

Sexual Health Headlines

FPSA On the Move

The restructure of FPSA into 3 regional primary health care teams left the East/West team with its base in Kensington while targeting people in the Western area. Given FPSA's commitment to meeting the needs of those people with most need and least choice FPSA has been examining its options for moving from Kensington to a property in the North/West Adelaide city precinct.

Productive discussions with Women's Health Statewide led to a proposal that FPSA and Womens Health Statewide co-locate in the same building. The SA Health Commission funded a feasibility study of this proposal which was conducted by the Australian Property Group.

APG met frequently with both FPSA and Womens Health Statewide and an analysis was undertaken of space requirements, agency and clients needs and cost considerations. A

number of suitable buildings were identified which would provide excellent access for people from the West (it is on the major bus routes) meet both agency's requirements, and have cost benefit advantages for both organisations.

A proposal to fund FPSA's relocation and Womens' Health Statewides colocation has been considered by the SA Health Commission and FPSA is currently awaiting final advice on the outcome of their deliberations. FPSA members recently endorsed the sale of the Kensington property which is required if the move is to go ahead.

So watch out city here we come (we hope!). This will yet again be a major change for the organisation but one which will assist us to achieve our strategic directions and consolidate partnerships with key agencies such as Womens' Health Statewide, the Migrant Health Service and Nunkuwarrin Yunti.

Public Health Agreement

Family Planning SA (FPSA) provides dynamic leadership in responding to the sexual and reproductive health needs of the community. It makes an important contribution to public health effort through professional and community education and advocacy. The organisation's work is marked by best practice programs delivered in partnership with the health, education and community sectors and the inclusion of FPSA in the Public Health Agreement will strengthen this collaborative approach. The Public Health Agreement is also an exciting opportunity to share FPSA's skills and knowledge with others in public health to maximise health outcomes for the community.

FPSA committed to Primary Health Care & Social Justice

You've heard us say it again and again - but what does it all mean and why is it so important to us?

Being committed to Primary Health Care means:

- we don't just see health in terms of treating illness. We are also committed to preventing ill-health and promoting good health and believe that it's important to focus on the whole person, which includes their emotional, social and physical sexual health.
- we think that people should have access to a range of sexual health services close to where they live and work and that when they attend those services that they feel accepted and are treated with respect.

Because we are committed to a Primary Health Care approach FPSA provides a broad range of services from multiple sites across the metropolitan region and

employs workers with a range of skills, including doctors, nurses, community health workers, counsellors and peer educators.

Being committed to Social Justice means:

- we believe that all of our services should be targetted to those people in the community who have greatest need and/or are most disadvantaged;
- we believe we have a role in advocating publicly for the rights of those people who are disadvantaged.

Because we are committed to Social Justice FPSA makes decisions about who to provide services to based on current research and is prepared to change those decisions from time to time as the circumstances of the community change.



What's in a Name

What can you call an organisation that:

- delivers sexual health services from clinics at many locations;
- trains doctors and nurses in the area of sexual and reproductive health;
- delivers professional education programs to nurses, youth workers, disability workers, community health and education workers;
- delivers community education programs to a wide range of people in the community;
- has a commitment to education, advocacy and working in partnership with identified target groups eg young men and young women, people with disabilities, people from a non-English speaking background, Aboriginal people, gay, lesbian, bisexual and transgender people and people from rural and remote areas;
- provides a wide range of consultancy in the area of sexuality and sexual health;
- advocates for change in the community for people to enjoy and celebrate their sexuality;
- has a commitment to the sexual health of the South Australian community and continually strives to find new and innovative ways to work with target groups eg peer education (pages 2-5) and African Women's Project (page 15).

Feedback from some of our clients is that we should be called great, excellent, super or wonderful. As we have four teams of workers across the organisation another suggestions was "The Awesome Foursome" or perhaps something like "Wholly Holistic Sexual Health Services". Certainly we know that we have outgrown the name "Family Planning" as we do much, much more than plan families. We want to change our name to reflect our unique services and take us into the 21st Century with a new image. We are currently consulting with various

groups and our clients to help us find the elusive new name. If anyone has any great ideas about a name that we could use please let us know by telephoning Desiree at FPSA on 8431 5177.

Thank You

Council, Management and Staff of FPSA would like to thank the Hon Dr Michael Armitage, Minister for Health and Disability and the South Australian Health Commission for their support and funding.

We would also like to thank the following:

- Aboriginal Health Division
- SA Cervix Screening Program
- Disability Services Office
- HIV/AIDS Program Unit (HAPU)
- Living Health
- Department of Health & Family Services
- Department of Family & Community Services
- Wyeth Pharmaceuticals
- the many State and Federal politicians who support FPSA, and
- the many organisations and individuals with whom we work in partnership to improve the sexual and reproductive health of the South Australian community

A is for ANNUAL ...

once every year, we gather together and try to make clear all that has happened since this time last year.

R for REPORT ...

this describes how our roles in everyday work are matched to our goals.

C for COMMITTEE ...

does this group have fun! Rounding up items which list what we've done.



To increase
young
people's (12-
25) access to
sexual health
services.

Activating

Rationale

Why, How, Where

State and Federal government policies identify sexual & reproductive health as significant health issues for people under 25 years of age. The highest concentrations of young people in South Australia are found in the outer Northern (Elizabeth, Munno Para, Salisbury), outer Southern (Noarlunga), the middle and inner West and North Western suburbs as well as some rural and regional areas. These are also identified as areas of multiple social disadvantage with the poorest health status. Young South Australians are the future of this state and FPSA is committed to working with young people to improve their sexual and reproductive health.

Cervix Screening Program - Young Women's Information Project

Get Your ENGINE Serviced !

The Young Women's Information project aimed to provide young women with sexual health information. The project was specifically designed to capture the attention of young homeless women.

The project began with a camp which focussed on the development of young women as 'Sexual and Reproductive Health' peer educators as well as the development of resources. The young women worked with a graphic artist to create a message and image that would appeal to other young homeless women, in order to encourage them to have regular pap smears. The project was launched on November 1st by Malcom Buckby MP.

The Launch

The launch was held in Rundle Mall, late on a Friday afternoon and drew much attention from the public, shoppers and launch supporters. The launch provided the young women and the project workers with the chance to "show off" the resources which they had produced.

The launch included dancers from Hindley 103, singers from Carclew Youth Arts and some speeches. The young women made a grand entrance to the mall in 1950's convertible's, huge beehives and other wild hair do's, all following in the theme of the image used in the resources.

Peer Education in Action

The Peer Educators facilitated educational settings for other young women. They visited some schools, youth and health agencies where they discussed a range of issues with groups of young women, including the importance of caring for your own sexual health. Many of the Peer Educators had been homeless themselves and this life education and awareness contributed to the success of the project. They were able to relate well to the young women they were working with and understand the complex nature of homelessness.

The Peer Educators also delivered information on services available for young people, the process of having a pap smear and it's importance, contraception, emergency contraception, self esteem, relationships and much more.

Initially, some agencies had reservations about the Peer Educators but after they had 'seen them in action' and received feedback

from their clients, they were really supportive.

Young women responded positively to having some one their own age to question around these important issues. They enjoyed the educational games used in the sessions, especially the 'Saucy Sex Scale' which explores what sexual behaviours are safe and which ones are not (available from FPSA's Resource Centre). The resources which were designed to be used in conjunction with the Peer Educators were well sought after. The T-Shirts were in high demand, but were a limited edition only. There are posters, stickers, postcards and wallets which were all HOT in the eyes of the young people.

The Resources

The resources were displayed at the first national meeting of Cervical Screening



Agencies - everyone loved them. Other states around Australia are using the design created by the young women. What a success, hey! They've even gone as far as the USA, South Pacific and Asia when workers from International Planned Parenthood Federation were visiting Australia.

The Evaluation

This has probably been FPSA's biggest and longest Peer Education Project, so there has been much evaluation going on along the way. FPSA worked in a cross regional way with a worker from the North, South and East/West involved.

A number of methods were used to evaluate the project, including written evaluations, peer educator journals, verbal feedback and an extensive taped interview with the young women about their experiences with the project. This has been transcribed for the report and future learning. The workers in the project were also interviewed for evaluation purposes.



Having a variety of evaluation techniques has proven to be useful and the interviews with the young women and workers allowed free flowing open dialogue.

There have been many great outcomes during this project, some planned and some unexpected. The young women are extremely proud of the project and it's success along with the workers involved. If you take a look you'll see why.

A Peer Educators Point of View

To begin development of the resources for the Young Women's Information Project we went through information/education sessions weekly. The purpose was to tease out what we already knew, to build on that information, break down any myths and to build better working relationships. In doing so we encountered lots of ups and downs and at times it was extremely challenging to work with some of the peer educators. Further work was done to overcome these problems and issues. On a positive note, towards the end, working relationships were more harmonious and more team orientated.

It gave me a
sense of being a
pioneer who has
blazed a trail,
now other people
can walk that
path.

Then we began to work with Mystery (Graphic Artist) brainstorming ideas around Cervix Screening and needs of young women who are homeless. This was a step by step process. Some of the steps were: coming up with catchy slogans and ideas around what type of advertising material (eg. post card, sticker etc).

Continued on page 3



Cervix Screening Program Young Womens Information Project - Launch November 1996

Continued from page 2

In the development of the resource we did a lot of group work with Mystery. We came up with about five slogans and designs. Mystery developed them and then we voted on which one we liked the best. Consultation continued until we came up with the final product. ***This process was enriching and rewarding for all the young women involved.***

The resource created a positively overwhelming reaction from young women and the wider community. The process as a whole was valuable and the final product has given me a cornerstone to reflect on. ***It has enhanced my sexuality knowledge and interpersonal relationships. This has had a ripple effect in my life and increased confidence, knowledge, skills and employment prospects.***

It gave me sense of being a pioneer that has blazed a trail, now other people can walk that path.

21% of the South Australian population is 15 to 24 years of age. 40% of visits to FPSA clinics were by people under 25 years of age who comprised 99% of drop-in visits for counselling, information and referral around Sexual & Reproductive Health.

Over 100 million acts of sexual intercourse take place around the world every day, resulting in one million pregnancies and 350,000 cases of sexual diseases.

STOP PRESS!!! WE MADE IT TO THE POWERHOUSE!!

The resources produced by The Young Women's Information Project have been included in a display at the Powerhouse Museum in Sydney!

One of the 'cervix station' posters is to be included in the ***Taking Precautions*** exhibition which will be travelling to a number of centres in Australia.

So watch out for this display at a venue near you!!

Inside You

The peace inside you
The tragedy inside you
It hides inside you
I come to rescue you
From what hurts you the most
The love inside you
Greets me with a smile
But a tragic look
Lies behind those eyes
Inside you.

Joshua Hammond

Services for Young People Under 25!

YOUTH CLINICS

Salisbury Shopfront
Shop No 4, 72 John Street Salisbury
Appointment Necessary Tel: 8281 1775

Second Story Youth Health Service (City)
Appointment Necessary Tel 8232 0233

Noarlunga Youth Clinic
Alexander Kelly Drive Noarlunga
Appointment Recommended Tel: 8384 9258

DROP-IN INFORMATION

Taperoo Youth Centre
403 Victoria Road Taperoo Tel: 8248 5117

N-Touch Youth Magazine

N-Touch was a MAGAZINE that began in 1995 and went for over 12 months. The magazine was made by young people who lived in the northern area of Adelaide, for young people in the north. The magazine was supported by FPSA (North) and the Second Story (Elizabeth).

The magazine had information about youth issues, what's happening around the place, how to make a difference on things that impact on young people and also the youth and health services available to young people in the northern area.

N-Touch Youth Magazine worked really hard to get funding and sponsorship to print and publish, but unfortunately weren't successful. Some of the work that had been done for the magazine is being published in this Annual Report.

Look out for the many poems, stories, prose and articles by some of the N-Touch contributors.

Youth Partnership

N-Touch was made up of mostly young people and two youth health workers. These workers believed that the young people had the right to have an equal say and to have equal control over the making of the magazine. Basically the young people made the magazine and the workers supported them to do that. This means that the young people took responsibility for who made the decisions about how, and what the magazine would look like, as well as the day to day managing of the magazine.

This is why it was called a ***Youth Partnership Project - Young People and Adults working together in a more equal way.***

Young people and adult workers working in partnership takes a considerable amount of commitment to achieve equality and ***balance of power***, especially in making decisions and doing the work together.

The young people and the two workers became the magazine management committee and worked out a model or a way of working together that would help to bring about a more ***partnership*** approach.

The Management Committee worked out goals and objectives and developed separate committees, or working parties that would do specific work for the magazine.

If you're interested in checking out the model or foundations by which the project worked please contact the Second Story Elizabeth or Family Planning SA North. Otherwise keep your eyes open for the fantastic work done by the N-Touch contributors.

PS: ***Here's a few words from the Founders about N-Touch and their logo!***

"Everyone speaks to each other ... there's no fighting over who should have more power."

"To meet new people, gain confidence."

"To work in this way you can succeed and you can voice your ideas without getting judged."

"It's fun."

"Don't have to have special skills."

"I like the idea of putting together a magazine."

"You learn a lot."

"Like the idea of having power and being able to voice my opinions and not being told 'shut up' by adults."

"To write articles, which was a big step do to."

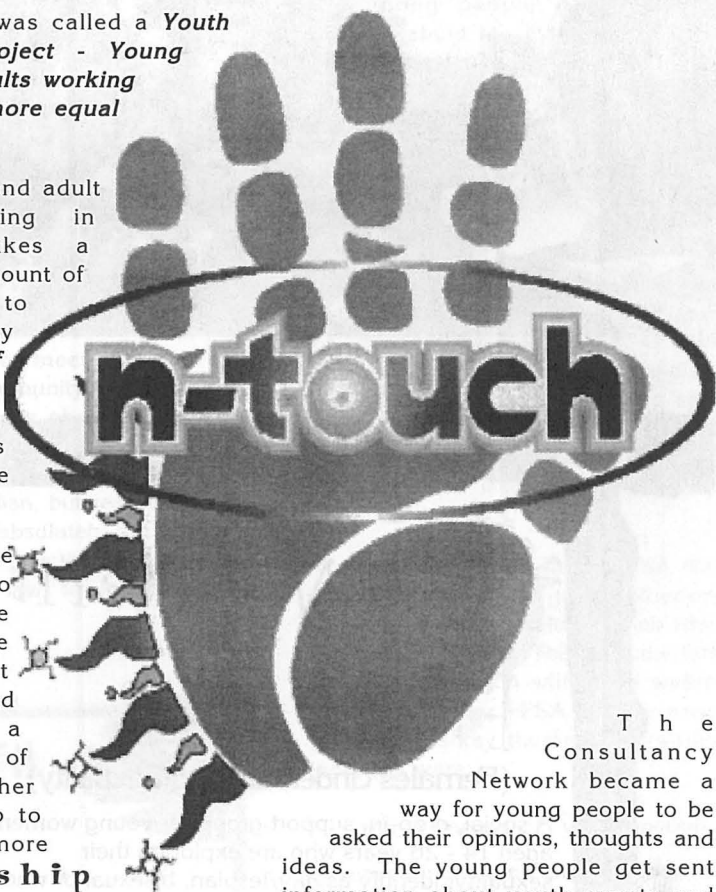
"It's flexible, you can be more yourself and go about things in your own way."

The Youth Consultancy Network (YCN)

The Youth Consultancy Network started in 1995 when 150 young people from the north wanted to be a network list, kept at Second Story Elizabeth. All the young people on the network list were interested in youth and health issues.

The Consultancy Network became a way for young people to be asked their opinions, thoughts and ideas. The young people get sent information about youth events and youth services and programs. They also get invited to attend sessions and groups to have a say about youth issues and how youth services are run.

From the consultancy network became a small group of young people who became the makers of ***N-Touch Magazine*** and the idea was to send the magazine to the rest of the young people on the consultancy network as well as other young people. So it was a groovy and ideal way of getting information out to young people.



Wild Women in Wonderland -

Young Women's Camp

In 1996, FPSA's southern team received funding from the City Of Noarlunga council to plan and implement a project in collaboration with young women, for other young women. Four young women were employed as coordinators to compliment the work of the Young Womens Information Project.

The outcome for the project was decided upon and with the involvement of Southern Junction Youth Service, Southside Youth Centre, The Second Story and Woodcroft Community Health Centre, a participation and training camp was organised. Over twelve weeks the young women planned the entire process with worker support and advertised the four day camp to young women who had experienced homelessness or had a disability. Eleven campers attended which was a perfect number for the activities that were planned.

The Natural Springs, Harrogate campsite situated in the Adelaide Hills was a beautiful setting and the caretakers were very supportive to our project. Activities were focussed on holistic health and included belly dancing, cooking, making mirrors, a Goddess workshop, bushwalking and a sexual health segment. During the sexuality workshop safer sex was discussed as was cervix screening and a woman from the Positive Speakers Bureau spoke to the group about HIV and AIDS.

A camp environment, particularly when there are activities such as these, can cause many different emotions to surface. However the participants have said that they felt very safe,

learnt a great deal and this was one of the best camps they have ever attended.

"I've never done so many beautiful enlightening things in a week. I feel so good about myself, so at peace. When I needed it the most (after a few months of high stress)."

"I honestly loved it all - it was all so perfect - especially all the groovy things we got to make and all the inner beauty shining through everybody."

"I learnt a lot, but most of all to have respect for other girls and for myself."

"I really loved every second of this camp. We all bonded really well."

"Very safe and supported."

"All activities were for your own benefit which made you put in your heart and soul."

Wild Women in Wonderland



Young People Are Taking Up Responsibility!!! - "Peer Education in the North"

Young people from different cultural and ethnic backgrounds have been involved in a project with youth and health workers to get the Safe Sex message out to their peers.

The project is funded by Levis Strauss who make a huge financial commitment to the Northern suburbs community in terms of HIV/AIDS prevention programs.

There are many reasons why young people may find it hard to practice safe sex or to access accurate information on STD's and HIV/AIDS. Their reasons aren't so different from the reasons many adults find it hard. When you're young you are discovering yourself and exploring your life and sometimes 'going with the flow' and being accepted by your peers is all that counts. Thinking things through and taking responsibility are the very key messages we want young people to 'get a hold of' when it comes to sexual health.

The ten young people who have been employed by Shopfront Youth Health Service at Salisbury are passionate and enthusiastic about getting the Safe Sex and HIV/AIDS message out to young people in their local area and their own communities.

They have participated in 10-12 weeks of training lead by workers from Family Planning South Australia, Migrant Health Service, the Second Story Youth Health Service, Multicultural Communities Council, Northern Metro Community Health Service - Salisbury West and Shopfront Youth Health Service.

The young people who have now become trained in Safe Sex and HIV Prevention as 'Peer Educators' will go into local schools, youth services, their own community functions and events and spread the word about HIV and STD prevention.

The 'Peer Educators' will be able to run formal educational sessions as well as undertake more casual information discussions. Many of them have already been doing this with their own

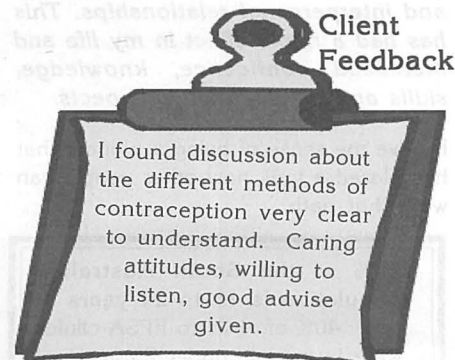
friends and discussing a whole range of Sexuality and Sexual Health issues with much success.

The Peer Educators within their educational work will also be asking the young people about what they would like in an educational resource ie what sort of 'resource' would make them pay attention to the safe sex message. What sort of information would it need to include. Would it be a poster, a video, a flyer, stickers, radio ads etc. With the information the Peer Educators receive, they will work to develop this resource with a community artist.

The end product will be fantastic because it will have come straight from the young people themselves and will be inclusive to different cultures and appropriate to the needs of the local Northern young people.

Many of the Peer Educators are studying in the youth or human services profession and may in fact continue to work around these very important issues.

LOOK OUT for this up and coming resource due out later this year. If you are interested in employing these young people in your organisation or would like them to come and talk to you please contact Family Planning South Australia or Shopfront Youth Health Service.



Volunteers

Like many organisations, Family Planning relies on volunteers to help in those areas where extra hands are needed. These are the people who undertake all those behind-the-scenes tasks which enhance the services we provide.

In the past year, we have been fortunate enough to add to our pool of volunteers. At Kensington, the Library has benefited from the assistance of a very willing worker who joined us in March this year. In the South, a woman from a Non-English speaking background began work as a volunteer receptionist. She has now been employed in that position.

Volunteers come from all walks of life and bring with them a broad variety of knowledge and skills. Their reasons for working as volunteers are just as broad, from wanting something to do, to keeping up with current work practices. Whatever their reasons, their contribution cannot be sufficiently acknowledged. They all tell us they enjoy their allotted tasks and we are very grateful to have these very special people as a part of FPSA.

Have you ever thought of doing volunteer work? You don't need to have special qualifications or skills, just a happy nature and a desire to be useful. (This criteria is based on the qualities displayed by our current volunteers!)

If you are interested, please contact the Team leader in the region most convenient to you, or telephone the Chief Executive Officer on 84315177.


Northern F.U.S.

Females Understanding Sexuality!!

N This social and support drop-in group that runs weekly for young women began in 1996. A few young women from the Northern suburbs felt it was important to offer a service which supported young women who are **lesbian, bisexual or attracted to other women.**

They formed an organising group which is supported by Family Planning's Northern team. They have been trained by the Second Story Youth Health Service to offer support to their own peers.

They are very active in planning the events and discussion topics that happen at the drop-in group. They have organised film nights, discussion topics, food evenings and promotion of the group. They have worked with the health worker involved to create a logo for the group, promotional flyers, the Newsletter that gets mailed out to young women and health professionals. If you or anyone you know might be interested in this group you can contact FPSA's Northern Team on 8254 8200. (See advertisement this page).



Northern

F.U.S.

(Females Understanding Sexuality)

A social, drop-in, support group for young women aged 14 - 26 years who are exploring their sexuality, identify as gay/lesbian, bisexual or who are attracted to other women.

Weekly Drop-In Thursdays
4.30 pm - 7.00 pm
Munno Para Shopping City
(Main North Road)

A fun and informal group with social functions and discussion sessions on relevant topics.
Confidential Service.

