people around you, and particularly the people who are close to you like your family and friends, can have a big impact on your self-esteem. If you have family and friends who respect you, value your individuality, encourage and support you, you are likely to feel good about yourself and have high self-esteem. However, people who are not close to you can also affect your self-esteem. If, for example, you walk past a group of people at lunchtime and one of them makes a negative comment about you and they all laugh, your self-esteem is likely to be lowered. In contrast, if someone tells you that you are attractive or bright or talented or brave, this is likely to raise your self-esteem.

The media can also have a significant impact on your self-esteem and unfortunately, this is often a negative impact. In our Western world where 'appearance is all', body image and self-esteem are very closely linked. The images of ideal bodies that are presented to us in the media can cause people to have a negative body image, which will lead to low self-esteem.

You are responsible for your own self-esteem. If you set realistic goals for yourself, strive to achieve those goals and enjoy your achievements, your self-esteem will be boosted. It is important to have high self-esteem because it will allow you to achieve your goals, be healthier, be more confident in life, mix socially with more confidence, make better decisions and lower the risk of being pressured into destructive risk-taking behaviours. In short, having high self-esteem will help you to be a happier person.

Improving your self-esteem

Some people do not value themselves as much as they should; however, each person is capable of changing the way they see themselves, and of building self-esteem. Some ways to actively improve your self-esteem are:

- Know yourself. Learn to recognise your own positive features and abilities, and concentrate on these rather than on your failings.
- Develop a positive approach to things that go wrong in your life. If possible, plan for improvement next time.
- Work to change negative beliefs that you hold about yourself into more positive, constructive beliefs.
- Set yourself realistic goals and be proud of your achievements.
- Give everything your best effort so that you are more likely to achieve your goals.
- Use your talents to the full.
- Build a lifestyle that helps to boost your body image.
- Associate with people who care about you and make you feel good. Stay away from people who put you down or make you feel bad.
- Use other people's feedback to improve yourself.



Body image and the media

Every day we are exposed to things like advertising, television, magazines and films, all full of beautiful, 'ideal' people. Unfortunately, the body image shown in the media is becoming more and more unrealistic and unattainable. When a photograph is taken for an advertisement or a magazine cover, there is a huge amount of work that goes into making the model look the way that they do. Make-up, hairdressing, styling and lighting can take hours before the photograph is taken, and then the image will be photoshopped or airbrushed to remove any 'flaws', which sometimes means altering the original photo in extreme ways. Even people who are employed specifically for their good looks are not considered 'perfect' enough!

Next time you are online, view the great video that shows this process on YouTube at flexibooks.com.au/w/2m.



Advertising in particular uses images of perfection to manipulate the way that we see ourselves so that we think we need to buy the product that the advertiser is selling to make us look more like the 'ideal'. When we think about it logically and rationally, this is clearly ridiculous; however, we see so many advertisements every day that we often subconsciously accept the messages that they send.

This can lead to distortions of body image. These distortions can vary from mild to severe. While we might know logically and rationally that as long as we eat well and exercise enough our bodies will be healthy, most people will be unhappy with their body at some point in their lives. Almost everyone will experience a form of this distortion of body image



ACTIVITY:

Critiquing the media

- 1 Collect three magazine or newspaper advertisements that have people in them. What do you think about these people's bodies? Do you think they represent a body shape that is normal and healthy?

- 2 Look at some examples of 'before and after photoshop' images on the internet (enter 'before and after photoshop' into Google to see a selection). Do you think that it is right for images to be changed in this way?



ACTIVITY:

Class debate

'No magazines or printed media should use photoshopped images.'

Form two groups and debate an opinion on photo editing for media purposes.

Eating disorders

Eating disorders are usually linked to an extreme distortion of body image. An eating disorder is a compulsion relating to eating that negatively affects the sufferer's physical and mental health. Two of the most common eating disorders are anorexia nervosa and bulimia nervosa.



ACTIVITY:

Reflecting on eating disorders

- 1 Before you read this section, jot down what you know or think about anorexia nervosa and bulimia nervosa.

Anorexia nervosa

Bulimia nervosa



Anorexia nervosa

People suffering from anorexia nervosa have severely distorted body image and believe that they are overweight and consistently want to lose weight even though they are often already dangerously underweight. While sufferers might use other methods to control their weight (such as excessive exercise and laxatives), the most common method is voluntary starvation. They might go long periods of time without eating, and are often very secretive about it.

There is no single cause—genetic, social and psychological factors can all play a part in a person developing the disease.

Anorexia affects sufferers in physical, psychological, emotional and social ways. Some of the physical effects can be extreme weight loss, stunted growth, anaemia, low blood pressure, thinning hair, brittle nails, tooth decay, constipation, headaches and bruising.

Psychological effects include refusing to see that they are dangerously underweight; defining themselves mainly or exclusively in terms of their weight; obsessing about food and weight; and believing that being in control of food intake/body size is the same as being in control of life.

Due to the physical changes in their bodies and their distorted mental state, people suffering from anorexia can experience many emotional effects like low self-esteem, mood swings, depression and thoughts of suicide. This has an effect on their social life, and often they withdraw from family and friends as the control of weight becomes an absolute obsession.

There has been a lot of criticism of the extreme thinness of many people in the media and the pressure that images of extreme thinness creates. Many people argue that the media is one of the main contributing factors for people developing the disease. In professions where there is more than average social pressure to be thin (such as in modelling or dancing), the occurrence of anorexia is much higher than in the general population.

Anorexia has historically been seen as something that only affects females. However, as the pressure on males to have an ideal body increases, so has the incidence of males developing the disease.



ACTIVITY:

Applying understanding

- 1 Daniel Johns, the singer from the band Silverchair, has publicly suffered from anorexia. Read the transcript from the television show 'Enough Rope', where he is interviewed by Andrew Denton (<flexibooks.com.au/w/2p>). In what ways is his experience of anorexia typical?



Bulimia nervosa

Bulimia nervosa is an eating disorder characterised by binge eating (eating a great deal of food in a short time) followed by purging the food that has just been eaten, most commonly by self-induced vomiting. Some people suffering from the disease also use excessive exercise, laxatives and fasting.

It can often be harder to detect bulimia than anorexia because people suffering from bulimia tend to look healthier and their health problems are typically not as obvious. They are often of normal weight and the binge/purge cycle is carried out with great secrecy. Although people suffering from bulimia tend to look healthier, the disease is a serious health risk for sufferers. Some of the physical effects can be decay of tooth enamel due to regular exposure to stomach acids; damage to the mouth and top of the throat due to the insertion of objects or fingers to induce vomiting; bloating; dehydration; fatigue; and irregular heartbeat.

Symptoms of bulimia include grossly distorted body image; hoarding food; eating to the point of pain; going to the bathroom during or after meals; misusing laxatives, enemas and diuretics; exercising excessively; anxiety; and depression..

As with anorexia, there is no single cause of bulimia. Genetic, social and psychological factors can all play a part in a person developing the disease. Also, the incidence of bulimia is much higher in females than in males, but there is increasing recognition that males are affected by the disease.



iStockphoto.com/Andrew Ross



ACTIVITY:

Identifying anatomy

1 Label the image provided using the following terms.

liver

tongue

gall bladder

spleen

oesophagus

large intestine

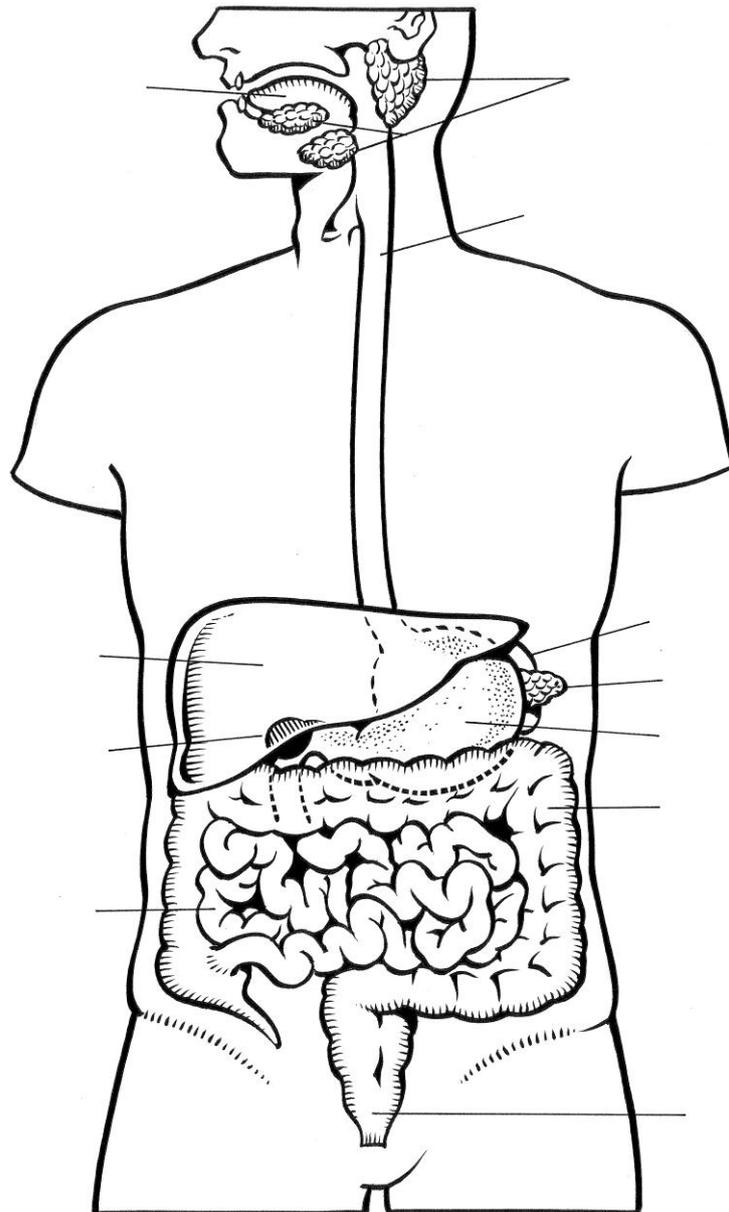
anus

small intestine

stomach

salivary glands

pancreas



**ACTIVITY:***Applying understanding*

- 1 Research the process of digestion. Write a short paragraph describing what happens to the food that we eat. Draw the process on the diagram provided.

