

This publication, along with the 1997/98 Audited Financial Report, constitutes the 1997/98 Annual Report of SHine SA formerly Family Planning South Australia.



SHine SA

Annual Report 1997/98

Sexual Health information networking & education South Australia Inc

It's Official We Have A New Name... SHine SA

Sexual Health information networking & education South Australia (SHine SA) Inc.

Family Planning SA has been aware for some time that its name does not reflect the services that it provides to the South Australian Community. Our core business is no longer that of providing contraception but has widened to include a full range of holistic sexual health care, education and advocacy about sexual rights. This means that we work within a Primary Health Care framework *ie.* early intervention education & prevention and not just treatment when problems occur and Social Justice principles which mean that we prioritise service delivery to specified groups of people.

It is very important to Family Planning SA that the community is aware of our services and that we are recognised as leaders in sexuality education and information. Our new name will be widely advertised and will raise the profile of sexual and reproductive health in the minds of South Australians.

Initial steps in finding a new name have included:

- A small group of staff representatives worked with a marketing consultant and graphic designers to get a clearer idea of what our needs were in the area of a name change.
- Community members, staff representatives, graphic designers and an FPSA Council representative spent time brainstorming a variety of names, acronyms and ideas.

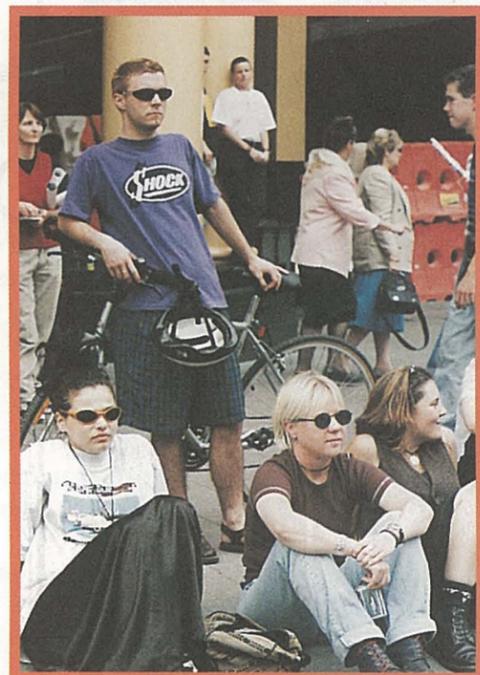
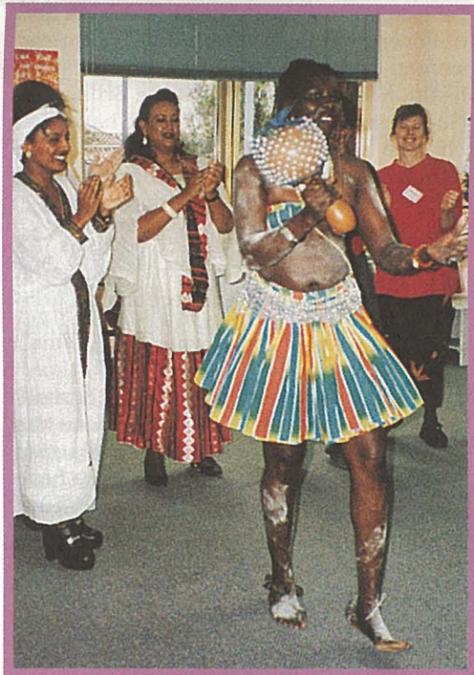
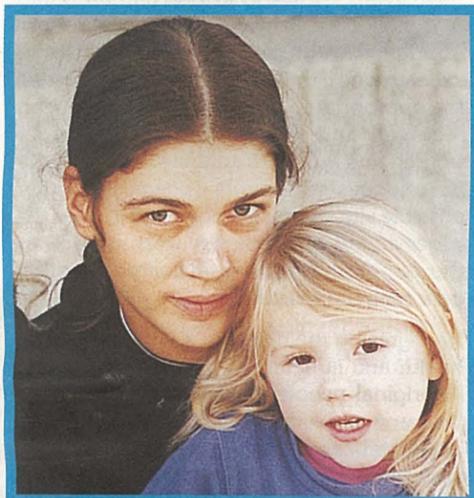
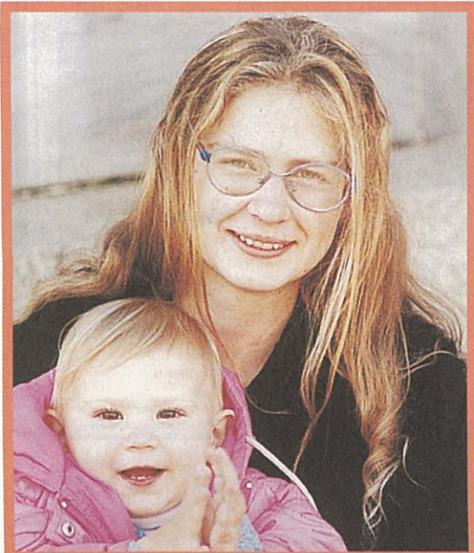
- When we had a number of possible names feedback was sought from FPSA staff, many questionnaires were distributed to clinic & counselling clients as well as participants in education groups. We also sent questionnaires to politicians, participants from professional education courses during the last 12 months and workers in other agencies.

- As well as this face to face consultations were held with groups of people. These included workers in different agencies, disability workers, young people in high schools and youth centres, Aboriginal people, & participants in a Multi-cultural Task group.

- All of the information collected was analysed and collated and two names were seen to be the favoured ones. It was interesting to see that one name was favoured by health & community workers while the other was the favourite with our communities of interest.
- The next steps were to ask the graphic designers to provide a number of designs for a logo for each of the names.
- The Management Team and Council then considered the possibilities and the final decision.
- A public meeting was held with FPSA members and the new name was formally adopted.

SHine SA

Sexual Health information networking and education South Australia (SHine SA) Inc.





Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

To work in
partnership to
raise the sexual
health status of
Aboriginal and
Torres Strait
Islander peoples
of South
Australia.

Objective

Rationale

The health status of the Australian Aboriginal and Torres Strait Islander communities continue to rate worse than non-Aboriginal people on every indicator: infant mortality, maternal mortality and life expectancy. Sexual and reproductive health morbidity contributes a significant burden of ill health in the lives of Australian Aboriginal people.

SHine SA's strong and emerging partnership with the Aboriginal communities and organisations has facilitated increased access to SHine SA's services by Aboriginal people.



Women's Business in Ceduna

The Women's Business Clinics in Ceduna have been held 4 times a year with continually high attendances. A nurse and doctor from SHine SA and a worker and driver from Ceduna/Koonibba Aboriginal Health Service make up the team. Funding for this important service is provided by the SA Cervix Screening Program.

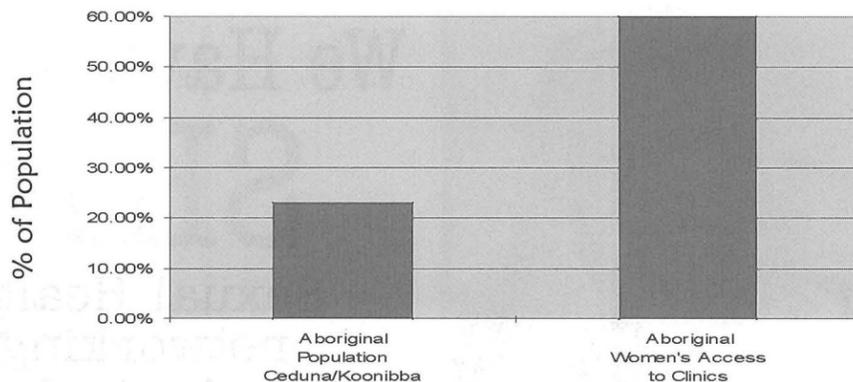
Ceduna has experienced the change over of local doctors, which means the demand for services during our visits are often higher than normal. Health care is holistic, with general life and health issues being included within the consultation with the doctor.

Visits to the Koonibba community to provide clinical services, health promotion and information sharing have been included over the last year providing a more accessible service for Koonibba women.

Evening information sessions for local Womens' and Community Groups are well attended, with women requesting new and interesting health and lifestyle information for the next visit.

It is satisfying to be involved in this ongoing program that provides improved sexual health outcomes for women. The local health service and community are always very welcoming and promote a learning and sharing environment.

Aboriginal Women Accessing SHine SA Clinical/Education Services, Ceduna/Koonibba Project Compared with Aboriginal Population 1997/98



Nunga Women's and Children's Clinic, Port Adelaide

The East/West Primary Health Care Team are continuing to work with Nunkuwarrin Yunti and other Aboriginal and community health agencies toward providing appropriate and accountable services. We have moved our clinic from Wakefield Street City to Port Adelaide Community Health Service (PACHS) in response to community needs.

A questionnaire has been distributed to Aboriginal Women in the western suburbs to determine if the site and services provided are appropriate. 37 responses have been received and these indicate that most women find PACHS a suitable venue. Many have suggested Taoundi College as another possible site. Services requested include the wider scope of SHine SA work as well as the opportunity to see a doctor for other general health issues.

Recognising the need for a broader view of health and ill health experienced by many Aboriginal people, a holistic approach to the services we provide has been adopted. This has been strengthened through Child and Youth Health joining us to provide a service at the same time thereby creating a "one stop shop" for Aboriginal women and children. This means that Aboriginal women can come and have their personal health needs attended to at the SHine SA/ Nunkuwarrin Yunti clinic and also have their children seen by staff of Child and Youth health for such things as immunisation, health checks, advice and information.

The larger team now comprises an Aboriginal Health Worker from Nunkuwarrin Yunti, a doctor, nurse and receptionist from SHine SA and a nurse and Aboriginal worker from Child and Youth Health.

Networking between community groups, individuals, workers and organisations has been a definite priority, with bi-monthly open afternoon teas held at PACHS. These have been so well attended that future information sharing is being planned with a wide range of topics to be discussed.

Over the next year we are planning to visit with many more people and work on joint projects with Taoundi College, Port Youth Theatre, local schools, Aboriginal Women's Groups and local health and community services.

**WELCOME TO YOUR
NUNGA WOMENÖS & CHILDRENÖS
HEALTH CLINIC**

INFORMATION & SERVICES

- Contraception
- Pregnancy
- Pap Smears
- Sexuality & Relationships
- Blood Pressure Checks
- Parenting
- Antental Care
- Menopause
- Period Problems

- Stress Relief
- General Health Checks
- STDs
- Blood Sugar Checks
- Breast Checks
- Sleeping Problems
- Behaviour Feeding
- Immunisations
- Baby Checks

FREE CONFIDENTIAL SERVICE
Nunga Health Worker, Doctor, Nurses & Receptionist

**THURSDAY AFTERNOONS PORT ADELAIDE
COMMUNITY HEALTH SERVICE,**
Corner Church & Dale Street Port Adelaide

Please drop in or make an appointment by calling:
**8364 5033 Monday to Friday, or
8240 9619 Thursday 2-6pm only**



NUNGAS KOORIS MURIS NOONGARS

Are you interested in finding out more about men's sexual health, STI's, contraception and/or sexual and reproductive health in general?

If so, SHine SA offers information sessions to groups and individuals. We will also soon be running a Peer Education Program with a group of young Aboriginal men.

Contact Mark or Neville at SHine SA on telephone (08) 8431 5177, fax (08) 8364 2389, email koolmatrie.mark@health.sa.gov.au or abdullah.neville@health.sa.gov.au or drop in at 17 Phillips Street Kensington if you want to know more.

NUKKAN



Risky Business

Since starting here at SHine SA I have been impressed by the degree to which they are committed to improving the health of nungas in South Australia.

I see the concept of peer education as being no different to the way traditionally we distributed information amongst our immediate community.

I am extremely excited about playing a major role in the education of young Aboriginal men in regard to ways to improve their sexual and reproductive health and the investigation of other health issues.

One of my first roles has been to network extensively with individuals, organisations and other community groups to introduce the project, dispel any myths about what SHine SA is about and establish an advisory group.

Although this has been challenging I have found it to be easier because I am an Aboriginal man addressing issues about Aboriginal men for Aboriginal men.

Our advisory group met for the first time on May 27th 1998 at Nunkuwarri Yunti and consists of ; Scott Wilson, Clyde Rigney, Major Sumner, Neville Highfold, Brenton Graham, Trevor Graham, Ross Cameron, Jimmy Perry, Lewis O' Brien, Frank Nam, George Tongerie and Ralph Brew. The group is very committed to advocating change and working in partnership to address issues of concern.

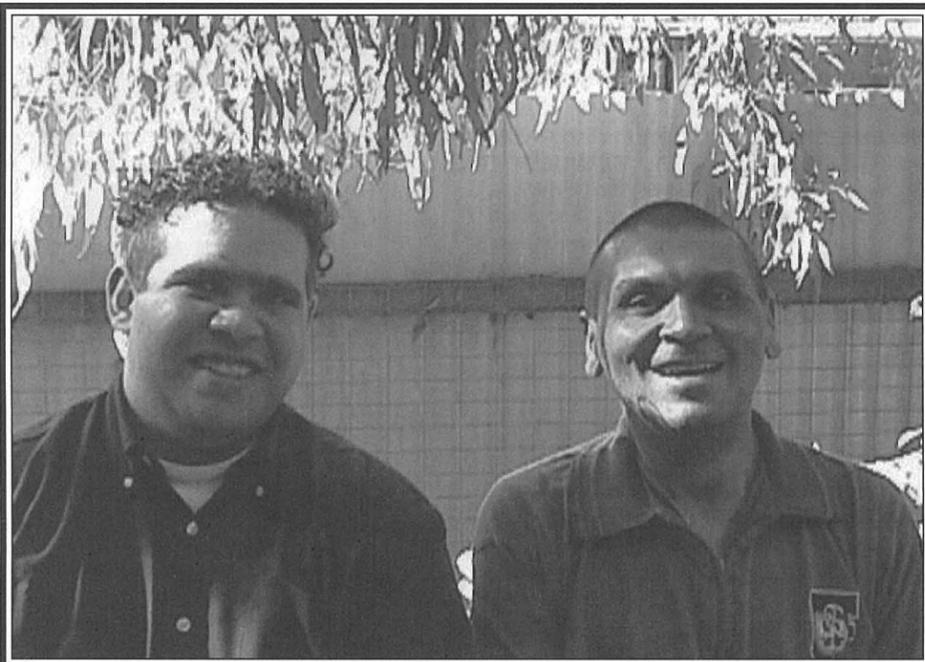
I am also very ecstatic that we have recruited another project officer to create opportunities for our youth to feel good about who they are and where they are going.

This project I believe will create opportunities for young Aboriginal men to develop culturally appropriate materials that will have an impact on the health of all Aboriginal people in the 21st century.

The project could not have progressed thus far without the support that I have received from management, the advisory group and the Aboriginal community. I would like to pay special homage to Kaisu Vartto, Sally Gibson, Ralph Brew, Bev Burnell, Rebecca van der Wyst and Desiree Schild for without them I could not have achieved my goals thus far.

I am looking forward to next years report because we would have had such an impact that can only be described with the euphoria of when Muhammed Ali won the heavyweight title at 19 and proclaimed " I shook up the world " for we intend to shake up the world.

Mark, Coordinator (Right) and Neville, Project Officer (Left): Risky Business Project 1998



Improving the Sexual and Reproductive Health of Aboriginal and Torres Strait Islander People

During 1997/98 a Policy entitled "Improving the Sexual Health of Aboriginal and Torres Strait Islander People" has begun development. All staff at SHine SA have been consulted about the policy and the Policy Statement has now been circulated to Aboriginal organisations and people to gain feedback and input.

The general aims of the policy are to ensure that:

- Sexual health services are always provided in culturally appropriate ways to Aboriginal and Torres Strait Islander people.

- Staff provide sexual health services in a partnership model with Aboriginal people.

- An active approach is adopted in advocating for the sexual and reproductive health rights of Aboriginal and Torres Strait Islander people.

As well, SHine SA has identified the need for its staff to participate in Aboriginal Cultural Awareness education and training and has allocated funds in its budget to enable 40 staff members to attend a two day training program.

Partnership with Nunkuwarri Yunti

Over the last year SHine SA has continued to consolidate its partnership with Nunkuwarri Yunti. This partnership was established to improve the sexual and reproductive health of the Aboriginal community in SA.

The partnership is underpinned by a memorandum of understanding between the two organisations which is guided by the following principles:

Equality: Both agencies have unique qualities to contribute to the partnership.

Respect: Acknowledgment of the validity of what each agency brings and communication with each other which reflects this.

Planning and Review: Regular reflection and evaluation will take place.

Commitment to real outcomes: The partnership exists to make a difference.

Community Consultation and Participation: The Aboriginal Community will have an active say in actions and programs.

Maximising Resources: A willingness to share resources and expertise.

Partnership Work

Clinics

In 1997/98 SHine SA and Nunkuwarri Yunti continued to run a clinic at Brady St at Elizabeth Downs and began another clinic. This second clinic was offered first

at Wakefield St but is now operating from the Port Adelaide Community Health Service. All the clinics employ a SHine SA nurse and doctor (and receptionist at PACHS) and Nunkuwarri Yunti provides the Aboriginal Health Worker.

Men's Project

Nunkuwarri Yunti is one of the key partners in the Risky Business Project. They were involved in the recruitment of project workers and have two male workers on the Advisory Group for the Project. It is hoped that workers from Nunkuwarri Yunti will be actively involved in the peer education program.

Community Education

SHine SA has welcomed the opportunity to be involved in community events organised by Nunkuwarri Yunti. This includes the Christmas party at Brady St and Open Days. Similarly, staff from Nunkuwarri Yunti attended the Multicultural Lunch organised at SHine SA for World AIDS Day.

Training & Support

Workers from Nunkuwarri Yunti have attended SHine SA's Community Education Courses on sexual and reproductive health. These courses are offered free to Nunkuwarri Yunti staff. Workers from SHine SA have also consulted with Nunkuwarri Yunti staff to assist their work with the Aboriginal community.

What you need to know about



Condoms

- The condom is a thin piece of latex which covers the penis.
- The condom is a very effective contraceptive if used correctly.
- The condom provides good protection against HIV/AIDS, Herpes, Warts and other Sexually Transmitted Infections if used correctly.
- The condom must be put on the penis before contact occurs between the penis and the partners vagina, mouth or anus.
- Keep condoms in a cool place not in your wallet or car glove box.
- Only use a water based lubricant such as KY-Jelly with condoms.
- You can get condoms at supermarkets, vending machines in public toilets, chemists, SHine SA clinics.
- If the condom breaks contact a doctor or SHine SA clinic or telephone the Sexual Health Hotline within 72 hours to talk about Emergency Contraception, or STI checks.

Use Safer Sex ...

When you have safer sex you can protect yourself and others from sexually transmitted infections - including HIV/AIDS, and can avoid an unplanned pregnancy.

SHine SA Teams:

North: 8254 8200

South: 8325 8164

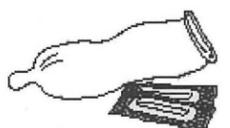
East/West: 8431 5177

Sexual Health Hotline

8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)

9-1 pm Monday - Friday

Email sexualhealthhotline@health.sa.gov.au





Nunkawarrin Yunti

182-190 Wakefield Street
Adelaide SA 500



WOMEN'S CLINIC

28-30 Brady Street, Elizabeth Downs

Tuesdays: 12.00 - 4.00 pm

No Appointment Needed

Clinic Staff:

- * Nicola Chynoweth (Doctor)
- * Myra Wilson (Aboriginal Health Worker)
- * Candy Hyde (SHine SA Community Nurse)

Come in for confidential information about:

- Women's Business
- Pregnancy Tests
- Contraception
- Smear Tests
- Infections
- Menopause
- HIV/AIDS Tests
- Morning After Pill
- After Baby 6 Week Check Up
- Breast Checks
- Post-Abortion Check Up
- Safe Sex Information
- Referrals

* FREE CONDOMS & PILLS*

FOR MORE INFORMATION PHONE 8223 5217

The Development of a Course for Female Aboriginal Health Workers in Sexual and Reproductive Health Care - Work in Progress

SHine SA has received a Primary Health Care Advancement Program Grant to develop a comprehensive course in Women's Sexual and Reproductive Health Care for female Aboriginal Health Workers. An Advisory Committee guides the project and two Project Officers commenced work in April, 1998.

The aim of the project is to develop a course for female Aboriginal Health Workers which will increase their knowledge and skills in the area of sexual and reproductive health care and ultimately improve the health of Aboriginal women in South Australia.

Since April the Project Officers have conducted a number of consultations with

Aboriginal Health Workers and non-Aboriginal service providers in a variety of locations. They have talked with workers from Ceduna/Koonibba, Yalata/Maralinga, Port Lincoln, Coober Pedy, Port Augusta, Whyalla and Mt. Gambier. As well, meetings have occurred with workers from a range of metropolitan locations. All of the information collected from across the State will become the foundation of the course. The course will be registered with the Accreditation and Registration Council of South Australia. SHine SA, the Project Steering Committee and the Project Officers wish to thank all of the people who have so willingly shared their stories.



Project Workers



Sexuality

Sexuality is much more than sex.

It is a part of who we are, what we think and feel about ourselves and our bodies and how we act towards others.

A person's sexuality is unique and individual to them. It is shaped by many things - by culture and tradition, by the society and environment they live in, by their life experiences as a man or woman, and by personal beliefs.

The relationships in which people express their sexuality are many and varied. Sometimes sexuality can be expressed or perceived in negative, destructive ways such as coercive sexual activity, sexual violence and homophobia.

Sexuality develops and changes throughout a person's life. It is a part of us from birth to death, for all our life. At its best it is a joyous and enriching part of who we are.

Sexuality is a resource we have for living.

Brady Street Clinic

Although the Brady St. clinic is the most visible focus to the work that happens around Aboriginal Health, every Northern team member contributes to SHine SA's work in some way. The Northern team is always alert to new resources, networks, cultural and community events that we can get involved in. We also keep each other informed about what 'musn't be missed' in a variety of ways. Our Community Educators advocate and facilitate for places for Aboriginal Health Workers or key community people in all their programs which results in a two way learning opportunity that extends beyond the workshop for both participants and Community Educators. The work that SHine SA does in partnership with several agencies in Ceduna helps us to understand the specific needs of rural and isolated Aboriginal and Torres Strait Islander communities.

The Brady St. clinic on Tuesday afternoons is conducted in partnership with Nunkawarrin Yunti and there are usually an average of six clients, seen by the doctor, Aboriginal health worker or nurse. Clients constantly tell us that they choose to come to Brady St. because of the quality of the no-cost medical service, and an atmosphere where people feel safe and respected. The ongoing grief and other hardship in the Brady St. community has implications for the sorts of services that clients are seeking and sexual health is not always the client's first priority. As a result of this, our service has the flexibility to keep sexual health issues on the agenda until a time when it is appropriate to raise them. Clients' verbal feedback is always positive about Brady St. and we feel honoured to have the acceptance, trust and respect that the community shows us. However none of this would be possible without our partnership with Nunkawarrin Yunti.



Rebuilding a bridge of trust, health

By Rebecca DiGirolamo

A new Port Adelaide health service is building a bridge of trust between medicine and Nunga women and children.

The Nunga Women's and Children's Health Clinic was created specifically for Nunga women but would also help re-establish a sense of trust between Aborigines and the medical fraternity, Nunga Health spokeswoman Dr Judy McDonald said.

She said the clinic's female focus reflected the Port Adelaide Community Health centre's 30 per cent Nunga women's clientele.

The new service would also address a traditional breakdown between mainstream medicine and Aboriginal health problems.

"The new health service has been established to create a trust which might not otherwise be there, or may take much longer to foster," Dr McDonald said.

Dr McDonald said a lot of Aboriginal women felt uncomfortable visiting their local GP to discuss women's health issues and that a regular 10-minute check-up was not enough time to build a sense of trust.

Many Aboriginal women have complex physical and mental health problems, which she said were "not as simple as treating a bout of tonsillitis".

Intertwined health problems, like high blood pressure, diabetes, heart disease, alcohol and drug-related issues, were often overlooked by GPs because of economic and time constraints, Dr McDonald said.