Contact Leanne on 8254 8200,
Family Planning SA - North

Taperoo

Drop-in Centre

A sexual health outreach operates on Tuesday afternoons from the Taperoo Family Centre located at Taperoo Primary School. This is an area with a high NESB, Aboriginal and low socio-economic population. People can access a Community Health Worker on a drop in basis. Free condoms and lube are available. Pregnancy testing, sexual health information and counselling are provided.

The service targets community groups in the area. Sexual Health sessions have been run for a Young Mums' group. Women working in the community come on a drop in basis for sexual health information or referral. We also provided advice to neighbouring schools students and/or school counsellors. Women from diverse cultural backgrounds have used our services for referrals to the Port Adelaide FPSA clinic or to other community health services. Our Community Health Worker has also interpreted for those clients.

This service has proved to be very successful in overcoming the barriers that young people and women from disadvantaged groups in the area face in accessing sexual health education and treatment.

Young People - More Than Just a Quick Fix

Family Planning South Australia's Southern Primary Health Care Team is currently working in partnership with Noarlunga Health Services on the Steering Committee of "Young People - More than just a quick Fix" project. The project aims to address continuity of care for young people after they attend Noarlunga Emergency and Primary Care (EPC) at Noarlunga Hospital.

The project has been funded by a "Primary Health Care Initiatives Grant" from the South Australian Health Commission to address continuity of care issues and develop strategies to overcome them.

A project officer working with a group of young people and implement a range of strategies designed to: identify and address the needs of young people; to facilitate an understanding of the roles of general practitioners and other primary health care staff at Noarlunga Hospital and community health services; to improve coordination between these parties through the development of referral protocols; and to develop a range of resources which are accessible and relevant to both young people and primary health care service providers. The desired long-term outcome of the project is improved continuity of care for young people which will be sustainable given the range of programs and protocols which will remain after the project's expiration.

The project began 19th February, currently young people are being trained as peer educators.

Agencies working together on the Steering Committee include, Family Planning SA, Youth consumer representatives, Emergency and Primary Care representatives, Doctor from the Southern Division of General Practice, Child, Adolescent Mental Health Service and Second Story Youth Service.

To: **Team Leader
East/West PHC Team
Family Planning SA**

I, Magdalene Mati, Coordinator of the Taperoo Family Centre wish to thank you and in particular your staff member, Jacqueline, who has been giving support and assistance to the people of Taperoo Community in the areas such as sexual health, family planning and all other related issues with health. She also has been a tremendous support worker with the Young Mum's group. She has been very active and helpful in referring women from Spanish speaking backgrounds who needed her support and assistance.

The community of Taperoo needs a lot of support and assistance in all areas ranging from health to day to day issues. Family Planning South Australia has been giving a lot of assistance to the needy people of this area.

I on behalf of this Centre take this opportunity to thank your organisation and your Staff Member and look forward to more support assistance.

Thank you - Coordinator, Taperoo Family Centre

A Taboo To Do

As a child I remember thinking,
Other people must feel this way.
I felt and thought the things I did,
Emotionally, I say.

There is confusion with this
statement.

That is, repressed these feelings are.
Yet repression is an art form,
An art that leaves a scare.

So do I have the right
To feel the way I do?
Bi involving another woman
in my life with you.

Homosexuality,
Is a thing that's ever been.
History tells us though,
That it should not be seen.

My sexuality is certain
I am a heterosexual guy.
But my partner says she's keen
to be seen as bi.

Think of what perceptions
Outsiders may well project.
And what other redeeming qualities
Might the narrow mind reject.

I could be seen as chauvinistic,
All my fantasies fulfilled.
All my loving life devotions
May publicly remain concealed.

Yet whatever taunts that follow
Would never tip the scales,
Of the honesty, trust and care
In our home, where love prevails.

A place where the wings of love
Fly heavenly above
Over moral questions
And radically new suggestions
As peaceful as a dove.

Northern Suburbs Young Person

Explaining HIV/AIDS

This book is a valuable resource for workers, carers & parents of people with a learning disability. This book is used for working with people with learning difficulties around HIV and AIDS and related issues. The book aims to provide a basis for education and discussion in assisting people with learning difficulties to understand more about HIV and AIDS.

The text and illustrations are clear and easy to understand. You can move through this book at the pace of the learner. Included at the end of the book are notes which provide guidance and suggest significant points to discuss.

Explaining HIV-AIDS covers:

the concept of infection

the HIV - AIDS disease

modes of transmission

strategies for prevention

\$25 each

Telephone (08) 8364 5537 for more information

WHAT GIFT DID YOU BRING ME THIS TIME

What gift did you bring
me this time
last time it came as love
in a box of troubled chocolates
that formed a heart,
shaped like an extremely
ripe tomato.
The curves on a body
will never last
never mind the state of the bed
will you ever learn to make it
neat.

Joshua Hammond

The ovaries of every
human female at birth
contain some two million
eggs, each carrying a
genetic code adapted
from thousands of
generations of human
breeding. Of the
300,000 eggs that
survive to puberty, about
450 are ultimately
released for possible
fertilisation during a
woman's reproductive
years.

Young People Have Their Say About Their Sexual Health Rights

This year, legal changes to the "Consent to Medical Treatment" Act meant some changes in the way FPSA provided service to young people under the age of 16 years. In order to ensure that whatever changes we made were appropriate and acceptable to young people, FPSA decided to consult directly with young people.

Firstly we asked a group of about eight young people to meet with an FPSA doctor and Community Health Worker. We described the changes - namely that if they were under 16 years we had to seek their permission to contact a parent or guardian, but reassured them that we would absolutely not be doing so if they didn't give their consent. But under the new law, we are obliged to ask.

The young people gave us their opinions about the legal changes, but also some valuable information about how we might inform clients of our responsibility in ways that wouldn't freak them out or breach their confidentiality. FPSA staff will be using this information to inform the way they work.

A great suggestion at the meeting, was that FPSA should have a "Bill of Rights" for young people displayed at all clinic sites, so that young people could see straight away that this was a safe, confidential, youth friendly service and be reassured that whoever they are, whatever their issues, they would be accepted at FPSA.

A couple of months later, FPSA staff met again with this group of young people and they developed their ideas into a Bill of Rights. This is in the form of a poster, which will go in waiting rooms and other FPSA Service areas. Some of the key themes they wanted included were:

- positive images of young people
- reassuring young people about no parent notification if they didn't want
- relaxing
- acceptance of young people.

It's now in draft form. This is being done with a Youth Peer Educator from the Northern area who has design and graphic skills. The next step will be to do some graphic/image work on it and produce it in poster size.

FPSA is very excited about this input from young people and is committed to taking seriously the issues that young people raise with us whether they are about our service, the way our staff work, the environment, or anything else. All the young people involved in this work were paid for their time.

SEXUAL HEALTH HOTLINE

(08) 8364 0444

or

1800 188 171

Country Callers (Free Call)

A confidential free phone-in service providing information and referral on all areas of contraception, relationships, sexuality and sexual and reproductive health.

The service is run by family planning nurses and operates:

**Monday to Friday
9.00 am - 1.00 pm**



To provide services to those people in the community who have most need and least choice.

Activating

Rationale

Why, How, Where

The relocation in 1995 of 50% of FPSA's resources and staff from the Kensington site to the Northern and Southern metropolitan regions has dramatically improved access to sexual and reproductive services by communities with high need.

Now, early intervention, health promotion, public health education and illness management can be accessed by communities with the highest youth population, unemployment, social disadvantage and diversity.

Counselling & Research Go Hand-In-Hand

Over the past 2 years I have been working towards gaining my Masters in Social Science - Counselling, and was required to complete a research project of my choice.

As a counsellor working at FPSA I became increasingly aware of the need to address issues such as the affect of sexual abuse/assault, and the influence of beliefs and values that can later undermine attitudes which impact on the survivors experience of sex and their own sexuality.

Literature indicates that the majority of adult survivors of child sexual abuse experience some negative view of their sexuality which can lead to unhealthy attitudes. The research consisted of 10 Family Planning South Australia volunteers (5 male, 5 female) who had a history of child sexual abuse/assault. All volunteers were presently receiving counselling at FPSA. The volunteers were asked to complete a questionnaire in order to clarify their thoughts and feelings about sex.

The research focused on 4 major themes:

- negative views of sex and their impact on sexuality
- positive view of sex and sexuality

- exploration of attitudes toward power and control issues
- sexual satisfaction within relationships

The findings of the study indicated that power and control issues within sexual relationship are relevant for both men and women respondents. The study clearly showed that the respondents did not feel their sexual needs were being met within their relationships. There was little difference noted according to gender concerning negative attitudes to sex. This is not surprising since the trauma associated with child sexual abuse/assault has shown to foster low sexual self esteem. The participants of the study still held a positive attitude to sex despite their experience.

In conclusion, this study has successfully demonstrated that a link can be made between a history of child sexual abuse/assault and the beliefs and values of survivors.

The egg is the largest of the human body's cells and the only one that can be seen with the naked eye.

Clinics in the South

The Southern Primary Health Care team operates its clinical services at Noarlunga and Flinders Medical Centre. Noarlunga operates four afternoons and one morning per week and Flinders one evening per week and both clinics are accessible to public transport.

The Flinders clinic provides excellent training opportunities for nurses and doctors. The Southern Team was involved in sexual health education and provided Clinical Observation for 75 Flinders University Medical Students last year at both FMC & Noarlunga Health clinics.

The Noarlunga Clinic attracts a younger client group who frequently present with complex sexual health issues which may require referrals for a range of social issues including homelessness, drug abuse, violence and depression. Maintaining strong interagency links and advocacy are key roles for team members as they strive to meet the needs of those clients with most need and least choice

In line with the clinical services review the team are currently looking at the efficiency and effectiveness of clinics in the Southern area. The nurses have been involved in client interviews for the clinical research project and look forward to analysing this data.

The next year will present many challenges for the Southern team as we try to manage financial constraints and streamline clinical services but also ensure that we maximise clinical training opportunities and meet the needs of our communities of interest.

Clinic in the South



Raven Wisdom Free

The smell of freedom rising beneath my feet sweetens the dank smell of lost hope and releasing the strangled souls of my past. Here I stand before the world separate from the angst of being born into a frustrated time.

The ocean swelling beneath the pier on which I stand. Closing my eyelids the world vanishing and only the cries of a wolf for my ears to see.

Mystical wisdom flows through my veins. Howling winds circling enveloping my body my mind. An Indian elder begins a chant and I see through his eyes. Calm your soul and you will wander free his words so soft and soothing.

The spirits inside flow from the outstretched fingertips of wonder. My voice lost yet he hears though nothing else. His passion, grows my future my past and present comes together as one. The three spirits dance around the fire of life. I cannot resist the dance awakens the inner child. The chanting the dancing my freedom grows.

The passion the love the freedom in one rises and rises. The openness I scream but the body turns. The endless knowledge secure in my eye. My soul had calmed and I become the raven the spirit he teaches to fly.

Mel Parker

The average male ejaculation contains 32 different chemicals, including Vitamin C, Vitamin B12, Fructose, Sulphur, Zinc, Copper, Magnesium, Potassium and Calcium.

Women, Sex & Relationships

In October 1996 a Sexual Health Counsellor from Family Planning South Australia and a worker from Northern Metropolitan Community Health Service ran a six week group on Women Sex and Relationships. The idea for the group was born out of the high incidences of women requesting counselling for sexual difficulties. These difficulties were usually reported as low libido, and / or not enjoying sex. The women reported that this was causing friction and unhappiness in the relationship and resulted in many arguments between themselves and their partners. Women also told stories of being coerced into sex by their partners. Tactics included sulking, insistence, threats of violence, withholding money, ignoring her, putting her down, to name but a few.

Discussions between the workers revolved around how dominant views on sexuality resulted in pathologising lack of desire for sex and not enjoying sex. We questioned why it is that men's voices of discontent over the amount of sex they were engaging in was still being privileged and how women's lack of desire was seen as the problem and categorised as frigid, latent homosexuality, or other such diagnoses.

This led us further into discussing the social construction of sexuality and how this has largely been a male construct. We were interested in exposing this male construct of sexuality and working with women to explore the effects this has had on their lives. Some of the effects we hypothesised were, women's sexuality being silenced, same sex experiences

being seen as unnatural, disconnectedness from own sexuality, lack of control and choices in decision making around sexuality, putting male partner's sexual needs before their own, and women being subjected to rape and other forms of sexual abuse, (Judge Bolan's remarks on what NO supposedly means is a classic example of the prevalence of these dominant views).

With these questions, thoughts and ideas in mind we set about planning a group. Our broad aim was to open up space where women could begin to question the dominant ideas of sexuality and explore the effects these ideas were having in their lives. We also wanted to create an environment where women who had experienced rape or sexual abuse could talk about the effects this has had on their lives without the risk of them being pathologised.

The following are a few quotes from the feedback provided by the women participants:

"I found it really helpful to listen to other women's stories."

"Smaller group helped. Shouldn't have more than ten in a group."

"I enjoyed coming here. I am standing up for myself and doing more things for myself. Men usually drag me down and I don't get things done. This course made me stronger".

This group was repeated again in 1997 with a worker from Munno Para Community Health Centre as co-counsellor.

Client Feedback: (From Second Women & Relationships Group)

I found the group (Women & Relationships) to be a tremendous boost for me. It helped me to find an inner strength and is slowly but surely putting me on a path to a better future. I can't find any negative aspects from the group. Everything about it was so positive, it's changed my life around forever, making me a stronger and more thinking woman.

A Celebration in Sexual Diversity

At the commencement of AIDS Awareness Week in 1996, FPSA participated in the Picnic in the Park celebration at Rymill Park, a celebration for Gay, Lesbian, Bisexual, Transgendered people, advocates, family and friends.

Our services and sexual health messages were promoted through a visual display and we distributed 2,000 condoms and 500 dams as well as a wide variety of written information.

Picknickers were also invited to complete a questionnaire in order to gather more information about how to make FPSA services more accessible to **lesbian, gay, bisexual and transgender** community members.

It also gave us an opportunity to network with staff from other agencies such as Gay Men's Health Education Unit and Women's Health Statewide.

FPSA Workers at the Picnic in the Park Celebration



Department of Education and Children Services to run training programs for school teachers on HIV/AIDS. FPSA is also represented on the HIV in Education Schools Committee and provides books and resources to teachers and students.

Clinical Services

HIV testing with pre test information and post test counselling is provided by all FPSA clinics. All clinical staff have received training on HIV test counselling.

AIDS Awareness Week and Festival of Life

All regional FPSA teams arranged events as part of AIDS Awareness week held at the end of November. The East/West Team collaborated with the Migrant Health Service

a world wide commemorative event for people who have died of AIDS. FPSA staff marched under the FPSA banner in solidarity with those communities most affected by HIV/AIDS.

Education with Homosexually Active Men

A group for homosexually active intellectually disabled men was run by two FPSA workers in 1996. This was in collaboration with the Intellectual Disability Services Council. Individual work with homosexually active intellectually disabled men has also taken place.

Participation in HIV/AIDS Conferences

A FPSA worker attended the AIDS Impact Conference held in June 1997. This was an international conference on the biopsychosocial aspects of HIV/AIDS and the FPSA worker presented a paper on the public health response in Australia to people who place others at risk of HIV infection. This was based on research conducted while employed in the HIV/AIDS Programs Unit.

The conference particularly highlighted the need for ongoing effort in Australia to prevent new infections among homosexually active men and the urgent need for Governmental action in many Asian countries where HIV is spreading.

HIV/AIDS Work at FPSA

Family Planning SA contributes to the South Australian response to HIV/AIDS in many different ways. Over the last year some of these have been:

HIV Positive Womens Project

A worker represents FPSA on the steering committee for this project which is run through Women's Health Statewide. Some of the achievements of this project over the last year have included the release of a referral guide for positive women, the employment of a positive peer support worker and the establishment of a regular clinic for positive women.

Inclusion of HIV/AIDS issues in training and education programs

All training and education programs for nurses, doctors, community workers and community groups include information and discussion on HIV/AIDS issues. The aim of this is to allow values clarification on issues relating to HIV/AIDS as well as providing an opportunity to update factual information. The training program for nurses includes a talk by a HIV positive guest speaker.

HIV Test Counselling Course

This specific course for workers was developed through financial assistance from the HIV/AIDS Programs Unit. It was run recently in the South East of South Australia by two FPSA workers.

All participants made very positive statements about the impact of the course for them generally. The safe learning environment was emphasised by several participants as being particularly important. They appreciated the opportunity to speak openly and express discomfort about

many issues. Some participants found the values clarification exercises particularly useful in terms of challenging their bottom-line values and recognising the need to be self-critical in doing one-to-one work with people about sexuality and/or drug-related issues.

For FPSA, the usefulness of the course was emphasised, but it is also making FPSA re-assess the goals of the course in a rural setting. Rural workers often have less opportunities for training in one-to-one work covering complex sexuality issues.



FPSA Workers at World AIDS Day Celebrations

They also have less opportunities to gain up-to-date knowledge about the pace and pattern of the epidemic whilst learning amongst their peers.

Consequently the course as a whole may need to change even more to accommodate these needs, or may need to be targeted more precisely to clinical service providers in rural areas. The future of this program should prove to be interesting.

Training programs for schools

FPSA has been contracted by the

to run a stall in the Port Adelaide Mall. FPSA also ran a stall at the Festival of Life, a Gay and Lesbian Community picnic, held at the beginning of AIDS Awareness week. People at the festival were invited to fill in a survey on what they know about FPSA services and many commented that they did not know Family Planning had anything to offer gay, lesbian, bisexual or transgender people. The name "Family Planning" was perceived as the main problem.

Candlelight Vigil

FPSA made a financial contribution to the candlelight vigil held in May 1997. This is

What an excellent service. Never felt more comfortable in over 35 years of fertility!

Client Feedback

How Can FPSA Improve Services to People Using Our Clinics

A research project of clients and clinic staff is currently underway to ascertain ways in which FPSA can improve clinical services.

Conducted by FPSA's nurses and a volunteer who is currently studying for a Graduate Diploma in Public Health, the study will be undertaken in two phases. The first phase will focus on the views of people using our clinics and the second phase will focus on the views of FPSA clinic staff. In total, 60 clients and 21 staff members will be interviewed.

By providing us with information about:

- their past and present expectations of FPSA clinical services
- their actual experience of FPSA clinical services, and
- ways in which FPSA can improve clinical services

people using our clinics will play a big part in evaluating the services currently offered and inform the planning for future clinical services.

At the same time, the findings will be explored in the context of FPSA's clinical education mandate and its commitment to the principles of Primary Health Care and social justice.

The anticipated sample profile reflects

Clinic Services in the North

Clinical services continue to be offered to the Northern Community despite continual difficulties in attracting Doctors to work with us and our clients. The main reason seems to be that most Doctors are unwilling to travel such distances to work. However, those who do, find that the work is extremely rewarding and sometimes challenging.

The North currently runs 7 clinics in the region, and all except Brady Street are used for training. Brady Street will be used in the future for the training of Aboriginal Health Workers. Training of Health Professionals has continued in the region with Nurses, Doctors and Medical Students.

There have been some changes to clinic operating times, and the Elizabeth clinic has now closed. Munno Para also had a clinic with a youth focus, but due to low numbers this now operates as a general clinic. This is working very well and the number of clients using the clinic increased to almost full capacity in a week!. young people in the North appear to find all clinics "youth friendly", as they access all clinics in high numbers. A youth specific service is run from Shopfront on a weekly basis as well.

Being able to operate clinics from our base has been a real luxury for the Northern staff as this reduces the travelling, set up and pack up times and stresses.

Another plus for having clinics at the base is that the Shopping Centre Management are very willing and supportive of FPSA's services being advertised on large Billboards in the Centre. These are on display on a regular basis and client's tell us that it is a great way of finding out about us and our services.

the FPSA client profile, with 50% of the client participants from the 15 - 25 year group, 25% from the 25 - 45 year age group and 25% from 45 years and older.

The "client group" phase of the project is expected to be completed by December 1997 and the entire project, including final reports and recommendations, will be completed by the end of June 1998.

Panic Infusion

Panic infusion
blood runs slowly from my veins
I look at you the face of evil
Father deny me the suffering
cut me loose end my misery
classic girl I love you dear
hold me tight keep me near
brush the hair from your eyes
let me see those beautiful thighs
closer now you must come
love me girl as we are one
peace and resistance to god
above us lord look down on us
and use your strength to guide us
did you know I was wrong
did you think I was true
did you have a clue
what did I do to you.

Joshua Hammond

FPSA Staff at a clinic in the Northern Region



Clinical Services in the East/ West Region

There were 4424 visits to the clinics in the East/West region between July 1996 and March 1997. This represents 45% of the overall clinical services for FPSA with 32% of visits being at the Kensington site.

The challenge for the East/West team in providing its clinical services is being based in the East whilst trying to provide services to people in the West.

Currently there are eight clinical sessions each week. Three of these sessions are held at regional sites: Second Story (City), Enfield Community Health Centre and Port Adelaide Community Health Centre. Demographic evidence about FPSA "communities of interest" supports the choice of these sites.

At the time of writing East/West is in the planning stage of moving a clinic session from Kensington to Nunkuwarrin Yunti where it will provide a service for Aboriginal people and an education/training opportunity for Aboriginal health workers. It is hoped this clinic session will open in August.

Because it is expected that a further reduction in clinic sessions at Kensington will be necessary the East/West team is mindful of utilising each session to provide specialised services such as fitting of diaphragms, insertion of intra uterine contraceptive devices and consultation to clients experiencing complex problems with their sexual and reproductive health. At the same time underpinning the provision of clinical services with education opportunities for health professionals working in the community is kept in mind..

Clinical Services

Doctors and nurses provide confidential sexual health services for both men and women. Prescriptions for contraceptives are available from FPSA clinics. A fee of \$10.00 (\$5 concession) is payable each year. Costs can be reduced if there are financial difficulties.

Northern Primary Health Care Services

Telephone (08) 8254 8200 for details on days/ times and appointments

- Brady Street, Elizabeth Downs (*Drop-in Aboriginal Women's Clinic*)
- Modbury, Tea Tree Gully Community Health Service
- Munno Para
- Salisbury Shopfront Youth Clinic (*App: 8281 1775*)

Southern Primary Health Care Services

Telephone (08) 8325 8164 for details on days/ times and appointments

- Flinders Medical Centre
- Noarlunga Health Village (*App: 8384 9258*)

East/West Primary Health Care Services

Telephone (08) 8364 5033 for details on days/ times and appointments

- Kensington
- Nunkuwarrin Yunti, (*Aboriginal Health Clinic: App: 8223 5011*)
- Port Adelaide Community Health Service
- Second Story Youth Clinic (*App: 8232 0233*)

The origin of the word 'penis' is Latin and means 'tail'.