- 2 How would this process differ in a person suffering from bulimia?

If you think that you or someone you know might be suffering from an eating disorder, there is a lot of support available. The following telephone numbers and websites are just the beginning.

The Kids Helpline—1800 551 800—<flexibooks.com.au/w/2r>

Eating Disorders Helpline—Melbourne Metro: 03 9885 0318—Non-metro: 1300 550 236—<flexibooks.com.au/w/2s>

SANE Helpline—1800 18 SANE (7263)

Headspace National Youth Mental Health Foundation—<flexibooks.com.au/w/2t>

Reach Out Australia—<flexibooks.com.au/w/2u>

**ACTIVITY:***Categorising behaviours*

- 1 Using the website <flexibooks.com.au/w/2v>, categorise the following eating disorder warning signs as either behavioural or physical.

Eating disorder warning sign	Behavioural/physical
Labelling foods as 'good' or 'bad'	
Avoiding spending time with friends	
Feeling tired	
Increased anxiety at meal times	
Sudden weight loss	
Wearing looser clothing	
Preoccupation with food and exercise	
Bad breath	
Always saying they are not hungry	
In females, monthly period stops	
Constantly counting calories or reading food labels	
Intense fear of gaining weight	

- 2 List examples of the psychological and social risk factors associated with developing an eating disorder.

Psychological

- 1 _____
- 2 _____
- 3 _____

Social

- 1 _____
- 2 _____
- 3 _____

- 3 Look back to what you wrote at the beginning of this section. Have any of your ideas about eating disorders changed? Have you learned anything that really surprised you? Have any of your perceptions of eating disorders and the people who suffer from them changed?

Male body image and ideas of masculinity

There have always been ideas about the way men 'should' look, and these ideas differ from culture to culture and have changed throughout history. It is possible that never has there been so much pressure on men to conform to an ideal masculine image as there is in today's Western society.

ACTIVITY: *Reflecting on gender*

- 1 Describe the 'ideal' male body image, as presented in the media.



2 Do you think that these characteristics are attractive? Why or why not?

With the additional pressure on men to conform to an ideal masculine image, there has been a rise in the number of men undertaking risky behaviours. These behaviours include dangerous dieting, excessive exercising, taking performance-enhancing drugs and developing eating disorders.

While there is more recognition than ever before of the pressure on men, it can sometimes be hard for men to admit to or speak out about body image issues as this is still seen as a problem that affects women only. Society as a whole needs to recognise and accept that men who suffer from body image-related problems are not 'wimps' or 'sissies'.



ACTIVITY: *Evaluating 'masculine'*

1 Look at some pictures of male movie stars from 60 or 70 years ago. How do they compare to the male movie stars of today? What might this indicate about changing ideas of masculinity and the ideal male body?

2 According to Eating Disorders Victoria, it is difficult to tell how common eating disorders are amongst males. List three reasons why it might be difficult to detect eating disorders amongst men.

Adonis Syndrome

The Adonis Syndrome is named after the Greek god Adonis, who is a mythical god said to be 'of pure beauty'. You may have heard a sporting hero or actor being referred to as an Adonis, which infers that they are attractive and youthful.

The Adonis Syndrome, or Body Dysmorphic Syndrome, is a clinical disorder that predominantly affects males. The disorder is characterised by an obsession with appearance, especially in regards to body and muscle development. It is unlike anorexia and bulimia in that when a sufferer looks in a mirror, they might see someone who is tiny and weak as opposed to someone who is overweight.

Like anorexia and bulimia, the Adonis Syndrome greatly affects self-esteem. Sufferers often:

- are critical of themselves and their appearance
- are dissatisfied with their appearance
- feel a sense of shame and/or guilt regarding their body
- have such a low opinion of themselves that they believe that others look at them in the same light.

Compulsive exercise is often used in their quest for the perfect body.

Female body image and ideas of femininity

Everyone knows that for a long time, there has been pressure on women in Western society to conform to an ideal feminine image. There has been a great volume of literature written about and many movies and documentaries made on the subject. While the ideal has changed somewhat over time, the pressure to have a 'perfect' body (whatever perfect is at any given moment) has remained constant.



ACTIVITY:

Evaluating 'feminine'

- 1 Describe the 'ideal' female body image, as presented in the media.

- 2 Do you think that these characteristics are attractive? Why or why not?



It is very interesting that while we, as a culture, know that it is silly to pressure women into trying to obtain a 'perfect' body, it still happens every day. Our awareness of the manipulations of the media exist alongside that very manipulation. For example, a magazine for teenage girls that might have a cover story about anorexia and the dangers of being too thin will still show photos of models who are extremely thin.

- 3 Everyone in the class should bring in an image of both a man and a woman who they consider to be attractive. Display all of the images together. As a class, discuss what the images have in common, as well as the differences in what people consider to be attractive.
- 4 As a class, discuss where people could access help regarding body image issues and what affects people's choice of where/who to go to for help.

To finish ...

Every body is unique. There is a lot of pressure on both men and women to look a certain way. However, it is so much more important to keep your body healthy than to make it slim or muscular.

If you eat healthily and exercise moderately and consistently, it is almost certain that there is absolutely nothing wrong with your body.

Try to be kind to your body—it is your friend, not your enemy!

First aid



First aid 2

- Priorities in first aid.....2
- Who do you call in an emergency?10

First aid

Emergency health care is about dealing with accidents and mishaps, and the injuries and illnesses associated with them. It can be applied by persons who have the necessary skills, knowledge and expertise. Providing initial care for the ill or injured is called first aid.



Priorities in first aid

Making an emergency scene safe is the initial concern of first aid. This means protecting, in order of priority:

- yourself
- bystanders
- the person in difficulty (casualty) from any continuing (for example, a flooded river) or immediate (for example, a fire) danger.

Some dangerous situations can only be dealt with by trained specialists who have the knowledge and equipment to do so. A chemical fire, a fallen powerline or a crazed animal, for example, are best left to the experts. However, after assessing an emergency scene it may be possible to do some simple things like turning off a domestic power supply or switching on the hazard lights of a car.



ACTIVITY:

Understanding first aid principles

- 1 Why is the safety of yourself and bystanders a higher priority than that of the casualty in an emergency situation?

- 2 What personal risks are there in administering first aid? What precautions can be taken against these risks?

DRSABCD action plan

In an emergency call **triple zero (000)** for an ambulance



D

DANGER

Ensure the area is safe for your self, others and the patient



R

RESPONSE

Check for response—ask name—squeeze shoulders

No response

Response

Make comfortable

Monitor response



S

SEND for help

Call triple zero (000) for an ambulance or ask another person to make the call



A

AIRWAY

Open airway—tilt head with chin lift

Open mouth—if foreign material present

Place in recovery position

Clear airway with fingers



B

BREATHING

Check for breathing—look, listen, feel

Not normal breathing

Normal breathing

Start CPR

Place in recovery position

Monitor breathing



C

CPR

Start CPR—30 chest compressions : 2 breaths

Continue CPR until help arrives or patient recovers



D

DEFIBRILLATION

Apply defibrillator if available and follow voice prompts



© St John Ambulance Australia. All care has been taken in preparing first aid protocols but St John takes no responsibility for its use by other parties or individuals. St John encourages first aid training as this information is not a substitute for first aid training.

Learn First Aid | 1300 360 455 | www.stjohn.org.au

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For more information on St John first aid training and kits visit <flexibooks.com.au/w/2th> or call 1300 360 455

3 Using the DRSABCD Action Plan flowchart, and these statements, complete the table provided.

- Airway of a casualty must be cleared if blocked.
- Check the area is free from hazards and risks.
- If normal breathing, place in recovery position and monitor the breathing. If not, start CPR immediately.
- Call 000 for an ambulance or ask another person to make the call.
- An Automated External Defibrillator (AED) can help save lives.

Think	Remember	Act
D	Danger can cause further injury or accidents; avoid danger yourself and protect others from it.	
R	Response from a casualty means they are conscious and may be able to tell you what happened; no response will mean you are dealing with an unconscious person.	Gently shake or squeeze the casualty's shoulders and ask their name. Make them comfortable and monitor further response.
S	Send for help if the casualty does not respond.	
A		Put the casualty into the recovery position by supporting their neck and turning them onto their side. Then tilt their head back and down. Use your fingers to clear any foreign material from their mouth. Look for chest movement, listen for the sound of air, feel for air on your cheek.
B	Breathing and other signs of life will determine how you will proceed.	
C	Cardiopulmonary resuscitation (CPR) is given when there are no signs of life: no breathing, no responding and no moving.	Locate the lower half of the sternum in the centre of the chest. Give 30 chest compressions (almost two compressions per second), followed by two breaths.
D		Attach AED as soon as one is available and follow the voice prompts. Continue CPR until qualified help arrives or signs of life return.