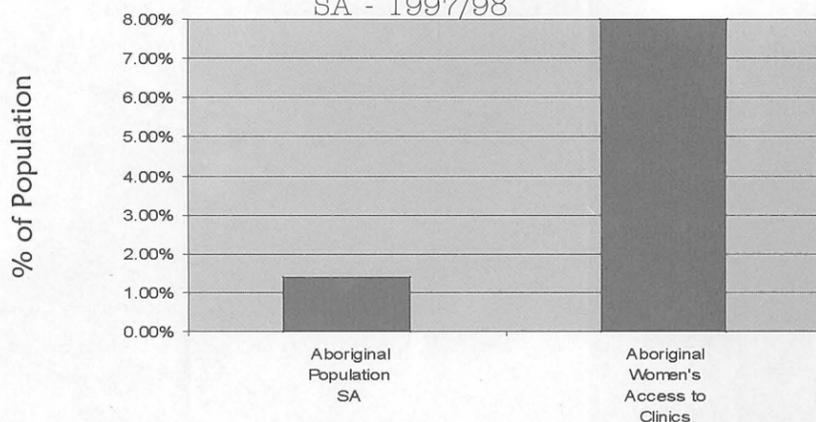
Launched in June, the Nunga Women's and Children's Health Clinic, on Dale St, Port Adelaide, was set up by Family Planning South Australia and Aboriginal medical service Nunkawarrin Yunti.

It will offer check-ups and advice on general health, blood pressure, pap smears, sexually transmitted diseases, contraception, menopause, antenatal care, blood sugar levels, immunisations, child behaviour, feeding and sleeping problems and parenting.

The new service runs every Thursday from 1.30 - 4pm, for the Nunga Child Health Centre, and 2-6pm for the Nunga Women's Health Clinic.

Reprinted courtesy of Messenger Press 26.9.98

Aboriginal Women Accessing SHine SA Clinical Services Metropolitan Region Compared with Aboriginal Population SA - 1997/98





Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

To work in
partnership with
young women and
young men (12-25)
to improve their
sexual health,
their access to
services and
appropriate
information.

Rationale

State and Federal government policies identify sexual & reproductive health as significant health issues for people under 25 years of age. The highest concentration 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 SHine SA is committed to working with young women and young men to improve their sexual & reproductive health.

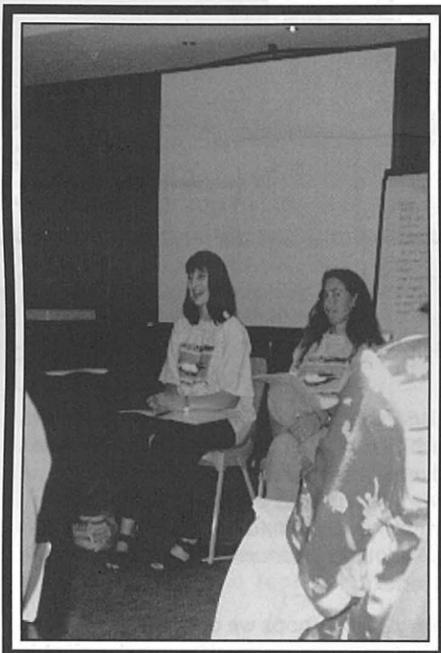
Pacific Rim Adolescent Health Conference Workshop Presentation

Bondi Beach, NSW was the venue for the Pacific Rim International Association for Adolescent Health Conference held in November 1997. SHine SA was given the opportunity to present a workshop regarding the Young Women's Cervix Screening Information Project. Three workers presented at the workshop.

Simultaneous to this conference occurring was Korobra, the Young People's Forum being held directly across the road. The workers attended workshops in both conferences and our enthusiasm for work with young people was fired by the presentations from other young people. A highlight of the forum was to see so many young people gathered from all over the Pacific region and to see and hear their stories told in spoken word, music, song and dance. It was a wonderful experience to witness so many cultures coming together.

The presentation by SHine SA's workers was well attended by people from Hong Kong, New Guinea, Canada, Tonga, Brisbane Youth Services and FPNSW. Everyone was impressed by the cervix screening resources and they are now scattered across the Pacific!

Pacific Rim Adolescent Health
Conference, FPSA Presentation,
November 1997



Young People's Forum, Korobra: Closing Ceremony, Nov 1997

Meeting the Needs of Young People Down South

SHine SA's Southern Primary Health Care Team has worked extensively in providing young people with accessible information in relation to their sexual health care. Various ways include: visits to secondary schools to talk about SHine SA services, co-work and liaison with youth agencies, co-work with teachers and implementing outreach services to young people in the area.

We work with many secondary schools in the Southern region in providing information sessions to students in relation to what services are available at SHine SA for young people, how SHine SA can support young people in the area of sexuality and sexual health. Additionally, SHine SA staff co-work with a range of teachers, supporting them in providing education about sexual health and sexuality topics.

We have also been involved in a breakfast program, aimed at young people who may be homeless. Providing breakfast, information and support involving a range

of agencies including Mission SA, Hallett Cove Youth Project, ADOC and school counsellors.

To increase young people's knowledge of services available to them, SHine SA has been involved in three Youth Expos in the southern region based at local high schools. This is part of the Metropolitan Early Intervention Team, Youth Homelessness Pilot Program, to provide young people with face to face contact with a variety of local services in the area. The Expo was extremely successful with young people being able to access a range of information at a 'one stop shop'.

Other work in this area includes involvement in youth specific networks and forums, co-work with youth agencies like 2nd Story Youth Service, Southside Centre, Reynella Enterprise Youth Centre & Hallett Cove Youth Project; planning a youth drop-in information and support service in the Aberfoyle Park area and the list goes on.....

Rediscoveries

Rediscoveries is a joint project run by the Second Story Youth Health Service in the Southern Region and SHine SA. Held every Monday night for 8 weeks the sessions were aimed at young women who had experienced sexual abuse. It was a chance for these women to meet in a safe friendly space and make networks, friendships and get support.

Art was used as a medium to express emotions on a number of issues, particularly sexual health concerns or experiences. This form of expression worked extremely well because it can be so difficult to put such powerful emotions into words.

The program was so successful that it is being run again by Second Story. For more information about this group contact Alisa at Second Story on 8326 6053.



Northern FUS (Females Understanding Sexuality)

A contact point for young women 14-26 years, who live, work, study, or hang out in the Northern Suburbs and are exploring their sexuality, identify as gay/lesbian or bisexual, or who are sexually attracted to other women.

**Please contact Leanne on (08) 8254 8200 or email
black.leanne@health.sa.gov.au
(confidential) SHine SA - North**

o b j e c t i v e s

Community Education - Young People & Participation Elective

The Young People and Participation elective has undergone a number of changes this year.

The course was conducted over two days to include more material, focussing on the sexual health of young people and partnership with young people using participation models.

A highlight of the new approach was the involvement of four youth consultants to assist in the planning and implementation of the program.

The presence of the youth consultants had a strong impact on participants, as the young people were able to share their knowledge and expertise. It was very powerful and informative hearing directly about their sexual health issues and youth participation projects.

The elective will continue and the Youth Consultants will continue their role.

Men's Health Conference

In October of last year a national Men's Health conference was held in Perth. The Project Manager for the Guys Talk Too Project in the Southern region attended and presented a paper. The Guys Talk Too project, funded by a Primary Health Care Initiatives grant, was based in the Southern SHine SA Primary Health Care team. The project used a peer education approach to train young men as peer educators about sexuality and sex based violence. Some excellent resources were produced during the time of the project. These included a Young Men's Sexual Health Pamphlet, a set of six "anti-sexual violence" stickers, and the production of a set of seventeen Rape

Myth Buster Cards and a teaching manual designed to raise awareness and challenge some attitudes about rape and sexual violence.

The conference was a great venue to be able to showcase the work that SHine SA has done in this important area as well as network with people interested in the area of male sexual health.

The Rape Myth Buster cards are now available as a laminated set of coloured posters and teaching manual and can be ordered through SHine SA for \$100, or \$120 with the inclusion of a Guys Talk Too Project Report.

Just Us

We are a group of young women from three high schools in the northern area who came together to be part of a peer education program about sexual violence in relationships. The three high schools who are participating are Smithfield Plains, Paralowie R - 12 and Gepps Cross Girls High School. The program is a youth partnership project jointly run by SHine SA - Northern Team and Shopfront Youth Health and Information Service.

The first part of the project consisted of interviews with all of us at each of the high schools about our experiences of relationships. This was undertaken during Term 4 1997. It was really important to us that the workers listened to our comments and suggestions. They felt that these interviews were important enough to be presented at the Prevention of Adult Sexual Assault conference held in December 1997. People attending this conference were from a range of agencies and youth organisations such as SAPOL, Yarrow Place, Community Health, FACS and even some legal representatives. The feedback from the people at the conference was overwhelming. Many people thought that our suggestions and comments should be part of this state's long term strategy to prevent sexual assault. Wow!

Since this presentation, copies of the paper, information about the project and requests for other presentations have come from a variety of organisations within the state and from throughout Australia. Some of us were surprised that adults thought we had such important things to say. We were even a little excited at this power to inform so many adults.

This year we all got together as a joint peer education project. We were really cautious at first because we weren't sure whether we would fit in with the other girls and we thought that we would have to protect ourselves. Well, we soon found out that that wasn't going to be a problem. Right from the first session we bonded as a group and found that we could talk about anything because we knew that nothing we said would be talked about outside of the group. This was really important to us. We felt safe, relaxed and comfortable that we wouldn't be judged no matter what we shared. This didn't mean that other group members did not challenge what we were saying at times, but this was done really respectfully and made us think about things in different ways. We never would have thought that we would share as deeply as we did.

Another thing that helped us to work together was that it was very different from the way we do things at school. We were treated as grown ups and not just students.

This meant that we were not only encouraged to have input into the group program but we were also invited into sharing our thoughts, ideas, beliefs and opinions. It was also okay to ask any questions and to challenge each other and the group workers about what they were sharing and saying. This made it easier to trust adult group workers because they were so open and easy to relate to. We really loved the food but there was never enough cheezels or chocolate mud cake.

We learnt heaps! There are so many tactics involved in sexual coercion that really became visible when we were talking about our own experiences and relationships. We now realise that it is not okay to be pressured into giving in to sex that we do not want. This is not consensual sex. We now feel that we own our bodies and that we have the right to decide what to do with them. It's cool to say NO. We also realise that is okay not to be in a relationship. It is not cool to be in a relationship simply to impress our friends. We are now much more confident and feel stronger about ourselves, our choices and our decisions. Thanks. Some of our boyfriends got a shock when we started to make some changes.

We talked to a whole lot of different people from different agencies so we now know all the steps and people involved when a sexual assault is reported. But most importantly we now know what our own rights are and that we have choices in what we want to have happen and that we can change our minds later. We are now more confident in our own abilities to deal with problems and by spreading this information back to other young people in our schools, we may be able to help someone else.

We are most proud of the following achievements. We now believe that we are important enough to defend ourselves and keep ourselves safe. The self defense classes really highlighted this for us. Valuing ourselves and feeling safe has really improved our self esteem and confidence.

To quote Kaz Cooke, we are "Totally Gorgeous" and "Just Us".

What are the Good Things About Condoms

The condom is a very effective contraceptive if used correctly.

The condom provides good protection against HIV/AIDS, Herpes, Warts and other sexually transmitted infections if it is used correctly.

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: 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 2122

Mens' Sexualities

- Community Education Elective

This year was the first time this elective was run over 2 days. This allowed for a fuller discussion of the social construction of men's sexualities.

The role of heterosexual dominance and homophobia in controlling men's behaviour was highlighted and explored. These exercises were constantly named as a highlight by many participants.

This year the program gave participants the opportunity to reflect about those men who they recognised as successfully challenging the dominant codes of behaviour, and identify ways they could be supported.

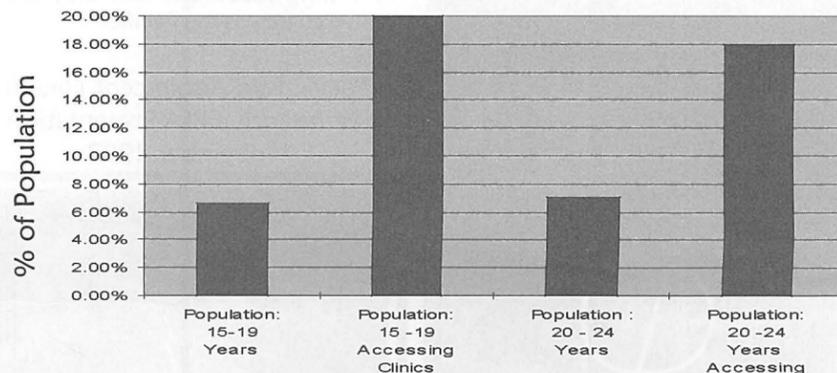
Women were given a 'space' to talk freely of their experiences of living in a male dominated society and the men in the room had the opportunity to reflect on what these stories meant for them.

Throughout the two days a list of "Thoughts and Ideas" for working with men was developed which participants were able to take away at the end of the workshop.

Comments included:

- "Quite thorough and allowed ample space for discussion"
- "Gave me tools to apply in a practical way"
- "Delivered in a safe and informative manner"

Young People Accessing SHine SA Clinical Services Compared with Population 1997/98



Training for University Students

An ongoing section of work for the Southern Team is to present workshops for Flinders University students. Each September we have worked with teaching students from Primary and Secondary courses, and this year we also addressed Health Promotion students.

During 2 workshops we covered topics such as Safer Sex information and suitable resources for classroom teaching.

Issues such as Harm Minimisation and values around sexuality were included and ways in which SHine SA can support these students when they enter the work force.

A new area of work was conducting a workshop with Health Promotion students who are being trained as Health Workers. It was really exciting to be able to provide strategies and information about Peer Education processes to students who will eventually be working with other young people.

Confidential

**Monday & Wednesday
1-5pm**

**Aberfoyle Park Community Centre
Taylors House, 34 Taylors Road West
For more information ring 8270 5277**

Do you want to talk or know more about:

Contraception; Sexuality; Sexual Health; Emergency Contraception; Relationships; Pregnancy (Planned/Unplanned); Counselling & Support; Sexually Transmitted Infections

Drop-in and find out more!

We provide drop-in:

Free pregnancy tests, free condoms and dams, research information on health topics, pamphlets or just a chat!

Sexual Health Counselling:

By appointment: drop-in to organise a time or phone SHine SA on 8325 8164 for issues or concerns around unplanned pregnancy, relationships, sexual identity, safe sex information or anything to do with your sexual health and sexuality.

Supportive

Guys Talk Too: Improving Young Men's Sexual Health - Executive Summary

Guys Talk Too: Improving Young Men's Sexual Health was a 9 month pilot Project of SHine SA funded by the South Australian Health Commission. The project used peer education strategies to work with young men in the southern Adelaide metropolitan region towards improving young men's sexual health and lowering levels of sex-based violence. It was the first Project in South Australia linking improving young men's sexual health with lowering sex-based violence.

Young men's sexual health is an important and largely unaddressed health issue. The project demonstrated the valuable role peer education can have in addressing young men's sexual health needs and working to prevent sex-based violence.

Acquaintance rape is one major issue in addressing and responding to young men's and young women's sexual health needs. Working to promote "safer sex" goes beyond promoting condom use to prevent transmission of STIs and unwanted pregnancy. It includes working to prevent rape and sexual coercion. The Young Men and Acquaintance Rape Survey, one strategy of the Project, yielded information about young men's attitudes to forcing sex which cannot be ignored.

The Peer Education methodology and the enthusiasm of all members of the peer education team were two keys to the success of the project in reaching a diverse range of young men in the target region to both administer the questionnaire and have follow up discussions and education programs about sexual assault and related issues.

Young men are interested to explore issues related to their sexual health and to preventing rape when they are presented in a way that is accessible to their peer culture.

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. The activities undertaken during the project included:

- 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 the work already being done in the Project areas

- administering a questionnaire examining young men's beliefs related to acquaintance rape
- releasing the results of the survey which generated Australia-wide and international interest
- developing a sexual health brochure for young men
- developing slogans printed as bumperstickers which address sexual health and prevention of sexual violence
- 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.

Guys Talk Too is a pilot project in development. 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.

Peer education methodology was a key to the success of the project in reaching a large number and diverse range of young men in the target region. The enthusiasm and dedication of the peer educators for working with other young men to improve young men's sexual health and prevent sex-based violence were significant in this success.

Planned project outcomes were to:

- enable a core team of young men to gain knowledge, skills and experience to act as peer educators in the areas of sexuality, sexual health, reproductive health and the lowering of sex-based violence in the community and in their personal networks;
- enable a large range of young men to gain knowledge and pro-social skills in the areas of sexuality and sexual health;
- encourage a large range of young men to examine and advocate for prevention of sex-based violence (violence based on sexual preference, sexual behaviour and gender);
- encourage and involve youth service agencies and secondary schools in the region to provide relevant accessible services and resources to support and assist young men to improve their sexual health and contribute to preventing sex-based violence;
- assist in the identification of service gaps, needs, priorities and possible strategies to enable community services to provide appropriate Primary Health Care sexual health services to young men that are accessible, user friendly and relevant to their sexual and reproductive health needs;

- work towards long term prevention of sexually transmitted infections, unwanted pregnancies, homophobic violence, domestic violence and sex-based violence in the region.

One strategy used in the peer education process was to administer a questionnaire examining young men's beliefs related to acquaintance rape in a range of eleven scenarios. The questionnaire was administered by the Guys Talk Too peer

Myth: If they don't yell or resist it's not rape.



Reality: Rape is an act of violence.

© SHine SA



education team and was completed by 998 young men aged between 14 and 26 who mainly resided in the southern Adelaide metropolitan region.

998 (100%) young men completed the questionnaire:

682 (68.3%) disagreed that it was okay for a male to force a female to have sex in any of the scenarios

316 (31.7%) agreed that it was okay for a male to force a female to have sex in one or more of the scenarios.

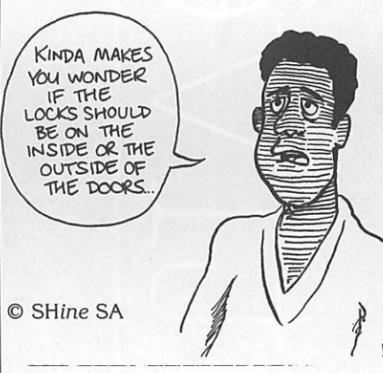
A number of issues are present in responding to young men's sexual health needs, and in developing and implementing health strategies to prevent young men's participation in sexual assault including acquaintance rape - a significant sexual health issue for both men and women. These issues include:

- the need for community recognition and acknowledgment that sex-based violence is linked to beliefs associated with young men's sexual health and socio-sexual development;
- the importance of peer education processes involving young men in leadership roles with the community and their personal networks to discuss improving young men's sexual health;
- the importance of peer education processes involving young men in leadership roles with the community and their personal networks to discuss sex-based violence and its relationship to

women's and men's sexual and reproductive health;

- the need for training and development opportunities for youth service providers and school staff related to young men's sexual health, socio-sexual behaviour and peer education methodologies;
- the need for regional and community coordination, collaboration and networks that work towards improving young men's sexual health and preventing sex-based violence
- the need for resources, including adequate and ongoing funding, to do this work
- the need for further research in these areas.

Myth: Most rapes are committed by strangers.



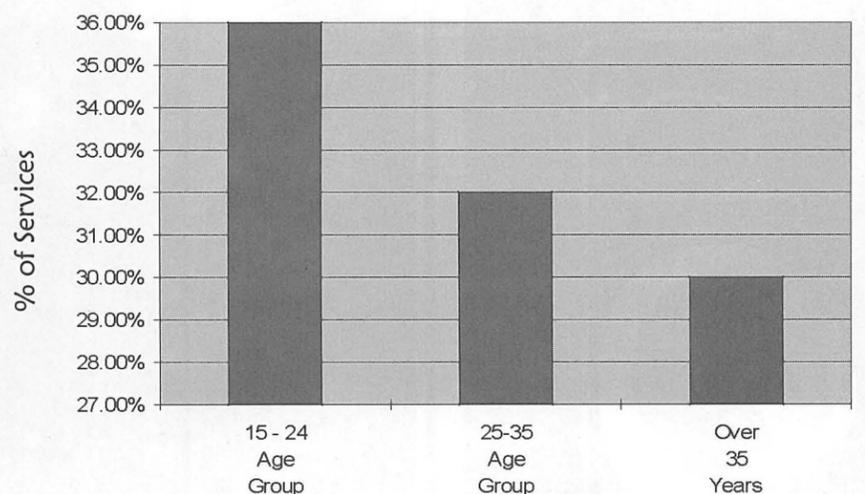
Reality: Less than 20% of rapes are committed by strangers.

© SHine SA



Peer Educators, Guys Talk Too Project

Access to SHine SA Clinical Services by Age Groups - 1997/98





Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

To work in
partnership with
people from
culturally and
linguistically
diverse
backgrounds to
improve their
sexual health.

Objective

Rationale

Service delivery to communities from culturally and linguistically diverse backgrounds has been a major focus for SHine SA during 1997/98. Historically, these communities have not adequately accessed SHine SA services because of language barriers, isolation, different health priorities and cultural hesitation in addressing sexual and reproductive health issues.

SHine SA has adopted pro-active 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.

Cultural Diversity

Hello, Bonjour, Hola , Bongiorno, Ni hao !

SHine SA has this year continued its strong commitment to the delivery of services to people from a culturally diverse background. Our Community Health Worker (Multicultural Portfolio) in the East/West region has worked closely with various communities in developing networks, in increasing those communities' access to appropriate sexual health services and in providing information and support on sexual health issues. This has resulted in easier access to SHine SA clinics and in raising the profile of the organisation amongst communities from culturally diverse backgrounds. We have worked very hard at overcoming the fears in ethnic communities which are sometimes associated with a discussion of sexual health and reproductive issues. Our Community Health worker, in collaboration with our Community Health Nurse, our Counsellor and various other ethnic workers, has adopted a pro-active approach in dealing with that sensitive area.

We have successfully run workshops and information sessions on SHine SA services to many ethnic groups including a Latin American women's group, an Italian women's group, an Ukrainian women's group, a Sudanese group and a Bosnian refugee group. These have been very successful as SHine SA has worked in partnership 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 SHine SA services have been communicated in the particular community's own language. This was clearly the case when SHine SA worked in partnership with ANFE, an Italian organisation, in providing information sessions to an Italian women's group on such topics as Menopause and Osteoporosis. Importantly also, the sessions were co-run by an Italian nurse which enabled most of the material to be delivered in Italian.

A similar initiative was carried out at the Salisbury West Community Centre where a nine week program focusing on health issues (including sexual health) was presented to a group of Latin American men and women who attend the centre for English

classes. The program was very successfully delivered in both English and Spanish and it enabled the participants to enhance their knowledge in the area of sexual and reproductive health whilst learning English at the same time. Other programs were developed and successfully run for African men and African women. Recently, a program was organised and delivered for migrant and refugee women on sexual and reproductive health issues (Multicultural Women's Health Program).

The program was greatly assisted by funds granted by the Port Adelaide/Enfield Council and has resulted in the preparation of a poster on multicultural women's health.

We continue to work closely with workers from Community Health Centres and with Support workers in preparing future programs on sexual health education for migrants and refugees. Promotional campaigns are continually carried out through the ethnic radio (5EBI-FM) and through various ethnic newspapers and magazines. These enable our services to be more accessible to a broader range of ethnic communities. We have attended the Spanish and Greek festivals this year and in conjunction with the Migrant Health Services, have given exposure to both our organisations' services through displays and distribution of information. A paper was presented by our Community Health Worker at the Third National Sexuality Education Conference in Perth on the work done with African Men and Women in South Australia in the area of sexual and reproductive health. That paper was very well received and has led to approaches from another State for the use of our poster in one of their related initiatives.

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 issues. Such a strategy



Sudanese Women's Group, 1998

also assists participants in developing a sound and preventative approach to sexual health. We also involve our clients in some of the issues which affect our organisation such as the recent move to a name change. We also work hard at identifying migrant and refugee sexual health needs and this has enabled us to learn more about some of the cultural differences and similarities which exist such as language, values, beliefs and myths, which we need to consider when delivering sexual health education and SHine SA services. Staff have also attended and contributed to forums which have looked at migrant and refugee health issues in a holistic manner. A Cross Cultural Issues & Sexuality elective in the Community Education program, which is run for health workers, teachers and other professionals has been completed and was recently delivered. The feedback received was extremely positive.

We continue to produce pamphlets in many different languages. These now total nine [Arabic, Vietnamese, Spanish, Cambodian, Bosnian, Serbian, Italian, Greek and Chinese]. Other resources on specific health issues for people from culturally diverse backgrounds have been purchased and are available on loan from our Resource Centre.

Initiatives which we plan for this coming year are youth camps for African and Latin American communities. The African youth camp will be run in partnership with the Multicultural Community Council (MCC), FGM Program, the City of West Torrens Council and the Wesley Uniting Mission and will involve young African people between the ages of 14 to 18 and also their parents.