Statistics - Gay, Lesbian, Bisexual & Transgendered People

- 10% of the total population is gay, lesbian, bisexual or transgendered, yet
- 25% of gay & lesbian youth have serious substance abuse problems.
- Gay or lesbian youth account for 30% of youth suicides.
- Gay & lesbian youth are 2-3 times more likely to attempt suicide.
- Up to 40% of gay, lesbian and bisexual youth have run away from home at least once.

Scattered Thoughts

Loneliness is the enemy, happiness if everything.

People range in all shapes, all sizes.

Square to bare, chest with no hair. Microwave Fair.

A puzzle left unsolved, A club without a star, A window left unopened.

My friend, have you learned? What is left today.

Joshua Hammond



To direct FPSA resources to the provision of primary health care services.

Active

Rationale

Why, How, Where

The reorientation of FPSA's services from a clinical contraception and family planning focus to a primary health care sexual and reproductive health focus has broadened the work of FPSA and redirected its efforts to prevention, education, early intervention and advocacy, while strengthening collaboration between the health, education and community sectors.

"Taking Back My Life, Reflections on Counselling" (A Male Client's Story)

Family Planning - A term I'd heard during sex education in high school, which back then was only associated with birth control and contraception. Once leaving school the only association I had with Family Planning clinics were passing them in the car, that was until last year.

Finally the pressure of rape (having been raped at age 14) became too much, hiding the scars from society as if they were self inflicted. Running away from the bitter memory trying unsuccessfully, to cleanse myself and rid myself of the mental and physical pain instigated by the rape and rapist.

A series of events occurred within my work environment which contributed to the "Big Bang". Whilst unpleasant, this led to the great release of ten years of absolute hell. What triggered it all, aside from sexual harassment in the work place, was my manager's comment as he stood drunk in the street abusing every woman that passed by. One comment was the final straw, that senseless comment being, "I would love to rape that Bitch".

The first people I told were my parents and sister, the three closest people in my life. I then singled out help from the South Australian Health Service who gave me the name and number for a Family Planning clinic in Norwood, Adelaide.

Little did I realise at the time, how a quick call to a "Birth Control" clinic, was going to give me back my life, my identity and above all my pride and with this the ability to love and be loved.

I met with a female Counsellor whose genuine interest in me was authenticated by the way she took me by the hand on meeting me for the first time. Prior to age 14, I felt confident and trusting of others. After rape however, I became cautious, weary, cynical, bitter and untrusting, this prevented me from opening up and releasing, as it meant exposing far too much, and reliving the trauma. It was my counsellors' gentle yet assertive manner that gave me support and the confidence to pick up the pieces to move on.

I praise the professionalism with which my counsellor conducted herself, displaying honest empathy instead of insincere sympathy. Obviously Family Planning choose only the best as my counsellor could only be referred to as that, anything else would be inappropriate.

My only negative experience with the Family Planning Services would be the somewhat off putting disposition of a person in a section unrelated to counselling. Perhaps it was an off day, to which we can all relate!! All up, thank you for assisting me regain my own being!

"Let judges secretly despair of justice (as we know it) their verdicts become more acute. Let generals secretly despair of triumph; killing will be defamed. Let priests secretly despair their faith; their compassion will be true". Despair nothing, believe in yourself.

AIDS Awareness Week Activities

During November 1996 a number of agencies and community members in the southern region worked together to prepare a display for AIDS AWARENESS WEEK. Many people put in a lot of effort organising a stall, a worker from ADAC, FPSA volunteer and a TAFE student on field placement at Woodcroft Community Health Centre.

The activities occurred on November 28 and 29 and involved a stall with stickers, magnets and red ribbons available for a gold coin donation, and many leaflets and posters with information about HIV/AIDS and sexual health services. The free condoms and lubricant were very popular with the public and a number of people asked for information about volunteer work in the field. The talking point of the stall was the beautiful floral display kindly provided by In Bloom florists, Unley, which encouraged people to approach the stall and find out more. However some members of the public thought we were holding a raffle or could advise them on the purchase of protea seeds!

The two days were a great success and thanks must go to everyone involved in the planning and workers from Woodcroft

Community Health Centre, The Second Story, Southern Women's Community Health Centre and Noarlunga Health Village for donating their time to assist on the stall.

World AIDS Day 1996 - Colonnades Shopping Centre Southern Team Display



BRIDGING THE GAP

FPSA continues to provide Sexuality Education within schools by equipping teachers to lead education on Sexuality and Sexual Health. This happens through training teachers in our Community Education in Sexuality course and workshops on HIV/AIDS Prevention run by Department of Education & Children's Services and FPSA. We support teachers with program planning, resources, specific projects and co-work.

We find that many students are still unaware of services available to them especially in relation to Sexual Health.

In the south negotiations began with the local high schools to speak to students about what services Family Planning can provide to young people in the area of sexuality and sexual health.

During each session it was found that many students did not know about family planning services and after each group a lot of discussion was generated. After one week of providing this information four students accessed the Woodcroft Southern Primary Health Care Base.

The feedback from students and teachers was excellent, this highlighted that the information was extremely valuable and necessary for young people.

Dear FPSA

Due to the constraints of the curriculum at Years 11 & 12 for stage 1 & 2 SACE, we are unable to include many social issues for discussion in the general curriculum. We have therefore found the Family Planning visits to the College to be of great benefit as they have enabled the students to learn of services available to them through the Family Planning SA. The sessions have been held in small Home Tutorial Groups, thus enabling much discussion among group members.

Kelly has been most accommodating of our daily timetable by coming on 4 separate mornings each week, so as to visit all Year 11 groups one week and the Year 12 groups the next. Many of our students were unaware of the services available to them through FPSA, but since Kelly's visit are far more aware of these options.

We thank Kelly and the Family Planning SA for the time spent at the College this term and hope that this liaison can continue in the future.

Counsellor
Woodcroft College

Emergency Contraceptive Pill

- What Do You Need To Know?

A conversation with the Project Officer

Tell me about the Emergency Contraceptive Pill Project. How did the project come about?

The project came about as a result of the World Health Organisation Conference in April 1995 which looked at Emergency Contraception. This conference called for greater world wide access to the Emergency Contraceptive Pill (ECP).

One of the recommendations was that information about Emergency Contraception should be made available to women and the Medical community, and that a special pack would make it easier for Doctors to dispense. There was a world wide call for Family Planning Organisations to do this work and impetus for this came from the knowledge that women didn't use ECP because:

1. Women don't know that there is an Emergency Contraceptive Pill.
2. No special products are being sold for use as ECP in Australia.
3. Some Doctors are unwilling/hesitant to prescribe ECP.
4. Not all doctors know about ECP.

Given this information and the wish by FPSA to improve access and availability of ECP to the South Australian Community, FPSA sought funding from SAHC for a special project. The SAHC approved a Primary Health Care grant to do this work.

Given your involvement in the project what are the main things about ECP that you would want women to know?

- The Emergency Contraceptive Pill (ECP) has been in use for 20 years.
- ECP if taken correctly is 94-95% effective at stopping an unplanned pregnancy where there has been failure of contraception, forced or unprotected/unplanned sex.
- ECP is a new name for the "morning-after pill".
- ECP can be taken for up to 72 hours (3 days) after the unprotected/unplanned sex.
- It only involves taking 4 hormone pills and 2 anti-sickness pills.
- You have to see a Doctor to get ECP.

What did you hope to achieve with the ECP Project?

- Provide information, and improve prescription of emergency contraception for women by General Practitioners (GPs) throughout South Australia.
- Let women know about ECP.

How did you go about this?

Pre-survey information from GPs wishing to be involved in the project, indicated that ECP was not prescribed by some doctors because there was no special pack containing the pills. This led to a need to manufacture an ECP pack and a licence was obtained from the SAHC. Young people and Doctors were involved in the development of the

pill pack and accompanying information. Once developed the products were also focus tested with groups of women.

The project was officially launched on December 1st and was timed to fit in with summer/school holidays as statistically there is a higher demand for ECP.

Three days after the trial began we were advised that it would need to be postponed due to a complaint being lodged with Therapeutic Goods, Canberra.

The trial was postponed and the doctors advised the packs needed to be returned. Very few were returned, the main reason given was that they had already used all the packs, in 3 days!!!

I think that the best way to talk about that is to let the women and Doctors speak for themselves.

"Convenient package which avoids waste of money, ie I don't have to prescribe 4 months supply of Nordinol"

"It's great. Small enough to fit in my pocket or purse so no-one could see"

"Wish I'd known about this before I had an unplanned pregnancy 3 years ago. If I'd taken this I wouldn't have had to have all that stress and upset, you know of having to have an abortion"

"It's easy to use and explain"

"Very well received by patients"

"Easy guidelines, easy patient info. Saves time."

"Way to take it very clear."

"Well written and a good concept. How do I get some more?"

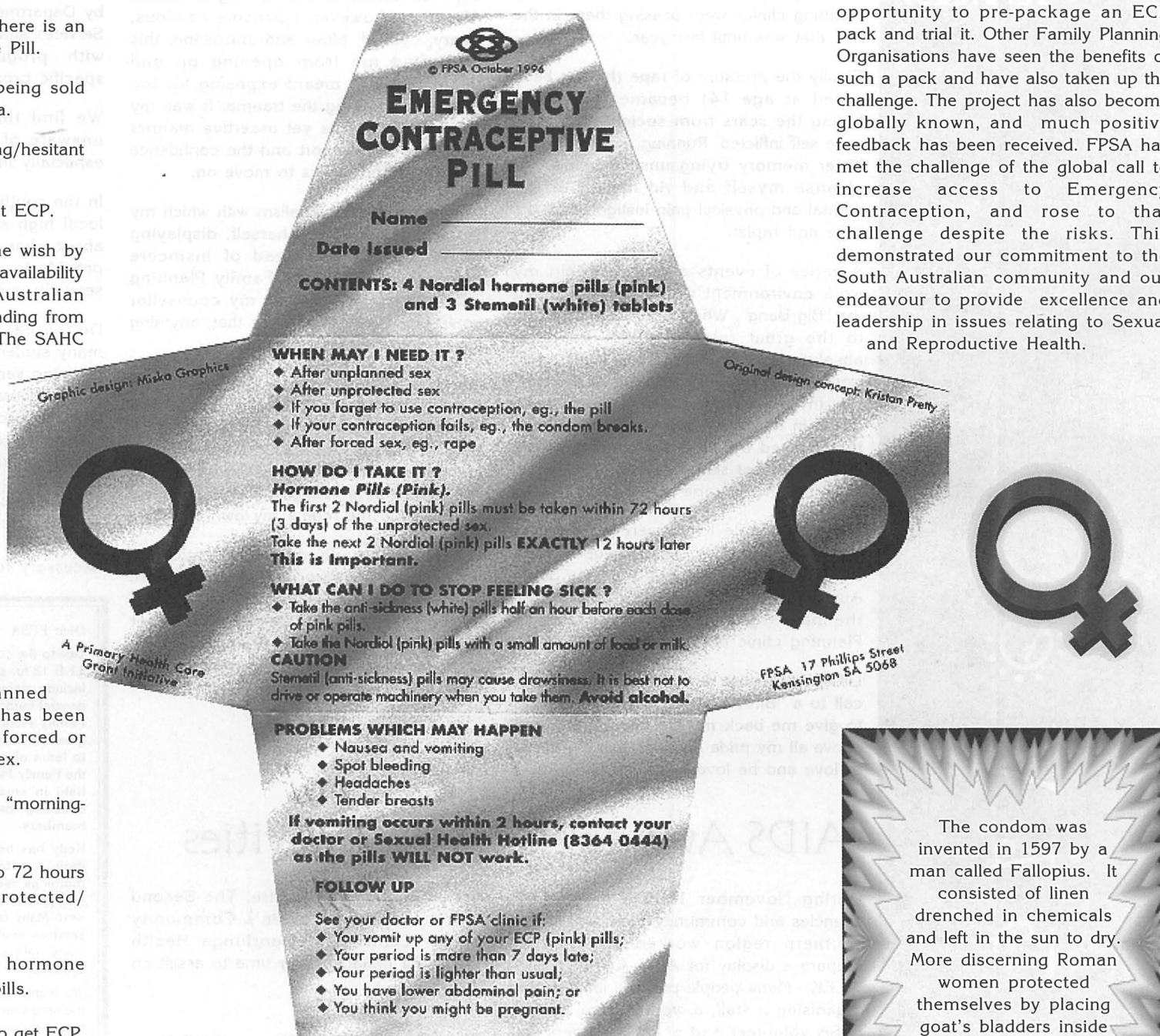
"Even though I was using a condom it broke. Now I don't have to worry as much until I next get my monthlies."

"Love the pack."

"Pack very woman orientated. Would prefer more unisex, to encourage both people to take responsibility."

Finally is there anything else you'd like to say about the project?

I believe this project has demonstrated FPSA's leadership in the area of Sexual and Reproductive Health. The organisation embarked on the project to increase access to and information about ECP, but seized upon the opportunity to pre-package an ECP pack and trial it. Other Family Planning Organisations have seen the benefits of such a pack and have also taken up the challenge. The project has also become globally known, and much positive feedback has been received. FPSA has met the challenge of the global call to increase access to Emergency Contraception, and rose to that challenge despite the risks. This demonstrated our commitment to the South Australian community and our endeavour to provide excellence and leadership in issues relating to Sexual and Reproductive Health.



"Great design. Very colourful. Small enough to handle"

"This is better than when I had it before. Can't lose instructions cause they're written inside."

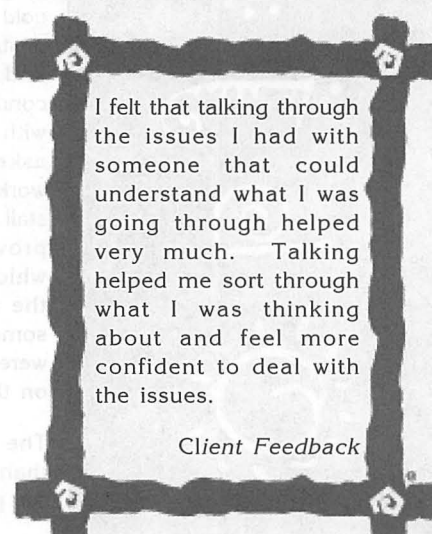
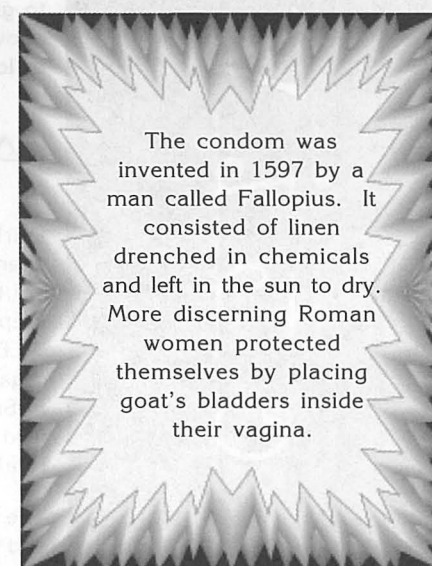
"Wonderful. I'll tell my friends about it."

"When can my practice start purchasing these packs. Sooner would be great."

"Since being involved in this trial I now give Stemetil as well. Didn't realise the amount of nausea was so high."

"Because of convenience of pack, and info gained I will now not be hesitant to prescribe."

"Cost to patients much more realistic. Most could afford it in this form."





To work in partnership with Aboriginal and non-Aboriginal organisations and the Aboriginal community to plan and provide culturally appropriate and acceptable services on a basis of need and priority.

Activist

Rationale

Why, How, Where

The health status of indigenous Australians continues to rate worse than non-Aboriginals on every indicator: infant mortality, maternal mortality and life expectancy. Sexual and reproductive health morbidity contributes a significant burden of all health in the lives of indigenous Australians.

FPSA's strong and emerging partnership with the Aboriginal community and organisations has facilitated increased access to FPSA's services by the indigenous community.

In Partnership with Nunkuwarrin Yunti

FPSA have been providing sexual and reproductive health services for Aboriginal women and their families at Brady Street Neighbourhood House at Elizabeth Downs for four years. Nurses and doctors from FPSA work closely with Aboriginal Workers and staff from Nunkuwarrin Yunti (NY).

This service is clearly valued by the people who use it and it is getting busier and busier! FPSA staff who work the Brady Street Clinic feel privileged by the opportunity to work in partnership with an Aboriginal controlled health organisation (NY). Clients, FPSA and NY all believe that FPSA's Brady Street Clinic is making a vital and positive contribution to the health of Aboriginal people in the northern suburbs.

An exciting new development in our joint working relationship is that a new clinic is planned for the Wakefield Street site in August 1997. Services will be similar to those provided at Brady Street, with emphasis placed on the needs of both Aboriginal women and men.

With staff from both organisations working closely together there will be increased opportunities to explore creative ways that sexual and reproductive health of indigenous peoples can be improved. Review of resources, joint health promotion activities, and client advocacy are some strategies that are being considered.

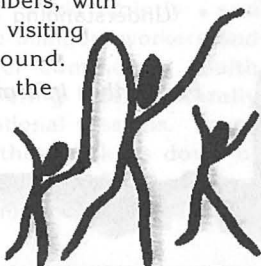


Workers at the FPSA/Nunkuwarrin Yunti Clinic, Wakefield Street Adelaide

WOMEN'S BUSINESS IN CEDUNA

FPSA staff are continuing to visit Ceduna under an arrangement funded by the SA Cervix Screening Program. A nurse from FPSA, a doctor from Port Adelaide Community Health Service, and staff from Ceduna/Koonibba Aboriginal Health Service work together to provide local women with sexual and reproductive health services.

The four clinics a year are continuing to be well attended by both Aboriginal and non-Aboriginal women. Older and younger Aboriginal women are attending in increasing numbers, with many new clients visiting as word gets around. (Up to 65% of the women seen are Aboriginal). Now that there are four clinics each lasting 5 days,



there is more opportunity to provide longer and more comprehensive reproductive and sexual health counselling and information.

This unique service is well recognised Nationally as a project where Aboriginal people employ health professionals to provide a service that is relevant for and readily accepted by their community.

FPSA staff continue to support and assist local health services to provide community and health promotion activities, as well as professional updates and debriefing. The learning and benefits are mutual, with all involved gaining from the experience. Recently FPSA have decided to employ two nurses to share the nurse position in order to provide valuable backup and co-worker support.

This is a valuable service for rural and isolated women in the Ceduna region.

Principles that Underpin the Partnership Agreement Between FPSA & Nunkuwarrin Yunti

EQUALITY:

Both agencies have unique qualities to contribute to the partnership.

RESPECT:

Acknowledgment of the validity of what each agency brings and communication which reflects this.

PLANNING AND REVIEW:

Regular reflection and evaluation will take place, according to a formal process.

COMMITMENT TO REAL OUTCOMES:

The partnership exists to "make a difference" positive change.

COMMUNITY CONSULTATION & PARTICIPATION:

The Aboriginal community will have a say.

MAXIMISING RESOURCES:

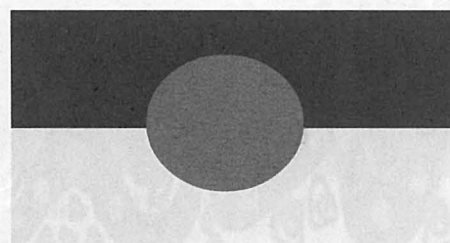
A willingness to share resources and expertise.

A CERTIFICATE COURSE FOR INDIGENOUS PRIMARY HEALTH CARE WORKERS IN SEXUAL & REPRODUCTIVE HEALTH

A successful submission under Primary Health Care Initiatives from the South Australian Health Commission means that FPSA will be able to consult with the Aboriginal community and key stakeholders to develop a Certificate Course for health workers.

This initiative supports national and state calls for greater access by Aboriginal Health Workers to specialist education programs that support their role in the provision of culturally appropriate services to their community.

We look forward to successful implementation of this course in 1997/98.



Aboriginal Women's Celebration Day

FPSA set up and staffed a display at Nunkuwarrin Yunti in November.

We were delighted to be invited to be part of it again, and this year we were better prepared with pamphlets especially designed for use by Aboriginal women.

Once again our display was colourful and aromatic. Many visitors and other participants came up to our staff for a chat, and to sample the contents of the coolamons - rose petal and condoms! The food and cultural program were as wonderful as ever. A great day.

Aboriginal Women's Celebration Day - FPSA workers.



Women's Business Men's Business

A special service by Nunkuwarrin Yunti & Family Planning South Australia

We provide information & services around:

- pap smears
- breast check
- contraception
- pregnancy
- fertility/infertility
- men's health
- STD checks
- sexual health/difficulties
- sexual identity
- menopause
- abuse & violence issues
- liaison with other services
- HIV, Hep B & C testing & counselling

Highly Confidential

To book in phone Lillian or Joan on 8223 5011 or just drop in on the day

28 Brady Street,
Elizabeth Downs

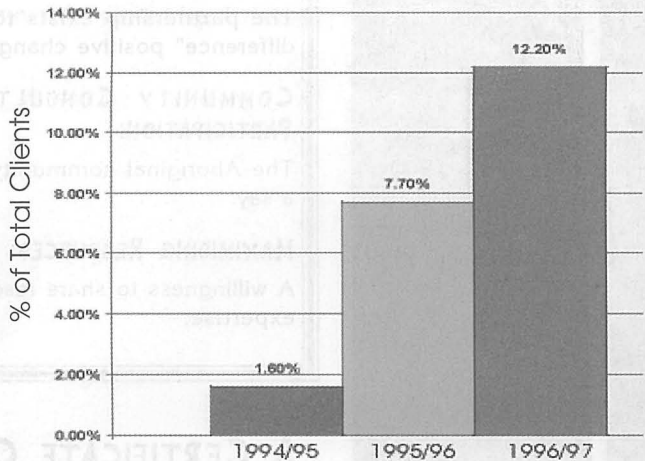
182 Wakefield Street
Adelaide

Tuesday 11.00 - 3.00 pm

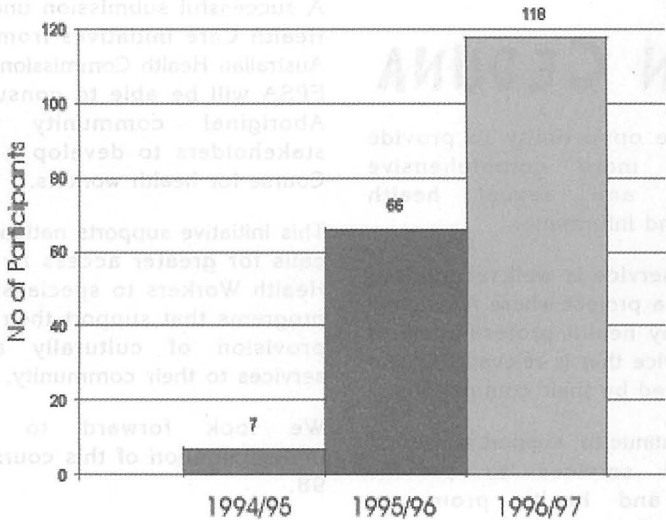
Thursday 1.00 - 4.30 pm

FPSA Services to the Aboriginal Community: Comparison 1994/95 to 1996/97

Clinical Services



Participation by Aboriginal Workers in
Education & Training Activities



Community Education in Sexuality

The Community Education in Sexuality Course aims to equip workers in the community with the knowledge, skills and awareness to effectively address sexuality issues with their clients.