Cardiopulmonary resuscitation (CPR)

CPR is the last line of defence against death for someone who is not breathing and does not have a pulse.

- a Kneel beside the casualty.



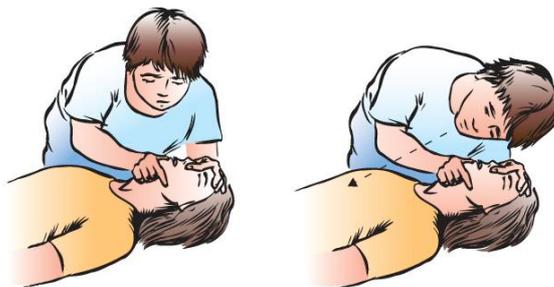
- b Locate the lower half of the breastbone (sternum).

- c Place fingers together over the lower part of the sternum.



- d With straight arms apply downward pressure.

- e Release the pressure. Repeat compressions at a rate of approximately 30 chest compressions (almost two compressions per second).



- f Then tilt the head and lift the chin. Give 2 breaths, sealing the nose and lips and ensuring the chest rises. Continue compressions and breaths in a ratio of 30:2 until medical aid arrives.

Shock

Injury and trauma can lead to a condition in which a person's circulating blood volume is reduced. This is known as shock, the signs and symptoms of which include:

- faintness or dizziness
- cold, clammy skin
- nausea
- anxiety
- pale face, fingernails and lips.

Severe shock is characterised by:

- rapid breathing
- weak, rapid pulse
- drowsiness, confusion or unconsciousness
- extremities becoming bluish in colour
- thirst.

Shock can become a life-threatening condition if blood and fluid loss through bleeding, vomiting and diarrhoea or burns are severe. This is because cells quickly become depleted of the oxygen on which the body depends. The management of shock involves the following procedure:

- follow DRSABCD
- control bleeding
- reassure the casualty
- seek medical aid
- raise the casualty's legs (unless broken) above the level of the heart
- dress wounds or burns
- immobilise any fractures
- loosen any tight clothing
- maintain body warmth with a blanket
- if they are thirsty, moisten the casualty's lips with water but do not give them a drink
- monitor pulse and breathing
- maintain a clear, open airway
- place the casualty in recovery position.

Asthma

Asthma is a disease of the lungs in which the airways narrow and breathing becomes difficult and characterised by 'wheezing'.

Triggers for asthma include:

- humid air
- pollen, dust, grasses, animal fur and other allergens
- pollution, chemicals, tobacco smoke
- emotional change.

Management for an asthma attack includes the following.

- 1 Sit the casualty upright and remain calm to reassure them.
- 2 Without delay, give four puffs of a reliever. The inhalation is best given using a puffer and a spacer. Ask the casualty to take four breaths in and out through the spacer.
- 3 Wait four minutes.
- 4 If there is no improvement repeat steps 2 and 3.
- 5 If there is still no improvement, call an ambulance immediately (dial 000) and state that a person is having an asthma attack. Continue to repeat steps 2 and 3 while waiting for an ambulance.
- 6 If a spacer is not available, then follow the above steps using the reliever puffer.

**ACTIVITY:***Numeracy and critical thinking*

The following table shows the number of people that were hospitalised due to injury or poisoning from 2009–2010. Using a calculator find the statistics listed and enter them into the table provided.

- 1 The percentage of each type of injury that was a high threat to life. Answer to the nearest whole number.
- 2 The total of each column.

External cause of injury	Number of separations*	Percentage of total	Estimated cases ⁺	Estimated cases with high threat to life	Percentage of cases with high threat to life
Transportation	59,065	13.0%	54,110	13,102	
Drowning and submersion	595	0.1%	540	446	
Poisoning, pharmaceuticals	6,865	1.5%	6,604	77	
Poisoning, other substances	2,523	0.6%	2,407	119	
Falls	176,364	38.9%	161,147	38,501	
Fires/burns/scalds	6,673	1.5%	5,933	789	
Other unintentional	140,904	31.1%	133,065	4,897	
Self-inflicted	27,588	6.1%	26,331	1,115	
Inflicted by another person	24,550	5.4%	23,162	4,121	
Undetermined intent	5,899	1.3%	5,708	193	
TOTAL					

+ Any time a patient leaves because of death, discharge, sign-out against medical advice or transfer

* Excludes records with a mode of admission of 'transfer from another acute hospital'

Based on Australian Institute of Health and Welfare material

Answer the following:

- 1 Which type of injury holds the highest threat-to-life?

- 2 Which other two injury types pose a high threat-to-life?

- 3 Considering your calculations, how important is it to be familiar with first aid procedures? Which calculation overall supports your answer?

- 4 Other than being life-threatening, all of these injuries have the potential to cause serious disability and chronic illness. Choose one of the injury types from the table and draw a simple flow chart outlining the first aid procedure for that injury. You may need to research some of the first aid treatments to do so.



Practical applications



ACTIVITY:

Group discussion

In a group of three, discuss and note down what you would do.

- 1 A friend has emerged from the surf and collapsed on the beach. They are not breathing and do not have a pulse.

- 2 After a swim on a hot sticky day, a member of class is wheezing and having trouble breathing.

- 3 A member of class has been dumped by a big wave at the beach. They are breathing and have a pulse but they seem weak, and their facial skin is clammy and blue around the lips.

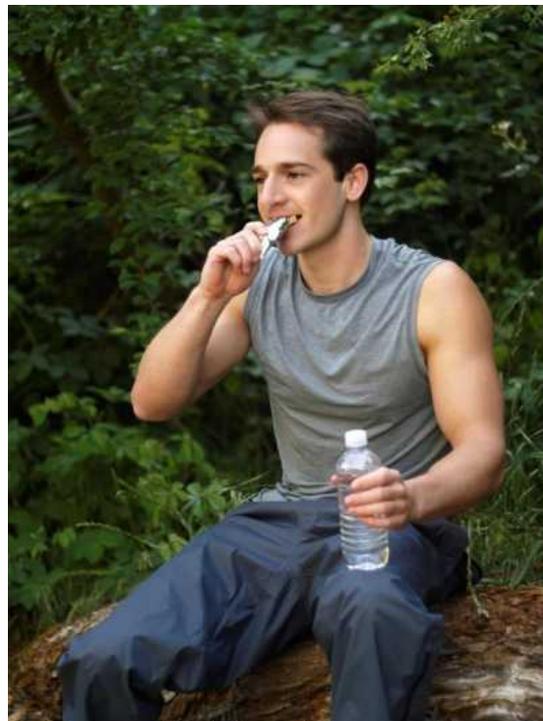


Who do you call in an emergency?

For an emergency, any member of the public can call an ambulance.

- **Briefly assess the emergency situation.**
- **Dial 000. Coins or card may be required on public telephones.**
- **Request ambulance service.**
- **Give the controller:**
 - the location of the incident
 - the street name and number (or nearest number)
 - the suburb
 - nearest main road
 - any other directions that might assist in locating the incident
 - a brief summary of the incident
 - the number of injured people
 - a brief description of injuries
- **Answer the controller's questions.**
- **Do not hang up until the ambulance controller says so.**
- **All of this should take approximately 20 seconds.**

Nutrition for physical activity



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Introduction

Nutrition is known to be a vital factor for our health—some people say ‘you are what you eat’. Nutrition is important for general healthy living but there are also specific nutritional considerations for physical activity and weight management.



Nutrition for health and activity

Nutrition has a considerable impact on our health and physical performance. Specific groups of people have varying nutritional requirements dependent on factors including age, gender, physical activity, pregnancy and weight management needs. There is so much information about nutrition in the media, including fad diets, supplements and the latest trends, that it can be confusing to know what is actually good for you in terms of healthy nutrition. In this unit we look at nutritional requirements for healthy living, nutritional planning for physical activity, advertised nutritional products and weight management.



Nutritional needs for healthy living

It is important for all people to have good nutrition and to eat healthy foods, and the government has developed recommended dietary guidelines for the general population. Some of the general dietary guidelines for young people in Australia are:

- enjoy a wide variety of nutritious foods
- eat plenty of vegetables, legumes and fruits
- eat plenty of wholegrain cereals, bread, rice, pasta and noodles
- include lean meat, fish, poultry and/or alternatives
- include milk, yoghurt, cheese and/or alternatives
- drink plenty of water
- limit saturated fat and moderate total fat intake
- choose foods that are low in salt
- consume only moderate amounts of sugars and foods containing added sugars
- encourage and support the breastfeeding of babies.