We continue to improve access and delivery of our services to people from culturally diverse and linguistic backgrounds and to provide culturally appropriate and acceptable programs for them.

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



African Women's Group, 1997

Mammograms

For women aged 50 to 69, having a screening mammogram every two years can reduce the chance of dying from breast cancer.

African Men's Health Project

This pilot project was conducted and funded by SHine SA and FGM Program. The primary aim of the project was to evaluate the various health, social, economic and welfare issues facing the male African community in South Australia.

The sessions were facilitated by a SHine SA staff member and two African men, Toyin M. O. Bakare and Kamal H. Aligami. The groups identified for the program were residents, refugee men and students of African origin living in South Australia. Most participants were from either Eritrea, Ethiopia, Somalia, Sudan or Nigeria.

The sessions were held on Wednesdays between 5pm and 7pm at the Coglein Street Community Center, Adelaide between the months of October and December 1997. Eight sessions were planned and they were:

- Introductory - Aims and Objectives of The Project
- Settlement Issues in South Australia and employment

- Relationships
- Male and Female Reproductive Systems
- Contraception
- STI's and HIV
- Testicular Self Examination
- Mental Health

All the participants found the topics covered very useful and would have liked more time to discuss some of the issues which came from the topics in depth.

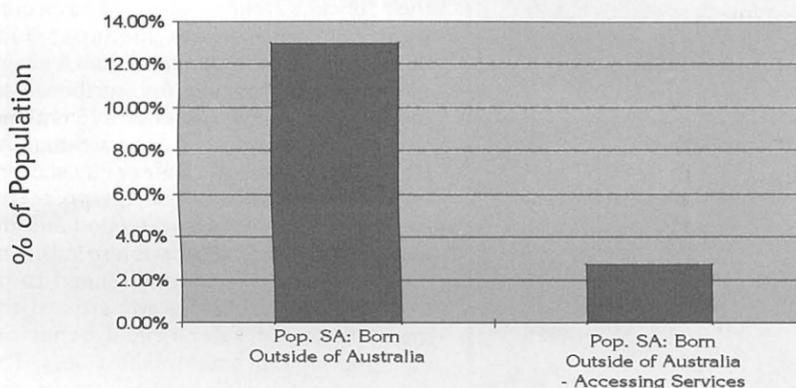
One of the participants said about the topics covered, "Settlement issues, services information and employment, these are of great importance to me as a new settler. While another of the participants commented about why they enjoyed the group, "It was quite interactive and enjoyable, people from different background and culture and also life perception. I liked the friendly atmosphere and brotherly love."

The recommendation that the group put forward were in regard to more funding for future programs, the establishment of an African cultural centre in Adelaide and to educate white Australians about Black people's culture in order to dispel the bias about Black people to reduce the racial tension by portraying all humans as one race.



African Men's Group

Access to SHine SA Clinical Services by People Born Outside Australia Compared with SA Population Born Outside Australia - 1997/98



Cross Cultural Issues and Sexuality Workshop

On the 11th of June, SHine SA ran for the first time a one day workshop on Cross Cultural Issues & Sexuality (NESB). The program was run by our Multicultural Health Worker and our Community Health Worker and included various sessions on such topics as :

- Culture, Oppression and Racism
- Settlement Issues
- Values, Attitudes and Beliefs

Participants came from a variety of professional fields eg teachers, Youth workers, NESB workers and volunteers as well as university students. The highlight of the program was the presentation by the two panels -

- a panel of NESB clients gave a client's perspective of the access to and use of services available to them. This panel raised issues about some of the difficulties in accessing services, the lack of cultural sensitivity by workers in the delivery of services to migrant and refugee people and at times, the lack of sufficient bilingual workers in service delivery which would encourage more migrant and refugee people to more effectively access services

- the other panel was made up of workers who work with migrant and refugee people. They presented the workers' perspective in working with migrants and refugees. The panel members spoke about the greater need to use the Interpreter service where necessary. They informed participants of the need for workers to be culturally sensitive of their NESB clients' needs and also of the importance to be and remain broad minded in dealing with migrants and refugees. They also encouraged participants to ask questions when unsure as the answers could often be given by the clients themselves. They considered also that it was important to work closely and more often with bilingual and bicultural workers where appropriate.

The workshop was well received with feedback being positive and constructive. Participants thought it was very valuable in improving their skills and knowledge in their work with NESB clients. There was a general consensus that by extending the workshop to two days would provide greater opportunities for deeper discussions of multicultural issues to take place.

Multicultural Task Group

The Multicultural Task Group is a Noarlunga Health Village project. It is a happy and friendly group of people coming together on a regular basis to share a part of their lives (and food!) with others. They are living in the City of Onkaparinga area now, but they came from different countries and cultures.

The Group meets once a month for project meetings, and once a week for English conversation or other activities. The Group has been involved in a great range of activities and in different venues such as the Food and Health Fair, the Fijian Independence Day, the French Bastille Day, the Songkran Thai New Year, Feast for Unity, the Indian/Indonesian National Day Celebration, the Filipino Families and Friends Fiesta, the International Food Day, and the Baha'i New Year.

As a member of SHine SA with a non-English speaking background I have been encouraged to be a representative for the Southern Team at Multicultural Task Group meetings. By attending the group's project meetings I have been able to re-introduce

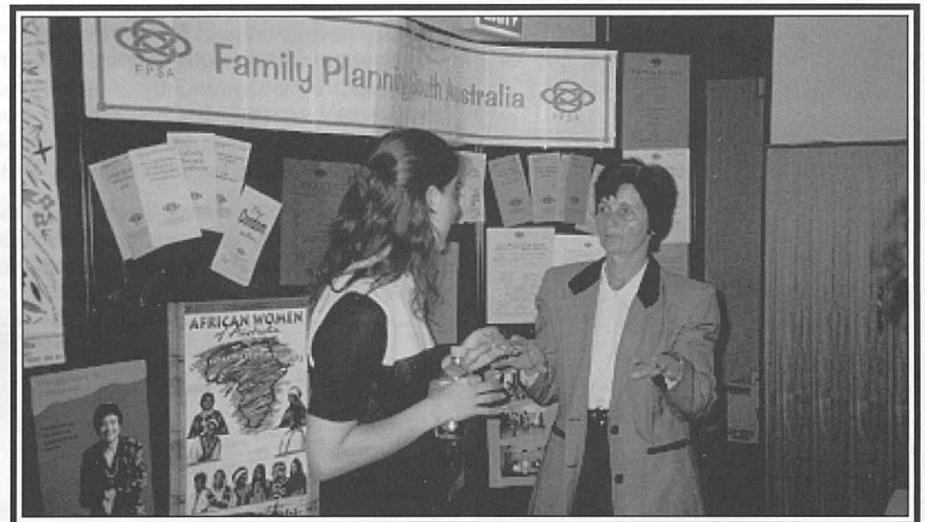
information about our services and update the group about availability of this information in different languages. We also have had the opportunity to reach a wider



Migrant Women's Information Day, Feb 1998

community through "The Local Globe", the newsletter for the local community, by advertising our services in December 1997 edition. The Group has also been a sounding board for the Name change survey.

I have enjoyed my participation in the Group's meetings and see the Multicultural Task Group as an important link between SHine SA and people from non-English speaking background.



Migrant Women's Information Day, Feb 1998

Working in partnership with the Female Genital Mutilation Project

SHine SA has been working closely with the SA Education Program for the Prevention of Female Genital Mutilation (FGM). The SA FGM Program is part of a community education program established to accompany amendments to legislation prohibiting the practice of female circumcision or Female Genital Mutilation. In SA the law now makes FGM a criminal offence punishable by imprisonment.

SHine SA has worked collaboratively in partnership with the FGM project workers in delivering sexual and reproductive health sessions. The FGM project team has targeted African and Middle Eastern women to attend womens health sessions and has concentrated at the end of the program on the education, prevention and risks associated with female genital circumcision. These women are then encouraged to become peer educators in

their communities and to also present sessions to government and non government organisations on female genital circumcision.

SHine SA has found the exercise very useful because it has assisted us to work more closely and collaboratively with refugee women who are in minority groups and who are now advocating and educating in the area of female genital circumcision and sexual and reproductive health. In addition, staff have also had inservice training in the area of FGM. Anyone interested in further information about the project should contact Julie Hoare, FGM Project Coordinator (Multicultural Program Policy Unit) on 8200 3937 or SHine SA.



Latin American Men/Women's Group, 1997



Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

**To work in
partnership with
people with
disabilities, their
carers, advocates
and service
providers to
develop sexuality
education and
advocacy services
for people living
with a disability.**

Objective

Rationale

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

SHine SA'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 disabilities 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 the needs of their parents, guardians, carers or workers. This is an area of priority for SHine SA.

Protective Behaviours and Sexuality Program for Young People who have an Intellectual Disability

This program was run at a local High School Senior Learning Unit at the request of the Unit co-ordinator. Many of the 17 young people had previously participated in Protective Behaviour and Sexuality programs and had attended individual counselling over the years.

The participants' abilities varied greatly, so it was challenging to prepare and facilitate a program to meet their needs. There were 10 young men and 6 young women with ages ranging from 16 - 21.

The program was conducted over a 9 week period, having contact for 1 1/2 hours each Wednesday afternoon. It was jointly facilitated by a Community Health Nurse and a Sexual Health Counsellor. Two teachers from the Unit and a Support Services Officer also participated each week.

During the group round each week the participants were encouraged to express feelings and talk positively about themselves.

We used a combination of visual resources such as videos, charts and dolls. Each participant had their own folder to keep written information, work from the day, and homework to be completed in preparation for the following week. The young people were encouraged to share information with their parents, guardians or care-givers.

Some of the topics covered in the program were: talking about feelings, exploring early warning signs, private and public places, friendships, sexuality, contraception and sexually transmitted infections.

We enjoyed facilitating this program and ended with a presentation of certificates and a party. This group of young people eagerly participated in all activities.

Christies Beach High School,
June 1998



Sexuality & Disability Education

One of the most rewarding experiences I had during the past year was to work with a group of young men and women who have an intellectual disability. Two Southern team workers co-worked to facilitate a twelve week program for the eight young people belonging to this division of Take 5, a respite care group.

Every Tuesday afternoon we ran activities with the group following drama, music, life skills or basketball so we never knew what to expect each week! One of the big challenges was the varying degrees of disability as they ranged from mild to more severe intellectual disabilities as well as autism, mental health issues and physical disabilities. This meant some careful planning in the type of activities we offered but everything went very well.

Throughout the program we covered topics such as feelings, protective behaviours, public and private places, sexual feelings, relationships and body parts.

The culmination of the sessions was a surprise celebration for the young men and women to congratulate them on what they had achieved. Yummy food was provided and some great photos resulted from the certificate presentation.

What is Safer Sex?

Safer Sex means choosing sexual behaviours which protect both partners from:

- Sexually Transmitted Infections (STI's)
- Unplanned Pregnancy
- Violence, Harm and Exploitation

Sexual Health Program at "Beaufort"

During March-June 1998, a pilot sexuality education program was jointly run by the Rehabilitation Program's Drop-In Services of the North Western Adelaide Mental Health Service and SHine SA's East/West Team. This program was designed to meet the needs of a mixed group of people with a range of mental illnesses who live in the Western Area. It was as interactive as possible and attempted to give participants the opportunity to contribute to the content of the program.

Program content included body parts and their function, recognising and respecting your own and others feelings, body language, personal space, sexual feelings, saying No and saying Yes, relationships, sexually transmitted infection's (STI's) and protection strategies. It is hoped that this will be followed by a further revised and improved program which will give more time to each session. The evaluation and the experience of the facilitators is also indicating that some specific methods need to be developed in the program around the maintenance of safer sexual behaviour during episodes of acute mental illness. This pilot program was an exciting step forward in collaborative working-relations between the sexual and mental health sectors. SHine SA's East/West Team looks forward to developing this area of its work in the community.



Myth: You can spot a rapist.

© SHine SA

Reality: Men who rape come from all works of life. There is no 'typical rapist'.

Women with Disabilities Need Pap Smears Too!

In 1997/98 SHine SA received funding from the SA Cervix Screening Program to conduct a project which would continue to increase access to Cervix Screening information and resources for women with disabilities. The project built on previous collaborative work between Women's Health Statewide, the SA Cervix Screening Program, IDSC and SHine SA.

Two project officers were employed to work on the project in two stages.

The following members of the Project Advisory Committee provided valuable advice and input to both stages of the project.

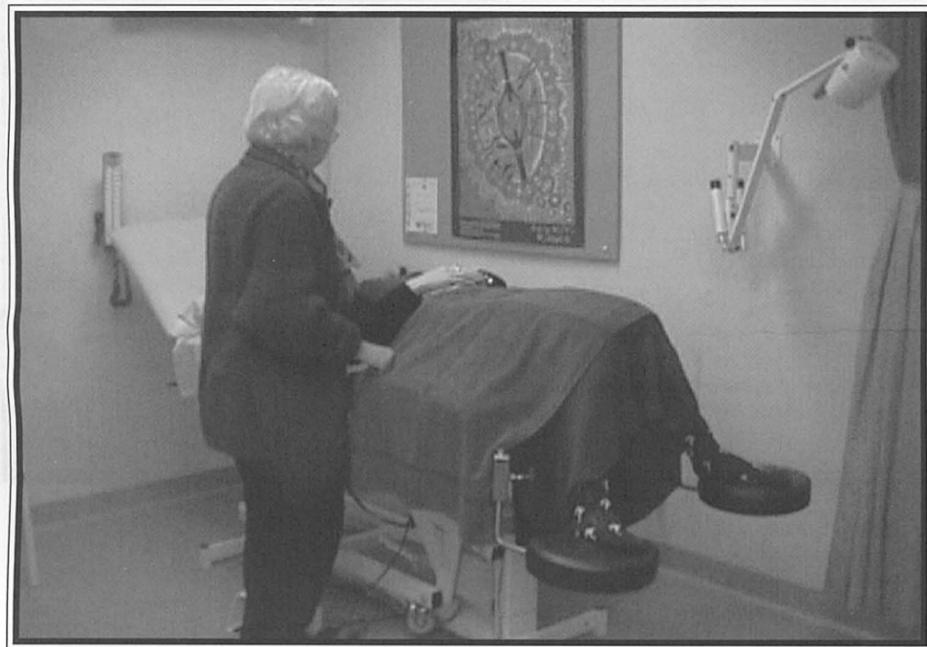
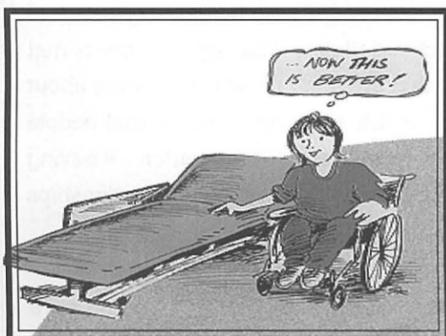
Kathy Nirta, Di Workman and Sue Meeuwissen, Consumer Representatives; Kath Vannan, Intellectually Disabled Services Council; Dorothy Price, Royal Society for the Blind of SA Inc, and Marilyn Shaw, Royal South Australian Deaf Society Inc.



The following are the major outcomes achieved by the work of the project:

- Distribution of special resources produced by SA Cervix Screening Program for women with intellectual disabilities, their carers and workers.
- Dissemination of information to women with disabilities about the importance of having regular Pap smears and the prevention of Cancer of the Cervix through disability networks, newsletters and magazines.
- Identification of services in the metropolitan area able to provide specific services to women with physical disabilities.
- Production of an information pamphlet for women with disabilities especially women with physical disabilities.
- Dissemination of information to service providers, specifically general practitioners about the need for women with disabilities to have regular Pap smears and about the location of hydraulic beds.
- Information about prevention of cancer of the cervix and Pap smears made available in audio, large print and Braille for women with visual impairment.
- Increased networks between SHine SA, SA Cervix Screening Program and a wide variety of Disability organisations.

SHine SA's Hydraulic Bed, Kensington June 1998



Pap Smear!

Good - I've got your attention! Now there seems to be two species of women in the world, those who DO and those who DON'T mind having this test. I like the ones who don't mind, to women who spend an exciting afternoon at the 'dentist'. To put it more blatantly, "Liar, Liar, Pants Are On Fire".

On Tuesday 29th June 1998 I became a member of the "Shug Club". "Oh yes, I've had my pap. Late ... yes well a little oversight!". "No more darling! as from this appointment, Family Planning will be sending me a Reminder".

Being disabled (physically challenged) I felt luckier than the normal walking woman, excusing just rolled of the tongue. Before becoming a 'wheelie' I was the "Mistress of Silly Walks", and could fire the questions, 'are there many steps, is it far to walk?' It is, oh dear, another year I miss out, Tsk Tsk. Now I ask "is the place wheelchair friendly?" Family Planning reply sweetly "Yes, very!" I strike back with another poser, "have you got a special bed, a very special bed that can be lowered and elevated, just to make it easier for the doctor of course? You have Yes, okay, okay, next week, see ya. Damn, blast, I'm a committed woman now.

Such a silly attitude, when you know the test is quite - no - really important. The good thing with Family Planning is you cannot change you mind once that telephone is picked up. Example A: A friend of mine rang her doctor for the test, her courage failed, and she could not get the work "Pap" out, instead asked for her patella, which is quite okay. Now Family Planning would not be fooled by this pathetic fib. We don't do knee-caps here, only Pap Smears etc, perhaps we can help you? Obligation - the appointment is made - you will not turn back!

Ladies do not get me wrong Family Planning is definitely not a Militant Organisation, in fact they couldn't be more understanding, BUT, yes there's always a BUT isn't there? It's the name - Family Planning, which immediately conjures up mums, bubs and contraception. I think most "Baby Boomers" and above have this attitude. They do not realise that the Pap Smear is available to all women able-bodied and disabled in a very very 'women friendly' environment.

What more can we want? A new name ... can that go on the agenda, can it, can it? Please Please!

Lyn Hayward, The Woman on Wheels

Hepatitis C

- ← A viral infection which affects the liver.
- ← Spread by blood, risks include sharing needles, tattooing with used needles and those who had blood transfusions prior to 1990 may be at risk.
- ← Not easily spread by sexual contact.
- ← Diagnosed by a blood test.
- ← To avoid risk of Hepatitis C don't share razors, toothbrushes, needles, or anything that can come into contact with blood.
- ← No vaccination is available.
- ← May cause serious liver damage.

For further information contact:

Sexual Health Hotline

8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)
9-1 pm Monday - Friday

Email sexualhealthhotline@health.sa.gov.au

Disability Work in the Northern Area

Over the last 12 months we have experienced a large increase in referrals to provide 1:1 information/education and group programs for people with disabilities. Requests have come through agencies including IDSC Options, Community Living Support, Elizabeth Special school, Acquired Brain Injury Options, FACS and Take Five. We have also received direct requests from parents and carers of people with disabilities. The majority of the clients seen for information on issues of sexuality are people with an intellectual disability.

An intake system has been developed to allocate referrals and provide support for team members providing services to clients with disabilities, their carers and/or parents. This approach has helped to minimise the waiting period for clients.

During the year we have also had requests to provide information/education programs on issues of sexuality to established groups of young people with disabilities in the Salisbury and Gawler area. By working collaboratively with other agencies we are hoping that staff will eventually be able to provide their own programs with our support.

There has also been an increase in the number of clients with a disability who have accessed our clinic services. Clients are often referred for a medical assessment and we endeavour to provide the same worker in order to minimise the number of workers that each client sees.

Links have been made with many of the northern agencies providing services to people with disabilities. The team is hopeful of being able to offer staff development opportunities in the area of sexuality and disability in 1998/1999 to those agencies who have made requests.

We are collecting and compiling appropriate resources and program ideas for use with clients with a disability for our own use and for sharing with other agencies.

With each client that we work with we find we have to adjust or develop programs for individual needs and this leads to further development of resources.

Sexuality & Disability Association of SA

SADASA has played a role for 15 years in advocacy, problem-solving, discussion of issues, lobbying, education and information to consumers around the area of sexuality and disability. Over the years SADASA has helped break down barriers of prejudice and raise society's consciousness. Over the past few months we have been actively involved in expanding our existing membership by recruiting new members. The response has been tremendous by consumers, carers and workers demonstrating an increasing need for

supporting people who have a disability to explore their sexual freedom and enjoy sex safely. Meetings are held on a bi-monthly basis. SHine SA coordinates the meetings, provides the venue and provides administrative support and costs for the Association. SHine SA staff are part of the resource base which provides information, resources and links to appropriate agencies.

There is a high level of attendance at these meetings from the community, workers and support agencies.

Clinical Services

Doctors and nurses provide confidential sexual health services for both men and women. A fee of \$10.00 is payable each year. Concessions are available.

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
- Aboriginal Health Clinic - Port Adelaide
- Second Story Youth Clinic (App: 8232 0233)
- Port Adelaide Community Health Centre (App: 8364 5033)



Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

To work in
partnership with
Lesbian, Gay,
Bisexual and
Transgender
people to increase
access to sexual
and reproductive
health services.

Objective

Rationale

"Shine SA upholds the rights of gay, lesbian, bisexual and transgender people to express their sexuality free from discrimination and to have access to the full range of sexual and reproductive health services.

Shine SA will strive to positively influence community attitudes and counter discriminatory practices and negative attitudes which prevent gay, lesbian, bisexual and transgender people accessing services.

Feast & Picnic in the Park

SHine SA has been involved in the annual Picnic in the Park for several years.

This year Picnic in the Park was held at the end of Adelaide's inaugural Lesbian and Gay Festival, FEAST.

SHine SA's involvement in Feast included staffing information stalls at the opening party which was held at Lion Arts Centre on 24th October, the FEAST concert at the Adelaide Festival Centre Amphitheatre on Sunday 26th October as well as Picnic in the Park on 16th November.

A group of 10 staff members were involved in the planning and staffing roster.

The stalls included flyers, posters, stickers, condoms, dams and lube, as well as pamphlets on a number of health issues. The planning group had fun assembling a few hundred "sample bags", brown paper of course, which as well as a range of information included some fun things like balloons, lolly pink rubber gloves and jelly babies!

At the Picnic in the Park stall SHine SA offered a free raffle ticket to people who guessed the number of condoms in a large jar. The prize was a yummy basket donated by "Goodies and Grains" at the Central Market.

We had a great time at Picnic in the Park as well as the other venues and look forward to participating again this year.

Why Have Good Sexual Health When You Can Have Better Sexual Health!

We know that being gay, lesbian, bisexual or transgender is not always easy. But, thinking about issues like safer sex, HIV/AIDS and accessing GLBT friendly services and service providers CAN be easy.

Better sexual health means:

feeling good about yourself • being able to get accurate information • being accepted for who you are • being treated with respect and dignity • having your needs met by health care providers • making decisions that are good for you • knowing about the things that may put you and your health at risk • having heterosexual people acting as your allies and advocates in order to prevent discrimination • having choices if, how and when to have children • experiencing safe satisfying relationships throughout your life.

At SHine SA* we understand that safer sex is much more than just putting on a condom or using a dam. It starts with being proud, celebrating your sexuality and living in a community that celebrates with you. SHine SA* is working with the GLBT community to provide services and resources for better sexual health. You can contact us:

Northern Metropolitan Region 8254 8200 • Southern Metropolitan Region 8325 8164 • East/West Metropolitan Region 8431 5177

Sexual Health Hotline
9 am to 1 pm Monday to Friday
8364 0444 or
toll free 1800 188 171
Contact us on
TTY 8431 5177

Enjoy better sexual health

* (Sexual Health information, networking and education South Australia, formerly Family Planning South Australia)

Being Gay or Lesbian and Being at School

SHine SA in the North was approached by a young gay man who had lived and studied in the North. He had personally experienced violence, harassment and isolation at school due to intolerance of his sexuality. From this he developed a passion for wanting things to be different for other young gay, lesbian and bisexual people. He wanted to work with SHine SA to promote awareness and change in both the school environment and the wider community to reduce the likelihood of this happening to other students.

He and a community health worker from the Northern Team organised and ran a consultation session with other workers and community members who felt strongly about the issues of homophobia. The group included a school counsellor, a teacher, a sexuality educator, two young people who had recently left school, and two parents from PFLAG (Parents and Friends of Lesbians and Gays). All had come in contact with the negative health effects of homophobia and intolerance in school environments.

