WISE UP!

Mind

Body

Spirit

Integration

Participants Workbook
JOURNAL 2: PARTICIPANTS WORKBOOK

COLOUR CODE: ORANGE

1. & 2: MODULE ONE: SEXUAL AND REPRODUCTIVE HEALTH
3. SUB TOPIC INTRO 1.1 SEXUAL AND REPRODUCTIVE HEALTH
3.1: EXTERNAL VIEW FEMALE REPRODUCTIVE SYSTEM

4.1: FEMALE REPRODUCTIVE SYSTEM
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5.1: PHYSIOTHERAPY AND THE PELVIC FLOOR

6.1: MENSTRUATION
6.2: MYTHS AND MISCONCEPTIONS

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22.1: SELF TALK

24.1: BALANCE
24.2: ARE YOU GETTING ENOUGH CALCIUM?

"Assertiveness" + "Assertiveness building self-confidence"

"Communication" + "Communication relating assertively with others"

Produced by Wewarre Area Health Service
Chippendale Campus, 10 Power Street, 2181.
COLOUR CODE: ORANGE

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Wise Up!

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Participants Workbook
Module One. Sexual and Reproductive Health

Session: Introduction

Topic: Team building
      Introduction to women's health
      Communication exercise

Goals: To establish a group contract
       To introduce women to the WISE UP program
       To establish group cohesion and commitment
       To practice a communication exercise
       To explore what is involved in being healthy
This workbook is to be used by participants of the WISE UP health education program, a program designed specifically for women in custody.

This workbook contains:

- the goals of individual sessions
- much information in the form of fliers and pamphlets relevant to the health program.
- exercises which may be completed by participants.

All or some of this information may be used.

I am grateful to the contributors of much of the information held within this workbook. They have helped to provide a much needed resource for women in custody.

The WISE UP program was developed as a result of the Promoting Health for Women in Custody Project and funded through the National Women's Health Program.
External View.............Female
Internal View  Female Reproductive System
Menstruation ("the period", "fled", "the curse", "monthlys" etc.) begins at puberty, generally between the ages of 12-14, however some begin as early 9-10 years of age or later than 14. There is no final time when a woman’s period begins.

The most obvious sign of menstruation is vaginal bleeding.

The main purpose of menstruation is to prepare your body for pregnancy.

Menstruation is cyclic. The average cycle is 28-30 days, and is counted from the first day of your period to the day before you begin your next period.

There are many variations in the length of the cycle, even in the same woman.

Menstruation continues in a monthly cycle throughout a woman’s reproductive life except when she is pregnant.

Women cease to menstruate at menopause which generally occurs between the ages of 45 and 55 (see "Menopause" Fact Sheet).

While the process of menstruation (see over) is the same for all women, each woman will have a different experience of the menstrual cycle. Some women do not experience any symptoms except bleeding, others may experience mild discomfort. Still others may be incapacitated by menstrual problems.

Some of the discomforts women experience are:
- a dull ache in the abdomen
- water/fluid retention in the legs, hands and breasts — weight gain
- mild to severe lower back ache
- breast tenderness
- irritability, tenseness, mild depression and tiredness.

Most of these symptoms have been grouped together and called "Pre-menstrual Syndrome" or PMS. The causes of these symptoms vary. For example, abdominal pain may be caused by muscle contraction in the uterus; the weight gain and breast tenderness may be due to water retention; and the headaches due to changing hormone levels.
The pelvic floor muscles are one of the most important sets of muscles for a woman to keep strong at all times in her life. If women were trained to tune up their pelvic floor muscles from childhood many would never suffer problems resulting from weakness of these muscles — problems which many women accept as a normal part of being a woman or mother.

**SELF MANAGEMENT**

1. Tighten the muscles around the entrance of the back passage or anus. Imagine you are tightening the anus as if to prevent passing wind.

2. Tighten the muscles around the entrance of the vagina — imagine you have a tampon in the vagina and it is slipping out — you are tightening the muscles in the vagina to pull it up. To test the strength place your clean fingers (1 or 2) in the vagina and tighten the pelvic floor muscles squeezing the fingers. Feel the tightening and lifting effect.

3. Tighten and pull up the muscles around your front passage (urethra). Imagine that you are tightening the muscles as if to stop yourself urinating. A test of pelvic floor muscle efficiency is to stop the flow of urine midstream when urinating. This should only be done occasionally as a test — if done regularly it may cause urine to be retained.

4. Tighten and draw in strongly the muscles around the anus, vagina and urethra all at once. Hold for 5 seconds, relax for 15. Repeat this 5 times. Do this regularly throughout each day for the rest of your life.

**SIGNS AND SYMPTOMS**

- Incontinence (wetting yourself when you cough, sneeze, jog or on the way to the bathroom after getting up).
- Inability to keep tampons in place.
- Vaginal flatus (wind).
- Prolapses into the vagina.
The exercises will not help overnight — it takes time to restore muscle strength.

- If you have problems with these exercises check with a physiotherapist to make sure you are doing them properly.
- If symptoms persist, see your general practitioner.

IMPORTANT

Women who should pay extra attention to their pelvic floor exercises include:

- Pregnant women — before and after childbirth — especially after episiotomy.
- Women employed lifting heavy objects.
- Women after menopause.
- Women who have gained weight.

NEW HABITS

- Do your pelvic floor exercises daily — you can do them anywhere without anyone noticing — when driving, doing the dishes, while watching TV, or waiting for a bus.
- Eat a nutritious diet.
- Take regular exercise e.g., walking, swimming.
- Ask your general practitioner to check the strength of your pelvic floor muscles when you have your pap smear.

- Prepare your pelvic floor muscles for childbirth (relaxation and contraction exercises) and recondition them as soon as possible afterwards. If you have an episiotomy exercising the pelvic floor muscles will speed the healing process.

RESIST

- Ignoring your pelvic floor muscles — you are never too busy to exercise them.
- Becoming overweight.
- Constipation or straining to pass a motion.
- Accepting incontinence (even if it’s only a few drops) as part of motherhood or womanhood.
- Being embarrassed about the “lower parts”.

ENJOY

- Sport without the embarrassment of wet pants.
- Sex after childbirth and after menopause.
- Firmer vagina.
- Stronger orgasm.
- Quicker healing of episiotomy.
- Freedom from pelvic heaviness and dragging.

PHYSIOTHERAPY

Contact your local physiotherapist or a branch of the Australian Physiotherapy Association for information about physiotherapists who can provide further assistance.

HEALTH REBATES

A doctor’s referral is not required to see a physiotherapist. Appointments may be made direct. Treatment costs are rebatable under all higher table health insurance schemes.

(Published by the Australian Physiotherapy Association)

Your complimentary copy supplied by...
Module One. Sexual and Reproductive Health

Session: 1.2

Topic: Contraception and Conception

Goals: To explore and understand the process of conception
To gain an understanding of the need for healthy lifestyle during pregnancy
To analyse the need for contraception, the options available and their appropriateness
To practice a series of relaxation exercises
DAY 1 ONWARDS
The hypothalamus gland in the brain stimulates another gland called the pituitary gland to release a hormone called follicle stimulating hormone (FSH) into the blood stream, which carries the hormone to the ovaries.
In the ovaries, FSH stimulates many egg follicles to grow and produce another hormone called oestrogen.

DAY 4 ONWARDS
Oestrogen is then carried by the blood stream to the uterus (womb) where it causes the lining of the uterus (endometrium) to get thicker in readiness for a fertilised egg (pregnancy).
When there is enough oestrogen in the blood, the pituitary gland then releases yet another hormone called luteinising hormone. Luteinising hormone reduces the number of developing follicles in the ovaries allowing one follicle only to develop to maturity. When the egg is mature, ovulation occurs. This is why so few eggs remain at menopause.

DAY 12 ONWARDS
Ovulation is the release of an egg from an ovary. After the release the egg travels from the ovary to the fallopian tube and along to the uterus. After the egg is released from the ovary a scar called the corpus luteum is left. From this scar comes the hormone progesterone.
Now the ovary is producing oestrogen and progesterone.

DAY 14 ONWARDS
When progesterone reaches a certain level in the blood, the pituitary gland stops secreting luteinising hormone. The corpus luteum begins to shrink and oestrogen and progesterone are no longer produced.

DAY 26 ONWARDS
When levels of oestrogen and progesterone in the blood have dropped, menstruation occurs, that is the lining of the uterus "comes away" as a fluid, slowly over the next few days. This fluid contains blood and mucus, and is carried out of the body through the vagina. Menstruation lasts about 5-7 days, with another new cycle beginning on the first day of your period. The amount of fluid lost during menstruation is usually about 50 ml (about 2-3 tablespoons) but may range from 10 ml to 200 ml.
If the egg is fertilised (pregnancy), the corpus luteum does not shrink. Instead it continues to produce large amounts of progesterone which helps keep the contents in the uterus. Eventually the placenta takes over the production of progesterone.
# The Five Food Groups for Mums-to-Be

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Functions</th>
<th>Foods</th>
<th>Amounts Per Day</th>
<th>Ideas for One Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread &amp; cereals</td>
<td>Body fuel and energy</td>
<td></td>
<td>At least 4 serves*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key nutrients:</td>
<td></td>
<td>1 serve:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Energy (carbohydrates)</td>
<td></td>
<td>• 1 slice bread</td>
<td></td>
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<tr>
<td></td>
<td>• B vitamins (esp. thiamin)</td>
<td></td>
<td>• ½ cup cereal/porridge</td>
<td></td>
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<tr>
<td></td>
<td>• Fibre</td>
<td></td>
<td>• 2 Weetbix</td>
<td></td>
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<tr>
<td></td>
<td>• Protein</td>
<td></td>
<td>• ½ cup cooked rice, noodles, pasta</td>
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<td></td>
<td></td>
<td></td>
<td>• 2 large crackers</td>
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<tr>
<td>Fruit &amp; vegetables</td>
<td>Body repair and maintenance of good health</td>
<td></td>
<td>At least 2 pieces of fruit*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key nutrients:</td>
<td></td>
<td>1 piece of fruit:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vitamin A</td>
<td></td>
<td>• ¾ cup fruit salad</td>
<td></td>
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<tr>
<td></td>
<td>• Vitamin C</td>
<td></td>
<td>• 3 to 4 pieces of dried fruit</td>
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<tr>
<td></td>
<td>• Folic acid</td>
<td></td>
<td>• ½ cup juice</td>
<td></td>
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<tr>
<td></td>
<td>• Energy (carbohydrate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fibre</td>
<td></td>
<td></td>
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<tr>
<td>Milk &amp; dairy foods</td>
<td>Growth and maintenance of bones and teeth</td>
<td></td>
<td>At least 3 serves vegetables*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key nutrients:</td>
<td></td>
<td>1 serve:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Calcium</td>
<td></td>
<td>• ¾ cup cooked vegetables</td>
<td></td>
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<tr>
<td></td>
<td>• Protein</td>
<td></td>
<td>• 1 average potato</td>
<td></td>
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<tr>
<td></td>
<td>• B vitamins (riboflavin)</td>
<td></td>
<td>• 1 raw carrot</td>
<td></td>
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<tr>
<td></td>
<td>• Vitamin A &amp; D</td>
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<tr>
<td>Meat &amp; alternatives</td>
<td>Building and the repair of body tissue and muscle</td>
<td></td>
<td>3 serves*</td>
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<td></td>
<td>Key nutrients:</td>
<td></td>
<td>1 serve:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Protein</td>
<td></td>
<td>• 1 glass of milk</td>
<td></td>
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<tr>
<td></td>
<td>• Iron</td>
<td></td>
<td>• 1 tub yoghurt</td>
<td></td>
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<tr>
<td></td>
<td>• B vitamins (esp. nico &amp; B12)</td>
<td></td>
<td>• 1 slice cheese</td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td>Essential vitamin needs</td>
<td></td>
<td>2 serves:</td>
<td></td>
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<tr>
<td></td>
<td>Key nutrients:</td>
<td></td>
<td>1 serve:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fat soluble vitamins (A, D &amp; E)</td>
<td></td>
<td>• 75-100g meat, chicken, seafood</td>
<td></td>
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<tr>
<td></td>
<td>• Energy (fat)</td>
<td></td>
<td>(1 egg = 35g meat)</td>
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<td></td>
<td></td>
<td></td>
<td>• ¾ cup cooked lentils, pulses</td>
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<td></td>
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<td></td>
<td>• 4 tablespoons peanut butter</td>
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<td></td>
<td></td>
<td></td>
<td>• Great source of zinc</td>
<td></td>
</tr>
</tbody>
</table>