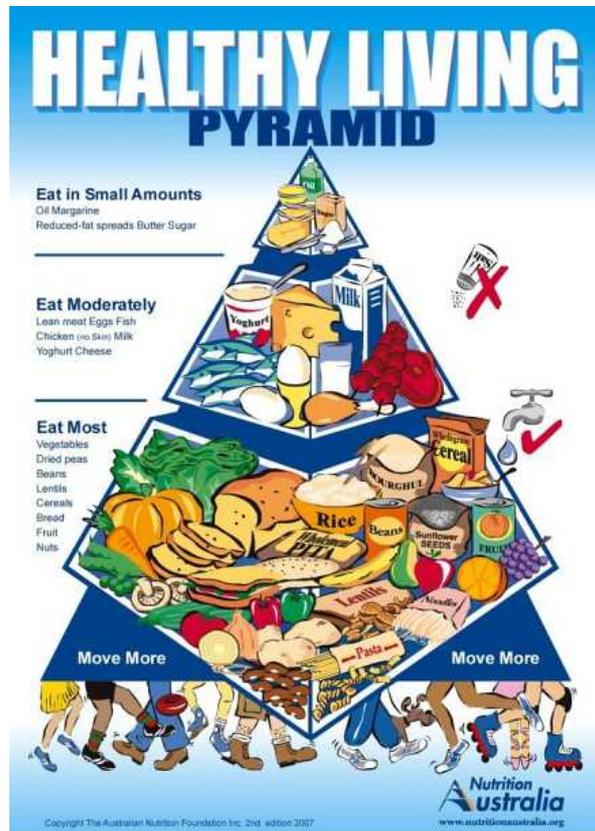
Five food groups

These general dietary guidelines support the balanced consumption of the five food groups:

- 1 Breads and cereals—including rice, pasta and noodles (preferably wholegrain)
- 2 Fruit
- 3 Vegetables and salad
- 4 Meat and protein products—including lean meat, poultry, fish, eggs, nuts, tofu and dried legumes
- 5 Dairy—milk, cheese and yoghurt or a calcium-rich alternative (such as soy).

Food pyramid

A common way of breaking down the food groups is with the food pyramid, which shows what foods you should eat least, moderately and most.



Source Copyright © The Australian Nutrition Foundation Inc.



ACTIVITY:

Healthy food intake

- 1 Research how many serves of each food group someone your age should be consuming per day.

Food group	Number of servings per day
Breads and cereals	
Fruit	
Vegetables and salad	
Meat and protein products	
Dairy or alternatives	

- 2 What does the food pyramid illustrate?

Nutrients

There are six nutrients in food that the body requires for optimal health and functioning. These nutrients are carbohydrates, proteins and fats, which provide the body with energy, and vitamins, minerals and water, which do not provide energy (kilojoules/calories) but are very important to the functioning of a healthy body.

- **Carbohydrate** is a nutrient found in starches and sugars that supplies the body's main source of energy. Starches are found in wholegrains and some vegetables. Sugars are found in fruits, milk and yoghurt. Fibre is a type of carbohydrate that does not provide energy, as your body cannot digest it; however, it has a very important function in keeping the bowels regular. Carbohydrates should make up approximately 60% of your total kilojoule intake each day.
- **Protein** is a nutrient that builds, repairs and maintains body cells. Proteins are found in animal products and some plants, such as beans. Protein is essential for the body as it provides some amino acids that the body cannot manufacture itself. Protein should make up approximately 15% of your total kilojoule intake each day.
- **Fat** is a nutrient that helps the growth and repair of cells, and provides energy to the body. Fats are found in animal products and some plant products, such as nuts and vegetable oils. No more than 30% of the total kilojoules consumed each day should be from fats.
- **Vitamins** are nutrients that assist in the growth and repair of body cells and include vitamin A (retinol), B1 (thiamine), B2 (riboflavin), B6 (pyridoxine), B12 (cobalmin), C (ascorbic acid), D, E (tocopherol), K, biotin, niacin, pantothenic acid and folate.
- **Minerals** are nutrients that regulate the activities of cells and include calcium, phosphorus, magnesium, sodium, potassium, iron and zinc.
- **Water** is the nutrient most needed by the body as over half of our body weight is made up of water. Water carries nutrients to the cells, helps flush out waste materials and assists in regulating body temperature.



Carbohydrates can be found in wholegrain breads and pastas.

istockphoto.com/Morgan Lane

**ACTIVITY:***Examining food groups*

- 1 Research the following nutrients then complete the table with the function of the nutrients listed, giving examples of food sources for each.

Nutrient	Function of the nutrient	Examples of food sources
Carbohydrates		
Protein		
Fat		
Vitamins		
Minerals		
Water		

- 2 Compare the nutritional labels of several varieties of the same food (for example, cereal, bread, milk or cheese) and choose the healthiest option based on the recommended dietary intake (RDI) of nutrients.

- 3 You may see many different symbols on your food labels. Examine these symbols and work out what you think they might represent then compare notes with a partner.



Nutritional needs for activity

Athletes who have high levels of physical activity have different nutritional requirements from the general population. Nutritional factors can influence and enhance training, recovery and performance during competition. Physically active people generally require more complex carbohydrates (60–70% of total diet), less fat (20–25% of total diet), and approximately 1 gram of protein per kilogram of body weight per day. Physically active people also need a higher water intake to account for fluid loss in training.

- 1 How much protein should you be eating per day?

Case study

Greg is 17 years old, 180 centimetres tall and weighs 75 kilograms. Greg competes in triathlons and has a heavy training schedule. Every week he completes 5 hours of swimming, 10 hours of cycling and 8 hours of running. Greg also walks 15 minutes to school and back each day, and goes surfing when he has weekends free of competition.



It takes a lot of dedication and training to be a successful triathlete.



ACTIVITY:

Planning to eat healthy

- 1 Read the case study and write a sample one-week eating plan for Greg, explaining the RDI and nutritional requirements for his lifestyle, based on the information given. Use the table provided to record your plan.

	Morning	Midday	Afternoon	Evening
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

- 2 Keep your own food diary for one week by writing down absolutely everything you eat and drink each day—make sure you don't leave anything out! Using the five food groups and the food pyramid examine your dietary intake for the week in relation to the nutritional guidelines.

After analysis of your one-week food diary, set some goals (try to think of at least five) and include some suggested strategies to improve your nutrition with healthy eating habits.

	Morning	Midday	Afternoon	Evening
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Healthy eating goals

1 _____

2 _____

3 _____

4 _____

5 _____

Strategies to improve my nutrition

What's on the web?

Search for and assess the value, accuracy and reliability of five internet sites with nutritional information related to physical activity. Rank them in order of appropriateness for adolescents. Here are two examples to start with:

<flexibooks.com.au/w/2j3>

<flexibooks.com.au/w/2j4>

Nutritional planning

There are many options and factors to consider in nutritional planning for physical activity. Nutritional intake impacts energy levels and it is important to replace energy after activity. Hydration is also a significant nutritional factor.



Before, during and after activity

There are different requirements for nutritional intake before, during and after physical activity. For example, it is important not to eat too much too soon before being physically active, and it is important to replace energy expended during physical activity by eating.

Before physical activity

It is best to eat a snack at least one to two hours before physical activity, or a large meal three to four hours before a competition. Snacks and meals prior to activity should be low in fat and mostly consist of complex carbohydrates. Foods that are high in fats and proteins should be avoided, as the body takes a longer time to digest these nutrients. It is also important to drink adequate fluids prior to physical activity.

During physical activity

It is important to remain hydrated during physical activity to avoid dehydration, particularly in hot or humid weather. Carbohydrate supplementation through sports drinks can be useful in sustained vigorous activity or competition.

After physical activity

It is important to replace both fluid and energy after physical activity or competition events. The best energy sources after physical activity are foods that are high in complex carbohydrates. It is best to avoid soft drinks, caffeine and alcohol.



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Energy needs during activity

Researchers believe that consuming carbohydrates during physical activity can improve endurance by maintaining energy levels and avoiding fatigue. It is unnecessary to consume carbohydrates during events under 90 minutes, as you should be able to take on enough energy prior to team sports and shorter events. Sports drinks can provide energy in the form of carbohydrates but it is better to ensure proper nutrition prior to activity lasting less than 90 minutes. Endurance events or physical activity lasting longer than 90 minutes may require extra energy which can be found in sports drinks, fruit or muesli bars. In all events it is vital to remain hydrated with water to avoid dehydration. It is recommended to have up to approximately one litre of water per hour of physical activity.

Factors to consider

There are several factors to consider when planning healthy nutritional intake for physical activity. These include the duration of the event, the nature of the physical activity, the level of energy being used by the physical activity, and the food likes and dislikes of the athlete.



ACTIVITY:

Eating and exercising

- 1 Design a basic nutritional plan for participation in a physical activity such as an outdoor expedition, a fun run or a triathlon. Research the needs of the athlete and provide a sample menu for before, during and after the event.

Event/activity: _____

Athlete's requirements/needs: _____

Sample menu (prior to event)

Sample menu (during event)

Sample menu (after event)

Marketed products

There are many nutritional products that are marketed as being beneficial for training and competition. These marketed nutritional products include liquid meals, nutritional bars and supplements. Although there are situations where these products can be beneficial, there are also many fads and fallacies to consider in relation to nutritional products.



Liquid meals

Carbohydrate liquid meal supplements can be useful for athletes who are having difficulty meeting their requirements for a higher energy intake. Liquid meal supplements are quick to consume and packed with energy and nutrients. They can be easier to consume than extra food if your goal is to increase your energy intake.



Nutritional bars

Nutritional bars are also useful as snacks that are quick to consume, full of energy and nutrients, and easy to carry. With any nutritional product it is important to study the food label to check the ingredients and nutrients to ensure you are not just consuming a food high in fat and sugar. Nutritional products should be high in complex carbohydrates and low in fat and simple sugars.



Supplements

Many athletes take nutritional supplements in the belief that it will enhance their physical performance and ensure they have no nutritional deficiencies. Supplements are generally vitamins and minerals. Supplementation is not necessary unless the athlete has a particular vitamin or mineral deficiency, such as iron or calcium deficiency. Most people can get all the nutrients they need from a healthy, well-balanced diet.



Promotional advertising techniques

Companies use marketing to sell their products but they may not always be healthy products for the consumer. Think of all the advertisements you see for nutritional products every day, and the advertising techniques used to lure people to buy products. Record your thoughts.