The information gathered at this consultation formed the basis of a SHine SA submission to Living Health in early 1998. It proposed establishing a 'whole school community' project in a Northern

high school. The project aims to address the issues of sexual diversity and homophobia at all levels of the school community including, principals, teachers, coordinators, students and parents/carers. A project officer would be appointed and

would be based in the SHine SA Northern Team and work closely with the school and a range of organisations and community groups.

SHine SA is awaiting the final decision about funding of this project.

Myth: Men who rape other men are gay.

© SHine SA



Reality: Most rapes of men and boys are committed by heterosexual men.

Understanding and Challenging Homophobia

- CEC Elective

This elective aims to provide opportunities for participants to explore and discuss the significant meaning and role that diverse sexualities play in our society.

Throughout the workshop participants are taken through a variety of activities which help to explore the impact that attitudes and values about homosexuality have on all the community.

Even though most of the participants had a commitment to reducing the impact of homophobia in their work place and with their client groups, some found they also became conscious of their own 'deeply rooted' homophobic attitudes.

A new exercise 'Are we doing it proud?' was used and this enabled participants to reflect on whether or not their own work place was supportive and non homophobic. This exercise also allowed participants to identify some steps which they could use to influence their own place of learning or work to benefit both workers and consumers.

This program has developed further over the last 12 months but it is recognised that it has the capacity to develop even more to help meet the strategic directions of the organisation. We will be consulting with other organisations and workers about these possible new directions.

Comments included:

- "Gained a personal understanding and realised how I can make a difference."
- "Great sharing of experience, opinion and information"
- "Having guest speakers was excellent - it provided a current view of young adult lives"
- "The more strategies for dealing with homophobia the better"

Heterosexism

The assumption most people make is that everyone is heterosexual and those who aren't are abnormal or deviant. This assumption is called heterosexism.

Heterosexism describes the conscious or unconscious exclusion of gay, lesbian and bisexual orientations by individuals and by social institutions.

"Affirming Diversity - An educational resource on Gay, Lesbian and Bisexual Orientations, New Zealand Family Planning Association".

Health in Difference

National Lesbian, Gay, Transgender and Bisexual Health Conference

Four staff from Shine SA attended the second national Health in Difference (HID) conference in Melbourne in January 1998. This conference brought together a broad range of participants and presenters including community members, academics, service providers, researchers, volunteers and paid workers in community organisations.

The theme of the conference was "Queering Agendas" and the program reflected this to varying degrees. Some examples are: a Forum for general practitioner's and nurses about working effectively with lesbian, gay, transgender and bisexual people; presentations about school and tertiary education curriculum; influencing organisations to challenge homophobia / heterosexual dominance.

Shine SA staff attended different sessions to ensure a good cover of the program and topics included: setting up a cancer support group for lesbians; making the cervix screening program relevant to lesbians; a photographic story of a person's transgender journey; having better orgasms (lesbian only session); lesbians and counselling; responding to disclosures of male sexual assault; young gay men from Aboriginal and non-english speaking backgrounds; well men's clinic; uneasy gender; biphobia; lesbian and gay anti violence project; here for life anti suicide project. The program was pretty packed and at times rushed due to the volume of presentations. So many issues were raised with limited time to tease out in depth. The success of the conference could be gauged by the fact that conversations have continued long after the conference ended.

Latex Gloves

Latex gloves offer protection for broken or severely chapped skin and torn cuticles during fingering of the vagina or anus. Do not share or reuse.

We presented a summary of the conference at an All Staff Meeting, reflecting on the challenges for Shine SA in ensuring our services are relevant and appealing and welcoming to lesbian, gay, transgender and bisexual people. In particular, we noted the learning and development we require to begin to increase our services to transgender people.

In discussing the value of this conference we raised the possibility of South Australia hosting the third HID conference and decided to initiate a meeting with some other key agencies. It is now confirmed that South Australia will host HID 3, with the organising committee including people from Shine SA, AIDS Council of SA, Women's Health Statewide and People Living With HIV/AIDS. So look out for HID 3 in Adelaide in October 1999.

Respect Difference

It doesn't matter if a person is:

- female or male
- gay, lesbian, bi-sexual, transgender or straight
- of a different race, cultural or ethnic background
- married, single or in a defacto relationship
- in a sexual relationship or not
- from any race or ethnic group
- disabled or able bodied

Ensure their right to be safe from violence. Including rape.

Sexual Health Counselling

SHine SA has Sexual Health Counsellors in each of the Primary Health Care teams. You may want to talk about:

- Sexual Difficulties
- Sexual Assault/Abuse
- Living with HIV/AIDS
- Making choices about parenthood
- Unplanned Pregnancy
- Post Abortion Counselling
- Sexuality/Sexual Relationships

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

"Queering" the Sexuality Curriculum

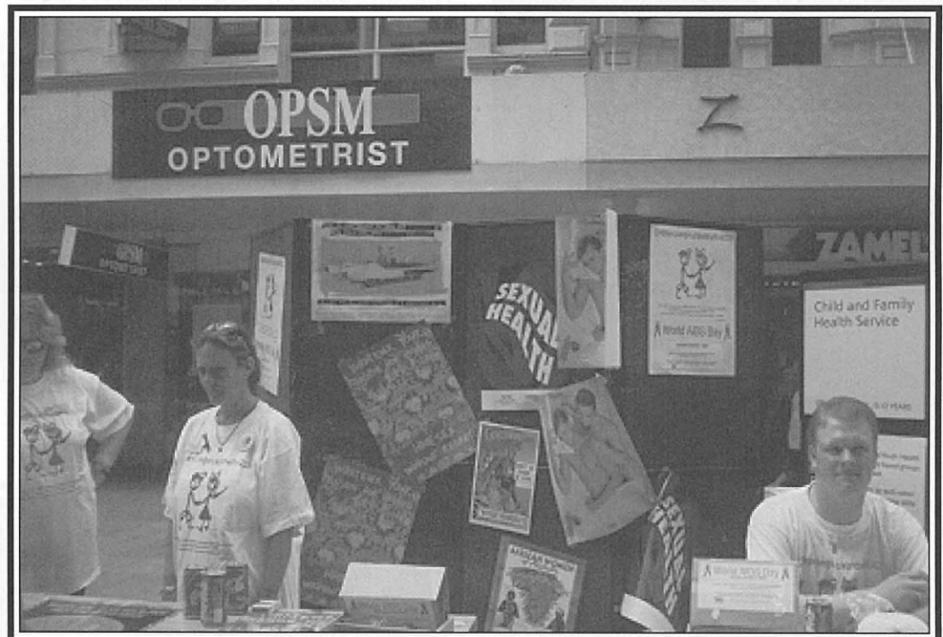
"Queering" the Sexuality Curriculum - A report on a work in progress - the Community Education Courses of Shine SA. A paper presented at the second Health in Difference Conference, Melbourne, Jan 98

One of the major themes of the conference was "Queering the Health Agenda". A Community Health Worker from the East-West Team of Shine SA chose to use this theme as an opportunity to put on record some of the historic curriculum changes in Shine SA's community education courses which have contributed to the systemic changes in the organisation itself - and ultimately vice-versa. As this Annual Report testifies, the agency has turned itself around from being a contraception, gynaecological health and birth-spacing focused organisation - aims which it still supports - to one which has a broad definition of sexuality & sexual health and which explicitly builds in frameworks to support the process of "queering" the agenda of other organisations! The paper also remarked upon some of the particular pitfalls which have existed for lesbian, bisexual and gay workers in their attempts to contribute to these changes, and some of the strategies which have made it a safer process for them and for participants in training programs.

The paper identifies a challenge for organisations wishing to embrace a "queer" agenda. This is that of developing and maintaining a commitment at the same time to broader principles of social justice in the support of people from diverse cultural backgrounds and abilities. "Queer" people are everywhere. Everyone stands to gain from a freer understanding of what sexuality and gender is for them.

The paper also identifies that an emerging and urgent concern relates to the way in which SHine SA builds in processes in its training programs to explore gender issues in ways which put transgender people in a position of voice and influence. Stay tuned.

Safer Sex Begins With You



SHine SA Staff Members at a World AIDS Day stall, Rundle Mall, 1997

Homophobia

The fear and hatred of those who love and sexually desire those of the same sex. Homophobia ... includes prejudice, discrimination, harassment and acts of violence brought on by fear and hatred.

Dams

For good, safe oral sex. Latex squares come in different colours and flavours. More sensations if you use with Lube.

Examine Your Testicles

when taking a shower or in the bath. Look for any hard lumps or swelling which could indicate a problem.



Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

Contribute to
increasing the
capacity of
countries and
communities in
the East Asia/
South Pacific
region to achieve
better sexual and
reproductive
health.

Objective

Shine SA is committed to developing the competence and confidence of nations in the South Pacific and East Asia region to advocate for their own sexual and reproductive health. 40% of the world's population lives in this region. Their health and well-being is a concern for us all.

Training of Trainers - Wewak, East Sepik Province, PNG

In mid 1997 the Project Manager of the East Sepik Women's and Children's Health Project (ESWCHP) approached Family Planning Australia for assistance to provide training. Two educators were required for a Women's Health Training of Trainers, Community Education Course in Sexual and Reproductive Health Care to be held in Wewak, Papua New Guinea (PNG) in November/December 1997. The East Sepik Province covers an area of 200km x 400km in the north of PNG with few roads and limited access only by truck or canoe.

The ESWCHP has in place a very organised structure of 300 Marison Meri (Medicine Women) and Community Based Distributors (CBD's) who are supported by the village to provide basic clinical and preventative and family planning health services to the village people. The ESWCHP and Save the Children Fund New Zealand support the Marison Meri and CBD's with education and medical supplies and equipment. They sometimes travel by road, but often on foot or by canoe.

It was for these village Marison Meri's and Community Based Distributors that the 26 trainers were being trained to provide a sexual and reproductive health course in January 1998. An ambitious project alone, but at the same time a group of midwives were to provide a Safe Motherhood course for another 150 village CBD's and Marison Meris, 300 people were to attend the January Training!

Supported by Family Planning Australia with fares and a daily allowance, Family Planning Australia's South Pacific Project Officer and myself as SHine SA Nurse Educator were to provide this education course for 26 Nurses and Community Workers.

We arrived in a very hot and humid Wewak without cases or training material as they had been off loaded wrongly somewhere



Workshop Participants, Wewak, PNG, 1997

on the way. It is a very busy and difficult time to travel in PNG with many delays and much time spent waiting around.

Our class room was situated in the hospital grounds, on the second floor so we could see the sea and all that was happening around us. There were fans to help stir the air, but they were so noisy that I had to shout to be heard or we sweltered. We moved to the Library for the last 4 days with air-conditioning (and a resident rat) but it was harder to acclimatise when we came outside again, as there was no air-conditioning anywhere else.

The course began. The students were very committed from the start. As the participants were all staying together in varied accommodation there was much discussion about the day's learning while they gathered the firewood and cooked fish or sweet potato that we had bought at the markets on the way home in the truck. Much of the discussion that occurred for the first few days was about sexuality and different sexual practices we had talked about in the class room, and claims that these practices did not occur in PNG. However gradually we were approached by participants who told stories of their own and some of their clients' experiences. This reinforced to us that there was much to be discussed. Gradually the participants relaxed and become more talkative. We saw a shift in values, acknowledgement of the sexual practices in the community and discussion on many cultural practices.

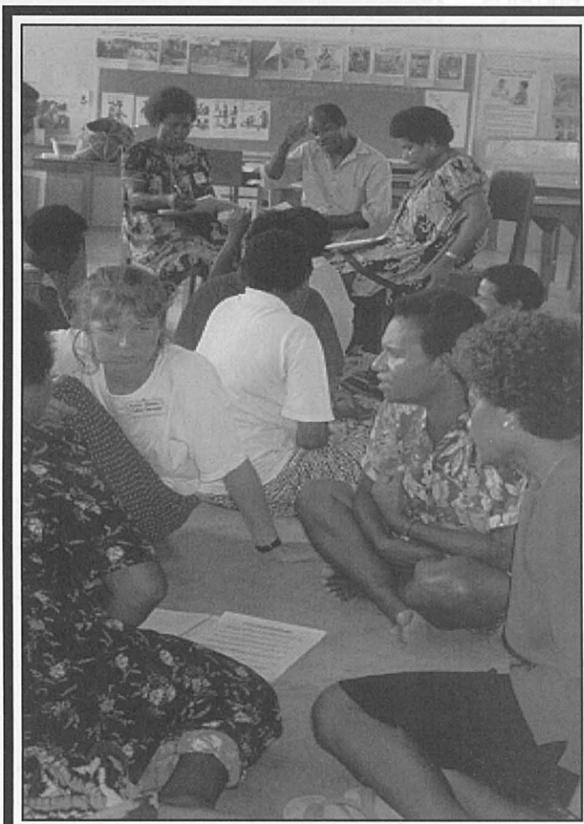
The most difficult concept to discuss was women's sexuality and women's sexual pleasure. The participants could only talk about what the community expected of the woman, although every one had a lot to say about men's sexuality. Abuse of women, sexual

violence and rape are all too common occurrences. This was pointed out very strongly to us when we participated as speakers at a rally organised by the "Sixteen Days of Activism Against Violence Against Women" committee. It was a powerful and intense time.

The second week rushed by. We were starting to think about the January Training. It was going to be hard for some of our participants, and some were quite frightened of the training. It was decided that as they would talk in Pidgin, the teaching notes should be in Pidgin and to save confusion they would all use the same translation of common terms.

Each participant took a session and translated it into Pidgin and presented it to the class where discussion occurred and adjustments were made. The last two sessions were translated by one of the Family Planning Nurses on the black board as we went along.

Our time came quickly to an end, with a graduation ceremony and photos. The other educator was lucky to return for the January Training which took place in the local Teachers College, and had the privilege of having a baby who was born during the course named after her (the mother knew her baby was due but didn't want to miss out and she was back in the class room the next day). Five hundred people (all of whom had to be fed) attended; three hundred were participants. The rest were children, baby-sitters and partners! It was a wonderful and rewarding experience with people who have a strong urge to learn new things that will assist their communities to lead healthier lives.



Workshop, Wewak, PNG, 1997

Condoms
A condom is the only contraceptive that will prevent pregnancy AND sexually transmitted infections.

Working and Learning Together

We were getting nearer to Vanuatu and the Captain announced that we could be in for some rough weather soon! Little did we know that what he meant was, cyclone Yali was in the area.

The fourth round of Community Education in Sexuality Training took place in Port Vila, Vanuatu during March/April 1998. Juliet Watts and John McKiernan from SHine SA and Vika Tikinitabua, Family Planning Australia's South Pacific Counterpart were the facilitators of the two week training which took place at the Tagabe Agriculture Centre, Port Vila.

Initially thirty two applications were received so we decided to seek further funding for a third facilitator which would allow all participants to attend the training.

Of the original thirty two applicants, seven people were unable to attend but these places were quickly taken up by six other community workers. There were 16 women and 15 men and 10 of these participants were under 25 years of age.

When we arrived at Tagabe on the first morning of training only 7 participants had arrived but gradually another three of the participants arrived giving us a total of 10!! Most of these participants were from Port Vila and cyclone Yali had not prevented them from attending. "Where are the others?" we asked, only to be told that cyclone Yali had stopped flights from coming in from the other Islands. Some decisions had to be made! One facilitator went to the airport to find out what was happening and when we could expect participants to arrive. Another went on a search for audio visual equipment whilst the third facilitator got the training happening. After all we had a two week training program to run.

The Official Opening to the training was held on the first day and was followed by a shared lunch with invited guests. In the afternoon the participants decided that it was important to start the training and not wait until everyone had arrived. Some flights only come in twice a week.

The training got under way and participants were arriving up until the Monday of the second week! We decided to develop a 'buddy' system whereby other participants informed people who had arrived late of what had been covered prior to their arrival. This meant we did not have to keep stopping and starting every time a new participant arrived. From the feedback received this worked well.

Participants came from the Provinces of Torba, Sanma, Penama, Malampa, Shefa, Tafea and the Municipalities of Vila and Luganville. NGO's and Government Departments were represented by: Vanuatu Society for Disabled People, Dept., of Youth and Sport, Vanuatu Red Cross, Family

Health Care Project, World Vision, Rural Women's Office, Youth Representatives from Vanuatu Cultural Centre, Family Health Unit, Dept. of Health, Maternal and Child Health, Vanuatu Centre for Nurse Education, Rural Skills Training program.

Participants came with a variety of knowledge, experience and skills in the area of Sexual Health and even though many people were not Community Health Workers, they believed that sexuality education was an important aspect of their work.

Adult Learning principles underpinned the methods used to provide the two week training. For most participants this was a 'different' way of learning: The exposure to experiential and participatory learning created opportunities for participants to develop ideas for programs using more effective learning strategies. From the amount of laughter in the room and the eagerness that participants showed to get involved in group activities, this way of learning proved to be a 'hit'.

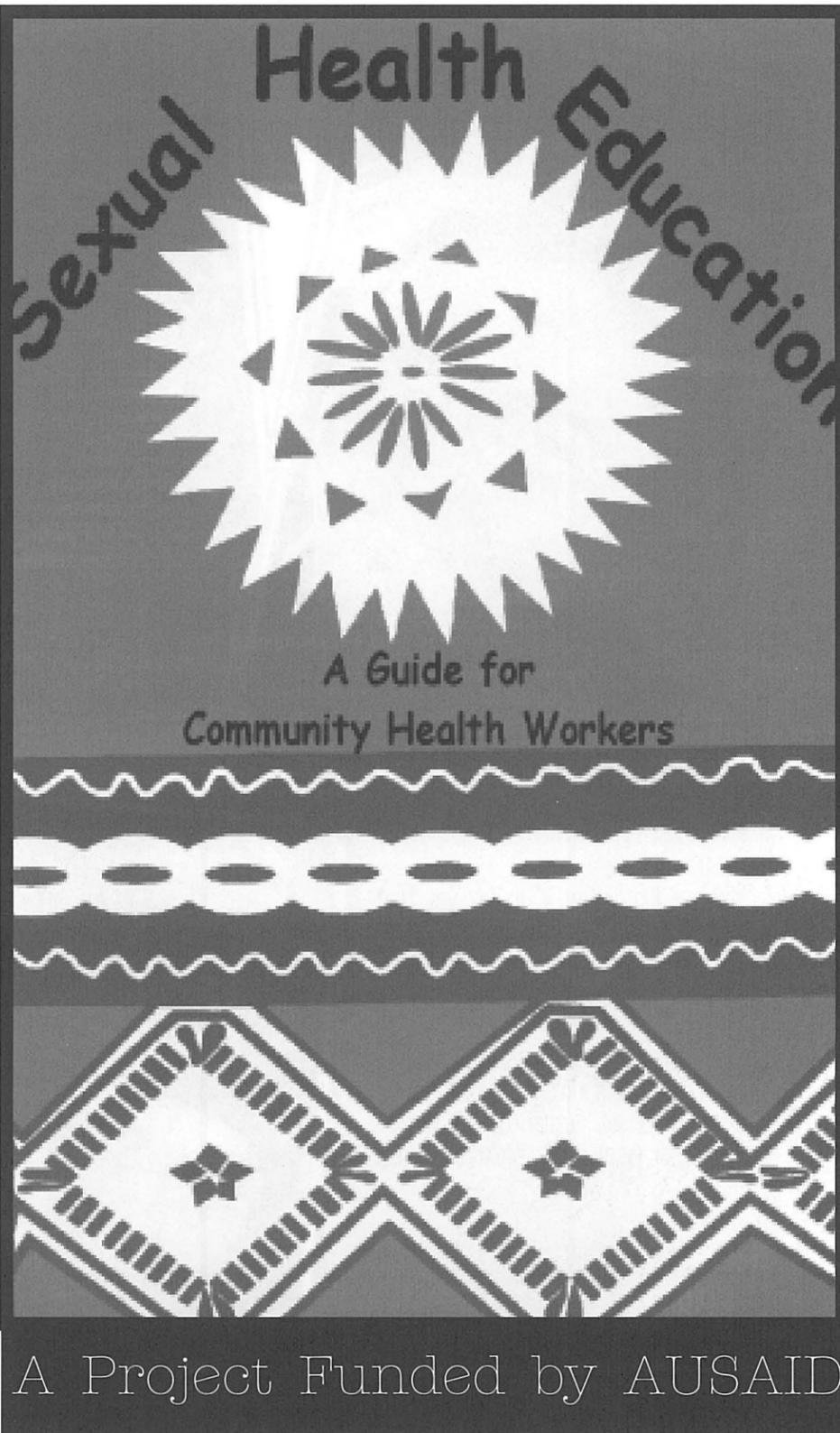
Nine Vanuatu Health Workers were used to provide local information and statistics. As there were ten participants under the age of 25 we decided to provide an opportunity for young people to have a space in the program to have their issues heard. This created some lively discussion with participants acknowledging that young people are often forgotten and seen as not having anything worthwhile to contribute. This myth was soon contradicted.

By the end of the first week it was clearly evident that people's values were changing. Participants took risks to challenge others and this created 'hearty' debate around the many issues of sexuality. Sexual diversity was explored towards the end of the second week and participants openly stated their responsibility for providing sexual health education to people regardless of their sexuality. Participants identified the need to work in partnerships to improve the health of the whole community. When we heard this statement we knew that the fourth round of training had been a success. We had met our objectives!

We finished the training by having a night out together at one of the many waterfront restaurants. This provided an opportunity to socialise and to start to say our goodbyes.

On the last day we had the official closing ceremony where participants received their completion certificates from the new Minister of Health. We then 'tucked' into a marvellous South Pacific feast of suckling pig, salads, curries, vegetables etc.

Despite the continuous rain, the change of government and the late arrival of many participants this was two weeks of shared learning for all facilitators and participants. Even Cyclone Yali couldn't stop the fun!!!



The Manual Developed for the South Pacific Project

Hepatitis B

- ← A viral infection which can affect the liver.
- ← Spread by exchange of body fluids (blood, semen, vaginal discharge & anal mucus) during unprotected vaginal sex, anal sex or oral sex and sharing needles.
- ← Diagnosed by a blood test.
- ← Almost 2% of Australians are carriers of Hepatitis B and may be at risk of serious liver damage.
- ← A vaccination to protect against Hepatitis B is available.

For further information contact:

Sexual Health Hotline

8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)

9-1 pm Monday - Friday

Email sexualhealthhotline@health.sa.gov.au

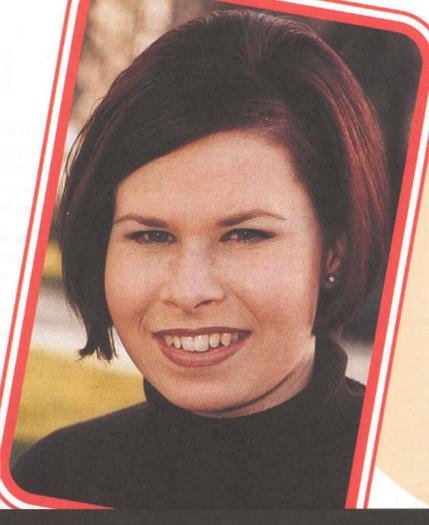
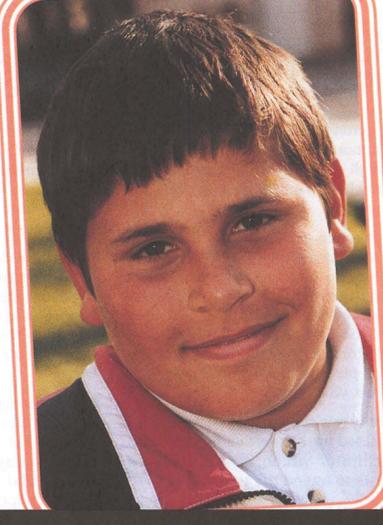
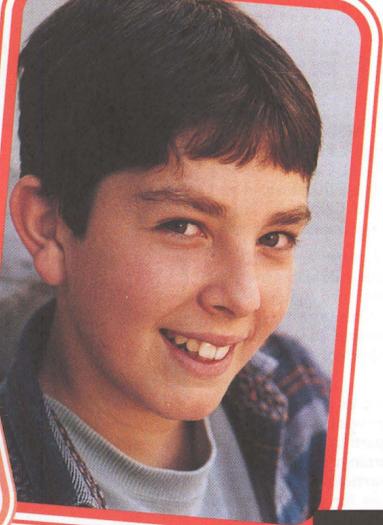


Vanuatu, 1998

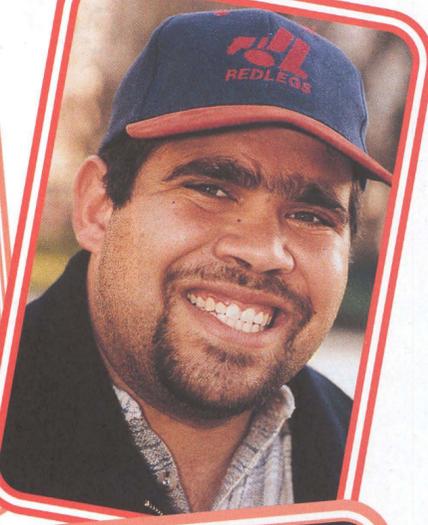
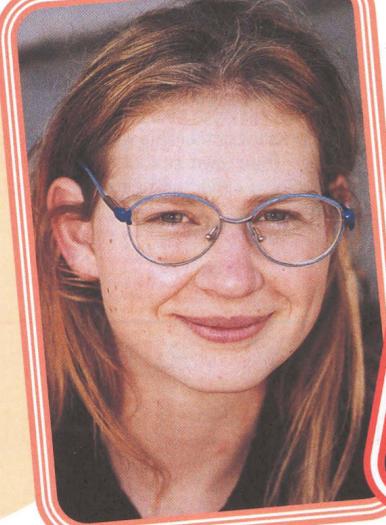
Myth: Once a man is turned on, he can't control himself.