Core Component:

The core component forms the foundation for further education in the elective topics chosen. Over two days, participants explore the concept of sexuality, values and attitudes towards sexuality issues and the impact these have for the worker and client. Basic information about sexuality issues is provided eg, contraception, HIV/AIDS and STDs. A range of sexuality teaching resources are demonstrated throughout the core component.

Core Tied Electives:

The core component is a prerequisite for attending these electives:

- Cross Cultural Issues and Sexuality (1 day)
- Peer Education (1 day)
- Program Planning (1 day)

Stand Alone Electives:

Completion of the core component is not required as a prerequisite for these electives. They may be attended as one day workshops.

- Young People and Participation - How To Work Together (2 days)
- Men's Sexualities (2 days)
- Understanding & Challenging Homophobia (1 day)

For further information or to enrol contact the Course Support Worker on 8431 5177



To work in partnership with the non-English Speaking community and other service providers to plan and provide culturally appropriate and acceptable services on a basis of need and priority.

diversity

Service delivery to communities from culturally and linguistically diverse backgrounds has been a major focus for FPSA during 1996/97. Historically, these communities have not adequately accessed FPSA services because of language barriers, isolation, different health priorities and cultural hesitation in addressing sexual and reproductive health issues.

FPSA has adopted proactive measures to reach out to these communities by identifying their needs, by liaising and networking with Community Health Workers and Welfare Workers operating within those communities and by conducting culturally appropriate educational programs on sexual and reproductive health matters.

We will continue to strive hard to provide inclusive services which are accessible and equitable to all NESB communities.

Our Commitment to Culturally Diverse Communities

Hello, Bonjour, Hola, Buongiorno, Ni hao!

Our recently appointed Community Health Worker (NESB Portfolio) in the East/West region has been busy working with various communities in developing networks, increasing those communities' access to appropriate sexual health services and in providing information and support on sexual health issues. She has also referred a number of NESB clients to our clinics, resulting in greater access by those clients to our services and raising the profile of FPSA amongst NESB communities. It has also been important to overcome the fears in ethnic communities which are sometimes associated with discussion of sexual and reproductive health issues. Our Community Health Worker, in collaboration with our Community Health Nurse and various other ethnic workers, has adopted a proactive approach in dealing with that sensitive area.

We have conducted workshops on Family

community's own language. We are also working closely with workers from Community Health Centres and with Grant In Aid workers in preparing future programs on NESB sexual health education. Promotional campaigns have been carried out through the ethnic radio (5EBI-FM) and through various ethnic newspapers and magazines. These have enabled our services to be more accessible to a broader range of ethnic communities.

Through the evaluations which we receive from participants at our workshops, we plan further workshops which are of interest to those groups. In doing so, participants are able to increase their knowledge and level of confidence in dealing with sexual and reproductive health issues. Such a strategy also assists participants in developing a sound and preventative approach to sexual health. We have worked hard at identifying

NESB sexual health needs and we have learned about some of the cultural differences which exist such as language, values, beliefs and myths, which we need to consider when delivering sexual health education and FPSA services. FPSA staff have also attended and contributed to forums which have looked at



Indo-Chinese Women at FPSA Workshop

NESB health issues in a holistic manner.

Pamphlets have been produced in four different languages (Arabic, Vietnamese, Spanish and Cambodian) and further translations into other community languages are planned. Other resources on NESB specific health issues have been purchased and are available on loan from the Resource Centre. Cross cultural training will be undertaken for FPSA staff in the coming year. This will result in staff becoming more aware of cultural differences and being in a better position to contribute to the work already done with ethnic communities.

FPSA continues to strive towards improving access and delivery of our services to people from Non-English Speaking Backgrounds and to provide culturally appropriate and acceptable programs to them.

Good bye, Au revoir, Hasta la vista, Ciao !



Grant-In-Aid Workers meet at FPSA

Planning services to various ethnic groups such as a Latin American Women's Group, a Serbian Women's Group and a Polish Women's Group. Community Health Nurses have been involved in running workshops on Breast Examination and Pap Smears which have been ethno specific. Our own Community Health Nurse has run several sessions on sexual and reproductive health to a group of refugee women from STARRS (Survivors of Torture and Trauma and Refugee Assistance Service). A group of refugee women also visited the East/West clinic at Kensington as a way of getting acquainted with our service delivery.

We have also run health information sessions on topics such as contraception to a group of Vietnamese and Cambodian women at the Parks Community Centre and on sexually transmitted infections to an Indo-Chinese Women's Group. These have been very successful as FPSA has been able to work jointly and cooperatively with bilingual workers and nurses from other community health agencies in delivering more culturally appropriate educational sessions. It has also resulted in the breaking down of language barriers as these FPSA services have been communicated in that particular



Latin American Musicians - World AIDS Day 1996 - Port Adelaide - East/West PHC Team

A Very Rewarding Placement

NESB Sexual and Reproductive Health Community Access Project

A particular focus of this social work placement at Family Planning South Australia during August until December 1996 was in relation to one of the strategic objectives of FPSA for 1994/95 to 1996/97:

"To work in partnership with the Non English Speaking community and other service providers to plan and provide culturally appropriate and acceptable services on a basis of need and priority"

A short project was developed to reach out and seek information from NESB communities in the East/West region regarding culturally appropriate sexual and reproductive health services.

The aim of this project was to maintain and enhance the sexual and reproductive health of NESB communities in the East/West region. FPSA wants to identify culturally sensitive and appropriate approaches which will improve their access to sexual and reproductive health services.

The objectives of this project were as follows:

- Ensuring adequate access to Family Planning SA by NESB communities.
- To consult with key NESB and

to one or group consultations by FPSA's workers to services and individuals in the community achieved the following outcomes:

- Services providers met face to face with workers
- It was a very good way to enhance their knowledge about FPSA and to clarify a lot of wrong information.
- It gave an opportunity to elaborate more on the questions.
- Acknowledging their expertise in what they do in their areas of work.
- Develop a good working relationship with many of the workers.
- Listening to their complaints and feedback about FPSA.
- Trust and confidence in FPSA and their workers as a respectable multicultural agency.

This personal approach was chosen for three reasons:

1. friendly and personal touch
2. work together to develop a network and
3. establish future directions and clarification of roles.

This worked very well as community leaders feel perhaps more confident in referring their community members to agencies they have made contact with.

- Access to support for NESB women in relation to rape, sexual abuse and domestic violence issues

During this project resources were collected to assist the flow of new information. A collation of 60 information Kits were created for workers, students and community members. The kits included key information and pamphlets about FPSA, also a location map and full description of the roles and activities of the workers designated for NESB communities.

During placement the major activities were:

The Grant In Aid meeting was a successful event with a presentation of FPSA's services and workers to the Grant In Aid workers, a lot of networking and developing of relationships between them and FPSA's workers. It was attended by about 10 Grant In Aid workers. They have opened to FPSA the door to get into their communities. The Filipino, Chinese and Serbian community are very interested to work with Family Planning in the promotion of Sexual and reproductive Health for their communities.

World Aids Awareness Week

An information evening was coordinated and held at the Port Adelaide Shopping Centre with an special Multicultural flavour through "Expresiones" a Latin American group who brought lovely music and entertainment to the Port Canal. This event was held in partnership with the Aids Council, Women's Information Services and the Migrant Health Service. About 200 balloons with informative stickers and 250 show bags with lots of information from these agencies and condoms were given away to the public. The feed back from the public was: "Very impressive, you all are doing good work, great work, more aboriginal languages next time please, fantastic, more balloons and condoms, Yeah good work and thanks for the condoms...and what a lovely music...do it again next time!!"

Presentations about the services of FPSA were done for 3 groups of women, 3 to students and a few to community members in an informal way: talking to them as individuals anywhere or by invitation to their meeting place or staff meeting.

For all of the above reasons this placement has been enormously successful for both student (satisfaction, professional development and personal fulfillment) and for the agency and workers, perhaps not a new window to other cultures but the door to a multicultural Australia of more than 160 countries and of diverse cultures and religions. (MCC SA June 1997) I

Working within FPSA as a member of a NESB Community

Being unsuccessful in finding a job for several months, I tried to find voluntary work which could give me some "Australian" office experience. With the help of Noarlunga Volunteer Services I got an interview with Family Planning SA Southern PHC Team at Woodcroft.

After reading the job description I found that I had all the required skills. I hoped that my Polish background and ability to speak other languages would be helpful within my voluntary work and working with the multicultural community.

During the interview with the Team Leader I was asked if I knew about Family Planning's services. My answer was "yes, it helps the community to plan a family".

I thought the name said it all, but with further information I found out that Family Planning did a whole lot more.

After reading the Strategic Directions and all leaflets distributed by Family Planning on my first day at work, I had to add a few more services to my list. Then every working day gave me more information about the many roles FPSA plays in the community!

Attending the Community Education Course in Sexuality broadened my knowledge of sexuality issues. I started to feel proud to be a small part of the great team. I also learnt about making appointments, gained more knowledge of clinic services and provided word processing support.

Then a part-time position became available and I was asked if I would like to fill it.

I replied very quickly "yes". Now I am working full-time on a contract basis.

At first I was a volunteer, then I gained casual employment and I applied for a full-time position as an Administrative Support Worker in which am currently employed.

Thank you, Family Planning, for giving support to a member of the Non-English speaking Background community.

Editors Note:

FPSA Southern Team had not had the opportunity to work with a volunteer from a non-English Speaking Background until Noarlunga Volunteer Services contacted them. As NESB people are one of our communities of interest we felt that it is important to have a person from that group represented on our staff.



Vietnamese Women's Group

mainstream community workers about community education, and the main issues concerning sexual and reproductive health.

- To promote and raise sexual health and sexuality awareness in the non English speaking background communities in the East West region.
- To access and consult with key workers and community leaders about the work and services of FPSA.

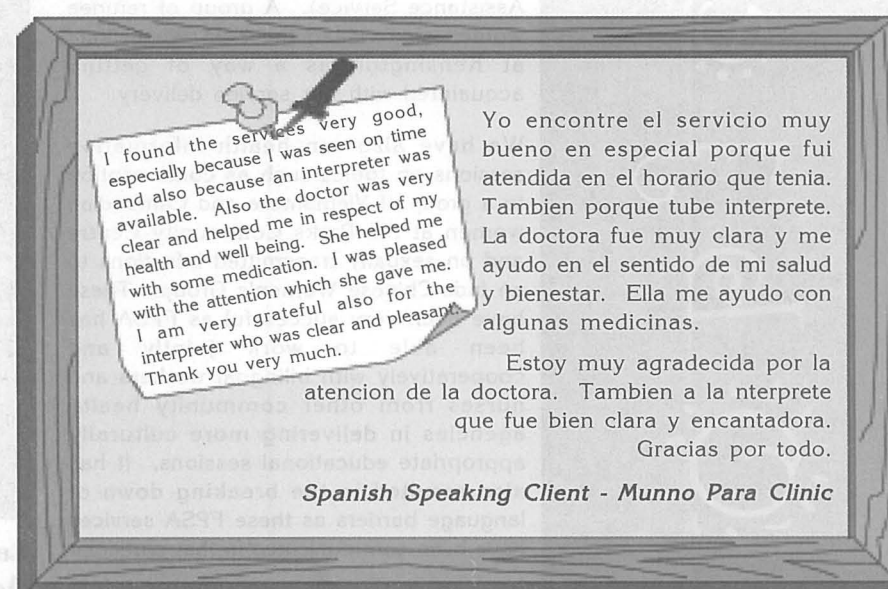
The target of this project were mainly NESB and non NESB health workers, NESB communities' members and Grant In Aid workers (GIA), with particular emphasis on the communities who are settled in the East/West region. Some of the major groups identified were: Vietnamese, Greek, Italian, Polish, Yugoslavian (all republics) and Spanish speaking communities (MHS report 1994).

This access project has been carried out as a social work project model and the chosen methodology of personal, one

During this project 14 relevant agencies and 17 workers in the East/West region were consulted about FPSA and they were provided with posters, information kits and a formal presentation of FPSA services and introducing new endeavor with NESB communities.

Some of the key issues raised at these consultations and meetings were:

- Access to medical/nurse help after hours and week ends
- Access to medical gynecological services by female bicultural doctors
- Barriers to communication: language/literacy/cultural practices and attitudes
- Access to social work services and appropriate confidential interpreting.
- Access to information about FPSA



Ululu!!! *

"The Sexual & Reproductive Health Program for African Women in South Australia"

This is a pilot project funded by Living Health of SA for a period of six months based at Family Planning SA in Kensington. This project involved planning, consulting, developing and implementing a training program for Refugee Women from African countries such as Somalia, Eritrea, Ethiopia, Sudan and Lesotho who migrated to South Australia under the Humanitarian and Refugee Program. Research conducted in the preliminary stages of the project has led to the program to target these groups.

The main goals of the project is for women who have migrated to South Australia as refugees under the Humanitarian Aid Program to maintain and improve their sexual and reproductive health. The project's objectives are two fold:

- To increase refugee women's knowledge of sexual and reproductive health issues
- To increase access to sexual and reproductive health services for women who have migrated to South Australia as refugees under the Humanitarian Program.

These groups were chosen because they represent a minority from emerging communities and as such are most in need and least resourced. They have arrived in Australia under the Humanitarian and Refugee Program and the majority seem to be women who arrived without a partner and with more than one child. Their race, colour, language, religion and cultural values and practices present powerful barriers to resettlement in Australia and to accessing services. They seemed to be invisible to health services, especially in the area of sexual and reproductive matters and there seems to be a lack of doctors, nurses and qualified interpreters, especially female interpreters. The vast differences in languages and dialects and their low numbers in SA makes them hard to be able to be trained as interpreters, therefore interpreters are untrained and scarce. (ABS 1991)

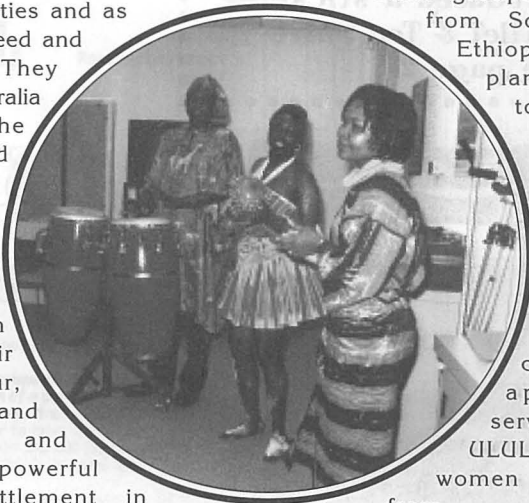
Key services such as the Migrant Resource Centre, Survivors of Torture and Trauma and Refugee Assistance

Service (STTARS) and the Migrant Health Service among other health workers and professionals have fully supported this project.

As a result of these consultations a collaborative working relationship was established with the Female Genital Mutilation project at the Migrant Health Service. The key informants also assisted in the recruitment of African women for the project and the development of the 6 week peer education program. The participants also were involved and consulted about the education program.

The stages of the project were to set up a participatory group of 10 African women as a focus group, train them as peer educators, consult and exchange information with their communities about the program, and the development of a resource on sexual and reproductive health for African women in South Australia.

A report and the resource will be launched on or about the first week in September. This project has been a source of great satisfaction for all involved, the participants have now formed a closely linked group and are meeting at the Migrant Health Service.



Other groups of women from Somalia and Ethiopia are now planning to get together and get their message across to services for more flexible, accessible, caring and culturally appropriate services for African women and others from refugee backgrounds.

*The term "Ululu" means an expression of surprise and welcoming. It is used to greet people cheerfully, in peace and to make that person feel comfortable and happy when in a group. NO wonder I am now feeling a bit lost and sad because I have now completed the project and I will miss very much those happy singing and dancing women and their friendly Ululu!!!

Enriching Experiences and Learning Opportunities

Three or so years ago FPSA began a restructuring process. During this process there was the development of our Strategic Directions which would inform the work of the organisation and map out clearly the areas in which we would put our energy and services.

One of the areas that was identified as a 'key area' of work was:

"Working in partnership with non-English Speaking Background Communities of people."

to provide sexual and reproductive health services.

This basically meant we had identified that people from Non-English speaking backgrounds weren't receiving the types of services that they needed and had the right to in terms of health and well-being. In particular sexual and reproductive health.

FPSA was making a commitment to building connections with the range of people from diverse cultural backgrounds, in order to provide better and more appropriate sexual health services.

I was excited by this direction that the organisation was taking because I knew it would mean that we would work towards the kind of work that was most needed. Also it would be an opportunity to step into new learning and new approaches.

FPSA in the last 12 months has strategically employed Community Health Workers and other staff who are bilingual and cross-cultural. This will increase the pace in which our organisation becomes culturally appropriate. For one example, being able to have workers who can speak the language of particular cultural communities enables more effective community education and a relationship between community people and the worker begins, thus increasing the profile and access to FPSA services. This is a great thing!

Not only have these workers contributed to the 'core' work that the organisation does in a major way, they have played a significant role in educating the staff within FPSA about cultural diversity and cultural issues. It is this sometimes 'invisible' and informal work that I would like to mention and highlight.

From what I experience and feel it has been enriching to have people from different cultural backgrounds to my own (which is Anglo-Saxon) around me in my work place. **Enriching both personally and professionally!** This is so because I get to hear about things that have or are happening in other parts of the world that may directly have an impact on particular communities here in Adelaide. I get to hear about different cultural ways which may be different to my own or may be similar to my own. When people from different walks of life share with each other, whether it be age, cultural background, class or sexualities then learning and connection is formed and I feel more united with people. This sense of unity gives me energy in my work and personal life.

It is by having these workers around me that I **STOP** and take the time to look around, step outside of my own perspectives and open up to seeing other ways and perspectives. I guess its about being open to seeing things in

a different light and educating myself about other peoples life experiences. It is in these moments and conversations, and exchanges that I learn on a personal level which definitely influences my professional approach.

When I notice the cultural differences in ways of going about things, and their life experience I ask myself what is it that I'm noticing. These 'points of difference' are often the points of connection with someone. Especially when I open up to new learning and especially when I challenge myself about how I privilege my own 'cultural ways' over another persons. It is when these workers challenge me and others about 'our' ways of doing things that are not culturally appropriate that I begin to understand the differences. It is when these workers share the stories of the communities of people that they work with or belong to that I begin to understand the richness that surrounds me. I also notice how much I don't know about other peoples cultures. This sometimes scares me because I feel ignorant. Then I have to remind myself that the way in which I can make that different is by learning and deliberately putting myself in positions to learn. I have to push through feeling vulnerable and acknowledge that I'm a beginner in learning about cultural diversity and related issues. When we work in the Human Services sector we tend to think we have to be experts about people. Yet I know that its dangerous to ever think you've stopped learning.

It is when these workers within FPSA passionately advocate for 'their communities' and talk about the issues effecting their communities that I can join with them for change and social justice. Its when these workers tell you about how **they** work with people from 'non-English speaking backgrounds' that you begin to understand why 'your' ways might not work or would be culturally inappropriate. It is this challenging of work practice that I find particularly useful because it is done in such a safe and respectful manner. Much of this cross-cultural and awareness raising around cultural issues happens in an informal manner within FPSA. It would be particularly useful to have a whole organisation approach to cross-cultural training, utilising the staff within, and external agencies.

I figure the more cultural diversity that surrounds me the more I will soak up and learn. Things that have been useful for me in terms of learning have been to share myself, my experiences and ways of thinking even if I feel vulnerable in doing so. To say I don't know or understand a particular point or issue. If I 'don't get it' then these workers will have the patience and energy to explain and I appreciate this

It is when I open myself up and share myself and my ideas and ways that I learn as well. It is when I get scared about the differences that I learn. It is when I say I don't understand or I don't get it that these workers will have the patience and energy to explain.

These workers from Non-English speaking backgrounds bring people from the community into FPSA and the waves of learning continue and the culture and atmosphere with FPSA shifts and grows in its richness.

These workers have had a positive influence within FPSA and the services we provide to people from different ethnic backgrounds. They have helped me in my approaches to my work and provided many openings for me to learn about diversity. I'm sure there are many others within FPSA that could say similar things, and this all works towards a environment that values diversity.



Participants & Workers - Sexual & Reproductive Health Program for African Women in South Australia.