As a class, share your responses and add any techniques that you did not include.

Fads and fallacies

There are many myths and misconceptions about nutrition and physical activity. There are often fad diets and physical activity trends that claim to be effective when they are not, and can even have negative consequences for health and wellbeing. Perhaps you or someone you know has tried one of these fads only to discover it was a fallacy!



ACTIVITY:

Analysing nutritional advertising

- 1 Find three examples of advertising techniques used to promote nutritional products in a variety of media (such as magazines, television advertisements and billboards) that use sporting personalities.

Analyse each advertisement in terms of who it is targeting, its effectiveness and whether it is a positive or negative use of media.

	Advertisement 1	Advertisement 2	Advertisement 3
Product			
Advertising Technique			
Target audience			
Effectiveness			
Positive or negative use of media?			

- 2 In small groups, brainstorm and critically appraise some common myths and misconceptions about nutrition and physical activity. Make up your own television advertisement about a ridiculous fad and perform it in front of the class to demonstrate the extreme measures to which advertisers go to promote their products.
- 3 Take the Mythbusters test at <flexibooks.com.au/w/2tf> to see if you can bust the latest nutrition myths.

Weight management

Nutrition and physical activity are the two main contributing factors to healthy weight management. The combination of nutrition and physical activity in relation to weight management is referred to as energy balance.



The energy balance model

Although we are surrounded by a multitude of 'lose weight fast' schemes, weight management comes down to one very simple equation called the energy balance model.

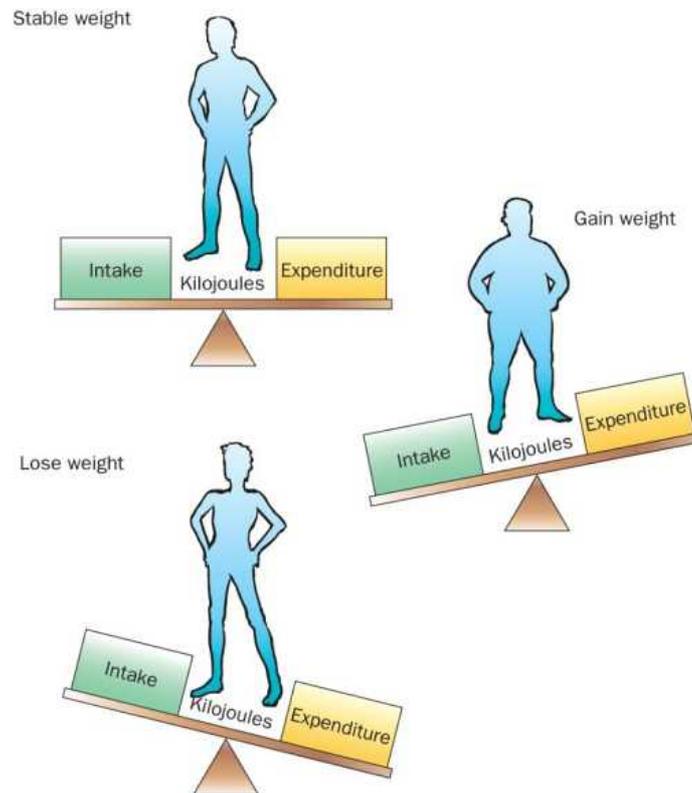
Energy balance refers to the balance of energy going into your body through what you eat and drink in relation to the amount of energy expended by your body through physical activity and daily living. If your energy intake is higher than your energy expenditure, you will gain weight and if your energy intake is lower than your energy expenditure, you will lose weight. If your energy intake is equal to your energy expenditure, your weight will remain stable.



ACTIVITY:

Balancing energy

- 1 Explain the principles of the energy balance model.



Benefits of diet and activity

The best way to lose, gain or maintain weight is to incorporate diet with physical activity. This also leads to so many health benefits that not only are you at your healthy weight but you feel great, too.



Healthy weight loss and gain

Based on the principles of energy balance, healthy weight loss and weight gain is about a simple equation. To lose weight you must expend more energy than you consume, while to gain weight you must consume more energy than you expend. There are many advertised quick-fix solutions that are not healthy options for losing weight. These programs, pills and potions may have an immediate weight-loss effect but they are not a long-term solution, and can often have negative health consequences. Due to their strict guidelines, which are often difficult to maintain, these diets do not work for long-term weight loss. Healthy weight loss or gain occurs over time through proper nutrition and enough physical activity. A healthy weight loss or gain target is 0.5–1.0 kilogram per week.



istockphoto.com/Sean Locke

**ACTIVITY:***Finding the healthier option*

1 In pairs, brainstorm the foods offered in your school canteen and write a letter to the principal with some suggestions for healthier options for lunches and snacks. Include the following questions in your brainstorm.

a What types of foods are sold in your school canteen?

b What junk food do they sell? (for example, lollies, chips, cookies or soft drinks)?

c What nutritious foods are available?

d How would you rate the variety of healthy foods available?

e What healthy food options do you think the school canteen should offer?

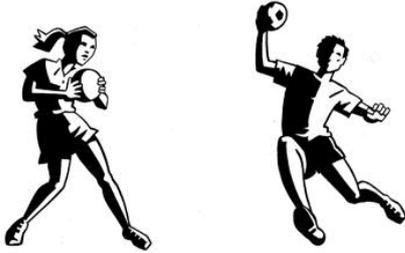
2 Debate topic: Nutrition is more important than physical activity in managing weight.

Prepare an argument for and against the debate topic and get ready to participate in a class debate.

3 Compile your own list of ten top tips for healthy weight management (the first one is done for you).

Ten top tips for healthy weight management	
1	Participate in physical activity for one hour every single day
2	
3	
4	
5	
6	
7	
8	
9	
10	

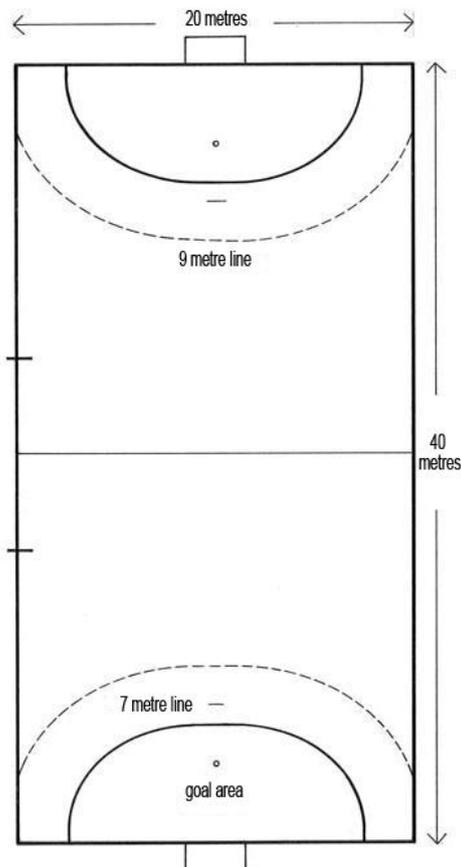
4 As a class, discuss everyone's top tips for weight management and compile a list of 10 for the group.



Handball

About handball

Handball is a fast and exciting team sport, usually played indoors. Also called team handball or European handball, it has been an Olympic sport since 1936 and is played by 15 million people in over 160 countries. Teams have up to 14 members, with a maximum of seven players on court at any time—including the goalkeeper—and unlimited substitutions. Games have two 30-minute halves with teams changing ends after half-time. Men and women play using the same rules, but the women’s ball is smaller.



Attacking players shoot for goal from outside a semicircular arc that is six metres from the goal. The goalkeeper is the only player allowed inside the goal area.

The goal is three metres wide and two metres high with a net to catch the ball.

Penalty shots are taken from the seven-metre line. The other painted line is nine metres from the goal and is called the free-throw line.

Substitutions can be made at any time without stopping play, but players must enter or leave the court in the substitution zone. Changing players during an attack is a common tactic.

Figure 1 The handball court is 40 metres long by 20 metres wide.

Review questions

- 1 Handball players s_____ for goal from a_____ on the court outside the g_____ a_____.
- 2 How many handball players can be on the court? _____
- 3 How long is each half of a game? _____
- 4 Which players can be in the goal area? _____
- 5 A team can make u_____ substitutions during a game.
- 6 What are the different rules in men's and women's handball?

- 7 When did handball become an Olympic sport? _____
- 8 Penalty shots are taken from the s_____ line.

Rules

SCORING

Any player can shoot at the goal. They must:

- shoot the ball from outside the goal area. The player may land inside the goal area if they release the ball while in the air
- shoot within three seconds or after taking three steps while holding the ball.

BASIC RULES

GOAL AREA

No player (other than the goalkeeper) is allowed inside the goal area. An attacking player may land inside the circle after a jump shot, as long as they release the ball before landing and they leave the goal area at once.

If an attacking court player steps into the goal area or on the goal-area line, the defending team will take a free throw from that spot.

If the defenders gain an advantage by being in the goal area, a penalty throw is awarded to the attacking team.

The goalkeeper may move freely in the goal area and may leave the area if not in control of the ball. Outside the goal area, the goalkeeper may move in the same way as any court player and is subject to the same rules. The goalkeeper may not re-enter the goal area with the ball.

Any player may substitute as a goalkeeper, but only one player per team can be the goalkeeper on the court.

PLAYING THE BALL

Dribbling is permitted, but as soon as the ball is held with one or both hands, it must be passed after three steps or three seconds. Players can throw, punch or hit the ball in any direction using hands, arms, head, back, thigh or knee. Contact with the ball below the knee is not permitted (except when made by goalkeepers). Passes back to the goalkeeper inside the goal area are not allowed either.