**Ideas for One Day**

*Here is a sample menu incorporating the food and quantities specified in the table.*

**Breakfast**
- 1 cup cereal
- milk on cereal
- ½ cup juice

**Morning Tea**
- capuccino or flavoured milk

**Lunch**
- lean meat and salad sandwich
- fruit salad

**Afternoon Tea**
- slice of fruit bread
- banana
- 1 smoothie

**Dinner**
- stir fried chicken
- stir fried mixed vegetables
- ½ tub fruit yoghurt

**Extras**
- at least 6 glasses of water

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**Nutrition Education Service**

Supported by the NSW Dairy Industry. For information and advice call 008 044 518.
CALCIUM
Calcium is especially important during pregnancy because it is needed to build strong bones and teeth. A mum-to-be needs to look after her own body as well as build a whole, new, little person.

If you’re not getting enough calcium, the baby’s bones may be given calcium ahead of yours. This may put you at risk of osteoporosis later in life.

The best food sources of calcium are dairy foods – which also provide protein, energy and vitamins essential during pregnancy. Other good calcium foods are salmon and sardines – although you must include the bones.

If you would like more information on calcium phone 008 0444518 for a free calcium guide.

IRON
Iron is also important during pregnancy because it is a vital part of haemoglobin — needed for healthy blood.

During pregnancy, your blood supply increases by up to 30% to supply nutrients to your baby via the placenta. This extra blood, combined with your baby’s needs for iron, means that your total demand for iron increases dramatically.

The best food sources of iron are red meats, although poultry and fish are also reasonable sources. The iron in plant foods can be helped along by eating vitamin C foods, like fruit, at the same meal. (eg cereal with a small glass of juice).

If your iron level is low you may develop anaemia — a common problem in pregnancy. Your doctor may then prescribe a supplement, but you can help by eating more high iron foods.

WEIGHT GAIN
Gaining weight is a normal sign of a healthy pregnancy and an indication your baby is growing and developing properly. A weight gain of 10-13 kg is recommended, however this does depend on your pre-pregnant height and weight. A guide is 1-2 kg gain over the first 3 months followed by 1-2 kg per month after that.

The weight is made up of your baby, placenta, amniotic fluid, extra blood, breast tissue and fluid as well as stored fat. This extra fat is quite normal and is to provide energy for breastfeeding after the birth.

If you are concerned about gaining too little or too much weight during pregnancy, ask your doctor to refer you to a dietitian.

GOOD READING
- Nutrition and Pregnancy
  by Susan Ash and Jane Allen
  (from bookstores and the Australian Nutrition Foundation
  ph 02 316 6516)
- And Now it’s Dinner for 3
  (small booklet) by the Dairy Foods Advisory Bureau (ph 02 743 3321)
- The Pregnancy Book
  by the Doctors and Staff of the Royal Hospital for Women, Sydney
  (from bookstores)

For more health and nutrition information contact:
Nutrition Education Service
Level 8, 55 Grafton Street,
Bondi Junction, NSW 2022.
Phone: 008 044 518
WHAT IS IT?

Natural Family Planning is a method of birth control based on abstinence from sexual intercourse during the fertile phase (and around the fertile phase) of the menstrual cycle.

Methods of predicting or calculating the fertile phase of the menstrual cycle are:
- Calendar or rhythm method
- Temperature method
- "Billings" ovulation method
- Symptothermal method

The Female Ovarian Cycle

The ovarian cycle starts on the first day of the menstrual period.

The pituitary (a small gland in the centre of our brain) secretes FSH (Follicle Stimulating Hormone) which travels to the ovary in the blood and causes the follicles in the ovary to develop and mature.

The developing follicles (one becomes the dominant follicle) secrete a hormone oestrogen which acts on the breast, uterus, cervix and vagina. Oestrogen also switches off the FSH from the pituitary by negative feedback.

The developing ovum produces increasing amounts of oestrogen and it is believed that this causes another pituitary hormone LH (Luteinising Hormone) to be secreted. This surge of LH triggers OVULATION.

After ovulation the follicle which has lost its egg develops into a corpus luteum which secretes another hormone, progesterone. Progesterone acts on the breasts, uterus, cervix and vagina as well. Progesterone also increases the body's temperature.

If pregnancy does not occur the corpus luteum stops producing progesterone and the smaller amount of oestrogen and menstruation occurs, usually 12-16 days after ovulation. Breast, uterus, cervix, vagina and body temperature return to the preovulatory state.

Under the influence of progesterone the body temperature will rise at least 0.2°C (0.4°F) but up to 0.5°C. It will remain elevated until the next period (12-16 days). It continues to remain elevated if a pregnancy occurs.

Taking the Temperature

1. Immediately after waking and before arising at approximately the same time each morning.
2. Before eating, drinking and smoking.
3. Can be taken orally or vaginally. Vaginal readings are more accurate.
4. Must be left in at least FIVE minutes and read immediately. Digital thermometers need to be left until they register maximum reading (45 sec. approx.).

Additional Factors that Affect Temperature

1. "Sleeping in, ie later reading - false high
2. Alcohol the night before - false high
3. Little sleep - false high
4. Illness - false high
5. Tooth extraction - false high
6. Electric blanket on high setting - false high

Graphs should be calculated monthly and ovulation not assumed until 3 consecutive readings are higher than 6 previous consecutive readings. Intercourse is permitted on the evening of the 3rd consecutive temperature rise (3/6 RULE).

MUCUS METHOD

Calculation of fertile phase by mucus observation only.

This method uses the observation of the cervical mucus as its sole indicator of fertility. Mucus is divided into 3 distinct patterns.

Basic Infertile Pattern

This pattern is observed for a few days after a period in women with 28 day cycles. It can be extended in women with longer cycles or absent in women with short cycles.

There is a sensation of dryness at the vulva with no mucus or scant, dense, flaky mucus producing a sensation of stickiness.
**Fertile Pattern**
This mucus change corresponds to the rising oestrogens from the developing follicle in the ovary.

There is a sensation of wetness at the vulva and the mucus becomes more profuse, more watery, more clear and elastic over the next 5-6 days. The last day of fertile mucus corresponds to the peak or ovulation in most women (85%). Any fertile sign, however small, must be considered significant.

**Post Ovulatory Pattern**
This mucus change corresponds to the rising progesterone from the corpus luteum in the ovary. It lasts until the onset of menstruation normally 12-16 days. The sensation of dryness returns and the mucus becomes scantier, more cloudy and sticky. The amount of discharge may change, but its consistency does not.

A couple can resume intercourse after 3 consecutive "dry" days.

To use this method correctly a couple must:
1. Avoid intercourse throughout a period.
2. Have intercourse in the evening only if mucus has been checked during the day.
3. Have intercourse on every alternate evening only as seminal fluid can interfere with mucus readings.
4. Any fertile signs mean abstinence until 3 "dry" days.
5. Intercourse can be resumed on fourth day after "peak".
6. Any bleeding or spotting during the cycle should be considered as potentially fertile.

**Symptothermal Method**
Calculation of early “safe” days by cycle length history, calculating fertile (ovulatory) phase by cervical mucus observation, and confirming ovulation by temperature measurement.

This method uses a combination of calendar, temperature and mucus to calculate the fertile time of the cycle.

**Early Safe Days**
Calendar Method to calculate early (preovulatory) "safe" days
Subtract 20 from shortest cycle,
Mucus Method to detect early "safe" days
Intercourse alternate evenings and abstinence once fertile mucus noted.

**Late Safe Days**
Mucus method to determine late (post ovulatory) "safe" days
Calculate peak (ovulation) as last day of fertile mucus and intercourse resumed on the 4th day after peak.

Temperature method to determine late "safe" days
Temperature must have 3 consecutive readings in this cycle. Intercourse resumed on evening of 3rd temperature cycle.

Other symptoms such as pain, bleeding, bloating can be recorded and used to support other symptoms of ovulation.

It has the advantage over single-index methods in that a woman can compare symptoms and signs to predict and confirm ovulation. Once mastered it also reduces the number of days when mucus and temperature recordings are necessary.
Module One. Sexual and Reproductive Health

Session: 1.3

Topic: Relationships and Communication

Goals: To explore how the women see themselves inside and outside
To practice giving and receiving compliments
To explore the types of relationships that exist
To explore individual responsibilities and expectations in both sexual and non sexual relationships
To explore the concept of assertiveness and self confidence
To practice assertiveness and negotiation skills
Menstruation: Myths & Misconceptions

Decide whether each statement is True or False. Circle the correct answer.

1. It’s OK to have a shower when you’ve got your periods.  
   True / False

2. You shouldn’t have baths when you’ve got your periods.  
   True / False

3. You shouldn’t wash your hair when you’ve got your periods.  
   True / False

4. People can tell when you’ve got your periods.  
   True / False

5. You can’t swim when you are menstruating.  
   True / False

6. Physical exercise is good for you when you’ve got your period.  
   True / False

7. You shouldn’t get too hot when you’ve got your period.  
   True / False

8. It’s OK to eat citrus fruit when you’ve got your period.  
   True / False

9. Menstrual blood is bad blood.  
   True / False

10. You should avoid the cold when you’ve got your period.  
    True / False

11. It’s OK to have sex when you have your period.  
    True / False

12. Virgins can use tampons.  
    True / False

13. Applicators are a more hygienic way of putting tampons in.  
    True / False

14. You shouldn’t leave a tampon in for more than 5 hours.  
    True / False

15. You can’t get pregnant if you have sex during a period.  
    True / False

16. It’s OK for boys to know all about menstruation.  
    True / False
Assertiveness

The ability to communicate effectively, to have self-worth and self-confidence, to believe in our rights and the rights of others.

Increasing self-esteem and sense of identity is part of becoming more assertive. Becoming more assertive means choosing to think and behave in an effective way, satisfying way; not blindly reacting by running away (passive) or hitting out (aggressive).

The rich variety of personalities, of relationship styles and different customs is part of being human. No one style of behaviour is always ‘best’. However, when people find their style of relating with others results in conflict and are dissatisfied because their own needs are not being met, or others in the relationship are resentful, it is time to examine the way we relate to others. With this awareness, people can begin to make changes in areas where they see need for improvement.

There are risks and benefits in all relationship styles.

PASSIVE STYLE OF RELATING

Difficulties in relating to others usually arise because passive people rarely take action to meet their own needs. They expect others to meet these needs and often become depressed or take on a martyr role when others fail to do it. They tend not to believe they have the right to speak up.

Being passive can mean:

'I don’t count, you can take advantage of me.' 'My feelings don’t matter, only yours do.' 'My thoughts aren’t important, yours are the only ones worth listening to.' 'I’m nothing - you are superior.'

Consequences: 'I lose - you win.'