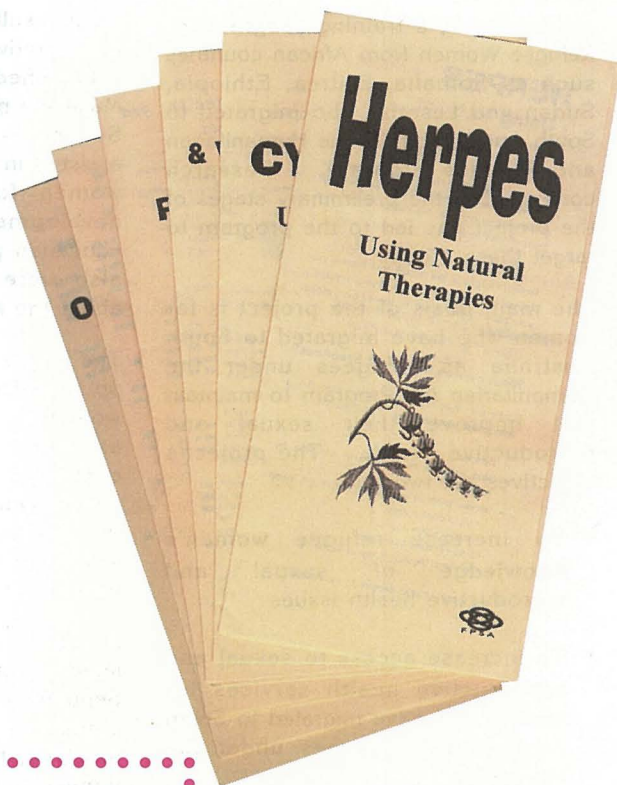
Resources Developed



New packaging and pamphlet for the Emergency Contraceptive Pill was trialled by FPSA this year (See page 10)



FPSA produced a range of "Natural Therapies" leaflets in consultation with a naturopath.



Cervix Screening/Pap Smear
What is it?

WHAT: A Pap Smear is a simple test to check the health of your cervix (the small opening of your uterus/womb at the top of your vagina)

WHO: Any young woman who has ever had sexual intercourse needs to think seriously about having one

WHY: To check abnormal cells that could in time develop into cancer of the cervix

Prevention is definitely better than cure!

WHEN: Every 2 years, after you first have sex

WHERE: Get your cervix serviced at these "Cervix Stations"

Family Planning South Australia
Northern: Ph: 8254 8200
Southern: Ph: 8325 8164
East/West: Ph: 8431 5177

Second Story
Northern: Ph: 8254 8200
Southern: Ph: 8325 8164
City: Ph: 8431 5177

Streetlink
Ph: 8431 5177

Local Women's Local GP

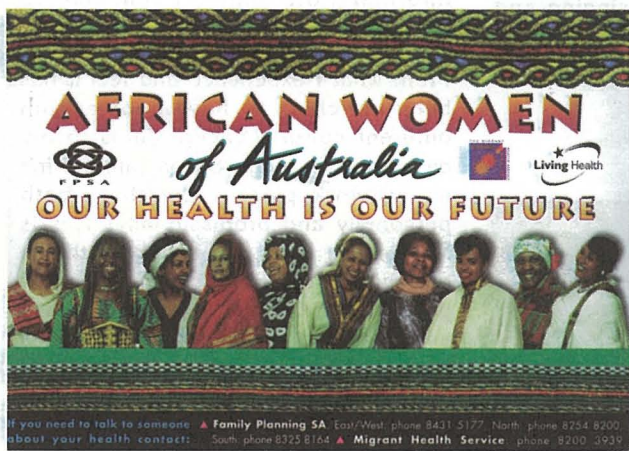
The Young Women's Information Project to promote cervix screening produced a sticker, condom wallet & Tee Shirt (See page 2)

how do you expect to last the distance if you don't get your engine serviced?

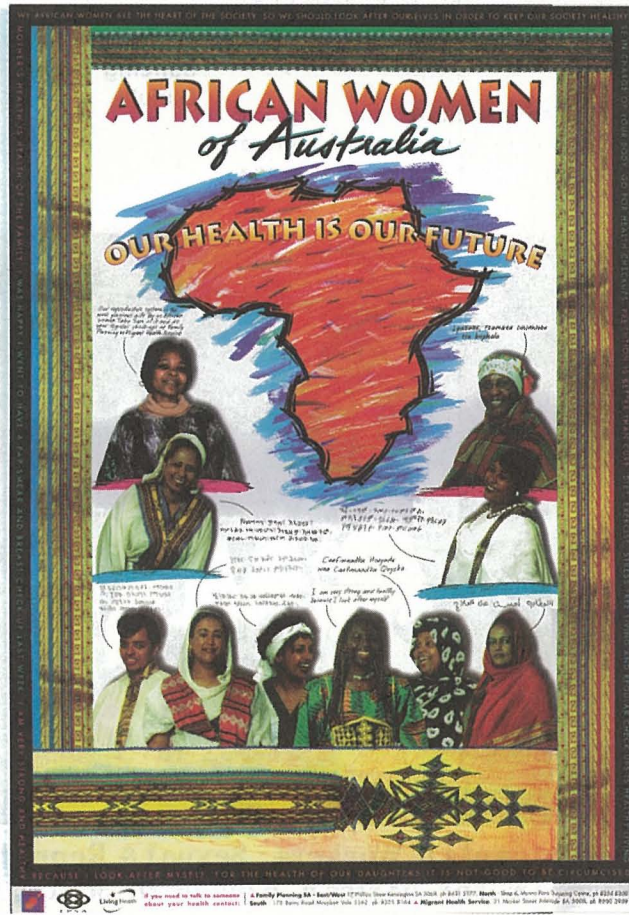
a pap smear every 5,000 kms or 2 years will do it (don't forget the lubrication and protective head gaskets)

Living Health

For more information contact your nearest Family Planning office. North: (08) 8254 8220 East/West: (08) 8431 5177 South: (08) 8325 8164



The "Sexual & Reproductive Health Program for African Women in SA" was a pilot project that produced a colourful poster & sticker as a resource (See page 15)



The new Sexual Health Hotline sticker produced by a Graphic Artist in consultation with a group of young people.

TALK TO US ABOUT SEXUAL HEALTH

SEXUAL HEALTH HOTLINE

9 am to 1 pm
Monday to Friday

Toll free 1800 188 171
Phone 08 8364 0444
TTY 08 8431 5177
TIS available

Free & confidential information and referrals on:

- Sexual & reproductive health
- Pregnancy
- Contraception
- STD's
- Emergency Contraception

© FPSSA

Rape Myth-Busters 1

myth Rape is about sex.

reality

Rape is not sex. It is a crime of violence. It is a violation of a person's rights over their body, their right to decide whether to have sex, their right to choose sexual partners and their right to demand safer sex.

Rape is about controlling, harming and degrading someone else.

Young men involved in developing this resource: Karl, Dion, Nathan, Shane, Simon, Ian, Adam, Donovan, Darren & Di.

Guys Talk Sexual Health
A project of Family Planning SA. Funded by the SA Health Commission
© July 1997

Inspired by the voices and action of women in their fight against rape.

Rape Myth-Busters 2

myth When a woman says 'no' she really means 'yes' or 'try harder'.

reality

NO means NO.

Stop when you hear her say 'no'. Without her consent it's rape. Don't act when you are not sure.

Young men involved in developing this resource: Karl, Dion, Nathan, Shane, Simon, Ian, Adam, Donovan, Darren & Di.

Guys Talk Sexual Health
A project of Family Planning SA. Funded by the SA Health Commission
© July 1997

Inspired by the voices and action of women in their fight against rape.

Rape Myth-Busters 17

myth Men cannot do anything to stop rape.

reality

Men can do many things to prevent rape. Eg:

- refuse to joke about rape,
- talk with other men about stopping rape.

There are many everyday opportunities where men CAN challenge and change beliefs and behaviours that support rape.

Young men involved in developing this resource: Karl, Dion, Nathan, Shane, Simon, Ian, Adam, Donovan, Darren & Di.

Guys Talk Sexual Health
A project of Family Planning SA. Funded by the SA Health Commission
© July 1997

Inspired by the voices and action of women in their fight against rape.

Guys Talk Sexual Health

© FPSSA June 1997

"Guys Talk Too" projected produced a set of stickers, a pamphlet and a set of "Rape Myth Buster" cards to be used in anti-sexual violence training (See page 28/29)

Free Hot Sex
and don't forget to ask

Put it on
to get it off.

Sexual Violence Sux
Family Planning SA Project
(08) 8325 8164 (South) - (08) 8254 8200 (North)

Rape - Just Stop It
Family Planning SA Project
(08) 8325 8164 (South) - (08) 8254 8200 (North)

Sexual health is men's business too.
Guys Talk Sexual Health - a Family Planning SA Project
(08) 8431 5177 (East/West) - (08) 8325 8164 (South) - (08) 8254 8200 (North)

Real Men Don't Rape
Guys Talk Sexual Health - a Family Planning SA Project
(08) 8431 5177 (East/West) - (08) 8325 8164 (South) - (08) 8254 8200 (North)



To support
rural and
remote
communities
in advocating
for sexual
health
services.

Activating

Rationale

Why, How, Where

FPSA acknowledges the difficulties for people living in rural and remote areas in accessing sexual health services due to their geographical isolation. FPSA works in partnership with these communities to support and equip them to advocate for their own sexual and reproductive health needs.

Postcards from Port Lincoln - Teacher Education in a Rural Area

23 March

Good flight over, mind you I had to pay excess baggage! Didn't realise all those condoms weighed so much. Hotel room okay but looks rather a mess now I've unpacked all my bags of videos, pamphlets, pelvic models, banana penis's etc. Looks rather like a Sex Shop. Wonder what the cleaners will think in the morning.

24 March

Up bright and early. Weather looks great. Another quick look at outline and then I had better pack up my resources for today. Anyone would think I've got the whole FPSA Resource Centre up here in my room! Hopefully the room will start to resemble a hotel room after I leave today. Thank goodness I'm being picked up. Never manage this lot on my own.

24 March Evening

Had a great day. I'm exhausted but it was worth it. **Fifteen Youth Workers** attended and by a quick look at the evaluations they all got lots out of the day. Mind you I tried to fit too much in and we went over time and I had to renegotiate on what to leave out or keep in. That's pretty normal for rural workshops! Had a great lunch catered by the **Aboriginal Women's Group**. This always helps to keep the group together. Considering that for some of the participants it was the first time they had attended a workshop like this, they really joined in and were open to lots of challenges and some confronting issues that were brought up during the day. We were all ready for a drink at the end of the day! The new Values session I was trying out went really well, opened up lots of good discussion. Seemed to tie things together.

After the workshop I agreed to meet a worker for dinner as they had some issues they wanted to explore in more depth. Why not I'm here so they might as well make use of my time.

24 March Late evening

I'm really exhausted. I've talked about sex all day! Now ... what am I doing tomorrow! I'll look at it in the morning!!

25 March

Got myself organised for my session at the local Skillshare. The resources are disappearing from my room at a pretty fast rate. Normality is returning. I can see my knitting!

25 March Lunchtime

Wow that was a good session! Young people with lots of questions to ask and not afraid to ask them. They had lots of issues about young people in rural areas having difficulty accessing information about safer sex. Well I left them with lots of posters pamphlets, condoms, lube and dams plus the Sexual Health Hotline number.

Now off to meet another worker who wants to get some ideas from me about a submission they are writing to address issues of safer sex and responsibilities within relationships for young people living on Eyre Peninsula. Their main target group will be young men. Had to draw on my own and others experiences of working within a peer education frame work and also the sorts of things that can assist a project like this to maintain energy. Seems like they have got the ingredients for a good project. Also suggested that doing the Community Education in Sexuality Course would be very useful. Good for rural workers to get down to the city and network with others and share ideas and experiences.

25 March Evening

Just have a quick look at tomorrows Department of Education and Community Services workshop and make sure I have everything in the right order. Meeting Worker from Department of Education & Children's Services tonight for dinner so we will be able to have last minute planning for the workshop.

26 March

We had sixteen teachers from schools around the peninsula. As this was a HIV/AIDS Training and Development program we had a lot to get through in one day. We all worked hard and managed to get through most of what we had set out to cover. Country teachers are keen participants and always take good advantage of any training offered.

Guess what I managed to get rid of the last of the pamphlets, posters etc. No excess baggage on the way back.

26 March - Post Workshop

Evaluations are good, lots of new learning occurred. Feel pretty tired but glad I had the opportunity to come over here. We have some time to spare before we get a taxi to the airport!!!!!! See you soon Jules

Peer Support for Country Women's Health Nurses

FPSA nurses provide peer support to Country Women's Health Nurses, employed under the National Women's Health Program in rural South Australia.

Following a visit to Laura, Minlaton and Tailem Bend at the end of 1995, a second visit to visit Laura and Minlaton in February 1997 was held.

A nurse practitioner from FPSA's Northern Team provided this support and spent one day in each town. Having the same nurse to visit both locations proved to be a useful strategy for the rural nurses, as it provided consistency in approach to the process of peer review.

The rural nurses had completed a needs assessment prior to the visit, which clearly identified their practice areas in which they required peer support. This was a valuable process, as it enabled the FPSA nurse to research and obtain relevant literature and resources prior to the visit in order to make it as effective as possible, and to tailor it to each nurse's individual needs. Both nurses identified a broad range of sexual health issues that they wished to discuss and have information.

Whilst the nurses work within the National Women's Health Project framework, they do work in isolation, their work is broad and ranges from one to one client contact in a clinical setting to community education programs. This is a very valuable service for the country women in South Australia.

The feedback from the nurses was positive and they found the peer support format a useful learning process for sharing ideas about sexual health issues.

Country Women's Health Nurse & Client at Minlanton



Disability in the Bush

Living in rural and remote SA has advantages for many South Australians, however we are also confronted with the tyranny of distance, small communities with limited services, and limited opportunities for social interaction.

For country people with an intellectual disability these disadvantages are compounded.

Fortunately there is a band of workers working with people with disabilities in the country endeavoring to minimize the disadvantages and maximize the opportunities.

Agencies such as Options Coordination, Job Net, Interwork, Department of Education and Children Services and Orana to name a few have talented workers working in the field to enable people with disabilities reach and maintain their full potential.

Also there are a large number of unpaid support workers and carers, often families or friends who contribute greatly to the wellbeing of people with disabilities.

Due to the lack of critical mass often these workers are working in isolation and rely on their own initiative.

One of the major deficiencies for people with disabilities in the country is the lack of opportunities to socialize and develop appropriate social skills. This often results in inappropriate behavior which not only brings

discomfort to those exposed to it but also undermines the respect for the person.

Inappropriate behavior is often of a sexual nature and this is where we [FPSA] have a role to play. People with disabilities are also vulnerable to sexual exploitation. Due to a lack of knowledge or skills their sexual and reproductive health may be compromised or due to a lack of opportunity they may feel sexually frustrated.

FPSA this year has been able to contribute to the wellbeing of people with disabilities in rural and remote SA by involving workers from the bush in the 3:2:1 disability training.

Many workers have made the effort to be involved in the training and have been able to provide much needed training to their colleagues in rural communities.

The feedback received has been most positive and the training has improved the confidence, skill, and ability for workers to have an impact when sexuality and disability issues arise.

Due to a large turnover of staff working in the field in country communities the continuation of the 3:2:1 Sexuality and Disability program and the back up support FPSA provides are essential to maintain the wellbeing of people with disabilities in the bush.

Sexuality Education for Teachers - Port Pirie



Sexual Health in the Country

Sexual health services in the country are primarily provided by the resident General Practitioners however the provision of health promotion in the area is reliant on the activities of a wide variety of people.

The champions of maintaining and improving sexual health through promotion include Teachers, Youth Workers, Nurses, Health Workers and often well meaning community members.

As an agency specializing in Sexual Health we have a role to play in training, resourcing and encouraging Sexual Health promoting initiatives.

Hopefully with the development of Regional Health Boards, the Rural Health Training Unit and Regional Primary Health Groups we will have more opportunities to support initiatives in the Sexual Health area.

The past year has included a number of training programs, Health promotion opportunities and support for workers across the state.

We look forward to advocating for and supporting initiatives to promote better sexual health in the Rural and Remote sector of South Australia.

Sexual Health Display Port Lincoln Youth Expo



Country Services

As an agency with a state-wide brief, one of the many questions which we face constantly is how to provide appropriate services to those people in rural and remote areas.

A variety of different strategies and projects have been used but one of the most requested is the information session for country High School students called Talk and Tour.

These sessions are provided at the request of the school and are usually included as part of a trip to Adelaide. The students undertake the trip in the company of one or more teachers. Trips often include visits to two or three separate agencies.

At FPSA Kensington the students are taken on a tour of the premises which includes the clinic rooms and the library and are given information about how they might access the services they need either now or in the future.

They are shown where the building is located in relation to the nearest bus stop; given the bus route numbers and told where to catch a bus in the city which will bring them to Family Planning.

Information about our Sexual Health Hotline (including the Toll Free telephone numbers) is given to the students together with encouragement to use this service to get answers to any questions they might have about their sexual health.

An explanation of the library services is intended to provide information about study needs both now and in the future, as well as offering yet another point where information can be safely sought.

It is not uncommon to get telephone information requests from one or more students some days after a group visit. Such requests are most often for information that the student was not comfortable asking about face to face.

Although these Talk and Tour sessions only touch the surface in providing services to country students, they have often opened a door for some young

people who have wanted help but have been unsure about how or where to get it.

They are of course, only one of the strategies employed to provide services to rural youth.

Rural Students - Talk and Tour at FPSA



On The Double in the Riverland

As part of the practical component of FPSA's 3.2.1 Sexuality and Disability training program, workers from Riverland IDSC Options Coordination and Family Planning SA co-facilitated two sexuality education programs with 18 young people with intellectual disabilities.

Over 8 weeks, they ran two separate groups in Berri, Loxton and Renmark every Tuesday across September and October 1996. The course covered issues such as public and private, consent, personal space, sex rules, friendships, body parts and functions, and basic sexual health and responsibility.

At the end of the course participants were presented with certificates and a picnic was held for each group. FPSA covered transport and IDSC covered accommodation costs.

As an exercise for FPSA it was time consuming, but the parents and carers in the Riverland received the program enthusiastically, as did many of the participants. Many thanks for the fantastic hospitality and dedicated skill and creativity from the team at Riverland Options.



To increase
the capacity
of workers in
the
community to
provide
services to
their clients in
the area of
sexual health.



Rationale

Why, How, Where

Support for community workers who provide sexual health services to their clients has increased and expanded considerably in the financial year 1996/97. Major changes to the structure and format of both Nursing Education and Community Education have been matched by updated resources and streamlined library services.

The completion of the project to develop a new curriculum for the Post-Graduate Certificate Course for Doctors is just the beginning of even more activity in the education - area this time aimed at doctors. Ongoing development and updating the core and electives of the Community Education in Sexuality course - as well!

Community Education

The past year has been a very busy one for Community Education activities. There has been a major re-development of the curriculum for the Community Education in Sexuality course which has been very well received.

A new model of sexuality has been developed which, for the first time, incorporates the concept of power into discussions of sexuality. This model has had a major impact on our work, as it will be used by FPSA in all Community Education training. It has also resulted in the production of a teaching resource called The Sexuality Flower. This is a flower in separate parts, the centre of which is the "self" and seven different petals which are used by groups to flesh out the components which make up sexuality.

The Community Education in Sexuality course is now running in each primary health care location. Favourable comments about ease of access at the local level have been received. Registration costs have been considerably reduced and some participants have been sponsored. This means the course is more targeted to our key communities of interest.

After one year in the position, the Community Education Coordinator has developed a series of systems, which are now in place, such as the structure for planning and review of all Community Education courses.

The Procedure Manual for Providing Professional Education in Regional Locations has been developed. This sets out the tasks, responsibilities and time frames for facilitators of the Community Education in Sexuality courses.

An Education Skills Forum has been initiated. This is a venue for education staff to explore education issues and develop their skills.

Strong links have been forged with DECS, particularly in training and development. FPSA is currently working in partnership with DECS to provide statewide training for teachers in HIV/AIDS Sexuality Education.

FPSA worked in partnership with HEIAC and ACHPER in providing two workshops - **Strategies for Sexuality Education** and **Challenging Homophobia in the School Environment** - at the teachers Expo in May 1997. Workshops on sexuality have also been provided for other agencies, such as the Independent Schools Board.

Another example of partnership work is the HIV/AIDS Education on the WEB project. FPSA, ACSA, DECS and a range of other community health agencies have provided input to ensure reliable, up-to-date information on the WEB about HIV/AIDS.

The HIV Test Counselling course, jointly funded by HAPU and FPSA, has been run in the country. HIV+ consultants from

the local area were used and follow up work has been requested. There is more demand for this work in rural areas as so much has already been done in the metropolitan area.

Planning is underway for 1997/1998 and two new Electives will be on offer. They are **Cultural Issues and Sexuality** and **Young People & Sexuality - How to Work Together**.

Resource Centre

Family Planning South Australia's Resource Centre offers a wide selection of video tapes and teaching resources available for use by organisations and individuals facilitating health information and education programs. There is a small fee involved and all borrowers are required to sign a Membership Agreement prior to bookings being accepted.

We work closely with the Department of Education & Community Services as well as a variety of other agencies in order to keep our selection of resources up to date.

Material is available on topics such as:

- Aboriginal Health
- Adolescent Development
- Young People & Sexual Health
- Contraception
- Disability
- Foetal Development / Birth
- HIV/AIDS
- Sexual Identity/Diversity
- Infertility
- Men's Health
- Multicultural & Sexual & Reproductive Health
- Professional Education
- Relationships
- Safer Sex
- Sexually Transmitted Diseases
- Women's Health

Here are just a few of the range of resources available;

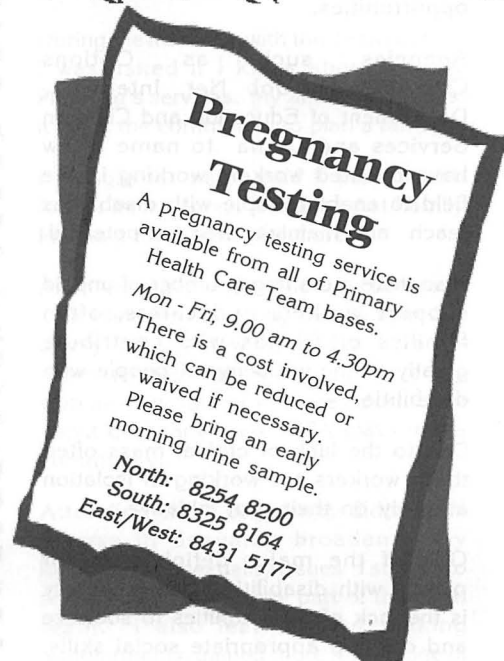
Mates

This video deals with HIV and AIDS related discrimination. One aspect of this discrimination stems from Homophobia. A society may discriminate against lesbian women and gay men and deny them the rights enjoyed by other members of society.

Learning to recognise and understand difference is a first step towards countering homophobia. A handbook accompanies this video.