Players may play the ball while kneeling, sitting or lying on the floor. They can execute a throw—even a free throw—from this position as long as one foot is touching the floor.

Once the ball is thrown, a player may not touch it again unless it has touched the floor, another player or the goal.

The fast-paced game involves a lot of contact as defenders try to prevent attackers reaching the goal area. Defending players may block an opponent with their body, arms or hands. Only frontal contact is permitted. If contact is made to the side or back, play is stopped and the attacking team restarts from the nine-metre line with possession of the ball.

Review questions

- 1 Which players can shoot a goal? _____
- 2 For a goal to be scored, the shooting player must shoot from o_____ the goal area.
- 3 Court players can touch the ball with any part of their body except the legs b_____ t_____ k_____.
- 4 Players may play the ball while lying on the ground, providing that at least _____.
- 5 Handball is a contact sport but only f_____ c_____ is permitted.
- 6 What is the maximum time the ball can be held? _____

- 7 True or false? A player:
 may enter the goal area to score. True False
 may pass the ball to the goalkeeper while standing in the goal area. True False
 may throw the ball while sitting on the ground. True False
 may not throw the ball while kneeling on the ground. True False
- 8 How many steps can a player take while holding the ball? _____
- 9 Players may hit or punch the ball with a _____ part of their b _____
 except the leg b _____ t _____ k _____.
- 10 Any player may s _____ a _____ goalkeeper.

GENERAL PRINCIPLES OF HANDBALL

ATTACK

Attackers move the ball forward by passing or running and dribbling. They shoot for goals from outside the goal area. Goals can be scored by: throwing from a distance; penetrating the defence; throwing from the wing; or making a quick change from defence to attack. Supporting the ball carrier helps maintain possession and allows for more options in attacking. Keeping close to the ball carrier also permits faster passes and a greater success rate in passing.

DEFENCE

The goalkeeper stands inside the goal area and defenders stand outside the goal area trying to deny attackers an opportunity to shoot. Anticipating the attackers' intentions, intercepting the ball or blocking players can prevent goals being scored by the opposition.

SUBSTITUTE PLAYERS

Continuous substitution keeps players fresh and confuses the opposition. Players can interchange at any time by leaving or entering the court in the substitution area.

POSITIONS

The **backs** are often good jumpers who are tall and can shoot from the back of the court or advance unexpectedly to penetrate the defence. **Pivots** are fast runners who pick up passes and launch powerful, accurate shots on goal from the six-metre line. The **wings** score by flying into the circle from their outside positions. **Goalkeepers** need to be athletic, flexible and brave with very fast reflexes.

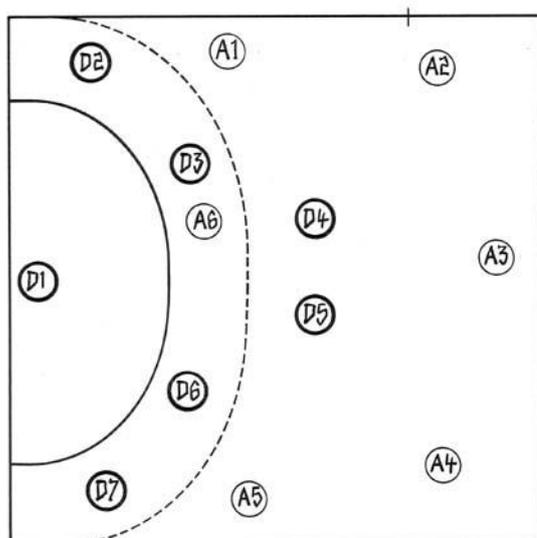


Figure 2 A typical attack/defence scenario. The pivot (A6) is in a good goal-scoring position, but must catch a pass from one of the other attacking players and avoid the defenders.

THE OFFENSIVE POSITIONS:

- A1 and A5—right and left wings
- A2, A3 and A4—right, centre and left backs
- A6—the pivot

THE DEFENSIVE POSITIONS:

- D1—goalkeeper
- D2 and D7—right and left wings
- D3, D4 and D5—right, centre and left backs
- D6—the pivot

Review questions

- 1 Attackers move the ball f_____ by passing or r_____ and d_____.
- 2 Where may attackers shoot for goal? _____
- 3 The g_____ stands I_____ of the goal area and the defenders stand o_____ the goal area.
- 4 When may players interchange? _____

- 5 Fill in the position that matches each list of necessary skills.
- a Athletic, flexible and fast reflexes _____
 - b Fast runners who launch powerful shots on goal _____
 - c Tall, good jumpers that are able to take long shots on goal _____
 - d Players that shoot at goal by flying into the circle _____

PENALTIES

Pushing, holding, tripping or hitting are violations that earn the opposition free throws. These are usually taken from where the violation occurred, unless it happened between the goal line and free-throw line (in which case the free-throw line is used).

Referees generally aim to maintain the flow of the game, avoiding interruptions that stop play unless a foul is committed. Even then they will try to let the play in progress finish before issuing warnings or penalties.

THE SEVEN-METRE THROW

If a referee awards a penalty, the opposing team takes a free throw from the mark seven metres from the goal. Penalties are incurred when a clear chance of scoring is illegally ruined by an action of any player of the opposing team, or an incorrect whistle signal interrupts a clear chance of scoring. A seven-metre throw can also be awarded for interference from off-court officials or spectators.

The seven-metre throw is taken as a shot on goal within three seconds of the referee's whistle. The player taking the throw must start no more than a metre behind the seven-metre line and must not cross it before releasing the ball. The thrower's team members must stay outside the free-throw line until the ball has left the thrower's hand. The players of the opposing team must stay outside the free-throw line and at least three metres from the seven-metre line, until the ball has left the thrower's hand. Once the ball is thrown, no member of the thrower's team may touch the ball until it has touched an opponent or the goal.

If the goalkeeper crosses the restraining line (the four-metre line) before the shot is released, the seven-metre throw will be retaken, unless a goal is scored.

SUSPENSIONS

Players who are guilty of faulty substitutions, deliberate fouls, dangerous play or poor sportsmanship can be warned once, then earn a two-minute suspension. If a serious foul is committed, a player may earn an immediate suspension.

Suspended players may not participate in the game and cannot be replaced on the court during their suspension time.

If a player incurs three two-minute suspensions in one game, they are disqualified for the duration of the game.

Review questions

- 1 Free throws are usually taken from where the _____.
- 2 Where is the free throw taken if a penalty occurs between the goal line and free-throw line? _____
- 3 True or false? The following rules apply to a seven-metre throw:
A seven-metre throw may be awarded for interference from off-court officials. True False
The throw must be taken within three seconds of the referee's whistle. True False
The opposing players must stay outside the free-throw line until the ball is released. True False
The thrower may take one step over the line before releasing the ball. True False
- 4 If the goalkeeper crosses the restraining line before the ball is released, the shot will be retaken unless a _____.
- 5 When are players given a two-minute suspension?

- 6 If a player incurs t_____ two-minute suspensions during one game they are disqualified from playing for the _____.

Ball handling skills

CATCHING TECHNIQUE

The aim is to keep the ball moving, but maintain control.

Players should:

- catch the ball with both hands
- form a bowl shape with their hands to catch the ball effectively
- flex their knees and keep their feet shoulder width apart
- keep the head up, facing forward with eyes focused on the ball
- move their hands towards the ball when catching
- relax their fingers and place them correctly on the ball to absorb shock during impact.

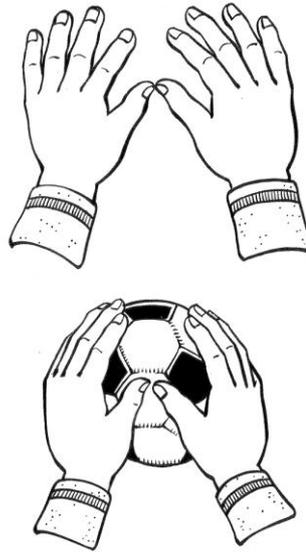


Figure 3 Catching

PASSING TECHNIQUE

OVERHEAD PASS

This shot is used for aggressive, fast attacking passes. Players should:

- hold the ball slightly above head height, with the elbow bent at a 90 degree angle
- keep the whole hand behind the ball for maximum power
- take one step forward with the opposite foot to the throwing hand (left foot for right-hand throwers)
- drive with the right (throwing hand) foot for power.



Figure 4 Overhead pass

- The overhead pass requires a powerful, accurate throw. Drive forward with the same leg as the throwing arm for additional thrust. The whole hand should be behind the ball.

WRIST PASS

A wrist pass allows for fast passes without the player having to turn their upper body or direction of travel. Although it is a fast and unexpected manoeuvre, the disadvantages of the wrist pass are its limited power and distance. It is best used for short passes.

Holding the ball with both hands, the passing player takes a sideways step towards the target player. The passing hand should grip the ball from above with the supporting hand below. As the player transfers their body weight to the forward foot (the one on the throwing side) the ball is released with an upward flicking motion, with the player adding a final push with the thumb. The arm follows through as the bent knee absorbs the impact.