Reality: Rape is a choice to control and degrade another person.



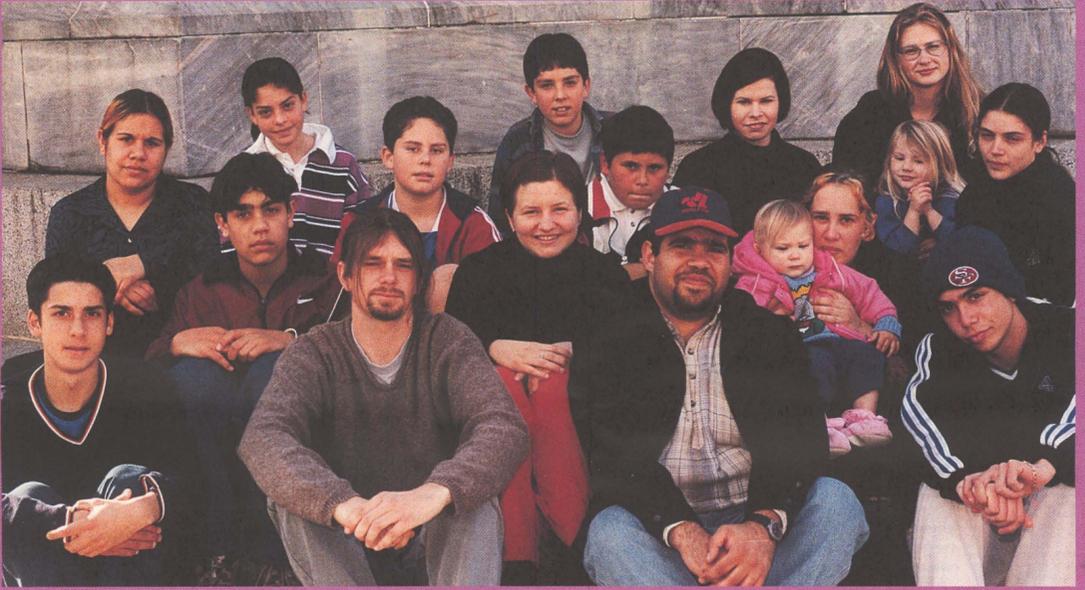
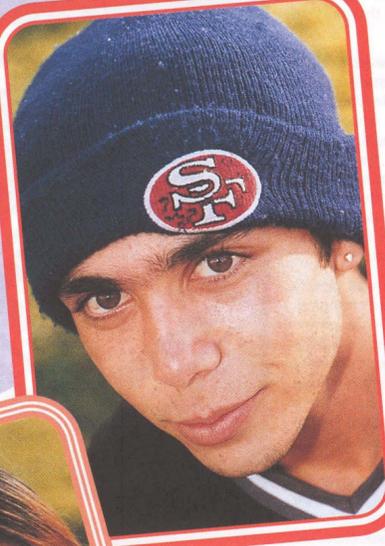
"Don't rely on your sexual partner to know more about your body than you do. You will make more educated decisions & have better sex if you understand how you & your partner's bodies work. Everyone has different sexual responses"



Talking About Sexual Health... Listening to Young People

"She was too 'out of it' to say yes. That isn't consent. No one wants to be forced to have sex. Rape is a frightening & degrading experience."

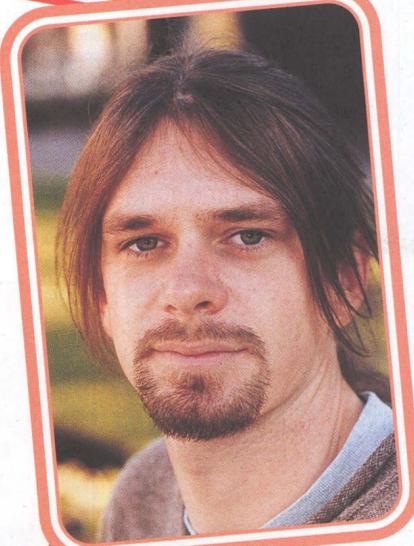
"I'm surprised by the number of young men who think it's okay to use force on a female for sex. Sexual coercion should be seen for what it is ... violence against women."



Young South Australians..... the future of this State.



Thanks to Shine SA's Roving Reporters, Rebecca & Kerry



"Don't get stressed about what other people will think about you or about your sexual preference, it's nothing to do with them"



"Mum tries to protect us from that stuff"

"Contraception?"

Cyber Sex is safe - that is unless they get your address!"

"Main issues are about being comfortable with yourself and being secure & assertive enough to demand safe sex whether it's a casual or long term partner"

"Safe Sex means really thinking hard about it before making the wrong decision about something that may completely turn your life upside down"



"I want respect for deciding to have a baby because I'm ready even if I'm young"

"No exchange of bodily fluids - use Protection"



"Safer sex is about emotional safety too! Its not just the physical. Value yourself enough to worry about your sexual health then you will value other people"





Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

**To work in
partnership with
rural and remote
communities to
support and equip
them to advocate
for their sexual
health needs.**

Objective

Rationale

SHine SA acknowledges the difficulties for people living in rural and remote areas in accessing sexual health services due to their geographical isolation. SHine SA works in partnership with these communities to support and equip them to advocate for their own sexual and reproductive health needs and focus education and training opportunities on the rural/remote workforce.

Sexual & Reproductive Health Education & Training for Rural & Remote Workers

The sexual and reproductive health of Rural and Remote South Australians is always a concern to SHine SA.

A number of our activities such as the Nurse Training, General Practitioner Training and the Community Education in Sexuality formal courses have been accessed by workers from the country. Also a number of training programs such as Teacher training, Disability worker training and Counsellor training have been provided in the country.

The Generic nature of workers in the country, working in small teams or in isolation across often large distances means that Sexual and Reproductive health is only a small part of their responsibilities. Community perceptions and sensitivity often act as a barrier to dealing openly with issues, and the priority is reduced demand for services by competing sexual and reproductive health agencies.

It is essential that we support the workers and raise the profile of sexual and

reproductive health issues that may impact on the health and well-being of country people especially young people.

The most obvious opportunity to positively influence Young people to care about their sexual and reproductive health is in the school environment. The education authorities in conjunction with health agencies have developed a comprehensive curriculum and support materials. The task now is to support school Teachers to ensure that these programs are effectively implemented in country schools.

Providing training for Teachers is only a small step in this process. We need to encourage school communities to commit themselves to implementing the programs, with the necessary effort to make them effective.

This often relies on the priorities set by school management, which may be influenced by their personal values and attitudes. How we can influence this decision making process is a dilemma, however we need to try to raise awareness of the need for Sexual and Reproductive health education

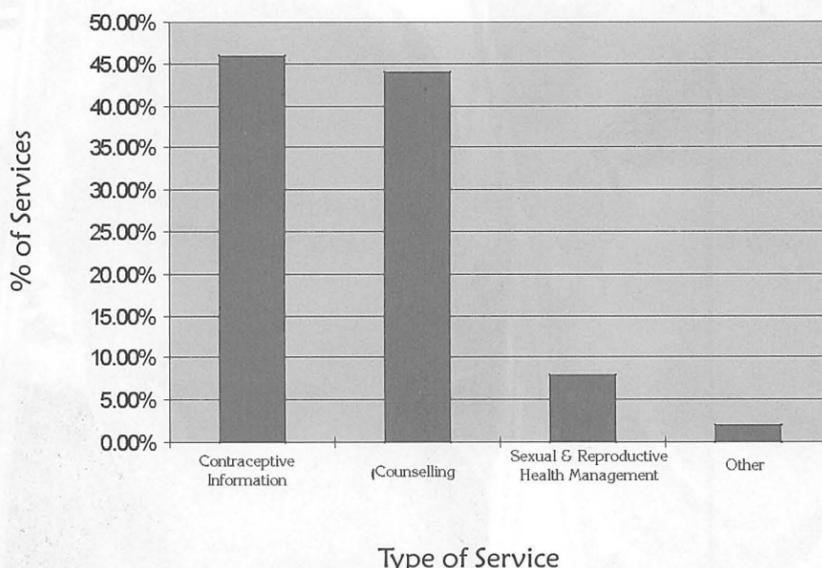
whenever we can, to impress on those who are reluctant and applaud those who are committed.



Training of Health Workers in the Country

Telephone Services Provided by Category - 1997/98

Telephone Services provided by SHine SA increase rural and remote communities and workers access to sexual and reproductive health information, counselling and referral. The Sexual Health Hotline and staff in Primary Health Care Teams provide telephone services.



Providing Information

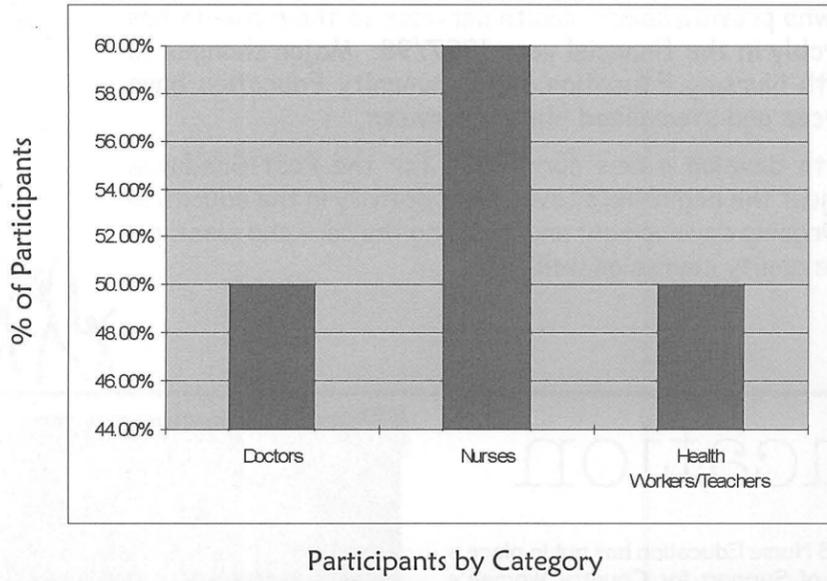
SHine SA produces a comprehensive range of high quality, easy to read information leaflets on sexual and reproductive health, many of which have been translated into other languages.

In 1997/98 approximately 120,000 leaflets were distributed across South Australia to doctors surgeries, other health service providers, schools, hospitals and community groups.

The Pill

The pill is used to stop you getting pregnant. It is made from 2 hormones (oestrogen and progesterone), like those in your body. It stops a woman's body making an egg (ovum) every month. It changes the inside of the womb (uterus) so a fertilised egg cannot grow. It makes the mucus (sticky fluid) at the entrance of the uterus thicker, so sperm cannot get through.

Participants in Professional Education/ Training from Rural/Remote Areas



Roxby Downs Health Expo

Roxby Downs can only be described as an oasis in the bush. As the service town for the Olympic Dam Mine the town is an inspiration of architectural sensitivity.

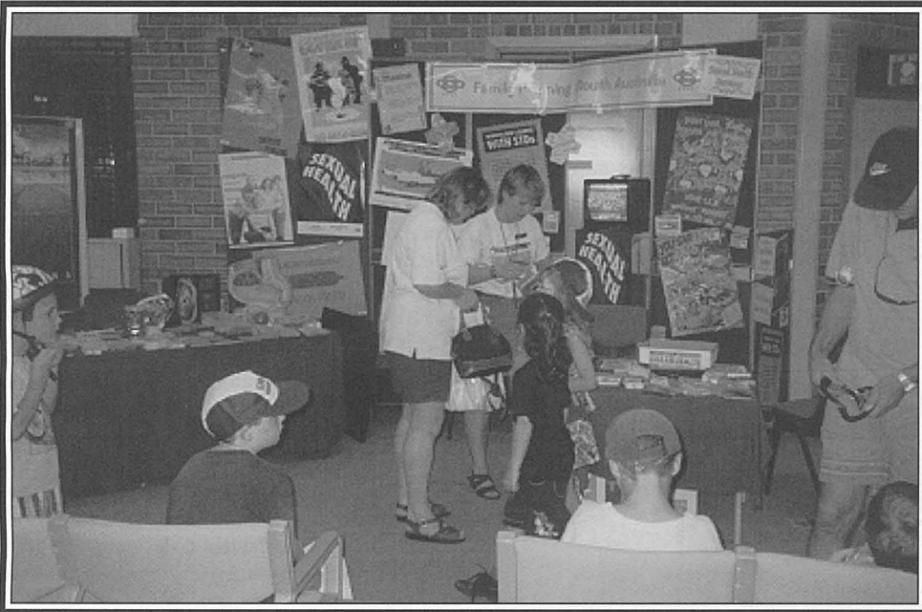
The population is serviced by a small community health team who organize with the community a regular Health Expo. SHine SA was invited to participate in the 1997 Expo and two workers participated by having a Sexual and Reproductive Health Health Promotion display.

The interest was most encouraging with people from not only Roxby, but other nearby communities visiting especially Woomera and Andamooka.

The population of Roxby is dominated by young families and the majority of our enquiries reflected this with contraception enquiries being of greatest interest.

The effort to be involved in initiatives like this is necessary as the isolation of these communities is often a barrier to access up to date information. By being involved we are also able to raise awareness of the issues and empower people to make informed decisions to minimize risks to their sexual and reproductive health.

Roxby Downs Health Expo



Country Regional Health Boards & SHine SA

Recent research has shown that Country Regions are not very familiar with SHine SA and its role, a situation which is understandable as the regions are still coming to terms with their role and are in the process of establishing the needs of their communities.

There is a commitment to Primary Health Care shown in all regions which creates opportunities for SHine SA to collaborate with and advocate for Sexual and Reproductive health initiatives.

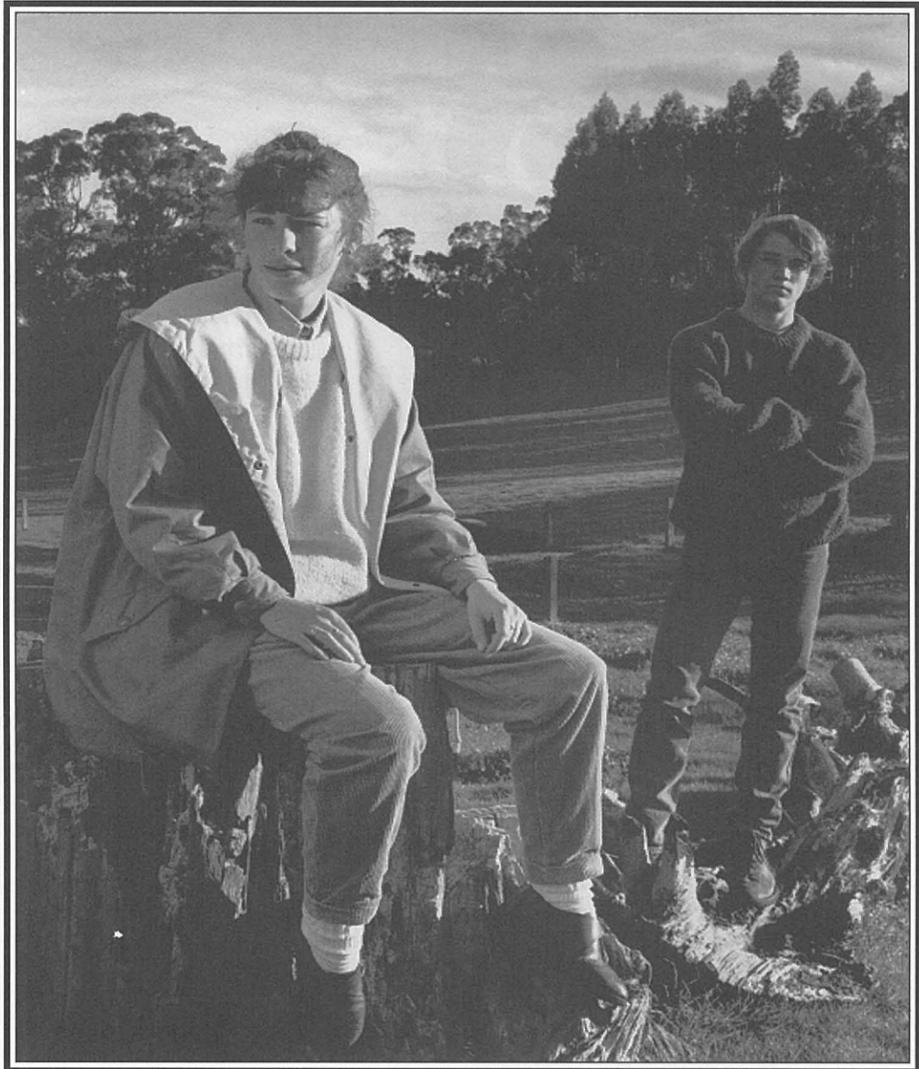
The opportunity for coordinated approaches, for example young peoples' health will be of benefit. We need to develop close relationships with the Country Regions to enable us to assist in the planning, resourcing and implementing of sustainable programs.

SHine SA is interested in establishing and maintaining links with regional offices to facilitate support.

Building better links with Regional Health bodies is important to SHine SA and we would welcome any enquiries.

Some Things To Do To Make Sex Safe ...

- Make sure your sexual partner/s want to have sex.
- Remember NO means NO.
- Talk about sex with your partner/s. Talk about the things that you want to do and the things you don't want to do.
- Come prepared! Condoms, lube, dams, gloves. It all depends on what sort of sexual activity you have planned.
- If you need more information about safer sex you can talk to a health worker, counsellor or doctor. You can talk about how to use condoms, lube, dams and gloves properly.
- Remember that drugs and alcohol can influence your decisions about safe sex.



Young Men and Young Women in Rural and Remote Communities require access to sexual & reproductive health information and resources.

Myth: Men and boys are not raped.



© SHine SA

Reality: Men and boys are raped.

Sexual Health Hotline

9am to 1pm, Mon - Fri

(08) 8364 0444

1800 188 171 (Country Callers)

(08) 8431 5177 (TTY)

sexualhealthhotline@health.sa.gov.au

(Email)

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 provided by nurses and operates:

Monday - Friday

9.00 am - 1.00 pm



Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

To plan for and
develop FPSA into
an organisation
at the forefront
of sexual and
reproductive
health education
and advocacy in a
competitive
environment.

Objective

Rationale

Support for community workers who provide sexual health services to their clients has increased and expanded considerably in the financial year 1997/98. 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!

Nurse Education

Nurse Education at SHine SA continues to provide Post Graduate continuing education in Sexual and Reproductive Health for Registered Nurses. At the end of 1997 the Nurse Educator position was reduced to 0.5 FTE. This change has reduced the delivery of the Theory Component to 2 courses a year, with a six day continuous course in September and an extended course from February to June. An extra, more practical day, offered as a seventh day of the course has assisted nurses to prepare for the Clinical Component. SHine SA Registered Nurses have presented sessions in the Theoretical Component and the preparation for the Clinical Component day. It has been pleasing to note that participants have included male Registered Nurses attending the course this year and many of the nurses are working with SHine SA communities of interest.

The reduced Nurse Educator position has also seen the devolution of the organisation of the Clinical Component to the Primary Health Care Team Registered Nurses at SHine SA. The training offered by the Preceptors has been of a high quality and is very focused on the needs of the Nurse doing the Clinical Component, who in many cases works within the boundaries of the Primary Health Care Teams.

In 1998 Nurse Education has put in place a Model of Support for Country Women's Health Nurse Practitioners. The model has arisen out of consultations with rural and remote nurses. It provides the newly trained Nurse Practitioner with support from the Preceptor, who provided the initial support during the Clinical Component, for a twelve month period, with the setting of learning goals and regular contact with the Preceptor. Identification of support people and resources also provides the newly trained Nurse Practitioner with an excellent resource. A Peer Review at 12 months completes the support to the Nurse by the Preceptor.

As part of this model, new information provided by SHine SA and current literature is sent to the rural nurses by the SHine SA Library Officer and the Nurse Educator. The Preceptor, the Primary Health Care Team Nurses, and the Sexual Health Hotline are also available to provide on the spot information if needed.

The twelve month model of support is offered to all SHine SA newly trained Nurse Practitioners and a follow-up package has been produced by SHine SA Level 3 Nurses to facilitate this support. This support has already proved to be beneficial to the nurses who have completed the Clinical Component in 1998.



Registered Nurse Course Participants, 1998

Chlamydia

- ← The most common STI caused by a bacteria.
- ← It often has no symptoms.
- ← May cause pain when urinating (peeing), a discharge from the penis in men or vagina in women or pain in a woman's lower abdomen (belly).
- ← Can be serious as it may cause pelvic inflammatory disease (PID) in women, and infertility in both men and women if not treated.
- ← Easily diagnosed with tests.
- ← Needs to be treated with antibiotics.
- ← Sexual partner(s) need to be treated to prevent spread of the infection.

For further information contact:

Sexual Health Hotline

8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)

9-1 pm Monday - Friday

Email sexualhealthhotline@health.sa.gov.au

Be STI Safe

Sexually Transmitted Infections are **NO** joke!

STI's can be passed from person to person through sex. Some of these are:

- Chlamydia
- Herpes
- HIV/AIDS
- Syphilis
- Gonorrhoea
- Hepatitis C and B

Sexual Health Counsellors - East/West

Two workers share the Sexual Health Counsellor position in the East/West Primary Health Care Team. One-to-one counselling appointments are available on every day of the week. Issues covered need to fit under the umbrella of sexual and reproductive health and might range from the problems of living with the herpes virus, for example, to the disappearance of sexual desire between a couple (of any sex). Emergency appointments are made available to people with unplanned pregnancy issues.

Other work involves group work and education. One such new program this year has been developed in conjunction with the Migrant Health Service to bring sexual health education to Kurdish refugee women. Over a six week period, a Sexual Health Counsellor met with 6-9 women and, working with an interpreter, slowly opened up traditionally taboo areas of knowledge. Female and male sexual anatomy and physiology, the intricacies of the human sexual response, and the role of female sexual pleasure. *All learned from this experience!*

Sexual Health

Sexuality and sexual health are inter related but separate concepts. Sexual health is a measure of how a person experiences their sexuality. These measures can be **disease based**, such as having a sexually transmitted infections **organically based** such as having a physical disability which interferes with sexual activity or fertility or **psychosocially based** such as feelings a person may have about sexual activity, relationships or their sexuality.

This understanding of sexual health is consistent with that developed by the World Health Organisation which defines sexual health to be -

The capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic;

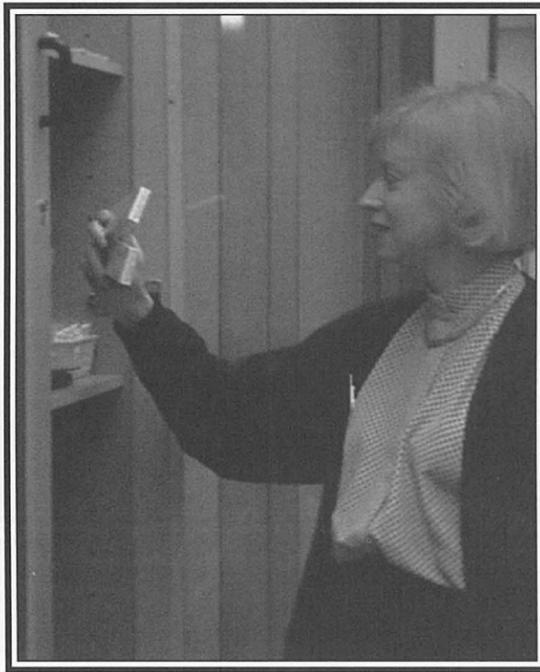
Freedom from fear, shame and guilt, false belief etc which inhibit sexual response and impair socio-sexual relationships;

Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive function.