AGGRESSIVE STYLE OF RELATING

People relating aggressively tend to believe strongly in their own rights but do not see others as having the same rights. They usually meet their own needs and see themselves as responsible for making decisions on behalf of other people. Their style can be the result of strong conditioning to compete, achieve, be strong, to take initiative.

Being aggressive can mean:

‘This is what I think, you’re stupid for believing differently.’ ‘This is what I want, what you want isn’t important.’ ‘This is what I feel, your feelings don’t count.’

Consequences: ‘I win - you lose.’
Lack of relationship. Communication ceases or becomes distorted.

ASSERTIVE STYLE OF RELATING

People who relate in an assertive way accept and respect their own rights and the rights of others. They are able to express their needs, opinions, and feelings openly and appropriately in a relationship and are able to listen to the needs, opinions and feelings of others. People who are assertive have a sense of ‘give and take’ in a relationship and a willingness to negotiate when conflict occurs. Because they have a strong sense of self-worth and high self-esteem, they are not afraid to ask for what they want or to admit mistakes. They are not jealous of or threatened by the success of others.

This is an ‘ideal’ state which no-one can achieve all the time. Our feelings about ourselves vary, according to circumstances. Part of being assertive includes feeling confident enough about ourselves to accept that we do not have to be perfect, that we are human and will make mistakes.

Being assertive includes an awareness of risks and benefits which can result from each style of relating and being able to choose how to respond in any situation.

The key word is ‘choose’ because people can assertively choose to be passive and not speak up for their rights, or to act more aggressively on occasions. This is quite different from acting passively or aggressively as a habitual style of relating.

Situations when it is probably not wise to speak up:

- When the timing is wrong and may lessen the chances of clear communication, eg. the other person is having an ‘off day’ or is having temporary hassles.
- When the original situation has changed so that it would serve no useful purpose.
- With an authority, if and when this could lead to more trouble than it is worth.
- If we have made a conscious choice not to assert and we don’t feel manipulated.
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- With an authority, if and when this could lead to more trouble than it is worth.
- If we have made a conscious choice not to assert and we don’t feel manipulated.
Being assertive in a relationship where there is great conflict, or intense emotional security has been invested, could risk breakdown in communication. It may be preferable to practise skills in less threatening situations first.

Being assertive is not merely a fixed position between the two extremes. It includes choosing to be either passive or dominant when appropriate and usually means:

'I respect myself and respect others.' 'I'd like to have your approval but I don't have to have it.' 'I have the courage to take stands.' 'I try to deal with conflicts openly and fairly.' 'I feel good.'

One guide to whether an assertive style has been used is a person's own feelings about their actions. Acting assertively leads to feelings of satisfaction, calm and control, and acceptance of self and others.

Consequences: 'win-win'.

Closer, more satisfying relationships. No loss of energy. High or increasing self-esteem.

---

**STEPS TO ASSERTIVENESS**

When in a difficult situation, try the following guidelines. Time and preparation are necessary and this is not always possible when we are involved in a situation and need to act spontaneously. It still may be helpful to review the situation later and practise and prepare for next time.

1. Acknowledge the feelings.

2. What is the self-talk.

   a) Is it irrational

   b) What is the “should”

3. How can I change that.

4. What might be the consequences.

   a) to me

   b) to others

   c) to relationships

5. What are my rights.

---
6. What choices do I have.

7. My decision is.
   a) What do I say? (a message) 
   b) What do I do? (behaviour - to do something)

8. How do I say it.
   a) Choose appropriate time
   b) "I" Statement
   c) Congruent
   d) Be specific
   e) Ask others
   f) Negotiate where appropriate

GETTING THE MESSAGE ACROSS WITHOUT BLAME

■ Careful timing
   Am I feeling OK. Is the other feeling OK? Do I need to relax first.

■ Use an "I" statement
   My feeling what is the behaviour I wish to be assertive about check that it is a non-blameful message.
   I feel ..... when you ..... because ..... 

■ Be consistent (verbal matches non-verbal)
   The message is clearer when it is consistent, i.e. non-verbal behaviour matches the words. For example, saying "I'm not angry" in a tense, sharp voice is sending a conflicting message and is confusing to the other person who is more likely to respond to the body language.

NO - I'M NOT ANGRY....
- Be specific about other’s behaviour, example of how behaviour is different from labels, eg. You’re inconsiderate VS. You didn’t ring me to let me know you were late.

- Acknowledge the other’s feelings when appropriate. Keep in mind that the other person may have strong feelings in response to an assertive statement. Acknowledging the other’s feeling is a way of expressing acceptance and respect for the other’s rights, eg. ‘you seem rather upset by what I’ve said’. In this way the other person feels understood and is better able to listen in turn. Doing this also encourages co-operation and leaves the path open to negotiation if conflict occurs.

- Keep the ‘we’ in the relationship and be prepared to negotiate, eg. ‘I can choose to be passive if the risk to the relationship is too great’.

The use of these steps becomes easier and less time consuming with practice. It is important to realise that communication is two-sided. Skills of listening and resolving differences are necessary to ensure that the other’s messages are also heard and considered.

**RISKS IN BEING ASSERTIVE**

- I may not get the result I want. However I feel better.
- I may overshoot and become aggressive.
- It is wise to proceed slowly and let family and close friends know what I am trying to change and ask for their understanding and co-operation.

**EXERCISE**

- Practise sending an assertive message to someone close to you. Start with a positive message, eg. ‘I really appreciate it when you volunteer to wipe-up without being asked’.

  Start with ‘I ____________________________________________

  _______________________________________________________

  _______________________________________________________

  (Make sure you are specific about the behaviour)

- When would be an appropriate time.

- Note the response. ____________________________________________

  _______________________________________________________

  _______________________________________________________

  _______________________________________________________

  _______________________________________________________

  _______________________________________________________
Module One. Sexual and Reproductive Health

Session: 1.4

Topic: Safe Sex, STDs and BBCDs

Goals:
- To identify the principles and modes of transmission of HIV, HCV and HBV
- To identify common STDs and principles of transmission
- To explore issues relating to personal health, hygiene, self responsibility in regard to BBCDs and STDs
- To define low risk/no risk practice involving BBCDs and STDs
- To define safe sex and practice negotiation of safe sex practices
Wash hands thoroughly

Hand washing is the most important way of preventing infections. Hands should be washed thoroughly in soap and warm running water, for at least 10 seconds, then dried thoroughly.

What is hepatitis?

Hepatitis is inflammation of the liver. Hepatitis can be caused by viruses, alcohol, or chemicals and drugs.

One major cause of hepatitis is the hepatitis A virus.

What is hepatitis A?

Hepatitis A is a viral infection of the liver with symptoms of feeling unwell, aches and pains, fever, nausea, lack of appetite, abdominal discomfort and darkening of the urine, followed in a few days by jaundice (yellowing of the eyeballs and skin).

The illness usually lasts for 1 to 3 weeks and is followed by complete recovery.

Children under the age of 5 years who become infected with the virus usually have no symptoms at all or mild gastrointestinal symptoms.

Hepatitis A does not cause long term liver disease.

What is the incubation period?

The period from contact with the virus to the development of symptoms is usually 4 weeks, but can range from 2 to 7 weeks.

How long is a person infectious?

People are infectious for only a short period of time.

Infected people can pass on the virus to others from 2 weeks before the development of symptoms until 1 week after the appearance of jaundice, approximately 3 to 4 weeks.

Consult your doctor for further information.

What body substances contain the hepatitis A virus?

Very large amounts of the virus are found in faeces during the infectious period.

How is hepatitis A spread?

The virus is usually spread when faeces from an infected person is transferred to another person's mouth. The virus is passed in our community by:

- food, drink and eating utensils that have been handled by an infected person;
- hands after touching nappies, linen and towels soiled with faeces;
- oral/anal sex.

Outbreaks of hepatitis A have been reported as a result of:

- sewage contaminated water (including drinking and bathing water);
- sewage contaminated shell fish such as oysters and mussels;

but, effective decontamination can eliminate the virus.

Hepatitis A continues to be a problem for people travelling overseas, especially those people visiting developing countries.

How long can the virus survive outside the body?

The virus can survive on objects and surfaces for several weeks and in natural water for up to 100 days.

Who can get hepatitis?

Anyone who has not had hepatitis A in the past is at risk of catching the disease. One attack of hepatitis A provides life-long protection.

Hepatitis A, hepatitis B and hepatitis C are caused by different types of viruses. Infection with one type of hepatitis does not give any protection against the other types of hepatitis.
HEPATITIS A

What can be done to avoid infecting others?

If you have hepatitis A then:
- wash your hands thoroughly in soap and warm running water, after going to the toilet;
- do not prepare food or drink for other people;
- do not share eating or drinking utensils with other people;
- do not share linen and towels with other people.

Eating utensils, linen and towels can be decontaminated by washing in warm, soapy water. Linen and towels should be machine and not hand washed. Once eating utensils, linen and towels are decontaminated they can be used by other people.

Oral sex can easily transmit hepatitis A. Condoms or latex barriers make oral sex safer.

What can be done to avoid catching hepatitis A?

If there is a problem with hepatitis A in your household then you should:
- wash your hands thoroughly in soap and warm running water: before preparing food and drinks; and after handling objects and materials such as nappies and condoms.
- avoid sharing food, drinks and cigarettes with other people in your household.

When hepatitis A is spread in households it is usually confined to people caring for the infected person and to the sexual partners of the infected person.

People who live in the same household as an infected person, and sexual partners of an infected person, can have an injection of immunoglobulin. The injection will not prevent infection, but may prevent or reduce illness if given within 2 weeks of contact with the infected person.

For travellers to developing countries, a course of hepatitis A vaccine may be advisable. Consult your doctor for further information.

Should people who have hepatitis A be excluded from work?

People who handle food or drink must be excluded from work for at least 1 week after the onset of jaundice.

Generally, people whose work involves close personal contact, such as child carers and health workers, should not work while they are infectious. They should discuss this with their doctor.

If you have further questions, consult your doctor or telephone your local Public Health Unit

Public Health Units in NSW

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Northern Sydney</td>
<td>(02) 477 9400</td>
</tr>
<tr>
<td>Eastern Sydney</td>
<td>(02) 313 8322</td>
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<tr>
<td>Western Sydney &amp; Wentworth</td>
<td>(02) 840 3603</td>
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<tr>
<td>Central &amp; Southern Sydney</td>
<td>(02) 556 9322</td>
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<tr>
<td>Southern Sydney</td>
<td>(02) 583 1077</td>
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<tr>
<td>Central Coast</td>
<td>(043) 202 404</td>
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<tr>
<td>Hunter</td>
<td>(049) 291 292</td>
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<td>Illawarra</td>
<td>(042) 264 677</td>
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<td>Central West NSW</td>
<td>(063) 328 505</td>
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<td>South East NSW</td>
<td>(048) 273 420</td>
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<td>(066) 217 231</td>
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<td>Northern Districts NSW</td>
<td>(067) 662 288</td>
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<tr>
<td>South West NSW</td>
<td>(060) 230 350</td>
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<tr>
<td>Western NSW</td>
<td>(068) 812 235</td>
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Public Affairs and AIDS Bureau,
NSW Health Department.
State Health Publication No. (PA) 94-015.
For further copies of this publication, please ring or fax the Better Health Centre,
Phone: (02) 391 9010, Fax: (02) 955 5196.
Women and Hepatitis C

Women who have Hepatitis C need information about how this condition affects pregnancy and breast feeding, as well as the transmission of the virus to children, sexual partners and household members.