Toward Intimacy

In this video, four disabled women share their personal experiences and raise important issues including self-esteem,



stereotyping and parenting. It is their opportunity to say, "This is the way it is and not the way you think it is".

Risky Business Workshops - Facilitators Manual

There is no simple risk reduction message that is relevant to everyone. Messages for prevention of HIV infection work better when they are directed toward a specific target population. The content of the messages has to be informed by the knowledge, attitudes and behaviours of the target population. The best media and materials are developed with groups who use them. They encourage discussion, problem solving and action. This workshop has produced over one hundred community specific STD/HIV education resources that deliver messages on "Risky Business"

The facilitators manual is available to educators for STD/HIV education in Aboriginal and Torres Strait Islander Communities.

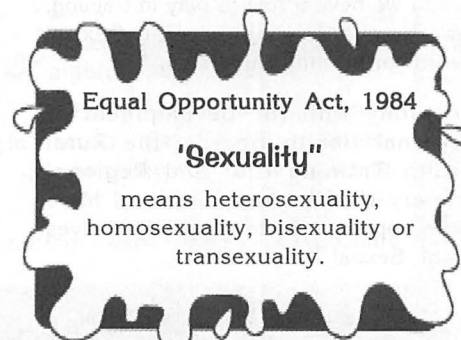
In the year to June 1997, the Resource Centre processed over 3500 loans and now has more than 200 registered members.

FPSA'S wide range of leaflets are also accessible through the Resource Centre. They provide information on various sexual and reproductive health issues.

Current titles include all methods of Contraception, Pregnancy issues, Safer Sex and Sexually Transmitted Diseases.

There is also a range of Natural Therapies leaflets covering Cystitis, Thrush, Menstrual Problems, Menopause and Osteoporosis.

For more information, contact the Resource Centre on 8364 5536.



FPSA Course for Registered Nurses in Sexual and Reproductive Health Care

In the year 1996-1997, the nursing education team has contributed to the achievement of FPSA's strategic directions by targeting workers and agencies who work with our communities of interest. The effectiveness of this strategy has resulted in a broad range of applications and enquiries for both Part A - the theory component , and Part B - the clinical component.

The theory component has always been presented as an intensive course of six consecutive days, which has been particularly suitable for nurses who come to FPSA from rural South Australia or interstate. However, for many metropolitan nurses it was suggested that a less intensive course would be a better option.

In late 1996, after consultation with course participants, FPSA staff and nurses who made enquiries about the course during 1996, it was decided to present it over a longer period of time. Reduced staff development budgets in health organisations have meant that many nurses are no longer paid to participate in education programs. Most pay for these courses themselves, and attend in their own time. In some instances annual leave has been taken to provide time off from work to participate in the course.

With these things in mind it was decided to spread the course over six months, so that rostered days off could be used instead of annual leave and, as some nurses find it difficult to find the funds for a lump sum payment, the cost of the course could be spread, by instalments, over a longer period of time.

The first Friday of each month was chosen as the course day, to allow nurses from areas outside the metropolitan area, but close to Adelaide, to participate.

The first six month course, held from February to July 1997, has been very successful with twenty one participants coming from a large variety of workplaces in metropolitan Adelaide. All were very enthusiastic about this

change of format and have requested a time to catch up later in the year so that they can hear what their co-students presented for their assignments. Comments from the participants appear elsewhere in this report.

For the facilitator, this extended format provided opportunities to follow up in the next session, any issues which arose, and to address comments made in the daily evaluations.

Access to the library was spread over a longer period of time with nurses making use of the library to research topics for their assignments between course days.

A six day intensive course is to be presented in September 1997. Although some metropolitan nurses have chosen to participate in this course, it will particularly address the needs of country nurses. An extended course will again be offered in 1998.

Placements for clinical education (Part B) were divided equally between the three primary health care teams in 1996-1997, with a total of 15 placements being offered.

The actual amount of clinical experience in specific practice areas varied according to clinic sites and client populations. Overall, the level of practical clinical experience gained by the participants was more than adequate, however many participants expressed the need for more opportunities to gain confidence and competence in specific clinical practice areas.

Qualitative evaluations of the clinical education component were very positive, while at the same time offering many valid and constructive suggestions which had their basis in participant learning experiences. Where possible, these suggestions will be incorporated into future planning. Constant monitoring ensures we retain the high quality of the curriculum, and this, added to the highly successful concept of preceptorship cements the effectiveness of the model used to evaluate clinical competence.

Janet Browning Library

Activity in this Library has continued at its usual fast pace with the most memorable (and welcome) change being the upgrade of the software which is used to manage the Library systems.

Following the appropriate training (and some practice) the new software was extended so that the OPAC (on-line public access) terminal could be activated. For Library users, this means that the catalogue is finally able to be accessed.

The existing collections, across all the FPSA Libraries, have been increased by over 400 new additions to the shelf holdings, while an in-house system of circulating Journals is working well to ensure all staff have access to the latest information.

The Written Information for Clients process continues to consume large amounts of time but has very worthwhile outcomes. Recently, referencing has been added to the FPSA leaflets. This addition is a refinement which adds credibility to the contents.

One of the pleasures of the past year has been working with a Library volunteer who has managed to undertake some of the more mundane Library tasks as well as assist with weeding both journal and book collections.

The development of bibliographies designed for specific user groups has been expanded and updated so that each Elective in the Community Education in Sexuality Course is now provided with its own bibliography.

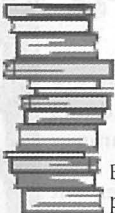
User activity in the Library throughout this year has resulted in the following:

- 4600 information requests being serviced
- The registration of 186 new library members
- Processing 1857 loans for 1002 borrowers
- Assisting 158 Library users with personal research

Also new for this year is the institution of a Library newsletter. Titled EX LIBRIS.... it is planned to produce this on an occasional basis. Its aim is to provide information to staff about new additions to the collections, as well as significant Library information pertinent to their work.

Links with CHASP (*Community Health Accreditation and Standards Program*) have not been forgotten, as health professionals from various agencies in and around Adelaide, access this Library as they plan and prepare for their own CHASP reviews.

Looking ahead, plans are already being made for more refinements as a part of the on-going evaluation of Library services. Problems of access, particularly to archival material, are currently being addressed. Solutions to these, as well as new initiatives, are currently being designed to improve Library services for all FPSA Library users.



Library Services

The Janet Browning Library offers a large collection of books and information on sexuality and sexual health.

Become a library member by completing a registration form and paying a small fee.

A wide range of books, journals, reports, research articles and leaflets are available on:

Contraception; Pregnancy; Unplanned Pregnancy; Adolescence; Men's & Women's Health; Safe Sex; Fertility; Infertility; Sexuality; Sexually Transmitted Infections; Sex Education; Parenting; Human Reproduction; Foetal Development & Birth; Gay, Lesbian, Bi-Sexual & Transgender Health; Disability; Relationships; Sexual Techniques & Pleasure; Ethnic Issues.

Assistance is available, please contact the Library Officer on 8364 5537 or 1800 188 171 (Country Callers)

Library Hours:
Weekdays, 8.30 am to 4.30 pm

hiv Test Counselling Course

This course is designed for health workers who have skill and experience in counselling and who have a reasonable working knowledge of HIV/AIDS.

The course includes:

- Legal overviews of Duty of Care in relation to Confidentiality & Informed Consent.
- Personal experiences of receiving positive test results and living with HIV.
- Professional & personal experience in delivering HIV test results.

The program is designed to:

- improve the delivery of quality counselling to all clients considering having an HIV antibody test, or who have had an HIV antibody test; and to
- increase the range of agencies available to the South Australian community who can offer a comprehensive HIV test counselling service.

For further information please telephone the Course Support Worker on (08) 8431 5177.

5th Year Medical Students in the Southern Region

Family Planning South Australia nurses from the Southern PHC Team have had the opportunity to work with 5th Year Medical Students from Flinders Medical Centre. During the students orientation week in Obstetrics and Gynaecology, FPSA are invited to present a workshop on "contraception". Later on the students have an opportunity to observe a clinic at FPSA at either Flinders Medical Centre or Noarlunga Health Village.

The workshop provides us with an excellent opportunity to promote Family Planning services, share our philosophy and what we believe about sexuality and there is also discussion about client confidentiality, age of consent and how individual values may impact on their work.

Instead of the traditional lecture a more practical and fun approach is used - a

game, called "Contraceptive Lucky Dip". Different samples of contraceptives are wrapped up in paper and a participant tells the group what they know about "their" contraceptive once they have unwrapped their "lucky dip".

Some of the medical students have been very creative and for many it may have been the first time they had seen and/or handled certain contraceptives.

One of the workshops during 1997 was video taped so that country students in the Riverland didn't miss out on FPSA's valuable input.

These sessions with the medical students provide an excellent opportunity to network and maintain our very positive relationship with the Department of Obstetrics and Gynaecology at the Flinders Medical Centre.

Community Education Moves the the Community!

The move from centralised service delivery has meant major changes to both the structure and delivery of FPSA's education programs. As part of a well defined policy to maximise access to all FPSA services, in the past years professional education courses have been delivered at both the Northern and Southern Primary Health Care team bases as well as at the East/West Primary Health Care team base.

The Community Education in Sexuality core component has successfully been presented in this way as have several of the electives which complete this certificate course.

Feedback from participants indicates general satisfaction with this type of program delivery:

"Wide understanding of community needs and the importance of having support centres for those in the community who most require it"

"Lots of ideas about diversity, methodologies, information"

The Clinical Practice component of the Nurse Practitioner course was equally spread over the three regional areas, with five placements being offered in each of the Primary Health Care teams for a total of fifteen placements.

At the same time, the restructure of the theoretical component from an intensive six consecutive days to

seven days spread over six months, has been welcomed by participants, as the following comments testify:

"Information has time to be absorbed - more time to do assignments"

"Financially beneficial, paid in installments"

"Easier to attend on days off; not overloaded; able to do pre-readings"

"Integration of theory into practice has been enhanced by being able to return and discuss things each study day"

The choice of Fridays for this course has also allowed nurses from outside the metropolitan area, but close to Adelaide to participate.

The Sexuality & Disability course has been conducted at the Southern Primary Health Care team base, and also at East/West. Again, the evaluations support the change:

"The variety offered in each of the sessions and hands-on experiences, are making this a great workshop"

"The impact of disability on sexuality really gave me more insight into the effects of disability on one's sex life"

"Very relevant to my work and especially the consumers I work with. The workshop has also allowed me to be more open with my peers in regard to sexuality"

Word Is Out!

This Resource Booklet is designed to assist the growing number of youth workers and community development workers who are turning to peer education methods in an effort to have a direct and positive impact on the health of their communities of interest.

Although written with youth and sexual health in mind, the principles of peer education apply equally well to any group or health concern, regardless of age.

It has also been written for the benefit of funding providers who are increasingly being faced with applications for grants to support peer education programs.

The different approaches which a number of different peer education programs in South Australia have taken are clearly outlined with strong reference to recent or currently existing programs.

Reference lists of valuable curriculum material and suggested further reading are provided. Potential sources of funding are identified.

Cost: \$20 each

Telephone 8364 5537 for more details

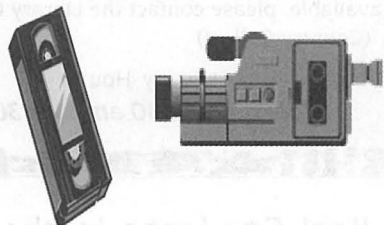
Resource Centre

A wide range of videotapes and teaching resources are available for loan to organisations and individuals delivering health information and education programs

Borrowers are required to sign a Membership Agreement prior to borrowing material. There is an annual membership fee payable which gives unlimited access to all available resources. A small range of teaching resources and information leaflets are available for sale.

A minimum of 5 days notice is required when making bookings which can be faxed on 8364 2389.

Catalogues of the Resource Centre holdings, information about membership and conditions of hire are available on request from the Resource Centre Coordinator on 8364 5536 or 1800 188 171 (Country callers).



Library Notice

A charge for Library Services was introduced in September 1997.

Fees are as follows:

\$10.00 - Professional Education Participants and Workers

\$2.50 - Students, Pension Card Holders and One-Off Borrowers

Please discuss any financial difficulties with Library staff.

For further information contact the Library Services Coordinator on (08) 8364 5537 or 1800 188 171 Country Callers

Medical Education

- New Post-Graduate Certificate Course for Doctors

The Family Planning Certificate course for doctors has been taught for nearly twenty years by FPSA. Despite a high satisfaction level being expressed by course participants, their numbers have been slowly decreasing.

Following discussion with FPSA medical officers, funding was sought from the Public Health Branch of the South Australian Health Commission for the development of a new curriculum. The project was overseen by Dr Meredith Frearson as Project Officer and employed Professor Faith Trent, Dean of Education at Flinders University of South Australia.

An enthusiastic steering committee supervised all stages of the planning and comprised the following people:

- **Dr Alison Clarke**, FPSA Medical Officer
- **Mr Jim Dadds**, Director of Resources Planning, SAHC
- **Dr Paul Duggan**, Senior Lecturer in Obstetrics and Gynaecology, School of Medicine, Adelaide University
- **Dr Alison Edwards**, Rural General Practitioner, Secretary Rural Doctors Association of South Australia
- **Dr Judy Searle**, Lecturer in Obstetrics and Gynaecology, School of Medicine Flinders University of South Australia and representative of the South Australian branch of the Royal Australian College of Obstetricians and Gynaecologists
- **Ms Helen Vicqua**, Secretary, Sexuality & Disability Association of SA, Consumer Representative

- **Dr Ian Wilson**, State Director Royal Australian College of General Practitioners Training Program

An innovative curriculum, which is aimed to suit the post graduate educational requirements of doctors in the sexual health field, has been developed. It is anticipated that this will be launched in the second half of 1997, when a new Medical Educator is employed.

The members of the Annual Report Committee (ARC) hope you find this newspaper both interesting and informative.

If you would like to comment on this (or on any of our services) please write to the Chief Executive Officer, FPSA, 17 Phillips Street Kensington 5068, or Telephone 8431 5177.

World AIDS Day 1996 - Munno Para Shopping City - Northern Team Display





To plan for
and develop
FPSA into an
organisation
that is
responsive to
community
needs in a
competitive
economic
environment.

Activist

Rationale

Why, How, Where

FPSA is a State/Federal Government funded Community Based Public Health Provider, with special expertise in sexual and reproductive health. "Because we specialise, you benefit," we strive to continue to provide the best possible range and the highest standard of services and provide leadership with our Best Practice Programs.

Medical Advisory Committee

The Medical Advisory Committee has seen a few changes over the last 12 months with the resignation of Doctors Gaby Berce (Medical Educator), Lyndall Young (Northern Team) and Ilze Davidovs (Southern Team).

In spite of these losses the Committee has continued in its role of reviewing policy and procedures within the organisation, providing professional training and staff development, assisting in planning and evaluation of FPSA services, involvement in research projects and keeping abreast of current development in the sexual and reproductive health field.

In 1996/97 the Medical Advisory Committee has been involved in:

- FPSA Doctors' Certificate Course
- Courses for GP Registrars
- Flinders University and University of Adelaide Medical Student Undergraduate Training
- Emergency Contraceptive Pill Project
- FPSA Doctors' Certificate Course Curriculum Development Project
- Attendance at the Family Planning Biological Sciences Conference
- Representation at the IPPF (International Planned Parenthood Federation) Conference
- Advising on new cervical cytology screening and chlamydia testing
- Review of IUCD, chlamydia and abnormal smear registers

Thank you to Doctors Meredith Frearson, Alison Clarke and Penny Steele for their hard work. If you would like to know more about our role or you need some medical advice, contact Meredith at Kensington site.

WOMEN

Take charge of your health.

Have you ever had sex?

Is it more than two years since you had a Pap smear?

If you answered YES to these questions its time you had a Pap smear.

Contact your local GP or Family Planning Clinic.

Nursing Advisory Committee

The Nursing Advisory Committee has initiated and implemented a number of important pieces of work in the past year. These include:

- the employment, on a casual basis, of 4 Gynecological Teaching Associates to work within the Clinical Education Program for Registered Nurses
- the Clinical Services Evaluation research project
- the Guidelines for FPSA Nurses who are Consulting with Minors have been reviewed and endorsed
- ensuring that the quality assurance data from IMVS, which is now available for FPSA nurses about their practice as Pap Smear providers, is included in individual nurses performance review
- the Nursing Practice Manual for Registered Nurses employed by FPSA have been reviewed, re-written and incorporated into practice.

Information Technologoy

Early 1997 FPSA worked in partnership with the Information Management Division of the South Australian Health Commission to develop a Strategic Plan for FPSA's information technology. Ms Phyllis Livingstone, IT Strategic Planner, SAHC worked with FPSA's Project Steering Committee to review the current situation with information technology including any manual systems that could be automated. The plan noted that a Training Needs Analysis of all FPSA staff needs to be conducted to identify individual training needs. The Information Strategic Plan will be reviewed, amended and updated as new requirements are identified or priorities change.

The Information Strategic Plan comprises two major elements:

- an Information **Technology** Strategy; and
- an Information **Management** Strategy.

The Information Strategic Plan addresses FPSA's need for the development and implementation of information technology to support the organisation now and into the future.

The Information Management Strategies take into account the broader environment of the health system, identifying technologies that will enable FPSA to operate effectively within it.

The implementation of the Information Management Strategy will be overseen by an Information Technology Reference Group.

Sexual Health Counsellors Advisory Committee

All four Sexual Health Counsellors are members of "SHCAC" which meets every two or three months.

This year its contributions have been in the areas of policy formation, resource development and the evaluation of counselling services.

The committee developed guidelines for ethical conduct relating to possible conflict of interest for employees, for external employment, and for referral between FPSA and other services. These guidelines have been ratified and are known as the policy on FPSA Staff Who are Engaged in External Employment.

Two members of SHCAC are contributing to the development of a policy on domestic violence. First, one Sexual Health Counsellor wrote and circulated a detailed informative discussion paper on domestic violence and its relationship to sexual health. The staff were then invited to send in their ideas and professional experience. This drew a widespread response, and the policy is now in its final phase. This careful "bottom-up" process will make for a better fit between policy and implementation.

Brief written resources, known as "cheat sheets" have been developed at the request of the nurses on SHH. These tackle problematic issues which the SHH workers regularly encounter.

Methods of evaluating counselling services are being explored with a view to ensuring accountability and quality assurance.

Post-Graduate Course for registered Nurses in Sexual & Reproductive Health

The Family Planning Course for Registered Nurses consists of two separate components:

- a. Theory (a minimum of 45 hours)
- b. Clinical Practice (a minimum of 56 hours)

This is a Post Graduate Course which leads to a Certificate in Sexual and Reproductive Health Care.

The curriculum can respond to both the needs of the participants and current trends in sexual and reproductive health.

For further information and/or an enrolment form, please telephone the Course Support Worker on (08) 8431 5177

Understanding & Challenging Homophobia

Family Planning South Australia staff have been participating in workshops which explore oppression, homophobia and heterosexual dominance. Each team within FPSA have been developing their understanding of how homophobia operates, and how best we can interrupt and challenge homophobia. By exploring these concepts we will be able to offer services to the community which are inclusive of sexual diversity as well as offer appropriate and specific services to the gay, lesbian, bisexual and transgender community.

Some of these workshops have been facilitated by Kenton Penle Miller (Gay Men's Health Education Unit, AIDS Council of South Australia), and many discussions have been initiated by staff members within FPSA.

Some of the themes and issues explored have been:

- the implicit and explicit levels of homophobia, ie personal, internalized, interpersonal, institutional and cultural;
- the different 'scale of attitudes' towards gay, lesbian, bisexual and transgender people ie repulsion, pity, tolerance, acceptance, support, admiration and nurturance;
- where does FPSA perceive

themselves to be in terms of the 'scale of attitudes' towards gay, lesbian, bisexual and transgender people and the services we offer;

- where might the gay, lesbian, bisexual and transgender community perceive FPSA to be on the 'scale of attitudes';
- where would FPSA as an organisation like ourselves to be on the 'scale of attitudes';
- the 'scale of internalized homophobia' ie self hatred, self pitying, resignation, self acceptance, supportiveness, pride and celebration.

These discussions have been enriching and challenging yet are increasing the understandings of FPSA staff in regards to the issues that face the gay, lesbian, bisexual and transgender communities.

With this increased understanding and ongoing exploration of the issues we will work towards providing sexual health services which are appropriate and accessible to the gay, lesbian, bisexual and transgender community. We are putting energy into developing a 'culture' at FPSA which celebrates and actively supports the breadth of sexual diversity.

Heterosexual Dominance: Is that where the man's on top?

Family Planning Queensland hosted a conference in Brisbane in 1996 titled **Men Women and Sex: FPQ Celebrating 25 Years**. The conference aim was to "raise awareness of issues affecting male and female sexuality in an informative and entertaining way".

Two FPSA staff members attended and, as well as providing a display which included a range of FPSA's work and resources, jointly presented a paper on heterosexual dominance.

Titled "Heterosexual Dominance: Is that where the man's on top?" the paper set out to raise, at a national forum, the issues and questions which need to be considered in work in the sexual health field, and to talk about our work in progress to address these issues. Questions for discussion included:

- What do heterosexual dominance and homophobia have to do with Family Planning?
- Are they really important?
- What dilemmas are there for a Family Planning Organisation seeking to acknowledge and work to meet the sexual health needs of people who identify as gay, lesbian,

bisexual or transgender?

- Why are these issues important for the health of people who identify as heterosexual as well as for people who identify as gay, lesbian, bisexual or transgender?

The paper highlighted the belief that it is essential for Family Planning Organisations to explicitly recognise and address heterosexual dominance and homophobia for three main reasons. First, they affect all of us through their role in the social construction of gender, relationships and sexuality, and they play a major part in shaping our experience of our bodies, our selves, our sexuality, and our relationships.

Second, heterosexual dominance and homophobia are issues of social justice, equal opportunity, human rights and the creation of health rights in the sexual health field.

Third, we need to understand these concepts in order to be able to explicitly recognise and appropriately respond to the sexual health needs of people who have same-sex sexual relationships.