Sexual health is much more than being free from disease.

Dispensing of Drugs in SHine SA Clinics

In August 1997 two staff members, in consultation with members of the Medical and Nursing Advisory Committees and in collaboration with staff of the South Australian Health Division introduced new procedures for the stocking and dispensing of pharmaceutical products at SHine SA. Every clinic site at SHine SA now has a License to Dispense drugs. The change has meant that most clients are now issued with a prescription for any drugs they may require including oral contraceptives. The procedure ensures that all clients, particularly young clients will not be disadvantaged if they are unable to acquire their supplies from a pharmacy. The Emergency Contraceptive Pill is dispensed from all clinic sites. Primary Health Care team staff have liaised with local pharmacies to ensure that clients have access to products at reasonable prices.



SHine SA Doctor Dispensing Drugs 1998

The Janet Browning Library

Education and training have been identified as Core Work by SHine SA's Strategic Directions 1997/98 - 1999/00 which states:

"...will implement a range of training and education strategies directly with the communities of interest and with workers in the health, education and community sector".

The continued development of sexual and reproductive health education is enhanced and improved by the delivery of quality Library, Information and Resource services.

The purpose therefore of SHine SA's Library, Information and Resource services is to provide current, accurate written information and quality teaching material which:

- Ensures that members of the South Australian community have access to quality sexual and reproductive health information
- Supports the work of Education staff within SHine SA
- Supports a range of workers in the community who are responsible for sexual and reproductive health information.

The goal of the Library and the Resource Centre is to ensure the provision of Library and Resource services which are accessible and responsive to users' needs.

Together with our identified communities of interest and in partnership with a broad variety of organisations and individuals, a list of strategic objectives for Library & Resource Services 1997 - 2000 has been developed.

Following this plan, the existing library collections, across all SHine SA Libraries, have been increased by over 378 new additions to the shelf holdings. User activity has not been deterred by the introduction of an annual Library Membership fee and 104 new members were registered for the year July 1996 - June 1997.

One area which has been expanded is the use of volunteers. The Library now has four volunteers, all working on different days and at different times. They are a very multi-talented group who willingly undertake a broad variety of tasks. The Library would not function as efficiently without these dedicated people and SHine SA is very grateful for their time and abilities.

With the assistance of the volunteers, it has been possible for the following services to be provided:

- 4877 information requests serviced
- The processing of 1475 loans for 986 borrowers
- Assistance given to 203 Library users with personal research

The National Family Planning Librarians biennial meeting was held in October in Perth. This provided an opportunity for consultation around the future expansion of information services, especially in regard to choosing the most appropriate software for the ever-changing technology.

The OPAC (on-line public access) terminal in the library has been upgraded and now has a CD ROM drive. Further additions are planned for next year.

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.

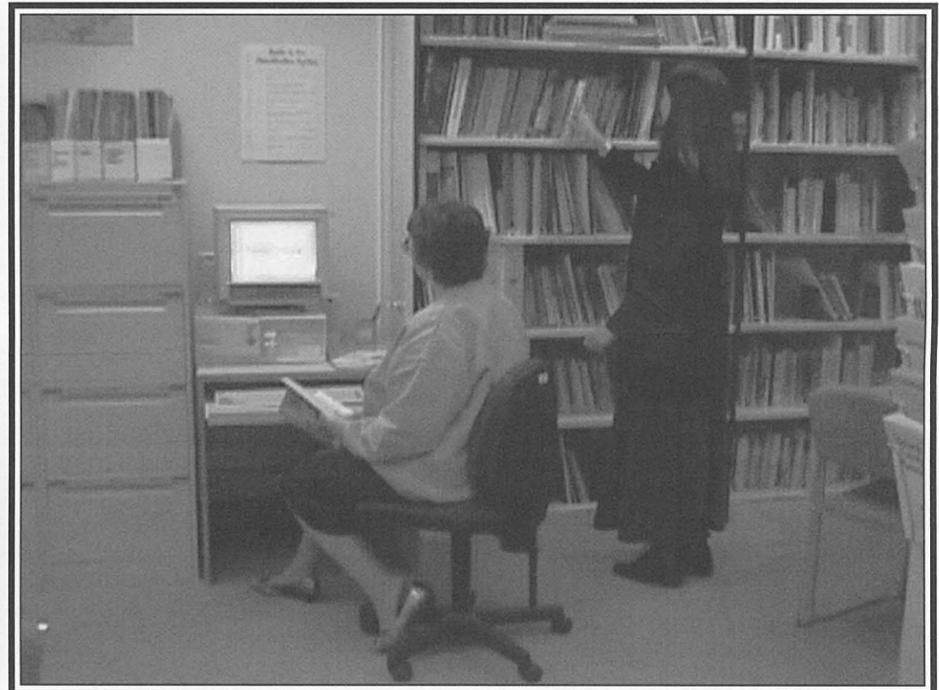
Fees are as follows:

- \$10 - Professional Education Participants and Workers
- \$2.50 - Students, Pension Card Holders and One-Off Borrowers

Assistance is available, please contact the Library Officer on 8364 5537 or 1800 188 171 (Country Callers) or SHineSALibrary@health.sa.gov.au (Email)

Library Hours:

Weekdays, 8.30 am to 4.30 pm



Library & Resource Officer, Kensington 1998

Community Education in Sexuality - Southern Core

The southern two day community education in sexuality core kicked off the year of professional education for SHine SA. The three Community Health Workers were quite panic stricken when only seven people had registered one week prior. After extensive promotion we managed to increase participant numbers to a lively group of fourteen.

Despite all three facilitators coming down with colds, flu and a number of crises the course was very successful. The group was

quite varied as it included workers from the disability field, social work and TAFE students, social workers, nurses and SHine SA staff. The input coming from their experience was invaluable learning and a highlight of the two days.

The feed back we received informed us that sessions involving contraception, STI's and HIV were very useful and participants found the activities very practical. Overall the program was enjoyable for all involved.

HIV/AIDS

- ← HIV is spread by exchange of infected body fluids - blood, semen, vaginal discharge and anal mucous. This exchange can occur through sexual contact or other activities such as sharing needles.
- ← People who come into contact with the virus develop antibodies (something the body makes to fight germs) which can be detected by a blood test.
- ← Blood tests can detect the antibodies 3 months after infection.
- ← If a person is HIV positive it does not mean that they have AIDS. They do carry the virus and can pass it on.
- ← There is only a small chance that the virus can be passed on through oral sex except in cases where there are cuts or sores in the mouth or on the genitals. It is best to avoid taking semen, menstrual fluid or vaginal discharge into the mouth.
- ← AIDS develops months or years after infection with the virus.
- ← Symptoms may include recurrent sweats, weight loss, cough, diarrhoea, unusual infections and tumors.
- ← Although there are treatments to keep people with HIV/AIDS healthier, there is no cure.

For further information contact:

Sexual Health Hotline

8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)
9-1 pm Monday - Friday

Email sexualhealthhotline@health.sa.gov.au

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 those questions it's time you had a Pap smear.

Contact your local General Practitioner or SHine SA Clinic.

Information Technology

SHine SA, in partnership with the Department of Human Services (SAHC) developed an Information Technology Strategic Plan for SHine SA which comprises two major elements: an Information Technology Strategy; and an Information Management System.

Appropriate information management strategies have been mapped to each of SHine SA's objectives and key result areas. This will ensure that the implementation of technology and information systems will address the business needs of the organisation and support its core business in the effective delivery of client services. The information management strategies take into account the broader environment of the health system, identifying technologies that enable the organisation to operate effectively within it.

SHine SA was successful in being included in the Community Health Upgrade Strategy by the Department of Human Services to upgrade the existing infrastructure and

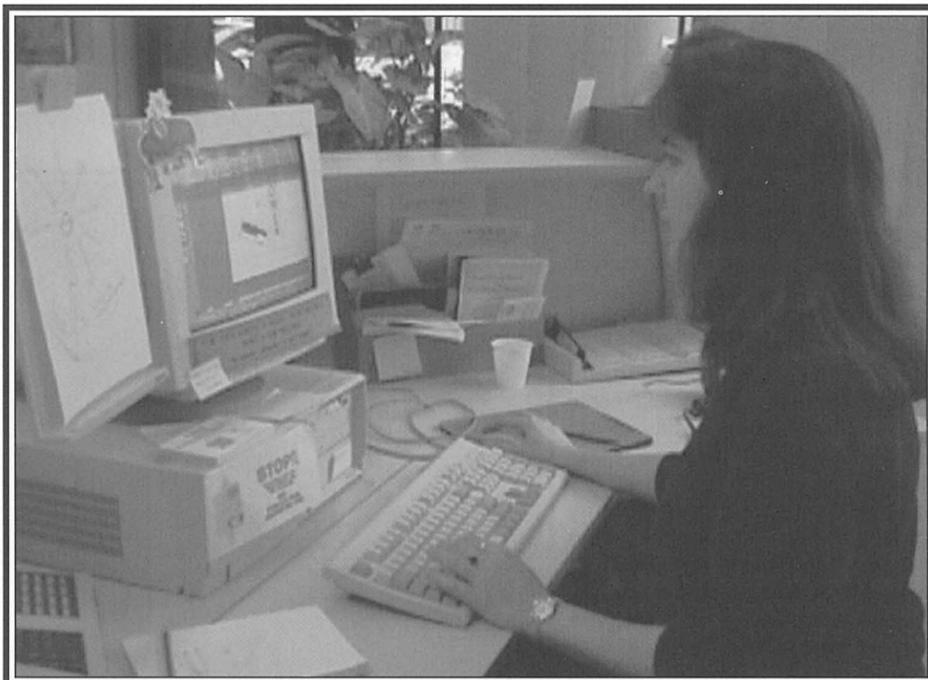
network the regional sites within SHine SA and within the broader health sector. In December 1997, the upgrade of the infrastructure and networking was completed. Staff attended training sessions on:

- Using a Personal Computer;
- Windows 95; and
- Exchange (Email)

Two SHine SA staff also attended a one week course on Network Administration using Microsoft NT.

SHine SA staff and clients have benefited greatly in having access to services such as email. This enables the organisation to access the regional sites and other health agencies.

The organisation has begun the process to develop an interactive Website. The Website Committee will work with an external consultant in the development of this site.



SHine SA staff member utilising new Information Technologies

Resource Centre

Membership of the Resource Centre now stands at 234 organizations who borrow extensively throughout the year. Staff members undertaking training and education programs also account for a large number of resource bookings. In total, this amounts to 3128 resources borrowed from September 1st 1997 till June 30th 1998. Processing for each loan is as follows:

- Each item is booked or reserved on the computer data base, physically accessed and packed, logged out and dispatched.
- On their return each item is unpacked, checked for damage or missing pieces, tapes re-wound etc, logged in and then put away.

The Resource Centre is a very busy place!

Early in 1996 some difficulties were experienced with the design of the software being used to manage the day-

to-day Resource Centre activities. This, together with the amount of daily "traffic" was a cause for concern. It was therefore decided to review the Resource Centre and its service provision, with two objectives in mind:

- to improve the delivery of Resource Centre services
- to upgrade and refine the software

As a result of the review, all the Resource Centre holdings were re-catalogued; the software was re-designed, and new systems were implemented which streamlined the process of receiving, processing and acknowledging all bookings. The

catalogues were re-written and (as a result of the new cataloguing process) all resources have been given new code numbers. On going evaluation has been introduced so that the users can provide us with constructive feedback on the usefulness, or otherwise, of any material borrowed. We welcome this feedback and encourage all users to take advantage of the opportunity to comment on any of the resources.

All borrowers are required to sign a Membership Agreement prior to bookings

being accepted. A copy of the Conditions of Borrowing should be read carefully before signing this agreement. An annual membership fee gives unlimited access to all films, videotapes and teaching resources as listed in the catalogues.

Lodgment of a signed contract

and payment of the annual fee constitutes membership.

Resources must be booked at least 5 working days prior to the required date.

Assistance with the selection of materials can be obtained from the SHine SA Primary Health Care Team nearest to your work location.

For further information, contact the Resource Centre Co-ordinator on

(08) 8364 5536 or 1800 188 171 - country callers

Email:

SHineSAResources@health.sa.gov.au

The Resource Centre specialises in sexual and reproductive health education resources and is unique in South Australia.



SHine SA Admin Officer, Resource Centre, Kensington 1998

Sexual Health Counsellors Advisory Committee

The Sexual Health Counsellors Advisory Committee consists of the sexual health counsellors from each region and a management team representative. The main areas of activity for this committee over the previous year have been:

- documentation of the areas of counselling offered by SHine SA
- review of the information available for clients on the counselling service

- exploration of quality assurance issues for the counselling service
- training and staff development for the counsellors and other SHine SA staff involved in 1:1 case work.

The discussion on training led to the development and running of a special workshop. Further information about this workshop is contained in the following report "Working With Common Sexual Concerns".

Myth: Drugs and alcohol cause rape.



Reality: There are no excuses.

© SHine SA



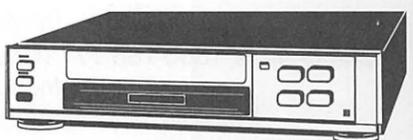
Resource Centre

A wide range of video-tapes 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. Booking forms can be faxed on (08) 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 (08) 8364 5536 or 1800 188 171 (Country Callers) or SHineSAResources@health.sa.gov.au (Email).





SHine SA Staff at the "Working With Common Sexual Concerns" Workshop

Northern Primary Health Care Team Clinical Report

SHine SA clinics offer people in the northern metropolitan area specialist sexual and reproductive health services, with the option to see female doctors and nurses. The region has fewer general practitioners than other metropolitan areas.

Northern SHine SA clinics are held at four sites: Munno Para and Modbury, which are general clinics, Salisbury Shopfront Youth Health Service for people under 25, and an Aboriginal Women's Clinic offered at Brady St, Elizabeth Downs.

Unfortunately, finding doctors to staff some clinics in the north remains the biggest obstacle to providing services at full capacity. This is not just a problem for SHine SA. The ratio of GP's per person is much lower in the northern area than in other metropolitan areas and some rural areas, and other agencies have similar problems in attracting doctors to work in the northern area. Despite this difficulty, SHine SA clinics have maintained a busy service: there were 2 341 visits to the SHine SA northern clinics between July 1997 and March 1998, which is 31% of all clinic visits across the organisation.

Some features of clinic services in the north are:

- the Munno Para clinic has a hydraulic bed which improves access for people with physical disabilities
- the Modbury clinic offers one evening session and this is always in high demand
- the clinic at Salisbury Shopfront caters specifically for people under 25 and staff ensure they can assist with referrals to other services relevant for young people

- the clinic at Brady St offers Aboriginal women an opportunity to see female staff about sexual and reproductive health in a community setting.

All clinics, except Brady St, are utilised for training of medical students, registered nurses and doctors. Clients are always offered the choice about having a trainee present, and many clients and trainees comment on the value of the training role of the clinical services.

There has been an increase in the numbers of people with an intellectual disability accessing our services with referrals increasing as more organisations and individuals hear about our work in this field. Quite often clients may be offered a 1:1 education program with a SHine SA worker to follow up the clinic visit.

We are promoting our clinic services more widely amongst culturally diverse communities in the northern area and strengthening links with existing groups and networks. Recently a group of Spanish women visited the Munno Para site to have a discussion about "What happens when you come to the clinic." A similar visit is planned for a group of Cambodian women following a recent education session at Salisbury.

Clinics in the north are demanding, and for the staff the work is intensely rewarding. We believe these rewards are also felt by the community, especially when we hear comments like; "You are so easy to talk to", "You make me feel so comfortable", "Thanks for your care, it was not as bad as I thought it would be", "I'll get my friend to come and see you."

Working with Common Sexual Concerns

In May 1998, SHine SA and the Australian Society of Sex Educators, Researchers and Therapists (ASSERT), in South Australia collaboratively provided a two day workshop for trained counsellors on 'Working with Common Sexual Concerns'.

Both organisations had separately identified a need to establish training in sexual counselling for their staff and members. In September 1997, SHine SA approached ASSERT with the idea of a developing an initial collaborative pilot workshop with the view to developing this further into a series of workshops to be presented to the broader professional community in both metropolitan and rural areas in the future. The timing was right as ASSERT members had already indicated that this focus on training was also on their 1998 agenda.

A representative from both organisations was assigned to develop a detailed plan for the workshop. Key professionals in the field of sexual counselling were approached and asked to express their interest in being part of this collaborative venture. All those invited to be part of the teaching faculty readily accepted.

Registrations of interest were received from SHine SA staff and from within the ASSERT membership. The number for registration was limited to 20 and the places were soon filled with an extra place being given to a community health worker from Whyalla. The workshop was held on Friday 22 and Saturday 23 May 1998. Due to the considerable skill and knowledge of participants it meant that the presenters were able to pitch the content and processes at an advanced level. All participants were energetic in their contributions throughout the two days.

Twenty participants completed the evaluation questionnaire and there was a high level of satisfaction with the workshop. All participants were eager to attend further workshops that would address men's and women's sexual concerns in more depth. The subjects selected for further workshops include working with different sexualities and transgender issues, working with sexuality in the areas of disability and the impact of chronic illness on people's experience of their sexuality.

The following recommendations resulted from this workshop. That professionals in the rural areas of Whyalla, Port Augusta and Port Pirie be offered the Working with Sexual Concerns Workshop this year and ASSERT and SHine SA have submitted this as a proposal for the Living Health Support Grant.

SHine SA and ASSERT are planning to present a similar two day workshop this year that will be promoted and offered to health professionals, especially those in rural areas. Adelaide has not had access to such training for over twelve years, since the days of St. Corantyn's Clinic. Since that time, research and knowledge of the diversity of sexualities and their complexity has been greatly expanded as has our understanding that many different factors can impact on our experience and enjoyment of our sexuality. Increasingly, professionals are encountering these concerns within their practice and this joint initiative reflects a commitment to developing skills and knowledge that will promote an effective and sensitive response to client's sexual concerns.

Working With Sexual Concerns Workshop, 1998



MAC Chat

(Medical Advisory Committee)

MAC, the Medical Advisory Committee, is made up of SHine SA doctors from each Primary Health Care Team, the Coordinator of Medical Education and a representative from the Management Team. The group meets regularly to coordinate doctors' work, discuss problems and work on issues related to SHine SA's medical input. This includes looking at the courses we run, the medical practice in clinics, the way we are working with the other staff and whether the things we are doing are fulfilling SHine SA's Strategic Directions. Our clinics and our courses have a justifiably good reputation and we work hard to ensure the doctors in SHine SA are appropriately supported in maintaining these excellent standards.

As part of this, MAC has organised evening meetings for all SHine SA doctors. These do have an education purpose and often involve a visiting expert who will lead the usually lively discussion. So far this year we have had meetings on "the coil" (IUCD) at which Dr Eleanor Atkinson spoke and one with Dr Ross Philpot on the latest information on sexually transmitted infection's (STIs) as well as a meeting in

which we discussed anonymous case studies of situations at the clinics which had puzzled us.

Most of the work of MAC is in tackling ongoing issues of practice, maintaining standards and development services and most importantly ensuring communication within the diverse and often dispersed medical sorority that works for SHine SA.

The doctors on the committee are responsible for talking with their peers about the range of issues which arise from the Committee's work and bringing to MAC any concerns that individual doctors have, ensuring a two way communication.

SHine SA's Mission

- To assist people to maintain and improve their sexual and reproductive health.
- To advocate for change in the community so that all people have equal sexual health rights.
- To create opportunities for people to enjoy and celebrate their sexuality.

Continuing Education Course for Doctors in Sexual & Reproductive Health

SHine SA offers a Post-Graduate Course for Doctors in Sexual and Reproductive Health Care.

The course is designed for doctors working in general practice or primary health care who have had at least 12 months experience in these areas. The course will provide an opportunity for participants to further develop their professional skills, knowledge and awareness in the sexual and reproductive health areas.

The course consists of both a theory and a practical component. For further information please contact the Course Support Worker on (08) 8431 5177 or email SHineSACourses@health.sa.gov.au

SHine SA's Medical Curriculum Goes National!

The curriculum for SHine SA's new medical qualification, the Certificate in Sexual and Reproductive Health, was accepted by the national meeting of Family Planning medical officers as the basis for the planned national certificate in sexual and reproductive health to be offered by Family Planning Organisations across the nation. This is good news for Dr. Meredith Frearson and her steering committee who worked very hard to write a comprehensive and inclusive document. The new course will be implemented in August. Without such far-reaching and thoughtful foundation our efforts to be accredited within the University of Adelaide's Departments of General Practice and Public Health would be much more difficult to advance.

This process is happening and should see the offering of the Graduate Certificate in Sexual and Reproductive Health at the University of Adelaide in the next year or so. We hope that in the long term this will attract post graduate researchers to SHine SA and widen the range of enquiry into our services, both clinical and educational.

On a national level, Dr. Meredith Frearson was very well received at the Biological Sciences Symposium in Canberra (May 1998) when she presented the report on the Emergency Contraceptive Pill Project, which Ms. Robyn Pretty and Dr. Alison Clarke had worked on in 1997. The effort not to lose this excellent product continues but will involve major work to see it readily available to practitioners.

The medical part of SHine SA's educational work has been boosted by the appointment of a new medical educator to implement the curriculum. Dr. Katrina Allen has been working in NHS general practice in London for the last 14 years, though she originally qualified in Adelaide. The emphasis that the new curriculum has placed on interactive learner-centred teaching methods have been quite a challenge to implement but have resulted in some spirited teaching sessions which have pushed the teachers as well as the students.

We continue to be available to a wide range of disciplines for one-off teaching sessions, usually on contraception, women's health or men's and women's sexual health. The links with general practitioners have been strengthened through contact with both the Royal Australian College of General Practice and with the Divisions of General Practice. In all it has been a busy year, not the least for the dedicated practitioners, both nursing and medical, who staff the clinics and continue to deliver to our clients an excellent model of primary health care services in the area of sexual and reproductive health.

Some participants of a Doctors Course, 1998



Medical Students & SHine SA In The North

The nurses and doctors in the Northern Team have continued their collaborative work with the Obstetric and Gynaecology Departments at the Lyell McEwan and Modbury Hospitals by providing workshops and clinical placement for their fifth year Medical students. Each semester sees 14-16 students attend a half day interactive workshop on contraception and sexuality. This workshop provides SHine SA with an opportunity to discuss our services, share our philosophy and goals about sexuality, and the difficult issues such as client consent and confidentiality, age of consent and the impact of individual values on sexuality work. Contraception is taught and discussed in detail by using "Contraceptive Lucky Dip" where students are able to discuss what they already know, learn from the other students and have their knowledge topped up by SHine SA doctors and nurses. The second part of the workshop actually shows what sort of work we may do, in the form of case studies. Students discuss how they would deal with the cases in small groups, report back to the large group and then discuss it further with the facilitators. For many students the only knowledge they have is through the media, or from their friends, so this workshop is very timely as they enter the area of Obstetrics and Gynaecology. Many have said that it is a field they may like to work in, in the future.

After the workshop they return for clinical placement at one of the Northern clinics. This is an observation session only, but there is time to discuss issues after each client consultation. They get to sit in with both the nurse and the doctor during the client consultations, and many have commented on how useful this role modeling has been. For many students this is their first experience of collaborative work between the practitioners and the client, and of holistic health care. Most students would like the opportunity to attend more clinical sessions, and for the workshop to be extended to include STI's. Given the number of students in a year, and the nurse trainees who train in our clinics, this is currently not possible.

These sessions with the Medical students provide the Northern Team with an excellent opportunity to network with future Medical Officers, raise our profile in this area, and to maintain a very positive relationship with the Obstetric and Gynaecology Departments at our regional hospitals.

Finger Cots

Latex finger cots offer protection for broken or severely chapped skin and torn cuticles during fingering of the vagina or anus. **Do not share or reuse.**

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 STIs. A range of sexuality teaching resources are demonstrated throughout the core component.