Women's experience of being infected with the hepatitis C virus is probably similar to that of men's however it is difficult to be confident of this as gender specific research is rarely undertaken. Women have a similar need for factual information about the progression of the infection, healthy lifestyle and avoiding transmission of the virus but they also need gender specific information.

Women have specific needs for information about hepatitis C and pregnancy, breast feeding, hormonal effects and the use of hormonal contraceptives and hormone replacement therapy. Women may also experience minor but distressing side effects to interferon treatment such as weight gain, hair loss and menstrual irregularities. They want detailed information regarding transmission of the virus to children, sexual partners and household members. Women with hepatitis C also have the dilemma of whether or not to have their children tested.

There is the potential for discrimination to both themselves and their family to be considered if they disclose their positive hepatitis C status as there is considerable misinformation and fear about hepatitis C.

Hepatitis C is a viral infection of the liver that is thought to have been prevalent in Australia for over twenty years although the viral agent was not identified until 1988. Hepatitis C accounts for approximately 95% of cases of non-A nonB hepatitis. It is estimated that between 50,000 and 200,000 Australian are infected with the Hepatitis C virus and many are unaware of the condition as it is a chronic, slowly progressing inflammatory condition.  

Transmission

The virus is spread through blood to blood contact. The risk factors for being infected with hepatitis C include intravenous drug use, transfusion of blood or blood products prior to 1990, tattooing, body piercing and occupational exposure through needle stick and similar injury. The virus is not thought to be spread sexually except during acute infection or traumatic sexual practices. Interferon alfa - 2b is the only medical treatment currently available under strict criteria guidelines on the Commonwealth Pharmaceutical Benefits Scheme. It has long term efficacy in 30% of people treated. Some people with hepatitis C have reported an improvement in their health after using herbal preparations and Traditional Chinese Medicine.

A study is currently being undertaken at Newcastle University to investigate these claims. As the medical treatment is only effective in less than a third of people treated the maintenance of a healthy lifestyle is vital to avoid further damage to the liver.

Women are more susceptible to liver damage from excessive alcohol use than men. Therefore avoiding harm to the liver is very important information for all women and they need to know about safe levels of alcohol use. One to two standard drinks of alcohol in 24 hours, three to four times a week is considered safe for women who do not have liver problems. Women with hepatitis C need to consider not drinking alcohol at all, or only on very rare occasions, as alcohol may further damage their livers.

Menstrual Irregularities

Women who are hepatitis C positive may experience menstrual irregularities particularly at times of acute hepatitis C symptoms. Abnormal vaginal bleeding may occur at these times so it is important that a woman's general health is checked as well as her liver function, for example, having Pap smears to exclude cervical cancer. Women can use oestrogen containing contraceptive pills except during acute exacerbation of the hepatitis C, when they are experiencing a lot of symptoms and or their liver enzymes levels are significantly elevated.

Progestogen only contraceptives are thought to be less irritating to the liver but caution should be used at times of acute liver problems. Prior to commencing hormone replacement therapy, women with hepatitis C need to have their liver functioning assessed before using oestrogen replacements.

Sexual transmission of the virus is thought to be uncommon. For monogamous couples safe sexual practices are recommended only during menstruation and if either partner has any genital lesions. Traumatic sex can be avoided by ensuring adequate lubrication. Transmission of the virus to household members is thought to be extremely unlikely. Avoiding the sharing of objects that may be contaminated with blood such as toothbrushes and razors will further reduce the risk of spreading the virus.

Pregnancy and breast feeding

Vertical transmission (spread of the virus from woman to baby during pregnancy and delivery) is thought to be very low, less than 10%. It depends on the woman's viral load at the time of pregnancy. Women who are hepatitis C positive do not need to consider termination of pregnancy, as some misguided people suggest, on grounds of their hepatitis C status. Counselling for women who are pregnant and hepatitis C positive is available from the Drugs in Pregnancy Service social workers at King George V Hospital, 02 5157882 or from the author at Royal Prince Alfred Hospital, 02 515 7529.

Breast feeding remains a controversial topic. If breast and bottle feeding provided the same benefits to the infant then the decision would be easier. Women who are hepatitis C virus positive would be safer to bottle feed, however there are many advantages of breast feeding over bottle feeding, and the possibility of spreading the virus through breast feeding is thought to be unlikely. Health authorities do not recommend against breast feeding for women who are hepatitis C positive 4-5.

The final decision needs to be made by
the parents after a discussion of benefits over risk.

New South Wales Health authorities recommend that babies born to women who are hepatitis C antibody positive should have a hepatitis C antibody test when they are between 6 and 12 months of age. During this time period most babies will lose the maternal hepatitis C antibodies that are passively acquired during pregnancy and will have a negative result. The babies who test positive for hepatitis C antibodies are likely to be slow to lose the maternal antibodies and repeat testing can be undertaken when they are older or other blood tests may need to be performed to confirm if the baby is free from the hepatitis C virus.

The testing of older children is a difficult dilemma for parents for a number of reasons. The transmission rate is low during pregnancy and delivery and even less likely during casual contact in the home. If the result is likely to be negative why expose children to blood tests?

There is currently no free treatment or vaccine available for children

Three Important messages

The three most important messages for women who are hepatitis C antibody positive are:

- hepatitis C is a chronic, slowly progressing illness that few people die from however significant life style changes do need to be made to maintain a quality of life and prevent transmission to others.
- women need to be aware of the recommended safe level of alcohol consumption for women, 1 to 2 standard drinks in 24 hours and only drink 3 to 4 days in a week and consider giving up alcohol completely if they are hepatitis C virus positive.
- the hepatitis C virus is spread through blood to blood contact. High risk activities such as the sharing of drug injection equipment should be avoided by obtaining clean injecting equipment from needle and syringe exchanges. Casual or household contact such as the sharing eating utensils or touching will not spread the hepatitis C virus.

Women who are hepatitis C positive need to cover all cuts with waterproof dressings and wear plastic gloves when tending children's cuts and abrasions if they have open wounds on their hands. It is recommended that they clean up blood spills with bleach and dispose of sanitary products with care.

By following these health practices women with hepatitis C will have opportunities for an improved quality of life especially when they are assisted by well informed nurses.

Nurses and other health care workers are important distributors of factual information to people who are infected with the hepatitis C virus or at risk of becoming infected. As with all new health problems information is rapidly changing therefore it is vital that we update our knowledge regularly.

More information, brochures and support are available from the Hepatitis C Council of NSW, telephone 02 3321599.

References

5. NSW Health Department 'Antenatal and Neonatal / Infant screening for hepatitis C' Information Bulletin 93/5.

HEPATITIS C PROGNOSIS

100 Hepatitis C antibody positive people

- 20 will clear virus and have no infection ongoing
- 80 will have long term Hepatitis C infection

- 20 will have no symptoms, will have normal liver function tests (LFTs) but will be infectious
- over 20 years
- 20-25 will develop cirrhosis

- 40 will have chronic symptoms, with abnormal LFTs; will be infectious; may have signs of liver damage

- 5-10 of people with cirrhosis will develop liver failure

Diagram taken from Hepatitis C Council's information pack (developed from presentations by Dr R Batey, John Hunter Hospital)
What is hepatitis B?

Hepatitis B is caused by the hepatitis B virus. You can catch hepatitis B by:
- Sharing needles and syringes with someone who has hepatitis B
- Being sexually connected with an infected person
- Being a new baby (from an infected mother at birth)
- Getting a transfusion of infected blood

What can you do to stop passing the virus to others?

Don't:
- Share personal care items such as toothbrushes or razors
- Work in an office with an infected person
- Swim in pools

It's OK:
- Avoid drinking alcohol
- Carefully follow medical advice
- Don't share needles and syringes
- Talk to your healthcare worker
- If you are a carrier, it is important to:
  - Avoid contact with infants
  - Avoid close contact with others
  - Use a condom during sex

Hepatitis B carriers are known as those people who have hepatitis B in their body for many years and can infect other people. The virus can infect many people in every 100 who are infected, keep in mind hepatitis B can spread through unprotected sex between two people who have hepatitis B, and the virus disappears completely and the virus disappears completely and the virus disappears. The carriers are carriers and the carriers are carriers.

How do you catch hepatitis B?

Hepatitis B is caused by the hepatitis B virus. You can catch hepatitis B by:
- Sharing needles and syringes with someone who has hepatitis B
- Being sexually connected with an infected person
- Being a new baby (from an infected mother at birth)
- Getting a transfusion of infected blood

Important:
- Avoid contact with infants
- Avoid close contact with others
- Use a condom during sex

If you are a carrier, it is important to:
- Avoid contact with infants
- Avoid close contact with others
- Use a condom during sex

What to do if you test positive for hepatitis B:
- Avoid contact with infants
- Avoid close contact with others
- Use a condom during sex

If you test positive for hepatitis B, it is important to:
- Avoid contact with infants
- Avoid close contact with others
- Use a condom during sex

What to do if you test negative for hepatitis B:
- Avoid contact with infants
- Avoid close contact with others
- Use a condom during sex

If you test negative for hepatitis B, it is important to:
- Avoid contact with infants
- Avoid close contact with others
- Use a condom during sex
High Risk Groups

- Health care workers such as nurses, doctors, and dentists
- Household contacts of patients who have hepatitis B
- People who have had more than one needle stick or injury to the skin from a needle that has contaminated blood
- People who inject drugs

These groups include:

- People who have had Hepatitis B vaccination
- People who have had Hepatitis A vaccination

If you believe you have been exposed to hepatitis B, you should:

1. Get medical care right away.
2. Get hepatitis B vaccine.

If you have been exposed to hepatitis A, you should:

1. Get medical care right away.
2. Get hepatitis A vaccine.

Take care!

- Wear gloves when handling blood.
- Clean up spills of blood on hard surfaces with cold, water.
- Clean up spills of blood on soft surfaces with cold water and strong soap.
- Push the needle into a safe container.
A liver friendly diet

Lots of:

Vegetables
Fruit
Pasta, bread, rice, cereals

Avoid:

Alcohol
Tobacco,
Amphetamines, Benzodiazepines, Heroin
All fats, fried foods
Chocolate
Coffee
Cakes
Nuts
Coke
Common symptoms of acute hepatitis

Nausea
Loss of appetite
Yellow skin (jaundice)
Dark urine
Pain in the liver area
Alternating diarrhoea and constipation
Lack of energy
Aching joints and muscles
You may consider having a test for HIV for a number of reasons including:

- If you suspect or know that you have been at risk of being infected with HIV. This includes if you have had unprotected vaginal or anal sex with someone and/or if you have shared drug injecting equipment.
- If you are aware your partner is, has, or could be, having unsafe sex with other people.
- If you are starting a new relationship and you would like yourself and your new sexual partner to be tested.
- If you are pregnant or thinking about becoming pregnant.

Since 1985 all donated blood in Australia has been screened for HIV. Prior to this time people with haemophilia and other people who had blood transfusions were at risk.

There are good reasons for you to consider having an HIV test.

a) It gives you an opportunity to assess any behaviours which may have put you at risk eg. sexual and/or drug taking behaviour.

b) Early diagnosis of the presence of HIV gives you greater treatment options. The new drug combinations are effective in inhibiting HIV in your body and the earlier this can be done the better.

c) You are in a better position to take care of yourself, monitor your health and maintain your quality of life.

So if you think you may have been exposed to HIV, it is a good idea to be tested.

**Counselling + Consent + Confidentiality**

There are 3 basic principles to remember about having an HIV test:

1. **Counselling** - through pre test counselling you find out about the test, discuss what it means and why you think you should have it. The purpose of pre-test counselling is not to assume that you will have an HIV test, but to assess whether you think you need to have one. Be really honest with yourself about your behaviours, the behaviour of others and situations in which you may have been at risk. This assessment should be done by you and your doctor/nurse/counsellor together. Ask as many questions as you like, and make sure you ask for information about HIV to read so you can consider whether you want a test or not.