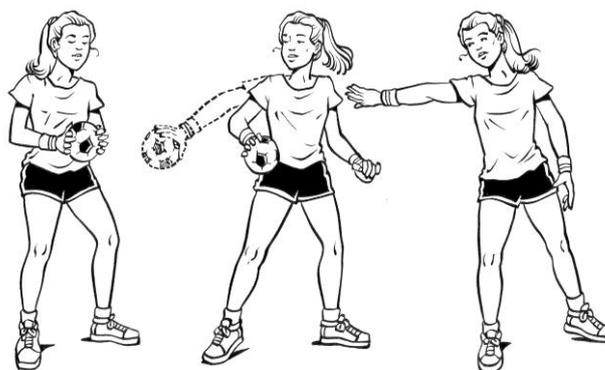


Figure 5 Wrist pass

Review questions

- 1 When catching the ball, players should:
use both hands. True False
move their hands towards the ball. True False
keep their hands flat, fingers together. True False
bend their knees. True False
- 2 Fill in the blanks in this explanation of an overhead pass.
The elbow is bent at ___ d_____. The ball is above and behind the
h_____. Step f_____ and bring the throwing arm o_____ the
h_____. Release the ball and drive d_____ with the same h_____
and f_____.
- 3 A wrist pass allows players to pass without turning their u_____
b_____ or changing their d_____ o_____ t_____.
- 4 Fill in the blanks in this explanation of a wrist pass.
Hold the ball in b_____ hands. Step s_____ towards the
p_____. Weight is transferred f_____ and the b_____ is
released with an upward f_____ motion. The arm f_____
t_____.

SHOOTING TECHNIQUE

JUMP SHOT

The jump shot is a dynamic, goal-scoring shot.

Players should:

- bring the ball up to shoulder height while running forward
- jump with a strong push off from the opposite foot to the throwing arm
- stretch out, with the throwing shoulder drawn back
- throw from the highest point of the jump
- land on the same leg as used for the take-off.



Figure 6 Jump shot



Figure 7 Running jump shot

SHOOTING WHILE FALLING

Taking a shot at goal or making a pass while appearing to fall over can be a way of catching the opposition off guard and can be effective while performing penalty shots. Falling shots are most often performed by the pivot and wing players.

FORWARD FALLING SHOT

The player stands on one or both feet, leaning forward before falling. Up until the moment the player loses balance, the ball is held in both hands and swung sideways at head or shoulder height. As the player falls, one hand releases the ball to absorb the impact while falling, while the other hand executes the shot. A fast and powerful push with both legs gives the ball extra thrust.

BACKWARD FALLING SHOT

An attacking player may use the backward falling shot to bypass a defender blocking his shot at goal. If the defender is on the left, for instance, the attacker will perform a half-turn to the right, pivoting around their shoulder as they launch into an off-balance jump shot. Executing the jump shot while falling can be effective in front of or to the sides the goal.



Figure 8 Forward falling shot

GOALKEEPING

Goalkeepers need to cover the largest area possible with their bodies.

Players should:

- stand tall, with knees slightly bent, and hold their hands at head height
- stop low balls with a foot and one arm outstretched towards the foot
- stop mid-height balls with either hand or foot
- jump to intercept higher balls.

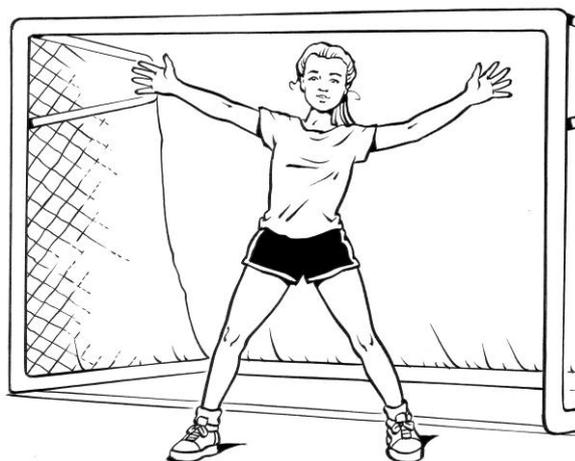


Figure 9 Goalkeeping

Review questions

- 1 When taking a j_____ shot, the player should land on the s_____ leg used for the t_____.
- 2 Falling shots are most often performed by which players?

- 3 In a falling forward shot, one hand is used to t_____ the b_____ and the other hand is used to a_____ the impact of f_____.
- 4 When might an attacking player use the backward falling shot?

- 5 G_____ should aim to stop low balls with a f_____ and mid-height balls with a h_____ or f_____.
- 6 How should a player stand when defending the goal?

Tactics

Handball has a reputation for being the fastest indoor sport after ice hockey, with shots on goal reaching over 100 kilometres per hour. Players must be fit and athletic with good stamina and, most importantly, able to work as a team to take advantage of rapidly changing circumstances on the court.

Knowing how to execute a variety of ball shots is an essential skill in handball. Shooting accurately with power requires strong and flexible muscles in the lower and upper limbs, the pelvic region and torso. The distance of the shot and the handling time on a ball determine the power and type of shot to use.

Continuous substitution is a common tactic used in handball because it keeps players fresh and confuses the opposition. Players can interchange while attacking or when the action is near the substitute box, but they must enter or leave the court in the substitution zone.

Review questions

1 True or false

Shots on goal can reach over 200 kilometres per hour.

True False

Referees will let the play finish before issuing a penalty.

True False

Players must be fit and have stamina.

True False

2 What is an essential skill in handball? _____

3 Players must work as a t_____ to take advantage of rapidly changing c_____. during the g_____.

4 What are the two benefits of continuous substitution? _____

Planning outdoor recreation



Tanith Darvill

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Introduction

Every outdoor activity requires varying degrees of preparation and planning. The level of planning depends on several factors, such as the type of activity, risks involved, location, size of group, skills and experience of participants, equipment available, climate and other environmental and geographical considerations. This unit provides an overview of the types of planning that must take place before any outdoor activity to make sure the chance of anything going wrong is minimal.

Food and water considerations

The amount of food and water to be consumed on any adventure will depend on the type, intensity and duration of the activity, as well as the age and body type of the participants. However, certain factors should be considered when planning what food and water should be carried.

Food

Ask yourself the following questions:

- How many meals will I need? For example, two breakfasts, three lunches, two dinners, three snack meals. It's a good idea to pack an extra meal in case something goes wrong.
- Will all the food have to be carried? Consider lightweight alternatives (e.g. dehydrated food).
- Does the food require water to be cooked and will water be available?
- How far do you have to carry it?
- How is the food packaged and can I leave some of the packaging at home? Remember you will have to carry out all rubbish
- How nutritious is the food?
- Is anyone in the group allergic to any foods, for example, nuts? If so, all nut products should be left at home.
- How easy is the food to cook, and how long does it take to cook? Correct cooking utensils and the right amount of fuel will need to be carried.
- Will I still be able to eat my meals if there is a total fire ban and I am unable to cook or heat them up?

Cooking gear

The most common portable and convenient types of cooking stoves for an overnight trip are:

- Trangias, which use methylated spirits as fuel
- MSR stoves that use replaceable propane gas canisters as fuel.

For camping that does not involve hiking in, a two or more burner camping stove with a gas bottle would be sufficient.

High fire danger conditions must be considered at all times when using a stove in an outdoor environment. Stoves should not be used on a day of total fire ban.

Water

Ask yourself the following questions:

- How much do I usually drink?
- How hot will it be? Extra water will be required in hot weather.
- How hard will I be exerting myself? Extra water will be required if you are working harder.
- How far or long before water will be next available?
- Will the water be safe to drink, or do I need to treat it or boil it? Water can be treated with iodine or water purification tablets or with a zap pen—an ultra-violet light emitting device that destroys the DNA of microorganisms, making them unable to reproduce and cause illness.

Resources for safe participation

Participating in outdoor recreation requires a certain amount of equipment, and the range of specialised equipment available on the market today is vast. Deciding on exactly what equipment you need requires research. As a general rule of thumb, the more expensive the equipment is, the lighter, more durable or more comfortable it will be—however, this is not always the case.

The following lists suggest what to take and what to wear for an overnight camping trip. The list is a guide only. The suggested resources for an overnight trip can easily be modified for other types of activities.



What to bring

It is important to prepare a list of all items and equipment needed when going on a camping trip. Your list will depend on location, weather and planned activities, such as hiking or swimming. It is best to create a checklist before leaving to make sure you are prepared for a well organised and safe trip, and also to be prepared for all possible outcomes if anything does go wrong. This list can be kept for future trips as a reference.

Suggested equipment needed for an overnight camping trip		
Clothing	Personal equipment	Group equipment
Summer Wide-brimmed sun hat Track or trekking pants—not jeans! Waterproof jacket Socks Shorts (quick-drying material) T-shirt x 2 (quick-drying material) Underwear Waterproof over pants Shoes or boots Jumper Thermals Winter Beanie Scarf Wide-brimmed sun hat Thermal Gloves Thermal top Thermal pants Fleece or woollen jumper Fleece jacket Track or trekking pants Waterproof jacket Waterproof pants Couple of pairs of socks Underwear T-shirt Shoes or boots	Sleeping bag Sleeping mat Head lamp Sun cream Insect repellent Medications Water bottles Toiletries Sanitary items Snacks Eating utensils Whistle Compass Pack and waterproof liner bag Camera Gaiters Knife Flashlight Water purification tablets Waterproof matches Survival candle	Tent (pegs and poles) Group shelter for cooking etc—may be a large tarp or extra fly with ventilation Stove and cooking utensils Fuel for stove Maps First aid kit Toilet paper and trowel (personal responsibility if not a school trip) General purpose repair kit (needle, cotton, tape) Rubbish bags Matches/lighter Mobile phone and/or satellite phone or GPS



Clothing for outdoor recreation

The clothing used in outdoor pursuits should follow the three-layer system. Having three different layers of clothing allows for maximum heat retention and cooling efficiency in all weather environments. It also allows for maximum comfort as it is easy to take off or rearrange layers as needed.