Core Electives:

- Cross Cultural Issues & Sexuality (1 day)
- 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 or email: SHineSACourses@health.sa.gov.au

Community Education in Sexuality Course

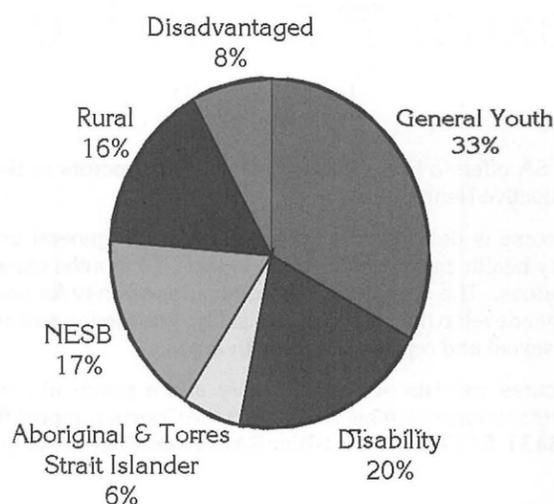
This has been an excellent year for our program. Our courses have been well attended and often over subscribed. This has partly been due to more focussed timing of the promotion strategy and the low \$15 per day fee. We have made some very exciting changes to the program in 1997/98. We have re-written several of the Electives and expanded two of them to two days. These are "Men's Sexualities" and "Young People and Participation". The latter replaces the "Young People and Sexuality" elective and gives a powerful emphasis to the principles and practices of working with young people as equals. We have also introduced a new Elective entitled "Cross Cultural Issues and Sexuality". This was a very popular elective which was over-subscribed. We did have some hesitation about developing one-day courses into two days, but both the enrolments and evaluations have reassured us that we are providing electives

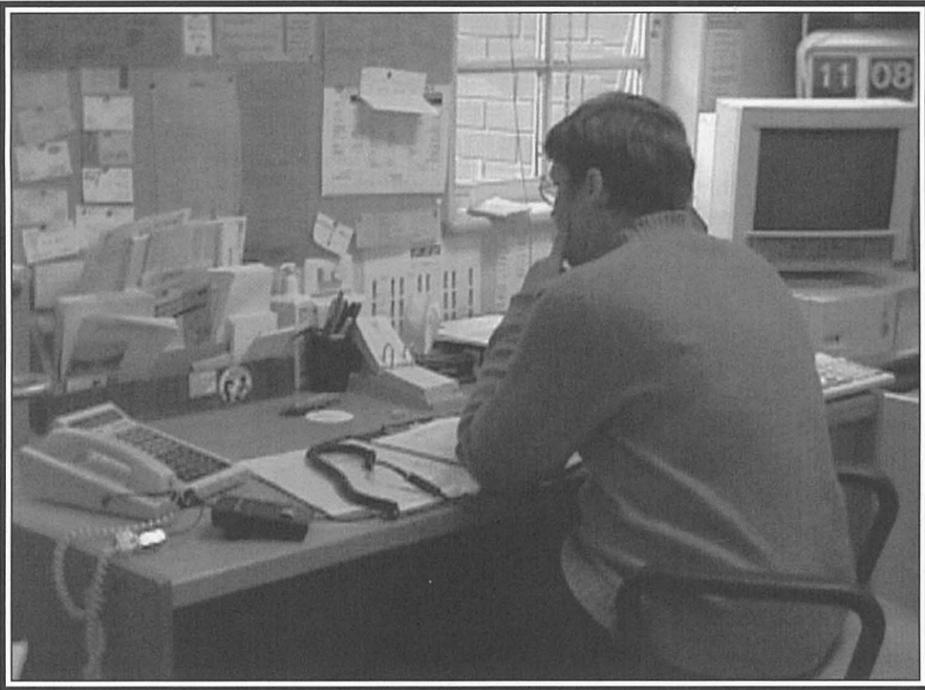
that workers want. This year saw the second offering of the elective "Understanding and Challenging Homophobia". Again it was very popular and well received, confirming for us that there is a need for such a cutting edge course to be available to workers in the community. The one day "Peer Education" and "Program Planning" Electives were both very popular and provide a good breadth to our program.

This year also saw a diverse range of workers and volunteers attend the Community Education in Sexuality Course and the Electives which included community and youth workers, peer educators, unemployed people, teachers, community nurses, FACS workers, students as well as a Men's Group Coordinator and counsellor/social workers.

We are in the process of planning next years program with the calendar due out late August - watch out for it!

Participants in Community Education/ Development Programs - 1997/98





SHine SA Community Health Nurses operate SHH

Sexual Health Hotline

The Sexual Health Hotline (SHH) continues to provide a valued confidential telephone counselling and information service. In October 1997 this service changed its operation hours to 9am - 1pm Monday to Friday which is reflected in the drop in callers to 4,691 over the 9 month period July 1997 to March 1998. For the same period in the previous financial year there were 7,532 callers.

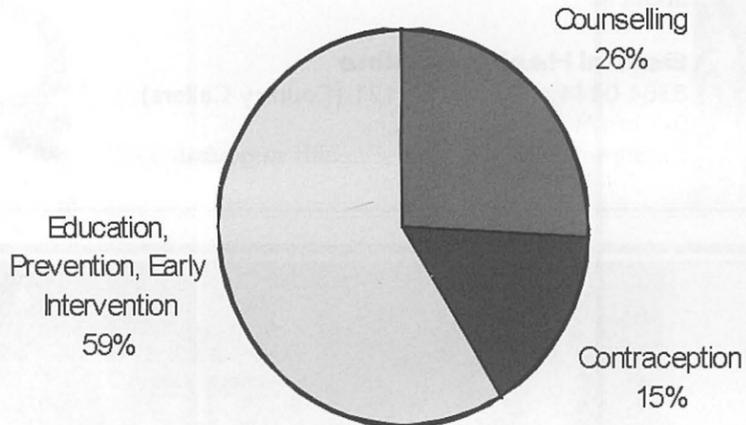
By far the most common inquiries continue to be oral contraceptive information. Counselling is sought in the areas of general pregnancy, unplanned pregnancy, sexual difficulties, sexually transmitted infections and safer sex issues as the most frequent inquiries.

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

A SHH Training Package has been developed which has enabled the training of two extra SHine SA nurses. The SHH Policy and Procedure manual has had its first annual update and SHH information is about to be published on our web site. (See graph on Page 18).



Clinical Services Provided By Category - 1997/98



Clinical Services in the East/West Region

There are seven clinical sessions held each week in the East/West region. Three sessions are held at the Kensington site, one session is a youth focus clinic held at Second Story in the city and three sessions are held at Port Adelaide Community Health Centre.

One of the sessions at Port Adelaide is the Nunga Womens' and Childrens' Health Clinic which is run in conjunction with Nunkuwarrin Yunti and Child and Youth Health. As well as the doctor and nurse this clinic has an Aboriginal receptionist and community health worker.

While client numbers in the clinics have been low so far the clinic staff have been busy in the community getting to know key people and organisations. It is planned that this clinic can be utilised by Aboriginal health workers for information and education.

At the time of writing, the East/West region is having difficulty in finding doctors to staff some clinic sessions. When doctors

become available it is planned that the other Port Adelaide clinic will have a service for people from culturally diverse backgrounds. Interpreter services will be organised and appointment times extended if necessary.

In order to assist people with a physical disability who are wanting to have a pap smear, there is an adjustable bed at the Kensington clinic. People needing to use this can telephone and arrange a longer appointment time with the clinic receptionist.

Clinical education is the other important function of the clinical services in the East/West region. Registered nurses and doctors completing Family Planning Professional Education courses gain valuable knowledge and experience by spending time working under supervision in clinics with SHine SA nurses and doctors.

The wide age range of clients, the varied cultural backgrounds and different sexual and reproductive health needs all help to make this possible.

Counselling in the Southern Region

Counselling has continued to play an integral part in Sexual Health Services at SHine SA. The purpose is to assist people to resolve any difficulties that may affect their sexuality and/or sexual experiences. Counselling in the Southern region is heavily utilised by a wide range of consumers who aim to enjoy and celebrate their sexuality.

The counselling service is available either for a crisis or long term time frame. The referral source is expansive, through SHine SA clinics, General Practitioner's, community health, hospitals and self referrals. The promotion of counselling services is effective, and highlights the increasing need for counselling in the region.

Working on a one to one basis is one form of counselling offered, but we also provide assessment and referral, group work activities, client education, professional education and support as well as debriefing for staff.

Issues are as broad as the experience of the counsellors, including unplanned pregnancy, post termination, fertility/parenthood, relationship breakdown due to a sexual difficulty, past child abuse/sexual assault, sexual orientation, sexual difficulties or inappropriate sexual feelings or behaviours.

The plans are to offer sexual health counselling in the regional sites such as Aberfoyle Park and Murray Bridge in 1998, and in 1999 who knows where the counselling mobile service may visit.

Prevention of STI's

- ← Come prepared! Condoms, water-based lube, dams, gloves - It all depends on what sort of sexual activity you have planned.
- ← Practice safer sex. Safer sex is sex in which semen, blood, vaginal or anal fluid are not passed between partners.
- ← Talk about sex with your partner/s. Talk about the things that you want to do and the things you do not want to do.
- ← Always use clean needles.
- ← When there are sores, lumps or ulcers around the mouth or genital area, or unusual discharge, avoid vaginal sex, anal sex, oral sex or any activity involving skin contact with the affected area.

For further information contact:

Sexual Health Hotline
8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)
9-1 pm Monday - Friday
Email sexualhealthhotline@health.sa.gov.au

SHine SA Clinical Services Evaluation

The provision of clinical services for clients has been a major focus of SHine SA's work since the inception of the organisation in South Australia. Up until the time of this current evaluation, there has been no substantive review of these services.

The aims of the research project were to present the views and experience of SHine SA clinic clients who participated in the project, and to evaluate the effectiveness of SHine SA clinical services from the perspective of those who utilise SHine SA clinics as clients (ie those who receive clinical services).

In order to ensure that the views and feelings of SHine SA's client group were accurately and meaningfully represented, the project was designed using descriptive, qualitative methodology. Face to face interviews using a general guide was the main method of data collection. The interviews were conducted by the research team (comprising Nurses) in SHine SA's clinics throughout metropolitan Adelaide during June and part of July 1997.

The following themes and patterns emerged from analysing the interview data.

The majority of participants had no strong feelings in relation to the location of clinics, with most participants happy to travel outside their local area to see a particular practitioner with regard to a sexual health need.

Clinic times were generally viewed as convenient. A minority of clients felt that more evening clinics are needed to cater for women with young children, women who work 9 to 5, young women still at school.

Clients were equally divided about attending a clinic in a public hospital building.

SHine SA is viewed as an expert specialist clinical service with the expectation that this focus will continue and not be compromised. A clear trend was the emphasis clients placed on the provision of contraceptive services, and the usefulness of the Sexual Health Hotline (SHH) as resource.

SHine SA is viewed as having staff with excellent interpersonal skills and a highly-valued person-centred approach. Client

consultations which incorporate complementary doctor and nurse input were viewed as important by most participants in ensuring optimum client care.

Two thirds of the clients were unaware of SHine SA's clinical education role.

There was general agreement that privacy and confidentiality was 'adequate', but has the potential to be easily compromised.

Generally clients were very satisfied with the clinical services offered by SHine SA. However there was concern about the reduction in the number of clinics being offered as a result of funding cuts. SHine SA offers a referral to a General Practitioner when a suitable appointment is not available. Clients say "we can not get this service anywhere else".

Recommendations included:

1. Developing an organisational approach to inform clients about SHine SA professional clinical education role.
2. Developing procedures to improve clients privacy and confidentiality.
3. Developing procedures for answering the phone and making bookings.
4. Ongoing assessment of clinical services including personal interviews with randomly selected clients on a yearly basis. Further evaluation to specifically target men and culturally and linguistically diverse communities. Consultation with the Aboriginal community and evaluating SHine SA Aboriginal clinics using appropriate assessment methods.

Intra-Uterine Contraceptive Device (IUCD)

The IUCD is 99% effective.

No preparation is needed before sex.

It is a reliable, reversible method of contraception.

The Multiload device MAY remain in place for up to 5 years.

Biosciences Symposium Presentation - ECP

The following presentation by a SHine SA Medical Office to the Biological Sciences Symposium was well received.

A World Health Organisation (WHO) Conference held in 1995 issued the following statement in relation to the provision of Emergency Contraception: "Millions of unwanted pregnancies could be averted if emergency contraception was widely accessible."

Three major reasons identified for the under utilisation of emergency contraception include:

- The lack of knowledge of the existence of emergency contraception by women.
- A lack of specific products being marketed for use as emergency contraceptives.
- A reluctance by some service providers to prescribe emergency contraception.

From November 1996 until June 1997 SHine SA utilising a Primary Health Care Grant undertook a project to test market an integrated Emergency Contraceptive Pill Package. Working in collaboration with the Therapeutic Goods Administration of the

South Australian Health Commission, SHine SA obtained permission to conduct a clinical trial under the Clinical Trial Notification Scheme. The Department of Human Services issued SHine SA with a license to produce, supply and possess an integrated Emergency Contraceptive Pill Pack.

The package design was developed by a group of artists and the concept launched publicly on the 1st November by the Hon Malcolm Buckby representing the Minister of Health who stated: "This will increase the awareness about the availability of Emergency Contraception for women and provide accurate information for General Practitioners on prescribing. The importance of (this) program is a vital part of the fight to promote good health amongst young women."

107 General Practitioners were involved in testing the packaging and were provided with a comprehensive review of the Emergency Contraceptive Pill as well as the leaflet designed to accompany the project. Their response to the product was extremely enthusiastic with 92% liking everything about the package. Comments about the

pack ranged from things such as "I didn't expect it would be so slick and well presented" to "I think this is great, I'd like to see this pack commercially available" and "I'd like to see a standardized pack to avoid confusion to patients".

A total of 90% of doctors indicated that they would continue to use this pack if it were available.

With the completion of the trial in June 1997 SHine SA's license to manufacture the pack expired and as a result we are left without an Emergency Contraceptive Pill package in Australia. SHine SA will pursue the availability of the ECP to women in Australia as this trial has demonstrated an urgent need to do so.

Myth: Men who rape are psychopaths or monsters.



Reality: Most men who rape live ordinary lives like any of us - and they rape.

Myth: No one wants to talk about whether they want sex. Asking for sex is such a turn-off.



Reality: There are many sexy, fun, creative ways to negotiate to have sex.

© SHine SA

Community Education Advisory Committee

The Community Education Advisory Committee (CEAC) has identified several tasks over the last 12 months. The workload of Community Health Workers in Primary Health Care Teams has increased over the last 12 months and this has meant that some energy has been directed towards identifying the best ways to juggle the demands of community work as well as professional training commitments.

There was also an identified need to rewrite curricula for the Community Education in Sexuality Core Program and the electives attached to that program.

Some of the tasks that the Community Education Advisory Committee has been involved with over the last 12 months include:

- Quality Assurance Issues around the accreditation of workers to run the Community Education in Sexuality Core Training and Electives. The need for a competency based framework has been identified and planning and implementation is in progress.
- Involvement in drafting a reviewed Safer Sex pamphlet for SHine SA.
- Identification of teaching resources which needed updating or changing.
- Identification of new resources to be purchased.
- Discussions about community and professional education in Primary Health Care Teams and how this fits with CEAC and its terms of reference.

Genital Warts

- ← Caused by the human papilloma virus (HPV)
- ← May appear as lumps around the vulva or in the vagina, on the penis or around or inside the anus.
- ← They may be painless or cause some irritation.
- ← Visible warts can be removed mainly by freezing them or applying some special paint.
- ← Regular Pap smears are especially important in women who have had warts because the virus can cause changes on a woman's cervix (neck of womb).

For further information contact:

Sexual Health Hotline
8364 0444 or 1800 188 171 (Country Callers) 8431 5177 (TTY)
9-1 pm Monday - Friday
Email sexualhealthhotline@health.sa.gov.au

Do you know about the

Emergency Contraceptive Pill (ECP) ?

You may need it if you have:

- ← unplanned sex
- ← unprotected sex
- ← forgotten to use contraception, eg missed a pill
- ← if your contraception fails, eg the condom breaks
- ← had forced sex, eg rape.

You must get the ECP within 72 hours

If you want to know more ask your doctor or SHine SA about it.

Sexual Health Hotline
8364 0444 or 1800 188 171 (Country Callers)
9-1 pm Monday - Friday
Email: sexualhealthhotline@health.sa.gov.au



African Women's Group Participants at the Launch

Department of Education Training and Employment

SHine SA undertook another successful joint training and education venture with the Department of Education Training and Employment (DETE). This included 5 workshops across the state for teachers and school counsellors.

How Do You Find Out Whether You Have Chlamydia?

If you suspect you may have been exposed to infection ask your doctor for a Chlamydia test. This is a simple test. Chlamydia may occur together with other STI's and tests for these should be considered at the same time.

Living Health Award for Excellence in Health Promotion

SHine SA shared first prize in the category of best health promotion project, over \$10,000, funded by Living Health in 1997/98. This prize was awarded to SHine SA for the African Women's Project run in collaboration with the Female Genital Mutilation Program. The Chief Executive Officer along with Rene Weal, Project Officer and Margaret Bako, a participant in the project, went up to receive the award and thanked everyone involved, particularly all the African women who were such enthusiastic participants in the project.

The award was recognition of the success the project has had in building community links amongst different African communities and in promoting health for African women. Since the African Women's project was completed the FGM Program has continued to meet regularly with the African women and has also organised other education programs. Staff

from SHine SA have assisted with the running of these programs and also worked on an African men's program. An African Women's Association has been formed and the women have gone on to organise social events including a Multicultural Lunch held at SHine SA as part of AIDS Awareness Week.

Many of the African women are now working as community educators around FGM issues and one participant has worked with SHine SA on a Multicultural Women's Health Program. In addition the poster developed by the project has been extremely popular and has been sent all over Australia as well as other parts of the world including African countries. SHine SA is looking forward to building on this work with African communities and strengthening its work with the FGM Program.



Living Health Awards Presentation, the Hon Dean Brown, Minister for Human Services, Kaisu Vartto (SHine SA CEO), Margaret (Group Participant) & Rene (Project Officer)



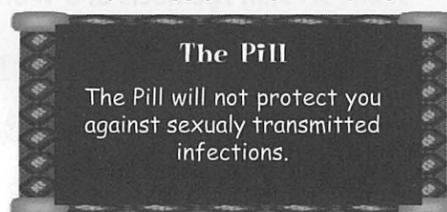
Launch - Ululu, African Women Group, Hon Trish Worth (holding baby) Kaisu Vartto, Anne Levy and Vinni Cicarello

Southern Domestic Violence Action Group

The Southern Domestic Violence Action Group is an ongoing group that is heavily supported by community members and workers from a wide variety of agencies in the Southern region.

The Action group meetings are on a monthly basis, where workers have an opportunity to exchange information on current funding, available resources, new initiatives and programs.

The meetings do focus on the region's concerns, but members are also updated on various state-wide issues, and funding availability, to apply for specific programs.



HIV Test Counselling Course

This course was not delivered in the 1997/98 year. The purpose of the program is being re-examined in the light of the changing needs of participants in this program over the last few years. If the course is retained, the option of building it in to the main program as an Elective has been suggested.

The 3rd National Sexuality Education Conference - Coming of Age

The Coming of Age Conference was held this year in Perth on 20th and 21st April 1998. Its objective was to identify the future path for providers of sexuality education and training and to prepare them to meet the challenge of sexual and reproductive health needs in the 21st Century.

SHine SA attended the Conference and our Multicultural Community Health Worker presented a session entitled "Ululu: African Women in South Australia". The session provided participants with information about a project carried out with African women. Research and consultation with agencies who work with refugee women identified African women as a group with little support due to the small but emerging nature of their communities. Women from Somalia, Ethiopia, Eritria and Sudan were recruited into a participatory group which included an 8 week program on sexual and reproductive health issues and development of resources targeting African communities. The program was run collaboratively with the Migrant Health Service and with funding provided by Living Health.

The outcomes of the project were significant in that it greatly enhanced the participants' knowledge of sexual health and related services, which should have more far reaching impact on African women residing in South Australia generally. The project also resulted in the production of a poster and sticker which include health messages

in languages of the African women. These outcomes can be attributed to the effectiveness of the strong partnership approach adopted by SHine SA and the Migrant Health Service and the energy and commitment of the women who participated in the group.

The Conference session was well received and posters, stickers and reports were distributed to participants. Other conference attendees requested that the report be mailed to them. The conference gave SHine SA representatives an insight in the broad range of SHine SA projects which are being conducted throughout Australia and a greater appreciation of the current issues faced by community groups in the area of sexual health as well as ethical dilemmas faced by professionals working in the field of sexual health. It also confirmed that we at SHine SA are at the forefront of targeting and working with minority groups. A transcript of the proceedings will be available on disk in the near future.

Since that time, the Ululu project has been presented with an award by Living Health for one of the Best Primary Health Care Projects. Congratulations for a job well done go to the African women who participated in the project, the Project Officer, the Migrant Health Service (FMG) and also to SHine SA staff involved in the project.

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

The SHine SA Course for Registered Nurses consists of two separate components:

- A. Theory Component
- B. Clinical Practice Component

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 contact the Course Support Worker on (08) 8431 5177 or email: SHineSACourses@health.sa.gov.au

Ode To The Volunteers

Do you know what we will find when the day of judgement nears? There's a special place in heaven set aside for volunteers.

This hard working constant band, always with a willing hand, keep the systems on the rails making sure that nothing fails.

Stacking books or stapling, copying and pasting, making new resources, or preparing for our courses....

Nothing daunts this gallant band, to every challenge, they lend a hand.

So to this crew we dedicate this verse, which sorely underrates their value to the work we do. But to them all - a BIG thank you!



Marion (left), SHine SA Volunteer



Richard (right), SHine SA Volunteer



Jill (left), SHine SA Volunteer

SHine SA's Goals

- “ To increase the community's access to appropriate sexual health services.
- “ To increase the ability of communities and individuals to advocate for their own sexual health.
- “ To provide leadership in the community in challenging values and attitudes that are barriers to sexual health.
- “ To be a role model in the community in celebrating all positive expressions of sexuality.
- “ To provide excellence in sexual health education, policy, information, resources and clinical practice.
- “ To remain at the forefront of emerging sexual health issues.

Annual State Health and PE Conference for Schools

Community Health Educators attended the annual State Health and PE Conference for Schools held at the Parks Community Centre. We had an excellent display of resources and many teachers asked for information and looked at the displays. We also ran a workshop in conjunction with Flinders University called "Sexuality and Health Promoting Schools".

Working to promote "safer sex" goes beyond promoting condom use to prevent transmission of STIs and unplanned pregnancy. It includes working to prevent rape and sexual coercion.

Myth: Men always know when a woman wants to have sex.



Reality: No one can ever be sure what someone else wants without asking.

Pregnancy Testing

A pregnancy testing service is available from all of the Primary Health Care Team bases.

Mon-Fri, 9.00am to 4.30pm.

There is a cost involved, which can be reduced or waived if necessary. Please bring an early morning urine sample.

North: 8254 8200 South: 8325 8164
East/West: 8431 5177

The Support Services Team - Working Towards the Year 2000

The Support Services Team is based at the Kensington site and its members are:

Coordinator: Library and Resources; Administrative Support Worker, Coordinator Nurse Education; Coordinator: Medical Education; Coordinator: Community Education Courses and Team Leader.

The Team aims to:

- Ensure the overall co-ordination of the planning, implementation and evaluation of quality professional education programs.
- Ensure the development, provision and evaluation of quality information and education resources.
- Contribute to SHine SA's advocacy role to make sexuality education more accessible to the whole community and in particular to SHine SA's Communities of Interest.

- Contribute to the professional development of SHine SA staff.
- Contribute to Organisational, State, National and International Best Practice standards development in Sexual and Reproductive Health.

The team also aims to work collaboratively with all other SHine SA staff and key partners at local, national and international levels.

Strategic objectives have been identified by every team member which will guide the work up until the year 2000.

Ask for consent. How do you know if your partners want to have sex? Ask and be sure. NO means NO.

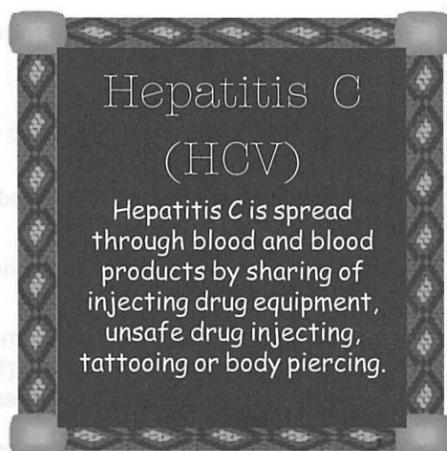
Clinics in the South

The SHine SA Southern PHC Team continues to operate clinical sessions at Flinders Medical Centre and Noarlunga. The FMC clinic is in demand as many clients prefer to access clinical services in the evening. An hydraulic bed is available for use by clients with a physical disability and Noarlunga clinic clients can access a similar bed at Southern Women's Health Centre. Noarlunga clinics are held four times a week and are attended by a diverse group of clients. Recruiting doctors is a major challenge in providing affective clinical services in the South and we continue to explore innovative ways of attracting doctors to our organisation.