If you have an HIV test you will need to go back to the doctor or nurse to get your HIV test result in person. It is not given out over the phone. At the time of getting your test result you should be given post-test counselling. This will include support and practical information (names of organisations which can offer support/information) as well as an opportunity to review safe behaviours. Regardless of the result, post test counselling is a MUST.

You should never be tested for HIV without your full knowledge and consent.

2. **Consent** - Consent means you understand what having the test involves, the implications of the result being positive, and you freely choose to have it.

The doctor or nurse is required by law to give you the full information about having an HIV test and obtain consent from you regarding the HIV test (or any other medical procedure, treatment or test). There are some important issues to consider if you decide to have a test eg. What could be the effect of a positive or negative test result on your life? You may want to have support and someone to talk to when considering an HIV test eg. family, friends or health care professional (doctor, nurse, social worker).

3. **Confidentiality** - Every stage of this process is confidential, from considering having a test to receiving the HIV test results. Of course you are free to talk to anyone about what you are doing, but health professionals are not allowed to give out this information to anyone without your permission. Talk about this with them if you are concerned.

In a hospital situation, only the health care workers, doctors, nurses and counsellors who are caring for you have the right to know if you are HIV positive.
What the test is

Antibodies are produced by the body in response to any infection or virus. If you are infected with HIV, specific HIV antibodies will be present in your blood. The test for HIV looks for signs of these HIV antibodies being present.

If you decide to have an HIV test, then the doctor or nurse will take a sample of blood and label it with the first two letters of your surname and first name, birth date and postal code. Neither your name nor address are put on the blood sample. Check with your doctor about the procedure she/he is using to label the blood sample as it may differ from one doctor or Sexual Health Clinic to another. This will be different if you have an HIV test in a hospital. It is likely that the blood sample will have your name on it.

The sample is sent to a laboratory to be tested and the results will be returned to the doctor or nurse within 10 days.

Phone the AIDS Council of NSW (ACON) on (02) 9206 2000 for their free booklet, *HIV Tests and Treatments*.

Results

If your result is negative this means either you do not have HIV or that you have been infected but the HIV antibodies are not yet in high enough numbers to be detected by the HIV test. This is known as the ‘window period’ and can last up to about 3 months. You may need to have a second test in 3 months time to confirm the original test result. Talk with your doctor about this. Being HIV negative is also referred to as antibody negative and seronegative.

A negative result is an opportunity for you to consider the behaviours or situations which led you to have an HIV test. A negative result doesn’t protect you from HIV. Review the behaviours which create any HIV risk for you. If you want to have sex with someone and you are unsure of their present and past sexual practices and/or injecting drug use, then use condoms or safe sex dams every time you have sex including oral sex, use a new fit every time - don’t share needles or other injecting equipment - look after yourself. Ask the health care worker to show you how to use a condom or a dam if you are unsure.

If your result is positive this means you have come in contact with HIV and become infected with the virus. A positive test result is also referred to as antibody positive and seropositive. An HIV positive test result doesn’t mean you have AIDS.

You will need further tests to determine the state of your immune system to assess the damage, if any, caused by the virus. It is important at this stage to establish a good relationship with a doctor you trust, who listens to you and in whom you have confidence, in treating HIV. Many HIV positive women also find a complementary therapist to help them maintain their health and well being.

If you are pregnant or considering pregnancy

If you are pregnant you will have a series of routine tests done at an antenatal clinic or by your GP to check for a number of things eg. german measles, etc. Unlike these tests, the HIV test is not a routine test although some doctors test women without their knowledge or consent. If you are unsure, ask your doctor what tests she/he is conducting, ask questions if you don’t understand why something is being done or what it means. If you are considering pregnancy you may want to have an HIV test if you think you may have been at risk.

For more information about pregnancy issues for HIV positive women read the Pregnancy Fact Sheet available in this series.

Who is allowed to request you to have an HIV test?

Laws in Australia require people who want to become permanent residents, to have an HIV test and to provide the Department of Immigration with their results. This is a legal requirement.

Insurance companies are allowed to request you to have an HIV test and to supply them with the results. They may require a negative HIV result before they insure you.

Sometimes certain professions eg. dentists, surgeons, doctors, will ask if you have had an HIV test or request you have one and supply them with the results. This is not legally required and you can refuse. If you are refused any service eg. dental or medical care because you are HIV positive or assumed to be HIV positive, it is discrimination and is against the law.

If you are refused any service because you did not agree to have an HIV test you can contact the Human Rights and Equal Opportunities Commission or the NSW Anti-Discrimination Board for information and legal advice about your particular situation.

Human Rights and Equal Opportunities Commission
Ph (02) 9284 9600, or toll free 1 800 021 199
TTY: 1 800 620 241

NSW Anti-Discrimination Board
Ph (02) 9318 5400
toll free 1800 670 812.
WHAT IS AN STD?

A disease which is passed from one person to another by any kind of sex is called a sexually transmitted disease.

HOW DO YOU KNOW IF YOU HAVE AN STD?

Anyone who has sex can get an STD. Some STDs have no noticeable symptoms but can be detected through tests.

It's important to have a check-up at a health centre if you have unsafe sex, even if you feel OK. Making sure shows you're being responsible about your health.

Go for a check-up if you have any of these symptoms
- unusual discharge from the vagina, penis or anus
- burning pain, stinging or irritation when urinating
- any sores, blister/s, lumps in the skin or rashes near your genitals
- rapid weight loss
- a lower abdominal pain, pain during sex
- persistent diarrhoea
- a rash that isn't itchy on your hands or feet
- itching in your pubic hair
- night sweats.

REMEMBER

If you or your partner have any of the above symptoms, talk together about it. DON'T have sex until you've gone for a check-up.

STDs don't cure themselves, they need treatment.

Even if the symptom goes away, the disease could still be there.

Any partners need to be treated or you will re-infect each other. Go together, there are lots of questions you can have answered.
HOW TO AVOID STDs

Talk to your partner about sexual issues and STDs. You can always practise what you want to say with a friend or in the mirror.

Always have safe sex. This is when NO semen, vaginal fluids, blood or pre-cum goes from one person's body into a partner's body.

Explore all the ways you can be sexual with your partner through safe sex.

If you have penis/anus or penis/vagina sex, use a condom. That means always using a condom every single time.

If you're in a relationship, agree to practice safe sex. Remember that safe sex is essential in any other sexual relationships you have.

Safe sex is essential in every relationship unless you've both had the all clear by having an STD and HIV check-up.

Sometimes you may choose not to have sex in your relationship.
NON-SPECIFIC URETHRITIS
(N.S.U.)

URETHRITIS is inflammation of the urethra (the tube which runs through the penis and carries the urine).

N.S.U. (commonly called "strain") is an infection which some men develop following intercourse (vaginal, rectal or oral). It is not V.D.

There are two types of discharge in a man:

(i) Specific urethritis (called gonorrhoea) which every man exposed to it may get;

(ii) N.S.U. which only a proportion of men in the population seem to get.

A man who gets N.S.U. is susceptible to organisms that can be present in a partner's vagina (mouth or rectum), often without troubling the partner. Whenever he comes into contact with these organisms he may develop a discharge and require treatment. Therefore, it is advisable for his sexual contact(s) to have a check and be given treatment where necessary.

It is sometimes the case that a female partner has recently commenced, changed, or discontinued the pill. She may be pregnant or have taken a recent course of antibiotics. It is thought that due to any of the above reasons, the environment of the vagina changes and the man may react by developing a discharge.

Often the disorder is aggravated by a lowering of natural resistance, by e.g. stress, poor diet, inadequate sleep, physical and emotional fatigue, drugs and alcohol.

(Very rarely N.S.U. patients get Reiter's Disease which gives them inflammation of the eyes and joints.)

DURING TREATMENT FOR N.S.U.

1. AVOID ALCOHOL because it irritates the lining of the tube and delays healing.

2. AVOID SEX. Three reasons:

   (a) You open yourself to further infection.
   (b) It stops the healing process in the tube (urethra).
   (c) You may spread infection.

3. DO NOT SQUEEZE THE PENIS for any reason, as this damages the lining of the tube and delays healing.

4. AVOID EXHAUSTING PHYSICAL EXERCISE.

5. DRINK PLENTY OF ORDINARY LIQUIDS, such as water and fruit juices.

TO MINIMISE RECURRENCES

1. If you are susceptible to N.S.U., it might be wise to avoid sexual intercourse during or directly after a girl's period.

2. Use of a condom or French letter may protect against re-infection.

3. Try to lead a healthy life style, i.e. avoid over-use of drugs and alcohol, minimise stress and have regular exercise.

4. Try not to worry about it. It may well disappear spontaneously.
WHAT ARE GENITAL WARTS?
Genital warts, known medically as condylomata, are warty growths which appear, often in clumps, in any part of the male and female pubic area, for example on the penis, around the anus, on the labia (vaginal lips) or in the vagina itself. Some people find genital warts irritating but others feel nothing and may not be aware they have them.

WHAT CAUSES THEM AND HOW DO THEY SPREAD?
Genital warts are caused by a virus and are usually passed on during sexual activity. They grow well in a warm, moist environment so they tend to spread more easily in women.

HOW CAN I PREVENT MY PARTNER GETTING THEM?
Using condoms is a good way of helping to prevent your partner becoming infected or, if he has the warts, of him infecting you.

HOW CAN THEY BE TREATED?
With external warts the usual treatment is to apply a chemical (podophyllin paint) to the warts twice a week. Podophyllin is absorbed through the skin and can damage healthy tissue so it is not a good idea to treat warts with this chemical yourself. The person who is treating you will use petroleum jelly (e.g. Vaseline) to protect the skin around the warts. The podophyllin is washed off six hours after it is applied.

Some people are sensitive to podophyllin and get a burning sensation from it. If it affects you in this way, wash it off straight away and tell the clinic staff on your next visit. Podophyllin can cause abnormalities in unborn babies and should not be used if you are pregnant.

If the warts have not disappeared after four applications of podophyllin it is unlikely that they will go away with this treatment. You may be referred to a gynaecologist who can remove the warts by ‘burning’ or ‘freezing’ them off under a general or local anaesthetic. Warts inside the vagina are also treated in this way.

CAN I HAVE SEX DURING TREATMENT?
Sexual intercourse during treatment and while the tissue is healing can be painful and is therefore best avoided, particularly when the warts are around the vaginal opening.

ARE GENITAL WARTS DANGEROUS?
Of the 40 or so genital wart viruses, two or three are thought to be associated with precancerous changes in the cervix (the entrance to the womb in the vagina). However, these two or three viruses produce flat warts, not the lumpy warts that are discussed here. Nevertheless, if you have had genital warts you should make sure you have a Pap smear test once a year.
CHLAMYDIA

WHAT IS CHLAMYDIA?

Chlamydia are bacteria that cause sexually transmissible disease (STD) similar to, but often more serious and common than, gonorrhoea (the clap). They can infect both men and women.

In women chlamydia can infect the cervix (the passage from the vagina into the uterus or womb) causing "cervicitis". Symptoms can include an abnormal vaginal discharge and painful intercourse, though many women get no symptoms at all.

The infection can spread up into the uterus and Fallopian tubes, causing pelvic inflammatory disease (PID). A woman with PID may have abdominal pain and fever and feel very ill, or she may have very mild symptoms or no symptoms at all. PID can damage or block the Fallopian tubes and cause infertility, ectopic (tubal) pregnancies or chronic pain.