The principles of the three-layer system are:

- The **base layer** consists of an inner layer designed to quickly draw moisture away from your skin and toward the outer layers of clothing. This layer is relatively thin (although when it is colder it could be a thermal top). In warmer weather you can wear this inner layer by itself in order to stay cool and dry. Do not wear cotton as it will suck warmth from the body if you become wet.
- The **middle layer** is the main insulation layer and captures the heat from the body and prevents it from escaping. The middle layer is commonly made up of wool or fleece, in the form of thermals or a jumper. It is not uncommon for people to wear several 'middle' layers.
- The **outer layer** is a waterproof, windproof shell. An outer layer made of Gore-Tex (or similar) will also allow the moisture that is being drawn away from your body by the inner and middle layers to escape.



Tanith Davill

When using an effective combination of these layers, it is possible to stay warm and dry in all conditions in Australia.

- 1 List some different clothing items that may be required for outdoor activities at the following different environments in Australia:

Alpine area:

Desert:

Coastal:

- 2a In groups of four, imagine you are all going on an overnight hike through Blue Mountains National Park, NSW in summer. Research the area and list factors that you would have to consider while planning this trip.

- b Develop a checklist of personal and group equipment needed and discuss how the equipment will be divided between the four group members.

Packing for overnight trips

Overnight hiking and camping trip

Most hikers and campers have experienced the frustration of stopping on the trail and needing the one item that is buried at the bottom of your pack. Although you can't have everything at your fingertips all the time, a little bit of planning can go a long way.

Here are some pointers for efficient packing:

- When packing your pack, the first thing you should put in it is the last thing you will take out, typically that is your **sleeping bag** or mat.
- To save room put your sleeping bag in a **compression sack**. If you're leaving for an extended period of time or are going into damp conditions consider getting a waterproof compression sack.
- Most backpacks, with the exception of daypacks, come with a separate compartment to store your sleeping bag, deep within the pack. If you have extra room in this compartment, store your **change of clothes and/or bed clothes**.
- The next bit of gear to stow is your **tent**. Some packs have a vertical compartment that you can store a tent in—this is ideal. Some other packs have straps where you can attach your tent on the outside, although attaching items to the outside of your pack can lead to damaged or lost gear when hiking through dense vegetation.
- You also may want to consider stuffing your tent in a compartment in your pack and strapping the poles to the outside. Make sure your poles are in a stuff sack (a draw-string bag made of hardy material) and well secured.
- Next is your **camping mattress**. If your mattress is closed cell or open cell foam, simply rolling it up and stowing it on one of the outside straps is probably your best bet. If your mattress is inflatable, be sure to store it in a tough stuff sack to keep branches or rocky edges from puncturing it.
- Next is your **cooking gear**. If you don't plan to have hot meals while on the trail, consider storing your cooking gear and stove towards the bottom of your pack.
- Make sure your **fuel supply** is well stowed and away from your tent, bedding, and most important your food supply, especially if your fuel is liquid, like white gas or alcohol.
- Next is your **food**. You should store it in two separate sections, with food you will need while hiking closer at hand than food to be prepared at the camp site.
- Make sure that your **rain gear, first aid equipment, medications, a warmer layer of clothes** and an **extra pair of socks** are easily accessed from the top of your pack.
- If your pack is equipped with a **removable daypack**, store your essentials for survival (knife, flashlight, waterproof matches, survival candle, compass, emergency blanket, water purification tablets, survival whistle, first aid kit, and emergency rain gear) in it. This way if you want to set up base camp and take a side hike in the afternoon, you can grab your daypack, some food, water and map, and be ready to hit the trail

Weight of your backpack

It is generally recommended that the maximum weight a fit individual can comfortably carry is less than one third, or 33%, of their own body weight. For everyone else, we recommend less than one quarter, or 25%, of their own body weight.

The arrangement of items in your pack is important for more comfortable weight distribution. The load should be hip or shoulder bearing and can be determined by adjusting your pack's harness.

Here is some advice on how to distribute the weight in your pack:

- Begin by stuffing the lower compartment of the backpack. If you have a sleeping bag stuff this into the lower compartment first, then fill all other space in the lower compartment with any bulky items that are without weight, making sure you fill all the bottom corners. It is essential to create a solid foundation for the rest of the load in the upper compartment.
 - Load the remainder of your gear with heavy items such as your stove and cooking gear along your spine
 - Pack the lighter gear lower and away from the back. On travel packs, the daypack should only contain lightweight essential items.
 - If your load is less than full, use your compression straps to compress and hold the load tight and prevent backpack sway. Avoid backpack sway, as any excess of movement created would quickly cause fatigue.
- 1 In what part of your pack would you pack the following items to make sure the weight is distributed in your pack as efficiently and comfortably as possible, and that items are accessible when needed?

Snack food _____

Fuel stove _____

Mattress _____

Tent _____

Communication

If planning a long walk or extended stay in a remote area, always let someone know your itinerary and keep them informed if it is significantly altered. It is important that someone—preferably a teacher, ranger or outdoor recreation leader—is aware of all the details of your plans and itinerary so they know when you are due back. If something does go wrong, they will know where to look for you. Intentions books are often located at the commencement point of many longer or remote area walks.

Mobile phones

Remember that mobile phone network coverage is often limited to populated areas. Many parks are out of range. Satellite phones and two-way radio communication such as UHF radios are recommended for serious off road adventurers.

- 1 Research the mobile phone coverage of a national park in your state or territory and find out what other kinds of emergency communication services they have available if needed. Report your findings here:

GPS (Global Positioning System) devices

The Global Positioning System (GPS) is a global navigation satellite system used to guide its users from one specified location to another. The device uses a group of satellites that transmit precise microwave signals, which allow GPS receivers to determine their current location, the time, and their speed.

The use of GPS receivers is becoming more commonplace amongst recreational users. Already small GPS receivers are being installed in motor vehicles for navigation, and simple hand-held units can be purchased at very moderate prices. Although these excellent units can tell the user where they are located at any point in time they do not substitute map-reading skills.



Extreme rescue operations can be made easier by use of an EPIRB (Emergency Position Indicating Radio Beacon) or a GPIRB (Global Position Indicating Radio Beacon). These are compact portable devices that transmit a continuous radio distress signal, which alerts emergency services to your location and that you need to be rescued. These units must only be used in life-threatening situations, as an unnecessary rescue operation is not only a misuse of resources that could be needed elsewhere, but is also a very costly procedure.

Camp site selection

We should choose a camp site in an environmentally sensitive way. Often this is the last thing on our mind at the end of a long day's hike, however, good research, planning and preparation are key ways to be safe and comfortable and ensure a more enjoyable experience. By being prepared, you can also minimise the environmental impact of your trip on the natural landscape.

For safety reasons, you should always provide an itinerary of where you plan to hike or paddle and where you will most likely make camp. This will also limit unplanned camping on, for example, animal nesting sites. Many national parks require permits that include a basic itinerary and capability level of hikers. This ensures that hikers are aware of environmentally sensitive areas ('no go' areas because of revegetation or nesting seasons), fire restrictions, and availability of potable (drinkable) water. Most national parks also have specific regulations and codes of expected behaviour in order to preserve the environment. Researching all of these factors, whether within a national park or not, will determine what you need to prepare and bring with you for survival purposes and in order to limit your impact on the environment.

Camping can be an amazing experience for some people and a daunting prospect for others. To ensure you get the most out of a camping experience it is worthwhile spending time selecting the most appropriate site to set up the camp site. This can help to make for a safe and organised trip.

It is a good idea to research locations and camp sites in the early stages of planning your camping trip. You should look at consideration such as availability, alternatives nearby, permits, weather, fire restrictions, water sources and toilet facilities.

The tent site—geographic, environment and climatic considerations

When you arrive at your camp site, consider where to camp and where exactly to pitch your tent.

- Is the ground level and free from sharp rocks and sticks that could tear ground sheets or tent floors and provide an uncomfortable night's sleep?
- Is the ground level or slightly raised, preventing water from pooling during rain?
- Is there enough room to peg out all of the tent's guide ropes if necessary?
- Are dedicated tent sites available, or can an existing tent site be used to minimise the environmental impact?
- Can the tent be pitched so that it faces east to catch the sun's early morning rays and promote an early rise, or face west to avoid them and help with sleeping in?
- Are there any overhanging branches or trees that could fall on the tent?
- Are you far enough away from a tree if it does fall down?

Proximity to water

- Is water close by for drinking?
- Will you need to carry water for several days without collecting more?
- Are you certain the flowing water from last time you were there is still available? Or will you need to carry extra water this time?
- Can you camp high enough from the water in case of flooding after heavy rains? Is it possible to get more than 50 metres from the water, for toileting and washing purposes?

1 List four geographic environments with differing climatic zones in Australia and the best time of year to organise an overnight camping and hiking trip in those areas.

2 Explain how you could find out information on appropriate areas to plan a camping trip.

3a Imagine you are planning a trip to Uluru-Kata Tjuta National Park in the Northern Territory. Research this area and list any culturally significant areas or sites.

b Explain why or how this could affect the planning of outdoor recreation activities in this national park.

4 Research and list some sources of information for areas where you can camp in your state or territory.

5 What are some potential hazards you should be wary of when choosing a position for your tent?

6 If your only source of water near available camp sites did not seem clean enough to drink immediately, what measures could you take to be able to drink it safely?