The clinics provide a unique opportunity for both nurse and doctor training in sexual and reproductive health care and participants have been impressed by the holistic approach to client care. Southern Team nurses have been involved in a pilot program to support nurses in their work place once they have completed their training. The clinics have been less utilised by medical

students during this last year and may be a reflection of the change in University program.

Networking with workers in other agencies and raising our profile with community members continues to be an important link in providing access to our communities of interest.



SHine SA Staff Members at a World AIDS Day stall, Rundle Mall, 1997

Our Achievements in the Past 3 Years

The Strategic Directions for 1997/98 to 1999/2000 will build upon the achievements of SHine SA during the past 3 years.

The major achievements include:

- Strengthening of consumer and community participation.
- Community public health education.
- A restructure of SHine SA from centralised, functionally specific work units to 3 de-centralised primary health care teams and a support services team.
- Three year accreditation under the Community Health Accreditation Standards Program.
- A refocus of our work to those with highest need so real health gains can be made for:
 - Aboriginal community
 - Non-English speaking background community
 - Young women and young men
 - People with disabilities
 - Rural and Remote communities
- Planning which is responsive and committed to population health needs.
- A partnership approach to all the work we do to strengthen intersectoral collaboration with the health, education and community sectors.

- Review and redevelopment of our professional education programs to meet contemporary needs and priorities of the workforce engaged in sexual and reproductive health work.

- The development of evidence based practice in our work.
- Reorientation of services from contraception/family planning to the provision of sexual and reproductive health education and advocacy.
- Leadership in the areas of sexual and reproductive health education and advocacy.

Myth: She owes him sex.



Reality: No matter what, women do not owe men sex.



Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

Organisational

SHine SA online

Using information technology to increase the community's access to information about sexual and reproductive health

Accurate information about sexual and reproductive health, services and service providers, is critical if South Australian's are to make healthy life choices. To increase SHine SA's capacity to provide information and the community's access to information, the process of building a website began in earnest early 1998 with the view of a launch of the first phase build at the Annual General meeting. Our thanks must go to WebMedia for their professional input into developing a site that is interactive, informative and worth surfing for. Feedback about our site is important. Your feedback ensures that we provide the best service possible.

You can find our new web site at the following address:

www.shinesa.healthsa.net

Organisational Values

These are values which guide the work of SHine SA. All staff and volunteers who work in SHine SA are expected to demonstrate these values in their work. Our clients are people who currently or potentially will use any of the broad range of services that SHine SA provides.

1. Community/Client Focus

This means our focus is on the needs of the client/community. We demonstrate this by:

- being accountable to the South Australian community.
- providing services that are based on client/community needs and priorities and which maximise health gains.
- providing and promoting services that are accessible and appropriate to our communities of interest.
- ensuring clients are informed of their rights.
- recognising and accepting the client's ability to determine their own health needs and to choose their own course of action in response to those needs.
- ensuring that the needs and wishes of clients are central when responding to negative feedback about our services.

2. Community Participation

This means that we value community input into the ongoing development of the organisation of SHine SA. We demonstrate this by:

- involving the community in a broad range of SHine SA activities which includes policy development, recruitment, planning, implementation and evaluation.
- ensuring that the community is represented on our Council.

3. Partnerships

This means that we will work in partnerships to achieve our goals. We demonstrate this by:

- building positive links with:
 - government
 - health, education and community sector
 - medical & scientific community
 - communities of interest.
- ensuring that all staff members work with internal and external people/communities in carrying out their work.
- promoting partnerships that are respectful and non-exploitive.

4. Social Justice

This means that we will ensure that all SHine SA services aim to improve the health of

CHASP Chat

As this report goes to press, we are already well into the planning for our next CHASP Review which will take place in February 1999.

CHASP (Community Health Accreditation & Standards Program) is a quality improvement program which ensures community health agencies put primary health care principles into practice.

SHine SA is the only "family planning" organisation in Australia to have undertaken a CHASP Review. We did this in 1995 and the resulting 3 Year Accreditation Status is the highest level that a service can achieve for a first Accreditation Review.

We are currently in what is called the Internal Assessment & Education phase. This is the time when we critically reflect on all our activities, using the CHASP standards as a framework, and update those areas of our working procedures which are in need of refining.

Part of this process is to consult with those people who access our services, and those with whom we work in partnerships. If you would like to take part in evaluating our services please contact:

Chief Executive Officer
SHine SA
17 Phillips Street Kensington SA 5068
Tel: 8364 5539
Fax: 8364 2389
Email: vartto.kaisu@health.sa.gov.au

Myth: Rape is about Sex.



Reality: Rape is not Sex.

the communities of interest. We demonstrate this by:

- ensuring that all SHine SA work can demonstrate a focus on the communities of interest.
- keeping up to date with current and emerging issues that effect the sexual health of the community.
- acknowledging that we can't meet the needs of all members of the community and we will focus our efforts on those people with highest needs.

5. Valuing Sexual Diversity

This means that we will respect and appreciate the sexual diversity that exists within the community both in terms of sexuality and sexual choices. We demonstrate this by:

- supporting and celebrating the diversity of sexual expression within the community and within the organisation.
- identifying and being aware of how our own values, beliefs and assumptions impact on others and making sure that we minimise negative experiences for staff and clients.
- challenging and opposing individual and community views and behaviours which negatively affect the sexual health of others.

- challenging and opposing expressions of sexuality which harm others and/or contravene human rights.
- challenging our own values and beliefs about sexuality in order to create opportunities for our own learning.

6. A Productive Workplace

This means that all staff and volunteers at SHine SA will work together to achieve the mission and goals of our organisation. We demonstrate this by:

- valuing each other's roles, skills, knowledge and experience.
- giving each other constructive and appropriate feedback.
- being creative in planning, willing to take some risks, learn from our experience and question traditional service delivery models.
- seeking positive and respectful resolution of issues.

Share
Responsibilities for
Preventing
Unwanted
Pregnancies.

Myth: If a man is raped, he must be gay.



Reality: Rape can happen to anyone including men, regardless of their sexuality, race, class, age, size or appearance.



Sexual Health
information
networking &
education South
Australia Inc

(formerly
Family Planning SA)

President & Council

President's Report

1997/98 has seen the consolidation of SHine SA's leadership role in the provision of sexual and reproductive health services, education, advocacy and partnerships and clarity about the strategic directions for sexual and reproductive health into the 21st century. This consolidation was not possible without the restructuring of the organisation in 1994/95, re-orientation to a primary health/public health focus which culminated in CHASP accreditation in November 1995.

The development of the organisations Strategic Directions to the year 2000 underpinned by relevant State, National and global policy and devolution under the Public Health Outcome Framework Agreement further enhanced our role.

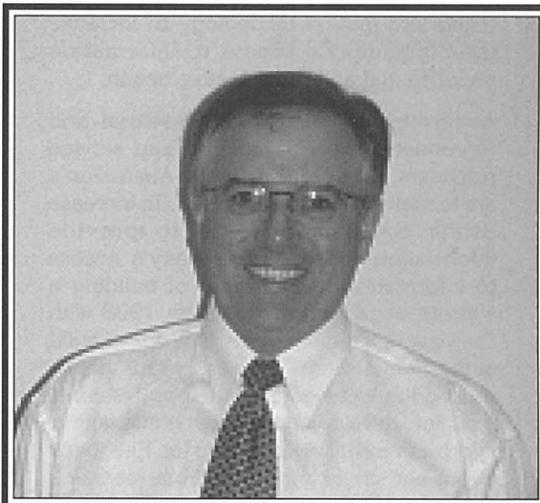
This planned strategic change over the last 4 years has meant that our name Family Planning became increasingly incongruent with not only our work and values but with the perceptions of clients and partners. Acknowledging that there was a chasm between what the organisation had been and what the organisation now was, the search for a new name began in earnest in early 1997/98.

Following a thorough consultation that involved our communities of interest, politicians, service providers and staff our new name SHine SA, launched at our Annual General meeting, reflects a bright future for the organisation.

Achievements in 1997/98 have been broader than just the change of name. The work of SHine SA in targeting hard to reach groups is worthy of particular mention.

The African Women's Project in partnership with Female Genital Mutilation Program was the recipient of the 1998 Excellence in Health Promotion Award in recognition of the Projects success in achieving a healthier South Australia, in overcoming significant barriers and developing innovative and creative communication strategies to promote health.

The partnership with the Aboriginal community, Nunkuwarrin Yunti and the Aboriginal Health Service has seen the development of a course in sexual and reproductive health for Aboriginal Health



community with intellectual disability. Within a finite resource base much of our work is crisis intervention oriented, yet we have the capacity and commitment for education and prevention.

SHine SA has worked closely with the Department of Human Services on developing a funding package for the relocation of the Kensington base to the western/northern frame of the city and co-location with Women's Health Statewide. This is a move critical for improving access to a range of services to young people and others from our communities of interest. Although this project has been delayed it remains a priority for the year to come.

SHine SA would not be the dynamic organisation it is without it's committed staff. All have shown a willingness to embrace change and innovation with spectacular results. Members of Council and the Management of the organisation have provided guidance and leadership throughout the year and for this I would like to say thank you. I have great confidence in the future of SHine SA and I know we are all looking forward to 1998/99.

Paul Gardner
President

Workers, a first in Australia. The Young Aboriginal Men's Peer Education Project "Risky Business", while it commenced late in 1997/98 takes a partnership approach to education and prevention around drugs, sexual and reproductive health and self esteem with young Aboriginal men. Aboriginal access clinics operate in the northern and western metropolitan regions in partnership with Nunkuwarrin Yunti and at Ceduna/Koonibba Aboriginal Health Service on a visiting basis.

Young people have been SHine SA's focus since the early 1990's. "The Guys Talk Too Project" was the first peer education project with young men in South Australia that linked improving young men's sexual health with prevention of sex-based violence and developed a Rape Myth Buster resource kit. Work with the Department of Education Employment and Training and the Independent Schools Board continues to build the capacity of teachers around sexual and reproductive health education.

Advocating for access to sexual and reproductive health services and crisis intervention for people with a disability has been a significant part of SHine SA's work. We now are able to provide access to cervical smear services for women with a physical disability thanks to funding for the purchase of disability examination beds and joint work on promoting services for people with disability. The most disappointing aspect of disability work is our incapacity to prevent the continuing cycle of crisis for the

FPSA Council Members 1997/98

- **Paul Gardner** (President)
- **Peter Kay** (Vice President)
- **Andrew Street**
(Family Planning Australia Representative)
- **Pushpa Osborne**
- **Sharon Clarke**
- **Raven North**
- **Richard Bruggemann**
- **Patricia Cox** (Staff Nominee)
- **Prof Marc Kierse** (Minister's Appointment)
- **Jenny Baker**

Family Planning Australia - Reflecting on Membership

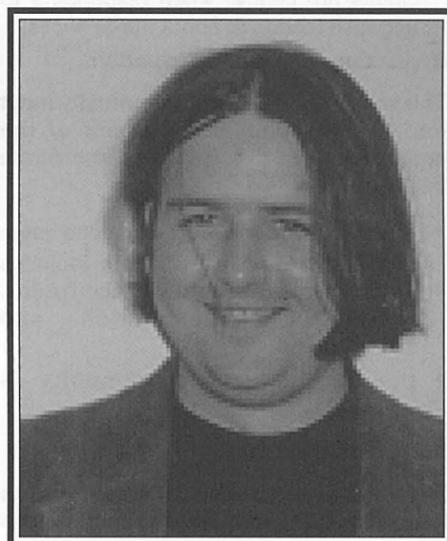
Andrew P Street, SHine SA Council Delegate on the Council FPA

The decision made by SHine SA to withdraw from membership of Family Planning Australia (FPA), the National group made up of the State and Territory Family Planning Organisations, was not made lightly. Despite being ostensibly similar organisations historically, today there is little sense of shared purpose between all the organisations as the philosophies of the individual Family Planning Organisations have changed in the 25 plus years that Family Planning has existed in Australia. Whilst it is perfectly appropriate for the different organisations to develop differently according to local needs and priorities, in South Australia our dedication to equity, accessibility, collaboration and social justice is not necessarily shared.

Despite a number of attempts over the last few years, including a Commonwealth Review and an internal Role & Function Study, there has been no agreement among the Family Planning Organisations as to what exactly FPA should be doing.

SHine SA has made and strengthened connections with other organisations in South Australia that share our commitment to sexual and reproductive health advancement and advocacy and social justice, an approach that is reflected in our Council makeup and joint projects. This contrasts sharply with other Family Planning Organisations.

By devolving under the Public Health Outcome Framework Agreement and by joining with other public health



This is the direction we have chosen to move in, and I believe it is the right one. We are no longer just about pills'n'condoms. The time has come to create something new.

organisations we have strengthened our position in South Australia. This is the most effective way to demonstrate SHine SA's strategic thinking, hard work and commitment to our primary purpose - the health and well being of the people of South Australia

Following a review of FPA Membership, SHine SA concluded that there was little point remaining tied to an organisation that does not represent or support its members. There are other forums that we can help create to best serve the people of South Australia, and to continue to do innovative work around sexual & reproductive health at State National and International levels.

SHine On-line

••••

You can access
sexual and
reproductive health
information at
SHine SA's new
website.

www.shinesa.org.au



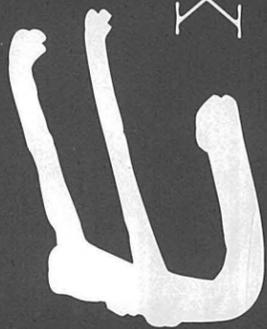
Sexual Health
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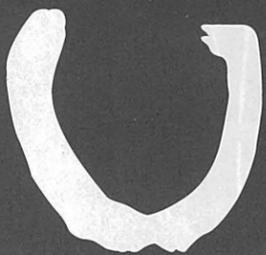
fficer



xecutive



chief



Chief Executive Officer's Report

Twenty eight years ago the founders of Family Planning South Australia had a vision of an organisation that could provide young women access to information about reproductive health choices and services that respected their rights and maintained their dignity. The beneficiaries of the founders' foresight are today's mothers and fathers, leaders and community members, their children and even grandchildren. Being able to make choices about the timing and spacing of children in the 1970's and 80's and get on with the rest of their lives as a result has forever etched in the psyche of the "baby boomer" generation, the name Family Planning. The foresight and commitment of the founders will never be forgotten. Over time, however, the focus of FPSA has changed from the provision mainly of contraception to the wider area of sexual and reproductive health for the community. These changes have dictated a different future for the organisation we now know as Shine SA.

No one would argue that young South Australians have always been seen as the future of this State.

For this State to have a bright, shiny future, every young South Australian must have a future to look forward to irrespective of cultural, racial, ethnic, social, geographic or economic circumstances. The one thing that unites us all is our wish to be physically and emotionally healthy, but how healthy are our young people?

When we look closer at the health status of the 15 to 24 year age group who make up 13.9% of the State's population (1996 ABS data), the picture is not so positive. This age group has a disproportionately high level of death from accidents, poisoning and violence. Young men, rural populations and Aboriginal people are over represented in these figures. For the period 1989 to 1993, 47% of all deaths in the 15 to 24 age bracket were attributed to motor vehicle accidents and 29% to suicide and self inflicted injury.

There is no question that low self esteem, substance abuse and risk taking behaviour contribute to these statistics and deaths from these causes have a relatively strong association with almost all of the measures of low socio-economic status.

Sexual and reproductive health issues, including gender and sexuality, also feature high in the lives of young women and young men. While young people may not die from these as with accidents and suicides, sexually transmitted infections, unplanned pregnancy, relationship violence and feelings of isolation by marginalised young people contribute to personal, family and social costs and often impact on the individual for a lifetime.

Young gay, lesbian, bi-sexual and transgender people face added pressures to the challenges of adolescence and early adulthood. Lack of information, and positive role models, and homophobia may lead to fear, secrecy and isolation and be a contributor to high suicide rates and risk of HIV/AIDS.

Almost 50% of terminations of pregnancy in South Australia (1996) occurred in the 15 to 24 age group, a slight decrease overall from 1995. As many young women in the 15 to 19 age group gave birth in 1996 as had terminations of pregnancy. A relatively strong association between low socio-economic status and the likelihood of continuing a pregnancy exists. While it is difficult to establish whether these continued pregnancies were planned or unplanned, data from the Alan Guttmacher Institute (USA) suggest that 75% of pregnancies to adolescent women are unplanned throughout the world.

In the past we have very much focused on young women and their need to access information, education and contraceptive services. Young men's needs for similar access have been largely neglected.

In South Australia sexual offences identified in law are rape, indecent assault and unlawful sexual intercourse. Statistics from Police Reports (1995/96) indicate that a



young woman is four times more likely to be raped by someone she knows than by a stranger. Of the reported rapes and attempted rapes (1995/96), 86% of victims were women and 14% men. 61% of women raped were under the age of 24 years and in 82% of cases the offender was known to the victim. While young women 15 to 24 years of age are more likely to report rape by an acquaintance, recent work by Yarrow Place suggests that only 15% of rapes are reported to the Police.

"No one would argue that young South Australians have always been seen as the future of this State."

Young men who believe that using force or coercion is acceptable to obtain sex are displaying allegiance to ideas of masculinity which view sex as a conquest, achievement and dominance. A woman's sexual behaviour is not controlled by a man's sexual needs. The old saying that "a man must do what a man must do" no longer will just do it all! Rape and sexual coercion along with other forms of male violence towards women have to be seen for what they are, strategies that support and maintain the structural balance of power of male over female in our society. Projects and programs for young men on these issues are of vital importance.

Safe sex today is much more than just putting on a condom or using a dam. It is about attitudes and behaviours that respect each individual in a relationship or sexual encounter. It supports young women to be safe from unwanted pregnancies and young men and women generally to be safe from sexually transmitted infections including HIV/AIDS, violence, harassment and psychological distress that may become a lifelong burden.

The changes that are needed to reduce the burden of ill health and loss of well being that many young South Australians carry will not happen by their own accord. Young

South Australians must be prepared to face a world far different to that of their parents. They need the guidance and support of their family and community, of Government at a State and Federal level, of government and non-government agencies such as Shine SA. We all need to work together and be committed to their development, to invest time, energy and resources into education and prevention to build a bright future.

How well South Australia meets the needs of young people will not only determine the sorts of lives they will have but also has ramifications for the lives of the children they will bring into the world and for the society that they will build and maintain. Shine SA is openly committed to making a difference to the sexual health and well being of young people and will work within the State's public health framework to do so.

I sincerely thank Council members, Management Team, Staff and volunteers for their ongoing commitment to the work of Shine SA.

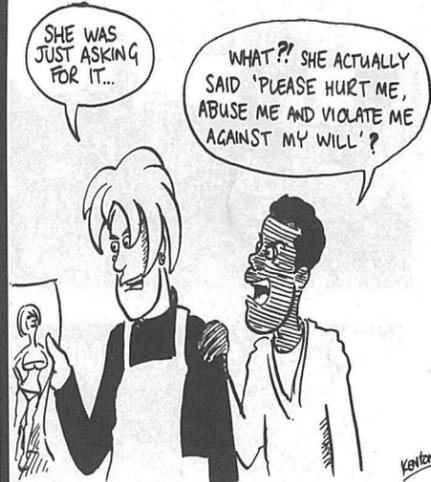
Feedback

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) contact the:

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Kensington SA 5068
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Fax: (08) 8364 2389
Email varrto.kaisu@health.sa.gov.au

Myth: She was asking to be raped because she wore a sexy dress.



Reality: No one wants to be forced to have sex.

© SHine SA

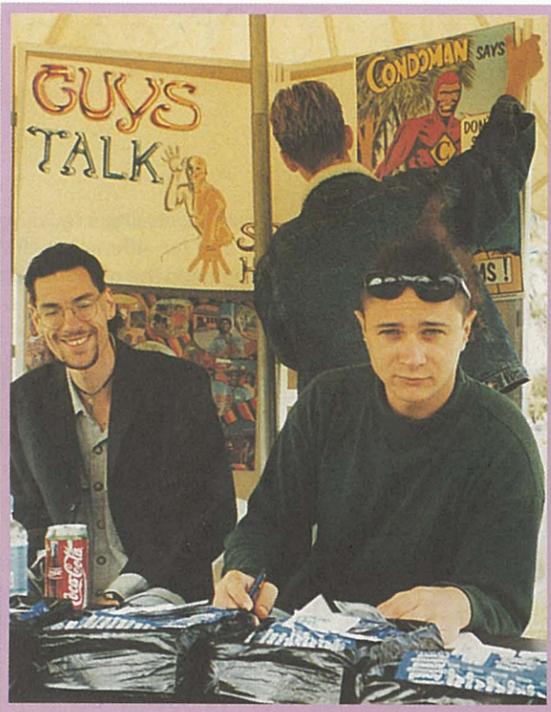
Thank You

Council, Management and staff of SHine SA would like to thank the Hon Mr Dean Brown, Minister for Human Services and Ms Christine Charles, Chief Executive Officer, Department of Human Services for their support and funding.

We would also like to thank the following:

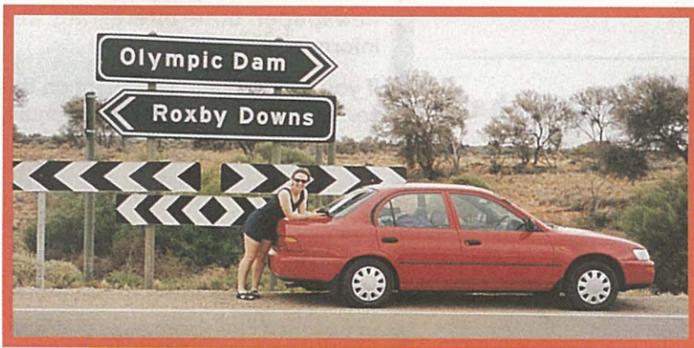
- Aboriginal Health Services, Department of Human Services
- Public & Environmental Health Services, Department of Human Services
- SA Cervix Screening Program
- Living Health
- Ms Liz Furler, First Assistant Secretary, Public Health, Department of Health & Family Services
- The Hon Dr Michael Woolridge, Minister for Health
- the many State and Federal politicians who support Department of Human Services; and
- the many organisations and individuals with whom we work in partnership to improve the sexual and reproductive health of the South Australian community.

Young Women & Young Men



Picture by Messenger Newspapers

Aboriginal & Torres Strait Islander People



People Living in Rural & Remote Areas



People from Culturally & Linguistically Diverse Backgrounds



Communities of Interest & Core Work

We have identified 6 communities of interest with whom we will focus our work until the year 2000. They are:

- Aboriginal and Torres Strait Islander people.
- People from culturally and linguistically diverse backgrounds.
- People with a disability.
- People living in rural and remote areas.
- Young women and young men.
- Gay, lesbian, transgender and bisexual people.

We have identified 2 areas of core work which will underpin our work with all of the above communities of interest.

Education and Training

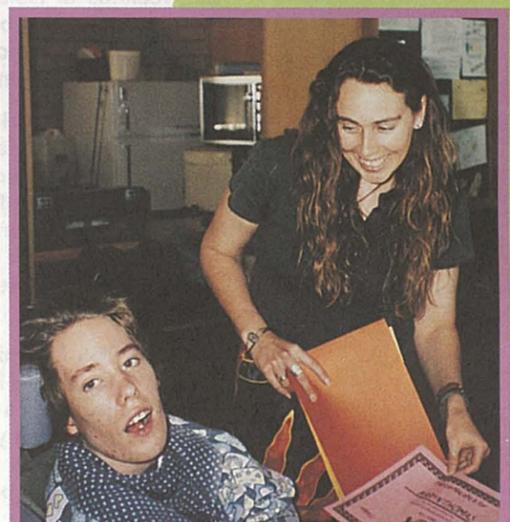
To achieve the organisation's goals relating to improved sexual health outcomes, Shine SA will implement a range of training and education strategies directly with the communities of interest and with workers in the health, education and community sectors. Our one to one service delivery (such as clinical and therapeutic counselling) will underpin professional education programs.

Advocacy

To achieve the organisation's goals relating to social change in the community Shine SA will implement a range of strategies which reflect its leadership role in advocating for the sexual health rights and needs of the targeted communities at a broad range of community and government levels.



Gay, Lesbian, Bisexual & Transgender People



People with a Disability