Chlamydia can live in a woman's cervix, undetected, for many months. Infection can flare up at any time in the future. Chlamydia can pass from the cervix to a baby at birth, and cause eye and ear infection and pneumonia.

In men chlamydia can infect the urethra, (the tube along which urine and semen pass through the penis). This infection is called "nonspecific" or "nongonococcal urethritis" (NSU or NGU). Symptoms include pain when passing urine and a discharge from the penis, though some men get no symptoms at all.

The infection can spread to the prostate and epididymis (sperm-carrying tubes) and may cause chronic pain and fertility problems.

HOW DO YOU CATCH CHLAMYDIA?

Chlamydia are passed on during sexual intercourse. The bacteria that cause it cannot live outside the body so you cannot catch it from toilets, swimming pools, spas or normal social contact with people.

You can reduce the chance of catching chlamydia and other STDs by using condoms.

HOW DO YOU FIND OUT WHETHER YOU HAVE CHLAMYDIA?

Chlamydia is often symptomless and it will not be picked up during routine health checks or by Pap smears. If you suspect you may have been exposed to infection ask your doctor for a chlamydia swab. This is a simple test and only takes a few minutes.

Chlamydia commonly occurs together with other STDs, and tests for these should be done at the same time.

WHEN IS A CHLAMYDIA TEST ADVISABLE?

You should have a chlamydia test if:

- you have signs or symptoms of genital infection
- you have been diagnosed as having another STD, for example gonorrhoea, herpes or wart virus
- you have a sexual partner who has been diagnosed as having chlamydia or another STD
- your Pap smear test suggests you may have an infection
- you have more than one sexual partner or have recently changed partners
- you sexual partner has had sex with a person who could be infected.

HOW IS CHLAMYDIA TREATED?

Chlamydial infection is treated with antibiotics. Antibiotics are taken by mouth, or in severe cases by intravenous injection in hospital. The full course (10-14 days) of treatment must be completed and a test done afterwards to check that the infection has gone. Your sexual partner should be checked and treated as well. It is important to avoid sexual intercourse during the treatment and until the 'all clear' is given so that you don't pass on the infection or become reinfected yourself.

WHERE TO GO FOR ADVICE AND TESTING?

- Your family doctor
- Any Family Planning Association clinic: (02) 211 0244
- Sydney Sexual Health Clinic.
  - male clinic: (02) 27 3634
  - female Clinic: (02) 27 4851
- Parramatta Sexual Health Clinic: (02) 6350333, Ext. 324.

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Symptoms or test results:

- Use a prescription or other medical advice.
- Sexual contact with or others if not treated.
- Sexual partners: All recent sexual partners/shroud of medical advice.
- What is necessary? Complications can arise, and in some cases, the infection may develop into a chronic disease.

Treatment:
may cause PID. To avoid PID:
- Treatment: Usually a 10 to 14 day course of appropriate antibiotics.

Diagnostics:
- By taking a smear from the penis.

Cure:
- Treatment of the disease can be transmitted to women or others, including the diagnosis of the infection. The symptoms are:
- Pain, redness, fever, flu-like symptoms, etc.

Cause: Chlamydia trachomatis.

Symptoms:
- Women can have these symptoms and other symptoms.
- The symptoms of PID are usually the same as the symptoms of other infections, such as:
- Abnormal vaginal bleeding.
- Abnormal period.
- Abnormal vaginal discharge.
- Painful intercourse.
- Painful urination.
- Pain in the lower abdomen.

Diagnosis:
- It is important to seek medical advice if you have symptoms or think you may have an infection.

Prevention:
- Use condoms to prevent the spread of the infection.
- Avoid sexual contact with others who may have the infection.
- Get screened for the infection if you have symptoms or think you may have it.

Non-Chlamydia urethritis:

Non-Chlamydia urethritis:

Chlamydia:

- Women, infants of lead exposure, and others who are not treated for this infection may develop into a chronic disease.

- Symptoms may include:
- Fever.
- Painful urination.
- Abnormal vaginal bleeding.
- Abnormal period.

- Diagnosis:
- By taking a smear from the penis.
- Treatment:
may occur in some cases.

- Prevention:
- Use condoms to prevent the spread of the infection.
- Avoid sexual contact with others who may have the infection.
- Get screened for the infection if you have symptoms or think you may have it.

Common STDS - causes and treatment

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- Painful urination.
- Pain in the lower abdomen.

Diagnosis:
- It is important to seek medical advice if you have symptoms or think you may have an infection.

Prevention:
- Use condoms to prevent the spread of the infection.
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- Get screened for the infection if you have symptoms or think you may have it.

Non-Chlamydia urethritis:

Non-Chlamydia urethritis:

Chlamydia:

- Women, infants of lead exposure, and others who are not treated for this infection may develop into a chronic disease.

- Symptoms may include:
- Fever.
- Painful urination.
- Abnormal vaginal bleeding.
- Abnormal period.

- Diagnosis:
- By taking a smear from the penis.
- Treatment:
may occur in some cases.

- Prevention:
- Use condoms to prevent the spread of the infection.
- Avoid sexual contact with others who may have the infection.
- Get screened for the infection if you have symptoms or think you may have it.
Patients going back several months, patients becoming infected by having sexual intercourse with someone who was already infected. Physicians should be asked to describe the symptoms of this disease, since symptoms can vary from person to person. Patients should be informed about the risks of sexual transmission and the importance of reporting any symptoms to their physician. Patients should also be educated about the symptoms of this disease, which may include pain, changes in urination, and rectal bleeding. Physicians should be asked to provide information about the proper treatment of this disease, including antibiotic therapy. Patients should be informed about the potential long-term effects of this disease, including fertility problems and complications during pregnancy.
Common STDs - causes and treatment

Genital Warts:

**Symptoms:** Warts, usually painless, start as tiny swellings on the genitals, sometimes developing into cauliflower-like lumps. Others are flatter and harder to see. Some women may have warts inside the vagina or on the cervix and be quite unaware of them. In men the warts are generally on the penis and are usually more obvious. In both sexes warts can also appear around the anus. The first signs may not show up for months after infection. In women, the wart virus sometimes shows up in a Pap smear. This is called a subclinical infection because no warts are visible but microscopic changes show that the virus is present.

**Cause:** A virus (human papilloma virus) transmitted directly from skin to skin during sexual contact with an infected partner.

**Diagnosis:** Is made by a careful examination of the skin. Women should have a Pap smear if they or their partners are diagnosed as having genital warts.

**Treatment:** Because this infection is caused by a virus, treatments can only remove the warts or the infected cells but they will not necessarily get rid of the virus. Warts can be removed by the application of podophyllin or podophytoxin (a liquid), freezing, diathermy (burning) or laser. Recurrences are common after any form of treatment. Subclinical infections of women's cervix are also sometimes treated. The doctor or nurse will discuss which treatment is most suitable.

**What if it's not treated?** They may go away, but they may multiply. They can be passed on to other people through sexual contact and can be associated with further problems. For some women, types of wart virus may be associated with cell changes in the cervix, which if untreated, may eventually develop into pre-cancerous changes of the cervix.

**Partners:** For both sexes, tracing contacts needs to go back many months because of the long incubation period of the infection.

Genital Warts continued

**Pap Smears are important** - all women should have annual Pap smears, especially women who've been exposed to the wart virus.

Genital Herpes

**Symptoms:** Painful, tingling or itchy blisters or ulcers on the genitals and there may be flu-like symptoms. Sometimes in both sexes herpes blisters aren't very obvious. There may be just a red patch with tiny breaks. The first outbreak can appear within a few days or quite some time after the infection is transmitted.

**Cause:** Herpes simplex virus, types I and II. The herpes virus infects the skin after close skin to skin contact with someone who has the infection. Common sites for herpes are on or near the genital area, or around the mouth, often called cold sores. In oral sex, the virus can be transferred from the cold sore to the genital area. Although the sores usually heal themselves, the virus stays in the system. This means that even after it has healed and you have not been in contact with an infected partner, the herpes can recur.

**Diagnosis:** Examination and a swab taken from the blisters or ulcers while they are still present. Blood tests are not as reliable.

**Treatment:** For people having a first episode of herpes or who have frequent or more severe recurrent outbreaks there are tablets, which may be appropriate, called acyclovir (Zovirax). Taken continuously acyclovir greatly reduces the number of outbreaks as well as the time of healing for first episodes. Acyclovir is also well tolerated but does not "cure" herpes. For more information speak to a doctor or nurse.

**What if it's untreated?** Untreated, a herpes sore will heal by itself, but treatment can speed things up. Remember than sexual contact when herpes is active puts your partner at risk.
Common STDS - Causes and Treatment

Any underlying condition be diagnosed with a doctor who may investigate and manage is important when treating the condition. The problem should be described with a doctor who may investigate and manage.

Infections: Infections require ongoing therapy and treatment. Candida may be treated with antifungal cream or medication. The yeast can be identified under the microscope from swabs.

Diagnosis: By checking any abnormal discharge or itching rash.

Symptoms: If symptoms persist, it's advisable to check with a health professional.

Prevention: The most recent sexual partner should old and stock, and practice safe sex. It's advisable to check with a health professional.

HIV and AIDS: If symptoms persist, it's advisable to check with a health professional.
Common STDs - causes and treatment

**Thrush continued**

Some of the following suggestions may be helpful:

- Wear loose cotton underwear and avoid tight pants or jeans. For women this is important when wearing pantyhose or tights.
- Women should always wipe from the front (vagina) to the back (anus) after urinating.
- Use condoms when having anal sex.
- Uncircumcised men should wash (with water only) and dry under their foreskin daily.
- Avoid excess of soap, vaginal deodorants, deodorised panty shield or bubble bath solutions.
- Minimise the use of antibiotics or request candida treatment when prescribed antibiotics.
- Keep healthy. When people are stressed or run down they are more prone to infections.
- Avoid large, high carbohydrate meals.
- People prone to excess sweating should take extra care drying body creases before dressing and apply Prantal powder.

**Partners:** Partners don't normally require treatment. However if a partner has symptoms both should be treated.

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**Trichomoniasis**

*(Trich for short)* is caused by a parasite called *Trichomonas vaginalis* which preferentially lives in the female genital tract.

**Symptoms:** Most women have no symptoms, some may have a frothy, yellowish vaginal discharge and/or notice a change in their vaginal odour. Symptoms in men are rare.

**Cause:** Trich is usually transmitted by vaginal sex without using condoms with someone who has the infection. Transmission from woman to woman is also common - possibly by transferring vaginal discharge on hands or sex toys. Sometimes a long standing infection is made more obvious because antibiotics were taken for another purpose or because of immune changes in the woman.

**Diagnosis:** Though the symptoms may become more severe, there are no serious complications of trich.

**Treatment:** Trich is usually cured by taking a single dose of antibiotics. Though partners usually have no symptoms they should be treated as well to avoid reinfection.

What advice should be given to a person with trich?

- Do not have unprotected intercourse until sexual partners are treated.
- Avoid alcohol until 24 hours after the treatment as the combination of the antibiotics and alcohol may make the person very sick.
- If the symptoms persist after the treatment, another test may be required to see if the infection persists or if the treatment has caused thrush.
- Women should advise the doctor if they could be pregnant as this could alter the management.
First two years, the blood test results may be false to give a
negative result. Any incorrect result is usually incorrect mainly in the
earliest years, depending on how long a person has been
Paraphilic. For both sexes, receiving partners can packlovemonths
unconsciously from the mother to the unborn child.

What if it’s not treated? If left untreated for many years the
management. Once detected, the patient is usually easily cured by
syphilis is the leading cause of congenital syphilis.