Discussion followed about FPSA's background and history; our current

Challenging Homophobia, Working with Oppression, Heterosexual Dominance:

by Worker, Gay Men's Health, AIDS Council of SA

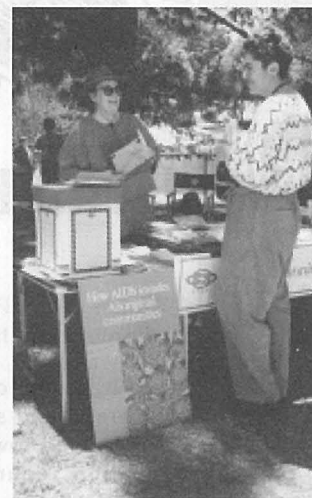
FPSA as an organisation has a commitment to providing services to those with the most need and least choice. Several oppressed groups fall under this broad heading (unfortunately), and it was with this in mind that FPSA dedicated some of its resources to training of all it's workers in "Challenging Homophobia". The need for this training is not just about providing services to lesbian, gay and bisexual people (although such things as clinical services are very important). It's also about ensuring that all of the community health training is not only inclusive, and that FPSA is able to run its own "Challenging Homophobia" education.

This training is also about making sure that FPSA is a safe and supportive environment for lesbian, gay and bisexual staff. We cannot just turn around and say to all staff, however, please all have the same attitudes. This means that everyone in the organisation will share not only the same level of basic understanding of the issues, but also a common language around the issues.

As one of the originator's (along with Mahamati) of the original "Blockout - Challenging Homophobia" training course, it was my privilege to assist FPSA with this training. It has been crucial that the Management has backed the training 100%, and it must be said that it would never have taken off the way it has without

the loyal support and hard work of that wonderful heterosexual ally Bev Burnell. The training has been a lesson in growth: for the organisation as a whole, for individual workers, and for myself as a worker in the field. The various sessions have seen some real movement forward on the topic of homophobia - for both homosexual and heterosexual workers alike. The organisation will

now follow through with the development of an effective gay, bi-sexual and lesbian workplace policy - just another way that FPSA, in choosing to deal with the hard issues head on, becomes a leader in the field.



FPSA Stall at Picnic in the Park

Sexual Health Hotline Coordination Committee

The Sexual Health Hotline (SHH) provides a valued confidential telephone counselling referral and information service. From July 1996 to March 1997 7,532 callers accessed the service, some of whom because of disability, isolation and preference to retain their anonymity were unable to obtain sexual health information from other sources.

An exciting addition to SHH has been the installation of a Telephone Typewriter machine (TTY), which will give access to all members of the deaf community.

Health professionals continue to resource the Hotline to clarify and update sexual health information.

The Operations Manual has been completed giving clear guidelines to SHH workers and our data base continues to provide up to date information and referral sources on a broad range of sexual and reproductive health issues.

direction and Mission; why it is important to consider heterosexual dominance; what heterosexual dominance and homophobia are, and how they hurt all of us; how agencies can respond, and what steps FPSA has taken so far in this journey.

The closing statement is worthy of inclusion in its entirety:

"While in the past we might have had the idea that the big picture view is male-female relationships, it is time to step back and see that this view is framed by heterosexual dominance. This view doesn't allow us to paint a picture of the fullness of human sexuality - only of a constrained heterosexual sexuality. It paints out the lives and experience of many people and leaves less colours to paint the heterosexual picture. This has real effects for the work we do, for who our agencies serve, and for how we address or fail to address the sexual health of important parts of our community".

Men, Women & Sex: Family Planning Queensland Celebrating 25 Years Conference FPSA Stall



Sexual Health Counselling

FPSA has Sexual Health Counsellors in each of the PHC Teams. You may want to talk about

- sexual difficulties
- sexual assault/abuse
- living with HIV/AIDS
- making choices about parenthood
- unplanned pregnancy
- sexual identity
- post abortion counselling
- or other concerns related to your sexual health or sexual relationships.

You can make an appointment in each of the PHC Teams:

North 8254 8200 South 8325 8164
East/West 8364 5033



To work in partnership with people with disabilities, their advocates and service providers to plan and develop services for people living with a disability.

Activative

Rationale

Why, How, Where

The Strategic Directions document identifies the high need of information and education in the area of sexuality and sexual health.

FPSA's Strategic Directions document has identified groups of people who have most need and least choice in accessing sexuality education and information. One of these groups is people with disabilities.

There is evidence that people with a disability are more at risk of sexual abuse and have often not been offered appropriate education about sexuality and sexual health.

Some community attitudes and values do not acknowledge the sexuality of people with disabilities and their parents, guardians, carers and their workers. This is an area of priority for FPSA.

Disability Work at FPSA

1996 has seen FPSA consolidate it's work in the disability field.

Disability is one of our key "communities of interest" and services have continued to be geared towards the provision of education, counselling and clinical services. An hydraulic bed to facilitate clinic visits for people with a physical disability is now available in each region and promotion of these beds has been part of our work in providing information and access to people with disabilities. Education and counselling services have been delivered in groups and in one-to-one situations.

All Primary Health Care teams now have several workers trained in the area of sexuality and disability. While recognising the specialised sexual health needs of people with physical disabilities FPSA is very aware that for people with intellectual disabilities, counselling and education programs need to be geared to the individual and specialised resources and teaching methods used.

There has been some push towards training and education in the Intellectual disabilities field because of the specialised facilitation and training skills required.

As well as directing services to clients who have a disability FPSA is a member of relevant support networks and also provides support, education and consultancy to parents and carers of people with a disability.

Participants at a 3-2-1 Sexuality & Disability Workshop - East/West Team

FPSA recognises that it does not have the large numbers of staff members that would be necessary to service the sexual health education, counselling and advocacy needs of all people with disabilities. In an effort to train workers and carers of people with a disability we continue to refine and deliver our 3-2-1 Sexuality & Disability course for workers and carers. The 3-2-1 workshops have been delivered in the last 12 months from the Southern Primary Health Care base as well as two across the East/West and Northern region.

For three months (March to June 1997) while a worker was employed centrally

to promote the disability beds, a young woman who had trained as a peer educator with FPSA, was employed by the Southern PHC Team, on a contract basis' to provide peer education about smear tests to young women with a disability. Resources (a flip chart & comic) produced by Cervix Screening SA were also distributed to agencies with a disability focus. Some agencies were very accepting of the peer education model while others were more traditional and unsure about this way of working. The young woman gained experience and networking skills and has since been offered a traineeship with FPSA where she will continue her work with young people with a disability.

Sexuality Program For Young People

With A Disability

This kit has been developed from FPSA experience in Sexuality Education and Young People with a Disability. It aims to increase knowledge and awareness of a range of sexuality issues and personal safety.

The information is set out in detailed session format and provides an explanation of difficult topics. A set of worksheets is provided for each session to assist teaching and for demonstration purposes.

The program includes such topics as:

- / Self esteem and Valuing Difference
- / Importance of Feelings in Relation to Sexuality
- / The Right to Feel Safe
- / Development of Skills to Keep Safe

\$50 each

Telephone (08) 8364 5537 for more details



FPSA supports the recycling of waste products. Please recycle this paper.



UNTITLED

When I look at you I see a face
without fiction,
A story made of lines teeth that run
jagged,
in a mind with no motion, I can't
help but wonder,
what is the world like in the freedom
of love,
how confusing can a male bonding
be, do we breath, a lot of time we
live for a moment, but stale are we,
in the rest of our peaceful existence.

Joshua Hammond

**Family Planning
South Australia**
CUNG ỨNG CÁC DỊCH VỤ SAU ĐÂY NẾU QÚI VỊ MUỐN BIẾT THÊM VỀ:
- THẢO LUẬN NHỮNG TÍN TỨC VỀ GIÁO DỤC SINH LÝ AN TOÀN
- PHƯƠNG PHÁP NGỪA THAI
- KHÁM THAI
- SINH LÝ AN TOÀN
- NHỮNG BỆNH DỄ TRUYỀN NHIỄM BỞI QUAN HỆ TÍNH DỤC
BỆNH HIV / BỆNH AIDS
CÓ VẤN CÁCH VẤN ĐỀ QUAN HỆ LUYỆN ÁI
XIN GẤP HIỆP HỘI KẾ HOẠCH HÓA GIA ĐÌNH NAM ỨC
提供以下服務:
若閣下想知道資料關於:
討論性愛健康問題 性愛傳播病菌
避孕 愛滋病
懷孕測試 性愛及關係
安全性交 輔導

for Men

for Women

South
Woodcroft
8325 8164

North
Munno Para
8254 8200

East/West
Kensington
8431 5177

Rural
Port Pirie
086 323 711

或致電 HOẶC ĐIỆN THOẠI
Sexual Health Hotline
on
8364 0444 or 1800 188 171 (toll free)
Monday to Friday, 9.00am-5.00pm
如有需要, 可安排傳譯員 CUNG ỨNG CÁC DỊCH VỤ THEO YÊU CẦU

Juggling Health & Sex Restlessly

Late 1996 saw a unique and challenging project for FPSA unfold in the form of a standard sexuality and disability program being run with a dance company!

Restless Dance Company, has about three quarters of it's members with an intellectual disability and "otherly abled" young women and men, tours at least once a year and rehearses and workshops once a week.

For many dancers, the experience of being in "the troupe" is pivotal in their self-development process and holds a very special place in their regular routine. Working with body, mind and spirit and sharing intimacy and space during workshops and tours puts demands on the dancers which many people with an intellectual disability usually don't have the opportunity to encounter. The dancers have a great need to behave with respect for privacy and personal space whilst being physically intimate. These apparent contradictions require them to develop a good understanding of their own sexual rights and the ability to direct them in adult ways which will not undermine their own or others' health choices and general comfort with each other. Hence the company's approach to Family Planning SA who came into the workshop space to collaborate with the dance workers. Community Health Workers from the East/West Primary Health Care Team ran 9 workshops of between 1 to 1 1/2 hours long over about 7 weeks during August, September and October 1997.

For some of the dancers, the education program was clearly new material while for others it was an opportunity to build on learning which they had accessed

earlier in their lives.

Some of the work was done in single-sex groups. This tended to be more useful for the young women, who were a larger group and therefore had a larger mix of abilities and who were able to concentrate quite strongly and creatively on personal space, consent and self-assertiveness concepts. In hindsight, we could have structured things a little differently to maximise learning for the guys too.

The dance workers and health workers held two meetings with parents and carers to help discuss concerns and clarify progress of the program.

The work was exhausting and rewarding. A number of the young dancers took enormous strides in owning their own sexuality and understanding the responsibilities that go with this.

However, the company now has a common language for discussing sexuality issues including personal space, consent, safety, relationships and so on. Although the evaluation showed that we would do many things differently next time, it is clear that this was a very worthwhile exercise.

LOVE SUDDENLY COMES

Love suddenly comes
and then suddenly
you both come, at once
the day breaks,
the bed turns over in your sleep
are you dreaming,
maybe someone is,
both of you
about loving.

Joshua Hammond

Safe Sex Program for Men Who Have Sex With Men & Have A Intellectual Disability

This program was jointly facilitated by a Sexual Health Counsellor - a member of the East/West Primary Health Care team, and a Community Educator from the Southern Primary Health Care team, and heavily supported by a Social Worker from Options Coordination. The program targetted men who have an intellectual disability and who have sex with other men. The theme focussed on social skills and education specifically relating to sexuality.

The program aimed to increase knowledge and confidence, to explore and expand relationships, and help to increase and develop participants ability to negotiate safe sex practice. The program was for 10 weeks and covered the ongoing needs of the men in the group.

The success of the program highlighted a need for all men to feel safe in sexual communication, specifically related to safe sex, and developing a higher level of confidence and self-worth.

The group was not only educational but fun. The 10 weeks used a number of teaching tools - such as videos and visual aids, with the participants and facilitators experiencing a learning curve throughout the process.

The benefits for FPSA become exciting by the men's eagerness to participate and the scope of worker's skills level.

This program highlighted the vast range of services provided by FPSA.

Participants at a 3-2-1 Disability Workshop



FPSA Now Has a TTY

(Telephone Typewriter)

Members of the deaf and hearing impaired communities, both city and rural, are now able to receive confidential phone-in information and advice on all areas of contraception, relationships, sexual and reproductive health.

Our very experienced Family Planning nurses have been trained to use the TTY.

This service operates weekdays between 9.00 am and 12.45 pm on (08) 8431 5177.



Women with Disabilities Information Project Cervix Screening

Family Planning South Australia received funding from SA Cervix Screening Program to coordinate a Cervix Screening & Disability Project.

The project, undertaken by FPSA collaboratively across all three regions, began in April 1997.

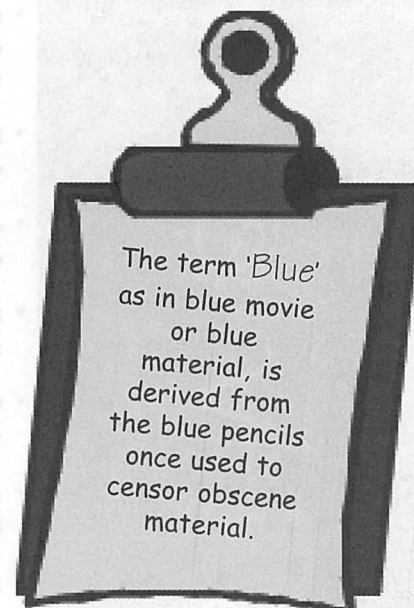
The aim is to increase access to cervix screening information and resources for women with a disability, and the target groups are women with disabilities, workers and carers. The primary focus is women with physical disability.

The Steering committee consists of representatives from the SA Cervix Screening Program, Options Coordination, two Consumer representatives, a project officer and the project manager. The latter two people are FPSA staff.

Two new resources, particularly for women with intellectual disabilities, have been promoted during the project. A flip chart to be used by key workers illustrates and explains basic facts about Pap Smears, while an information booklet (in comic form) is available for distribution to clients.

Both resources are available from SA Cervix Screening Program - telephone 8226 8181.

One outcome of this project is to identify the appropriate location for the specially designed hydraulic beds which make it easier for women with a physical disability to access medical services in comfort and how to promote access to the beds.



A Family Approach to Protective Behaviours:

for children with Special Needs.

This workshop package was developed as an inter-agency project by Child, Adolescent & Family Health Services, Family Planning South Australia and Intellectual Disabilities Services Council.

The Package is unique in that it is aimed at the parents of children with an intellectual disability. It passes on resources and information which parents and the extended family can use to teach their children Protective Behaviours.

Feedback from parents who have participated in workshops indicate that the package is also useful in teaching Protective Behaviours to other children in the family. These children are then able to reinforce the Protective Behaviours principle for the child with a disability.

The workshops have been fully evaluated and benefits include the fact that parents can use their knowledge of their child's level of understanding when teaching about Protective Behaviours.

Sections of the package can be repeated at home until learned before presenting the next aspect of the course. This self-paced learning is supported by the large number of resource handouts and strategies which are an integral part of this package.

\$25 each

Telephone 8364 5537 for more details



To provide
sexual and
reproductive
health
services to
young men.

ACTIVELY

Rationale

Why, How, Where

In the past FPSA has been seen as a primarily female service. Through FPSA's Strategic Directions Document we have identified the need to increase men's awareness of and access to FPSA's services.

Reasons identified include:

- it is every person's right (men and women) to access sexual health services.
- the need for support and information around issues relating to men's sexual health and/or their partner/s.
- community and social pressures on men to be "stereotypical" around sexuality and sexual health.
- many men don't identify with preventative sexual health care, support and information.

FPSA has implemented special projects aimed at increasing accessibility and awareness of sexual health issues for men. An increasing number of men are accessing Sexual Health Counselling and Clinical Services through regional teams as well as a variety of education programs.

Guys Talk Too

Guys Talk Too was a 9 month project of Family Planning SA funded by the South Australian Health Commission to implement peer education strategies with young men in the southern Adelaide metropolitan region. It aimed to improve young men's sexual health and lower sex-based violence.

A half time Project Officer worked with eleven young men training them to work as peer educators and supporting them to engage in a range of information and education activities with their peers.

Peer educator and peer education team activities also occurred across the wider Adelaide metropolitan area at youth music events, such as The Big Day Out and at venues such as Urrbrae Agricultural High School, a state wide agricultural secondary school, which has a student population from well beyond the southern metropolitan region.

Peer education activities with young men occurred in a range of settings including:

- the peer educators undertaking education work in their own social networks.
- holding information stalls at a number of venues and youth events.
- doing information and education work at several local beaches.
- facilitating workshops with young men at a range of youth services.
- facilitating a series of workshops in several secondary schools.
- surveying agencies in relation to work already being done in the project areas.
- administering a survey examining young men's beliefs related to acquaintance rape.
- releasing the results of the survey which generated Australia-wide and international media attention.
- developing a sexual health brochure for young men.
- developing resources to work with young men to address acquaintance rape.

The project officer also provided training and development opportunities in relation to doing this work for youth service workers and secondary school staff.

One strategy used in the peer education process was to administer a survey examining young men's beliefs related to acquaintance rape in a range of eleven scenarios. The survey was administered by the Guys Talk Too peer education team and completed by 1004 young men aged between 14 and 26 residing mainly in the southern Adelaide metropolitan region.



Peer Educators in the "Guys Talk Too" Project

- 1004 (100%) young men completed the survey
- 690 (69%) **disagreed** that it is okay for a male to force a female to have sex in any of the scenarios
- 314 (31%) **agreed** that it is okay for a male to force a female to have sex in one or more of the scenarios

The survey results generated national media attention to the project.

Exploring practical application of the principles of accountability in relation to gender, sexuality and age from the Steering Committee through to the hands-on peer education work was one important, exciting and innovative aspect of this men's sexual health project.

Guys Talk Too is a pilot project in development. The peer education methodology was a key to its success in reaching a diverse range of young men in the target region. The enthusiasm and dedication of the members of the peer education team for working with other young men to improve young men's sexual health and lower sex-based violence were significant in this success. Comments from the young male peer educators about their involvement in the project include:

"Thank you Brook and Family Planning for the opportunity to learn about and help young men out there. Helping to raise young men's understanding about their beliefs and then doing something to change those negative beliefs around sex and violence into respect and confidence is very important. ... Working in the Guys Talk Too project gave me the opportunity to gain more confidence and to speak with people my own age about issues that most people find uncomfortable. ... I also value the knowledge and experience I gained from doing this work."

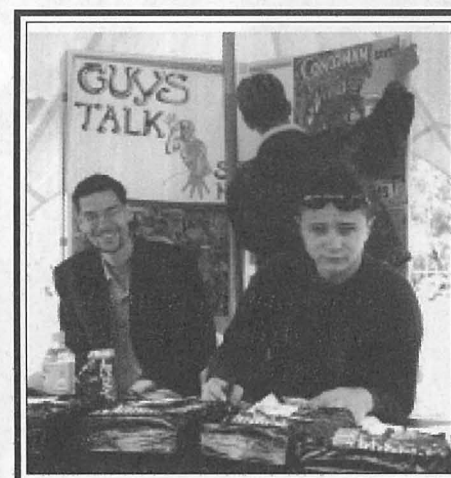
"I've learnt a lot more about men's health. So little is understood about men's health in our population. I've enjoyed the diversity of the guys in our team. We can learn so much from each other because our walks of life are so different."

"As a gay guy, I didn't realise that working in a sexual health team with straights could be as much fun."

"Heaps of young women were very curious and very supportive of the Guys Talk Too project. They said it was about time there was a project like this that included putting the emphasis on young men to take more responsibility to stop STD's, unwanted pregnancy and stopping rape."

There are a number of issues which are present in responding to young men's sexual health needs, and in developing and implementing health strategies to stop young men's participation in sexual assault including acquaintance rape - a significant sexual health issue for both men and women.

Peer Educators - Guys Talk Too Project - Display



Men's Sexual Health: Staff Consultaton Report

Over the years FPSA has primarily been seen as a female oriented service, and although men's sexual health was identified in the Strategic Directions it wasn't clear exactly what services would be provided.

This consultation came about as a result of Nursing Advisory Committee identifying a gap in policies, protocols and procedures around men's sexual health. As a member of the Nursing Advisory Committee with the Research portfolio, I undertook the consultation during 1996.

The Aims of the Project

1. To identify services currently provided for men at FPSA ad other Family Planning Organisation.
2. To gain an understanding of FPSA staff's experience of current service provision for men.
3. To gather staff ideas about how services for men could be improved at FPSA.
4. To gain an understanding of each FPSA Primary Health Care Teams issues in relation to the provision of sexual health services for men.

Strategies

The project used a combination of qualitative (questionnaires from individual staff and PHC teams) and current qualitative data from Community Services statistics.

Results

It was found the highest number of men access our service through the Sexual Health Hotline, for varying reasons such as contraceptive advice, unplanned pregnancy, sexually transmitted diseases, relationships and sexual

problems. Services provided in the clinical setting included contraceptive advice, counselling, sexual and reproductive health management and investigations.

Summary

Staff who had worked well with male clients before saw the safe environment as most important. The availability of appropriate referrals and an open and honest manner was also seen as important.

Some of the difficulties identified by staff was the lack of available resources, information and equipment. The community sees FPSA as a female only service and there is a female orientated physical setting. The Family Planning name was also identified as a barrier.

Consultation and involvement of men to find out what service they want, was seen as a beginning to providing better sexual health services for men. Prevention and awareness strategies, around male sexual problems and issues was also seen as a high priority, as we increase male workers in the organisation.

Recommendations

First clarify what services are most needed for young men. A Men's Health Policy, male specific procedures and protocols would need to be in place to underpin our Men's Sexual Health Services.

The physical environment would need changes. At present all FPSA nurses are female, with one male doctor. This doesn't really give the male client a choice of what gender worker he wants to see. Education and training around men's sexual health issues would be a high priority in providing services for men.

Mens's Sexualities Elective

The Men's Sexualities elective in the Community Educators' Course in Sexuality has been run twice this year - in September 1996 and in May 1997. The program has been significantly reviewed and developed in response to both participant feedback and the facilitators' experience for each offering. It has continued to be an action packed day with consistent feedback that 2 days are needed rather than one. The 1998 program is planned to be offered as a 2 day event.

The aims of this elective are to:

- Encourage awareness about men's sexual health and the issues pertaining to it.
- Provide a framework with practical application for working to enhance the sexual health and well-being of men.

Participants continue to value the opportunity to explore and understand more about masculinities, men's sexualities and men's sexual health, and particularly to discuss these areas with other people. The desire expressed to have more focus on practical strategies for working with men has not fitted well with the constraints of a one-day workshop.

Men's Sexualities is an important area for us to continue developing and providing in our education and training programs. Men are an important part of the equation of sexual health and

sexual responsibility.