Until 6 weeks after infection
Diagnosis: Swabs can be taken from the sore if it is present.
on the stage of infection and range between 10 and 30 days.
The duration of treatment depends on the degree of infection or degree.
The patient is considered cured after 2 weeks of full treatment.

Diagnosis: By detecting the presence of Treponema pallidum
syphilis. Symptomatic or asymptomatic patients can be prosecuted for
noting its spread. If they are tested, some people may notice a rash on their
system. In the second stage, a few people may notice a rash on the
nerve endings and other discomforts or the normal
feeling of the vagina and other discomforts to the normal
control of the vagina. It is associated with a drop in the acid.
Common STIs - causes and treatment
Common STDs - causes and treatment

Pubic Lice (Crabs)

Symptoms: Mainly itching in the pubic hair. A close look can spot the tiny lice clinging to the pubic hair. There may also be nits (eggs) attached to the hair shaft.

Cause: Crabs are caught by having close body contact with a person who is infested. Because crabs can survive for some time away from the body it is also possible to catch them by sharing towels, clothes or someone’s bed.

Diagnosis: Checking the pubic hair in a good light.

Treatment: Apply head lice lotion from head to toes, leave on overnight, then wash off. Repeat the treatment in 7 days. You will also need to change and wash any clothing and linen which has been in direct contact with the affected areas. A normal hot water wash is sufficient. Itching may persist after treatment. If it continues for longer than 2 weeks, it could be due to an allergic reaction or a persistent infestation. Advice from a doctor should be sought. Children, pregnant women and women who are breastfeeding should not use head lice treatment. Alternative treatment should be discussed with a doctor.

What if it’s not treated? You’ll keep itching! Untreated, lice will spread to sexual partners.

Partners: People who have had close body contact with the person who is infested should also be treated as it is likely they would have caught them.

Scabies

Symptoms: Intense itching caused by mites burrowing under the skin to lay eggs, leaving fine red marks on the skin. The mites like warm areas of skin, especially the groin and armpits. Itching is usually worse while warm in bed. It is usually noticed within four weeks.

Cause: A tiny mite (Sarcoptes scabiei), smaller than crabs and hard to see. Passed on through skin-to-skin contact.

Diagnosis: Examining itchy areas and checking symptoms.

Treatment: Special lotions from the chemist applied usually from the neck down (though some brands are not suitable for pregnant women). Wash bed linen, towels and clothes in hot water. One 24-hour application usually kills the mites, but repeat a week later (together with washing the bed linen and other items), just in case. If you think the scabies were sexually transmitted, have a full STD check-up.

What if it’s not treated? Unlikely! The itching is so severe! Itching will continue and the scabies will spread to sexual partners and family members.

Partners: For both sexes, current partners and all household members should be treated. Tell partners of the previous four weeks.
Common STDs - causes and treatment

Molluscum Contagiosum

**Symptoms:** Pimple-like papules that are firm and painless, with a waxy appearance.

**Cause:** A virus transferred by direct skin contact. The papules appear (after 2 to 7 weeks) in the genital area and other parts of the body where contact occurred.

**Diagnosis:** By distinctive appearance, but sometimes may be confused with warts.

**Treatment:** Scraping to remove the core, and painting with a special chemical.

**What if it's not treated?** They may clear up by themselves, but may also spread. Not a serious health problem.

**Will sexual partners also have molluscae?** It is likely that they will also have molluscae; however, this is not always the case. It may be advisable for sexual partners to see a doctor for a check-up if they have any unexplained lumps or itches.

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Hepatitis B

**Symptoms:** Can vary from a mild, unnoticed infection to an obvious illness with jaundice (this means a yellow tinge to the skin and white of the eyes, dark urine and pale stools), fever, loss of appetite, lethargy and joint pains. These symptoms may appear within 3 months after infection.

**Cause:** The Hepatitis B virus affects the liver. The virus can be present and passed on in body fluids, semen, vaginal secretions, saliva, and especially blood, which poses a real risk to drug users, sharing needles, syringes and other injecting equipment.

**Diagnosis:** By blood test.

**Treatment:** Rest and avoiding alcohol and other drugs seem to be the best ways of dealing with it, although recovery may take some months. Hepatitis B is the only STD which has a preventive vaccine.

**What if it's untreated?** Usually it resolves itself in 2 to 3 months. A small number of people may be left with ongoing liver disease. Occasionally a person can remain infectious and become a Hepatitis B carrier, so it's important to have follow-up tests 3 to 6 months later to make sure infection has gone. Blood tests are also done to make sure the liver is recovering properly. It's highly likely that a pregnant woman who is a carrier will pass the infection on to her child, but this can be prevented by giving the baby immunoglobulin and vaccine immediately at birth. Babies who are infected at birth have a very high chance of ending up as carriers, and having liver disease in adulthood.

**Partners:** Partners of the previous two weeks may be helped by a special globulin injection (not the vaccine) available from doctors and STD clinics, but all partners in the previous 6 months should be tested. For those people who remain infectious (a carrier) it is important to have future partners vaccinated.
Common STDs - causes and treatment

What you should know about HIV and AIDS

What are HIV and AIDS?
HIV (human immunodeficiency virus) is a virus which causes a lifelong infection which usually causes damage to the body's immune system.

AIDS (acquired immune deficiency syndrome) is a late form of infection with HIV. AIDS conditions (serious infections or cancers indicating a damaged immune system) occur on average about 10 years after becoming infected with HIV. However, the time to developing AIDS may range between 1 and more than 20 years. Treatment usually extends the period before developing AIDS.

Symptoms: Most people with HIV look and feel perfectly healthy. More than half of people may develop a glandular fever like illness (with fever, sweats, diarrhoea, rash, mouth ulcers) between one and six weeks after becoming infected with HIV. This may last one to two weeks. Many have no symptoms at all. Most will then have no symptoms for several years. Some time later HIV may cause unexplained diarrhoea, weight loss, recurrent rashes, fever or one of the AIDS conditions. AIDS conditions include pneumonia, brain infections, skin cancers, severe fungal infections and many other problems. The symptoms will depend on the organ(s) most affected.

How does someone get infected with HIV?
HIV is commonly transmitted by:

- vaginal intercourse without a condom (man to woman and woman to man);
- anal sex without a condom (both partners are at risk);
- sharing drug injecting equipment;
- an infected mother to her baby during pregnancy, at childbirth, or by breast feeding.

What you should know about HIV and AIDS continued

HIV is rarely transmitted by:

- vaginal or anal sex with proper use of a condom
- oral sex without a condom (ejaculation increases the risk)
- fresh blood-contaminated sharp injuries or splashes eg. needle-stick injuries for health workers.

HIV was previously transmitted through transfusion of blood or blood-derived products from about 1980 through to early 1985.

HIV has never been reported as being transmitted by:

- kissing
- cuddling
- shaking hands
- sharing knives and forks, cups or glasses
- toilet seats or mosquitoes
Module One: Sexual and Reproductive Health

Session: 1.5

Topic: Health Screening and Menopause

Goals: To identify health issues for women in later life
       To identify preventive health screening for women
       To identify community services available for women
# Menopause: Quick Guide to Symptoms and Options for Treatment

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Menopause simply means that menstruation (monthly period) stops. It occurs in a normal life stage called the "Climacteric." The climacteric is similar to other life stages, for example, adolescence.

Menopause:

☐ is a normal and natural event that marks the end of a woman's fertile years;
☐ occurs for most women between 45 and 55 years of age;
☐ occurs because the ovaries cease producing the required levels of oestrogen and progesterone;
☐ happens suddenly as a result of the surgical removal of the ovaries regardless of age.

Many women will experience a few symptoms of menopause, some will experience no symptoms at all, a few will experience severe symptoms which will disrupt their life-style.

Today the terms "menopause", "the change of life", the "climacteric" and "mid-life" are often used to refer to this time in a woman's life.

A TIME OF CHANGE

Menopause occurs at that time in our life when many other changes are taking place. Many of the changes that occur during this life stage are due to society's image of the status and role of older women in our community.

Some of these changes are:
☐ body changes, e.g. skin, hair, shape, weight increase;
☐ work situation, e.g. many older women return to work after child rearing, others may become redundant.

Some women experience loss and associated grief with:

☐ loss of fertility and, for many, loss of youth;
☐ children leaving home, loss of partner, siblings or parents;
☐ loss of job, income or health;
Low self esteem may occur and a woman feels she lacks an identity of her own, is unassertive and has feelings of self doubt.

RECOMMENDED READING

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WHAT IS A PAP SMEAR?

It is a simple test which women should have done on a regular basis, usually once a year. This test is also known as a ‘smear test’, ‘cancer test’ or ‘Papanicolaou smear’. A Pap smear is often done at the time of a general check-up, i.e. annual breast check and internal examination.

To do this test a doctor or clinic nurse inserts a speculum (metal instrument) into the vagina, to hold the vaginal walls gently apart. Loose cells are wiped from the surface of the cervix (neck of the womb). These cells are then smeared onto a glass slide which is sent to the pathologist for examination under the microscope. This test only takes two minutes to do and involves little or no discomfort to the woman.

WHY IS A PAP SMEAR NECESSARY?

It is possible for the outer cells of the cervix to develop in an abnormal or atypical manner. This type of cell change may, if left untreated, progress to a more serious precancerous or even cancerous form over a number of years.

Examination of a Pap smear allows precancerous changes to be detected at a very early stage, enabling treatment and a complete cure before cancer develops. Since the introduction of the Pap smear, and as more women have had smears done regularly, the death rate from cancer of the cervix has decreased.

WHO SHOULD HAVE A PAP SMEAR?

The causes of cancer of the cervix are not definitely known, but it is usually only found in women who are or have been sexually active. It is mainly associated with heterosexual (male with female) intercourse. It is probable that the risk is increased for women who began having sex at an early age and/or have more than one sexual partner.

It is possible that some types of sexually transmitted infections which affect the cervix may increase the risk — for example, certain types of wart virus infections. Cancer of the cervix does not appear to be linked with oral contraceptive pill use, nor with the use of any other contraceptive method. Condoms and diaphragms are thought to offer some protection against it, given the link with sexually transmitted diseases.

Therefore all women, particularly those who have been sexually active, regardless of their age and contraceptive method, should have regular Pap smears.

HOW OFTEN SHOULD THE PAP SMEAR BE DONE?

Although the abnormal cell changes that may progress to cancer usually take some years to reach a serious stage, in a few cases development may be more rapid. Therefore, the Family Planning Association of NSW recommends that Pap smears be done every year rather than at longer intervals.

WHAT HAPPENS IF THE PAP SMEAR IS ABNORMAL?

At NSW Family Planning clinics we do not routinely notify you if your Pap smear is normal. If abnormal cells are detected on a Pap smear we will notify you by letter unless alternative arrangements have been made, for example if you cannot receive mail at home.

At FPA clinics we find that approximately 5 in every 100 Pap smears show some abnormality. In these cases we recommend a further examination of the cervix by colposcopy. Colposcopy involves direct examination of the cells of the cervix through a microscope placed at the entrance to the vagina. This is a simple examination which can be done in the FPA’s Colposcopy Clinic at Ashfield.

If the colposcopy detects a significant abnormality you will be referred to a hospital-based specialist for treatment. This usually involves less than one day in hospital.

If you have any questions ask the clinic doctor or nurse, who will be happy to answer them. Otherwise you may telephone our
- medical queries nurse (Sydney) (02) 716 6566
- Newcastle Clinic (049) 2 4485
- Wollongong Clinic (042) 29 4638.
Module Two: Drugs and Alcohol

Session: 2.1

Topic: The facts about drugs and alcohol

Goals:
To give a definition of a drug
To state the three different effects alcohol and other drugs have on the central nervous system, and give examples
To describe how drugs enter the body
To identify ways of minimising the harm associated with drug use
To practice a visualisation relaxation technique
WOMEN AND CHILDREN IN THE THERAPEUTIC COMMUNITY: WHERE HOPE STARTED: BETTY D.