The clumsy and odd-sounding phrases "Men's Sexualities" and "masculinities" are attempts to recognise diverse sexualities and expressions of sexuality and masculinity. Referring to sexuality or masculinity singularly does not explicitly acknowledge and reflect diversity.

"Men's sexual health issues activity and discussions was very helpful for me to understand what is happening for men and why. All of the workshop has been very interesting and useful personally and work wise."

Sexual health services, along with many other health and community services, are increasingly trying to make themselves accessible and engaging for men. Many have had women as the main focus of service delivery and their major client group. This is not an argument that women have had most of the resources and men should now have their turn, rather that is time to acknowledge and respond to men's

A Men's Health Policy for South Australia - SAHC

In late 1995, following the first National Men's Health Conference in Melbourne, the Social Health and Policy Development Branch of the South Australian Health Commission initiated a Steering Committee to direct development of a Men's Health Policy for South Australia. A FPSA worker is one of about fifteen people initially invited onto the Steering Committee that consists of health workers, interested professionals and community members. It was planned for this to be completed in late 1996, but a change of project officer responsible for writing the policy and delays in approval from the Minister's Office for various parts of the process have not made this possible.

The Committee's role is to:

- oversee the development of a discussion paper, a draft policy statement and policy implementation plan including strategic directions;
- amend these papers after broad consultation with the wider community; and
- develop a plan for the evaluation and review of this policy.

The policy will be based on Primary Health Care Principles, and will address the substantive health issues for men from a social health perspective with a population focus. It will also address the social construction of masculinities and its connection to men's health issues.

Initially reference groups in the areas of:

- Health of Men from non-English Speaking Backgrounds;
- Boy's and Young Men's Health;
- Men and Mental Health;
- Male Suicide;
- Health of Gay and Other Homosexually Active Men;

particular health needs also.

Giving some focus to men's health and sexual health acknowledges that men have particular health problems and needs which must be addressed in taking a population approach to health promotion and service provision. It also acknowledges that men's health and women's health do not exist in isolation from each other. For example, men's violence to women in relationships is acknowledged as a significant women's health issue. This relationship violence has significant sexual health consequences for women. Addressing issues such as sexual rights, sexual coercion, sexual assault, and negotiating consensual sex as part of a comprehensive approach to men's sexual health will have positive outcomes at many levels for both men and women. If men's health and sexual health improve, that will also contribute to achieving women's health targets.

Comments from participants:

"The ability to talk openly and sensitively about men's health issues, helps me to work through my own issues around men to allow space for change to be clearer to communicate to men about sexuality issues."

"It was great once again to participate in a group with 'fantastic' FPSA facilitators! Good combination of small group/large group work. I find it easier to participate in smaller groups."

- Older Men's Health;
- Violence;
- Injuries, Accidents and Men's Health.

developed issues papers. These have been brought together in a discussion paper for broad consultation to inform the policy. This paper is still in the drafting process. A parallel process is underway to include the health of Aboriginal men.

Policy Goals are:

- Improve the health and well being of all men in South Australia.
- Address the health status of groups of men in the South Australian population who suffer significant health disadvantage.
- Develop a framework within which the health system delivers appropriate and relevant health services for men in South Australia.

Policy Objectives:

- Promote a social environment that encourages men's health and well-being in an equitable, caring and responsible manner.
- Increase awareness of the impact of socially constructed attitudes, values and behaviours on the health and social relations of men, women and children.
- Promote a men's health perspective in the development of co-ordinated health services that are accessible and responsive to the needs of different groups within the population.
- Increase participation by individual men in decision making about their own health and in relationships with health service providers.
- Encourage the health system to facilitate the participation of men from different groups in the development of policies that effect their own health.
- Encourage co-ordination and collaboration between government and non-government agencies involved in services that effect men's health and well being.

Family Planning SA has itself begun the process of developing its own Policy on Men's Sexual Health.

Working In Partnership: Gay Men's Health

In November 1996, FPSA Southern and Northern Primary Health Care Teams were approached by a counsellor with Gay Men's Health asking to use a counselling room for outreach services on a casual basis as need arose. FPSA was happy to agree to this and there is now an outreach service that can be utilised by men in the southern & northern region. FPSA sees that this initiative provides a service where men do not have to travel so far to gain access to services and is a further comittment to our strategic direction of Young Men's Health and a further strategy to provide services to the people in the community in response to identified needs.



FPSA

President's Report

President's Report

The close of the 1996/97 years sees the completion of FPSA's 3 Year Strategic Directions identified in 1994/95. The 3 year period has been marked by rapid organisational change, the development of a clear vision, strengthened partnerships and major achievements. All despite an ever reducing resource base. The major achievements in the last 3 years include:

- Re-orientation of FPSA's services from family planning and contraception to sexual and reproductive health within a primary health care framework.
- Restructure of the organisation from four centralised functionally specific work units to three decentralised multidisciplinary Primary Health Care teams and Support Services.
- Refocus of the organisation as a part of the states public health effort by working with those communities with highest need for more health gain.
- Leadership in sexual and reproductive health education and advocacy.
- Strengthening of consumer and community participation and intersectoral collaboration.
- Innovative and creative programs and projects that address real needs and priorities in sexual and reproductive health

A comparison of activity in the 3 year period July 1994 to June 1997 reflects this major change.

- 100% increase in the number of participants involved in professional education programs.
- 67% increase in the number of participants involved in community education and training activities.
- 36% reduction in the number of clinical services a trend consistent with the reallocation of resources to prevention and education and the targetting of communities with complex sexual and reproductive health needs.
- 100% increase in the number of men accessing services.
- Significant increases in access by the Aboriginal, Non-English Speaking Background communities, youth and people with a disability.
- Increase in the number of new clients for all FPSA services.

These are all indicators of achievement in the Strategic Directions.

In the last 6 months Council, Management and staff have been involved in the process of

researching and developing the Strategic Directions for the next 3 years, 1997/98 to 1999/2000. The path is now clear for the way forward. Further change and challenge is before us, but FPSA will succeed through its commitment to improving sexual and reproductive health for and with the South Australian community.

In the last 6 years as President of FPSA Council I have seen many changes and challenges successfully negotiated through careful planning and dedicated staff. I now leave knowing that the inclusion of FPSA in the bilateral Public Health Agreement and clarity about its role as a part of the public health effort in this state, provides a clear framework for increasing the capacity of the organisation to continue to achieve positive results.

Jim Birch
President

Council Members 1996/97

Jim Birch (President)
Vicky Toovey
Paul Gardner
Jenny Baker
Andrew Street
Pushpa Osborne
Raven North
Sharon Clarke
Patricia Cox (Staff Nominee)
Professor Marc Kierse
(Minister's appointment)



Family Planning South Australia

تنظيم الأسرة في جنوب أستراليا

مكتب تنظيم الأسرة يتعامل مع أفراد المجتمع غير الناطقين باللغة الإنكليزية (رجال، نساء أو شباب) وذلك بتأمين الخدمات التالية لهم:

◆ العيادات التي توفر خدمات مثل:

= منع الحمل

= الكشف على الحمل

= فحص الثدي

= الكشف على عنق الرحم

= معلومات عن ممارسة الجنس السليم، الخ..

◆ استشارات حول ما يتعلق بالصحة الجنسية

◆ مراكز معلومات للشباب في مناطق مختلفة

◆ برامج تثقيفية عن ممارسة الجنس لأفراد المجتمع

◆ خدمات مكتبية تؤمن مجموعة وافرة من المنشورات حول قضايا الصحة الجنسية، بإمكان الطلاب استخدامها

◆ خط التلفون المباشر - Hot Line - الممرضات

والممرضون في مركز تنظيم الأسرة يؤمنون خدمة هاتفية

يسرية تامة تغطي كل نواحي الصحة الجنسية. رقم الهاتف

الحار:

١٨٠٠ ١٨٨١٧١ أو للكمالة مجانية اتصل بـ: ٨٣٦٤٠٤٤٤

الخط المباشر يعمل من التاسعة صباحاً حتى الخامسة بعد

الظهر من يوم الإثنين حتى الجمعة.

للحصول على المزيد من المعلومات، الاتصال بجاكولين على

الرقم ٨٤٣١٥١٧٧ - ٨٤٣١٥١٧٧ 8431 5177

الترجمة مؤمنة.

Chief Executive Officer's Report

This annual report is crammed full of information about some of FPSA's work in 1996/97. We have retained the newspaper format as you, our readers, tell us that it is the only Annual Report you read from cover to cover.

Despite the many successful outcomes, 1996/97 has been a tough year for FPSA. We were advised of further reductions in our Commonwealth grant for 1996/97 and 1997/98 taking the grant in actual dollar terms below that of 1992/93. In March the Australian Taxation Office advised us that they had revoked our Sales Tax Exempt Status and to top it off as a result of Enterprise Bargaining in the Public Sector a 10% phased in salary increase would be paid to Public Sector employees. This meant FPSA would be paying 10% less to staff than the health sector generally.

It was clear that failing additional funding from the State Government the only course of action was to downsize FPSA in line with its resource base. This was difficult considering FPSA's 1994/95 restructure and the reallocation of resources and services to communities with most need in the southern, northern and western metropolitan regions and a focus on rural and remote communities. Having finally reallocated services to hard to reach groups, did we now have to reduce services or take them away altogether?

In order to achieve the downsizing, FPSA agreed to enter into an Enterprise Bargaining process with relevant unions. Anyone who has experienced an Enterprise Bargaining process would

argue that while it has a place in say manufacturing, where increased efficiency generates increased outputs and profits which can be passed to employees in improved conditions, Enterprise Bargaining has no place in human services. That has been FPSA's experience and while the downsizing has been achieved it has happened at a cost to the communities of interest, staff, Management and Council.

Recognition of FPSA as a part of the public health effort in South Australia saw us included in the Public Health Outcome Funding Agreements for South Australia. For FPSA this inclusion provides us with the opportunity to strengthen our working relationship with other Public Health Programs to benefit the South Australian community, as well as providing us with a clear framework for action. The support of the Minister for Health, Dr Michael Armitage and the South Australian Health Commission is acknowledged.

In closing I sincerely thank all FPSA staff for their ongoing commitment to making a difference for the South Australian community, the Council members, particularly our long serving retiring President, Jim Birch, Management Team members, Jacq, Bev, Sally and Rae and Desiree Schild creative and tireless in her pursuit for excellence.

Kaisu Vartto
Chief Executive Officer

OBITUARY

Dr Karl Ball

Family Planning was saddened to hear of the death of Dr Karl Ball last November, after a short illness.

Dr Ball began his association with Family Planning as a member of the Steering Committee set up in 1969 to form the Family Planning Association. He was a member of the interim Council formed in 1970, and became vice president in 1975. He became President and Chairman of Council in 1979 and continued as President until he retired in 1984.

A tireless worker for abortion reform in South Australia, he was motivated by his experiences as a doctor, trying to remedy the dreadful results of backyard abortions prior to amendments to the legislation in 1970.

Staff, Management and Council of Family Planning acknowledge the pioneer work done by Dr Ball in the formative years of this organisation, and offer sincere sympathy to the family and friends he leaves behind.

South Pacific Project:

Follow up visits to FIJI

Background

Since September 1995 Family Planning Australia has been conducting the Community Education in Sexuality training program in six countries of the South Pacific region namely Fiji, Tonga, Vanuatu, Solomon Islands, Tuvalu and Western Samoa. Family Planning South Australia's Community Education in Sexuality course was selected for this project due to the national accreditation of the curriculum within Family Planning organisations. This modular training package is aimed at equipping Community Health workers to work effectively in the delivery of education/training programs in the area of sexual and reproductive health.

and with evaluation and debriefing. This was an extremely useful element of the follow-up as it provided an opportunity for additional learning and consolidation of previous learning.

Results

Participants commented on how it had been easier to open up discussions about sexuality within their communities by focusing on the broader definition of sexuality as outlined in the training. Prior to the training, most of their sexuality work had focused only on the physical aspects of sexuality. The training explored the notion that sexuality has social, emotional, and spiritual components as well as physical and/or

participants that one of the roles of the facilitator was to provide opportunities for learning rather than knowing all the answers.

The training course created opportunities for participants from the same island to develop sexual health programs together. This strategy was successful in fostering increased co-operation and collaboration between agencies as well as creating an environment where participants would develop and share different ways to apply the information and skills they had learned from the course. We observed that many of the participants successfully took on the challenge of learning how to implement sexual health programs within a religious framework. This was very exciting to see as during the training, religion was often viewed as a barrier in this area of work. It was clear that the course's emphasis on values had had an enormous impact in that participants had taken on the challenge of balancing their role.



Participants in the South Pacific



The first round of training was run in Tonga with 18 participants. This round there were 16 participants and the course was run in November 1996 and the follow up to this training in April 1997. The follow up involved the facilitators observing a program the participants had organised in their own country to provide feedback.

The following are some examples of workshops and/or education sessions attended:

- workshop on STDs for male youth church fellowship group (approx 25 participants.)
- workshop for Year 12 students about safer sex and contraception information (approx 40 participants).
- education session on values and unplanned pregnancy for community based distributors of contraception [approx. 20 participants].
- introduction to sexuality issues workshop for a rural village [approx 60 participants].
- education session on the importance of pap smears and breast self examination for a church group of teenage girls and their mothers [approx 12 participants].
- workshop for school students between the ages of 14 and 21 years about human life and sexuality (approx 25 participants).
- education session for women from the Mothers Union on safer sex and sexual and reproductive health
- two workshops for secondary school students and one for the males in a village about Safer Sex, Contraception, STD's and HIV/AIDS

The facilitators of the course assisted with preparation of programs where appropriate, offering advice and support

behavioural. Most of the participants recognised that they still needed more exploration of the own values and some strategies to provide challenges for people to discuss the value and importance of embracing diversity. The participants also said that counselling and strategies for challenging homophobia were areas for future training.

Some of the participants said that they had felt uncomfortable and/or at times angry when exploring their values. In the follow up some of the participants had used values clarification exercises and those who had had said that they recognised the importance of exploring participants values when discussing sexuality issues and had therefore increased values work in sexual health programs. A draft training manual, which was piloted in the Suva training course, was stated clearly as being a complete and effective resource for the development of training programs.

The exposure to experiential and participatory learning also had an enormous impact in the way in which participants deliver training programs. (Experiential and participatory learning were new concepts to many people in the course). Many participants indicated that being given practical "tools" such as the contraceptive lucky dip, the safe sex card game and even the setting of group norms was of enormous value. Participants also said that being shown how to apply the principles of adult learning was an integral component of their learning and created exciting opportunities for the implementation of future training programs.

One participant was very impressed and relieved when the facilitators modelled not being "the expert" and at the same time showing commitment to seeking out correct information. Being "the expert" had been said to be a real pressure to live up to in the South Pacific and it became clearer for the

Results For Participating Organisations

All participants said that they had led discussion and debate about the broader definition of sexuality which had encouraged exploration of peoples values and differing ideas about sexuality. These discussions were stated as being stimulating with some healthy conflict occurring. Managers and co-workers of participating organisations commented that they had observed an increase in confidence and comfort levels of participants when dealing with issues around sexuality. Managers also expressed excitement at the prospect of increased links with other organisations and clearly saw the potential for key sexual health organisations to work more co-operatively and collaboratively.

Results For The Community

The community members that gave feedback were excited about the inclusion and recognition of diversity in the training course and believe the increase in the number of workers equipped to do this work would lead to a higher profile of sexual health issues within their communities. The younger people involved in the programs were excited at the idea of another young person presenting information and said that they found it easier to listen to the information when it was being delivered by a young person.

Conclusion

Overall, the follow-up was a success and all the objectives were met. Participants had clearly gained an enormous amount from the training and were utilising new skills and information on a daily basis. Managers, co-workers and organisations had also had positive gains as a result of the training, and communities were reaping the rewards of this through a positive reframing of sexuality issues and a new openness on the part of workers to acknowledge and embrace diversity and to encourage other leaders in the community to do the same. There is still, of course a long way to go, given that sexuality is a strongly taboo subject in these countries, but the Community Educators Course has contributed to an increased acceptance of this difficult subject matter by those who attended and they, in turn, are now building acceptance of change, in a culturally appropriate manner, within their communities.



I ũ t ě r ũ a t i o ũ a l W o r k



Peer Educators take to the street to promote Cervical Screening.



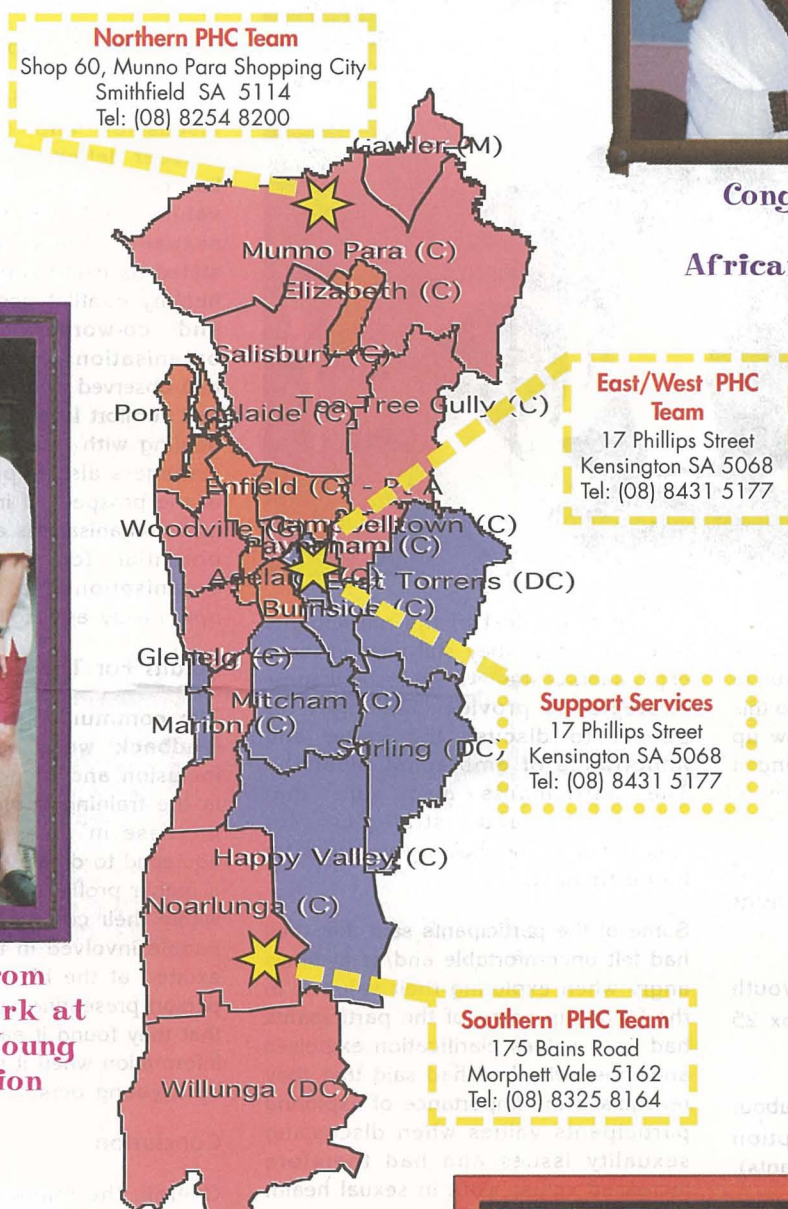
Ululu!!!



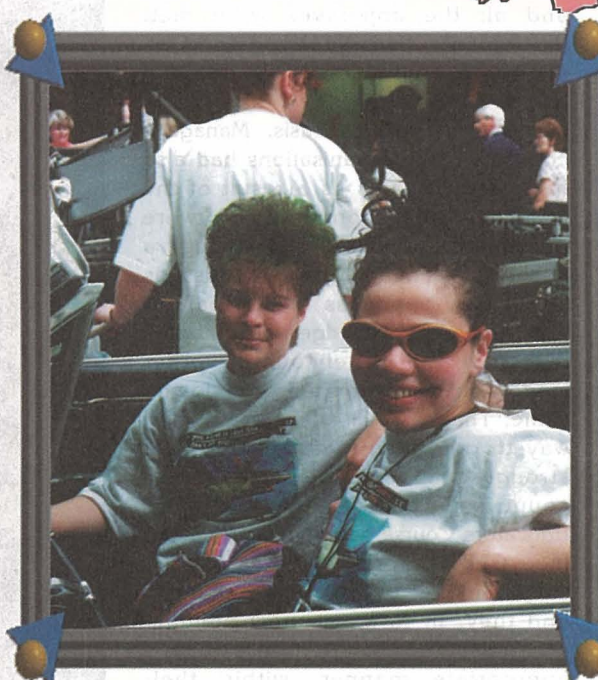
Congratulations and Thank you! African Women's Project.



Taking a break from Health Promotion work at the launch of the Young Women's Information Project.



Planificación Familiar de Sud Australia		
Family Planning South Australia		
Ofrece los siguientes servicios		
<ul style="list-style-type: none"> • Anticonceptivos • Examinación a los senos • Exámenes de Papanicolaou • Clínicas para la juventud • Exámenes de embarazo • Información sobre relaciones sexuales y la protección • Consejería sobre asuntos de salud sexual • Programas de Educación sexual para la comunidad 		
Sucursales a través del área metropolitana		
En la área Sur	En la área Norte	En la área Este y Occidental
Woodcroft Community Centre 175 Bains Road Morphett Vale Teléfono: 8325 8164	Shop 60 Munno Para Shopping City Smithfield Teléfono: 8254 8200	17 Phillips Street Kensington Teléfono: 8431 5177
<p>Rural</p> <p>Parti Firie - Teléfono: 086 323 711</p> <p>Línea Directa para la salud sexual</p> <p>Teléfono (08) 8364 044 - 1800 186 171 (STD teléfono gratuito)</p> <p>Funciona de Lunes a Viernes, de 9:00 am a 5:00 pm</p> <p>Servicios de Interpretación se encuentran a disposición para las citas de clínicas</p> <p>Funcionaria de habla hispana Jacqueline Riviere</p> <p>Teléfono 8431 5177 para mayor información.</p>		



Behind the glasses and green hair are Peer Educators - Young Women's Information Project.



Guys Talk Too - at the beach.

THIS PUBLICATION ALONG WITH THE 1996/97 AUDITED FINANCIAL REPORT CONSTITUTES THE 1996/97 ANNUAL REPORT OF FAMILY PLANNING SOUTH AUSTRALIA.