BY
NAYA ARBITER
DIRECTOR OF SERVICES AND TRAINING
AMITY, INC.
P.O. BOX 32200
TUCSON, AZ. 85751-2200
(602) 749-7201

PRESENTATION TO INTERNATIONAL CONFERENCE
DRUGS AND SOCIETY TO THE YEAR
MONTREAL, CANADA
WEDNESDAY, SEPTEMBER 25, 1991

HOPE STARTS WITH A STORY. As women we have accustomed ourselves to listening to and understanding the story of our world through the eyes, ears, mouths and writings of men. We have studied the men's story of the history of the world we live in; "HIS - STORY". There are those who have called it "Adam's world." There is a larger story and this is the story not only of the great men but of the great women.

We find ourselves in our relationship to the world where we can no longer live successfully with half of the story. To move honestly into the future we need the whole perspective. The animus, the masculine, surrounds us; the systems of power, hierarchical relationships and logic. The feminine has been objectified, rejected, ridiculed, wounded, forgotten, exploited and lost.

We need to restore to our world and relationships the feminine qualities of nurturing, of connectedness. To do that we need to acknowledge the larger story that includes us. We need to heal wounds that have been dealt to the feminine in this patriarchal society—not from a platform of anger but through
the steady weaving process of building community; caring for each other and the planet. We need to grow beyond the wounds.

The story of the history of the sobriety movement is no different than other histories we have been taught. The telling of the story has been told exclusively through men. The story of the Oxford Group and Frank Buchman in the 1920's with the FIVE C'S for personal change:
• Confidence; speaking truthfully.
• Confession; saying the true and difficult things.
• Conversion; fully acknowledging the need for a different way of life.
• Commitment; to that way of life, and
• Continuance, helping others as you have been helped.

The 12 Steps of AA grew out of Buchman's “FIVE C’s and the story emerges with Bill Wilson and Dr. Bob in the 1930's. Aside from the revolution of recovery from alcoholism AA may have been the first psychological construct in the century in the U.S. where it was safe for Anglo- American men to gather in community, leaving their “rugged individualism” at the door, express their feelings and weep.

The year 1958 saw the formation of Synanon, it was the first time that addicts, criminals, white, black and brown together discarded their addiction and criminality. The story was told primarily through Chuck Dederich and Dr. Lew Yablonsky. We witnessed the evolution of Daytop and Phoenix House as told through Dr. Dan Casriel, Dr. Mitch Rosenthal, Dr. George Deleon, Monsinger O'Brien, Dr. David Deitch and Charles Devlin. All anglo men, most academically educated.

The men have listened well to each other and we have listened well to them. These are good and important stories. These stories provided hope and effected change.

But what of the larger story in the therapeutic community—in the sobriety movement. Where did hope start for women? What of the woman who was not welcome in AA meetings in the 1950's, years when even alcoholism in anglo women was talked about in hushed tones, let alone drug abuse. What of the woman who was
addicted, battered, bruised, sold, convicted, shunned, who had lost her children, and was considered more “damaged” than her male counterparts in society’s eyes? What of the woman of color with these problems.

There was another vision. A feminine vision. To move honestly into the future with a fuller understanding of the identity of Therapeutic Communities this vision needs to be remembered, restored and moved forward in time. Like so many of the forgotten stories of women, this vision provides a reference point.

In Therapeutic Communities we start with the story of Betty Jean Coleman-Dederich of Synanon, the tall proud African American woman who married Chuck Dederich. The woman who, unlike Dederich, had been a criminal addict; a prostitute; a woman who had stood on the street corners of South Central Los Angeles; her “accomplishment” her beauticians license. A woman who started using drugs as an adult; whose younger brother was also an addict. A woman whose mother was blind, who was raised a “hard shell Baptist”; born in Kansas. She was a woman who told her story. She gave her story as testimony before a U.S. Senate Hearing committee in 1963, a year in which it was hard to get a hotel room in Washington D.C. because of her inter-racial marriage.

She was one of a small group of former addicts who told of their transformation. She was the only black person. This was the first public record of testimony by ex-addicts. Senator Thomas Dodd referred to their work in California as “the miracle on the beach”. It was after this first White House Conference on Narcotics in 1963 that public funding was made available for “drug programs”. The year 1964 found her working in Terminal Island with convicted women sharing her experiences. Betty Dederich publicly dedicated her life to others, and lived that life extending hope. She used her years of sobriety as a symbol for the possibility of change. She made the journey from degradation to dignity and kept going; re-learned how to read, teaching English as a second language. Ever the student, she relentlessly participated in and helped develop the Synanon Community; the nation’s revolutionary breakthrough in successfully
overcoming addiction. She was a master at constructing chances and motivating the unmotivated. Her message was that through community, through connecting to others, a second chance was possible if people would take the time to take the journey.

Known as "Betty D.", she was a member of the founding Board of Directors of Synanon. There is no doubt that the best of Synanon would never have existed without her; certainly the worst emerged after she died. By 1963 women who came into Synanon had the option of being able to bring their children with them. It is clear looking at our therapeutic communities today that this part of her vision was never emulated. Betty D. believed that the issues of sexuality, drugs, friendship and family could never be fragmented. She was a woman who taught the need for women to be liberated into competence; that the daily disciplines that one engaged in were a means to reinforce the change process. Each demonstration made was a step towards centering and balancing oneself; each day one did "first things first" — the trick was learning which was first.

Usually she would start with the physical; how did it represent and facilitate the relationships and events that were to occur in space—in a bedroom there are two chairs for conversation; in the common room multi-purpose furniture that could be used several different ways. She created spaces for people to be able to experience their new found life in. She could take any room in any setting, whether storefront or warehouse, and make it feel like home, no matter how meager the furnishings.

Betty D. made it clear that it was possible to change the world if one started by changing the world of the Self, expanding the personal circle, no matter who you were or where you started. She was a very hard worker. She rarely closed her office door and did not need to raise her voice to make a point; perhaps because she had the ability to listen so well that the words she did speak made personal contact. The years she spent as a teacher utilizing all her experience communicated with grace and dignity one irrefutable fact: hope starts with one story and if
that story is told in detail, in naked truth, hope becomes contagious... for through the process of the telling and listening, the teller can grow beyond the pain of the story, and the listener can find comfort and a path for herself out of a circle of despair. A meeting occurs and both find forgiveness and humor in the human condition.

Betty D. was a woman who was comfortable with all of her “selves”. She shared her mistakes and made it easier for others to learn from their own. Her human, African, baptist, dancing, creative, sorrowful, joyful, pretty and sexual self were available and present in such a way that it made any woman who knew her more comfortable inside her own female skin. She was a great teacher regarding sexuality; counseling women who had come from the streets (and many others who had not) to develop for themselves in their relationships a different language for describing sex; a language that was neither street related nor clinical; that would give the act, so frequently degraded, a new specialness, playfulness and ceremony.

Ultimately Betty D. demonstrated-starting with her interracial marriage, how to be inclusive. She was childless yet raised hundreds of other peoples children of all colors. She taught that Love had no color; and that love is a verb; that we all desperately need to find ways to respect each others talents. She would insist that the Jewish attorney from Harvard, the Italian construction foreman, an ex-addict from the Bronx; and the black streetwise hustler from Texas all learn about each others talents and respect them. She would ask them “How do you bank character if not in each others hearts?”. She demonstrated wherever she worked with groups of people that there was a need and a role for each person; acknowledging the contributions of the most quiet and withdrawn — her gift was not only seeing these contributions but presenting them in such a way that others could see and appreciate them as well.

Betty D. disagreed with some of the strict male hierarchical structure of the TC. She was quick to acknowledge that growth patterns vary for each person. She developed an encounter group based solely on
affirmations. Instead of the “Synanon Game” it was called “Betty’s Game”. She said that in our society —

“We have a great vocabulary for hostility, but people need
new ways to say I love you; receiving affection throws people
into more of a crisis than being yelled at, people need both; it
is the sound of two hands clapping”.

Former addicts, prostitutes, and convicts were taught by her that they needed to develop ceremonies to acknowledge the rites of passage made as they moved through life—that without ceremony and acknowledgement life lost grace and dignity. She taught that there was a great lesson to be learned for our time contained in the relationship between Anne Sullivan and Helen Keller. Helen Keller, who had been considered to live outside the circle of hope and humanity… Helen Keller, who as an adult went back to her home state of Alabama and spoke out against segregation. Helen Keller, who was reached by the persistence of a caring teacher who would not quit. Anne Sullivan, who like Betty D. had the ability to be intimate but yet an immovable boundary representing standards of excellence and a position of no compromise.

When Abraham Maslow visited with Betty and Chuck Dederich; he commented that he was honored to have met a living person who embodied all of the axioms he had laid out for self-actualizing individuals: Betty D. She was a woman who was overshadowed by her husband; whose voice was not heard as clearly as his. **We listen well to the male voice.**

This human being existed inside a female skin; a female black skin and she was not widely heard; her story and her vision has been largely forgotten. It is a story that today needs to be remembered. It needs to be remembered for the crack-using mother who has no hope. It needs to be remembered in the United States, a country where the women’s prison population has grown 200% in the last ten years, driven by drugs. It needs to be remembered for those who do not think that their
prejudice is a problem. It needs to be remembered for the 13 year old mother, whose own mother uses drugs, who throws a part of her self, her child, in the trash. It needs to be remembered and told-to remind us that re-socialization and re-education are a reality. It is a story that needs to be told to reinforce the knowledge that if a chance is provided in the spirit of personal revolution, a woman who is a criminal addict can give up drugs, a prostitute can find dignity, can overcome prejudice, self-hated, and develop new ways of relating. These are women who can find a place, and a meaning, a philosophy, and a second chance in life. These are women that can be included in our communities. Her story needs to be remembered because in our frustration today with the overwhelming problems of drug using women we will move into the future most successfully if we have the whole story. There is much to be learned from the life journey of Betty Dederich.

As women in the drug treatment field who care about women we must remedy this. We can start by listening to each other. We must tell the story of what Dr. Sushma Taylor is doing in California, what Shirley Coletti is doing in Florida, what Carina Molle is doing in Italy, what Elena Gotti is doing in Argentina, what Mary Lou Gonzales-Posada is doing in Peru and Venezuela, we need to study the work of Dr. Nancy Jainchil, the pioneering efforts of New York's Sonja Paige. We need the whole story and must start with our own story; the vision of community and the demonstration made by the first lady of the therapeutic community movement who believed that teaching was the most important adult function.

For the most part Therapeutic Communities have been run by men, for men with great emphasis on structure, verbal skills, and earned responsibility. The researched addiction profile that exists is primarily a profile of the male addict. Although there have been virtually no process studies it has been generally thought that the hierarchy and structure of the TC have a great deal to do with recovery. Perhaps these forms are totally irrelevant and the recovery is more a function of living in
community, in concert with others and becoming connected.

Who are the women who come into Therapeutic Communities in the United States? Although fewer women access Therapeutic Communities than men; those who do access TC’s do better than their male counterparts. Women tend to enter TC’s more depressed than their male counterparts. In most places women tend to enter treatment without their children. In order to become well, women must risk exposing their children to the unknown. Approximately 70% of the women who enter TC’s have been raped or molested prior to their addiction.

One of the most significant predictors for addiction and criminality is a substance abusing criminal parent; women are still the primary caregivers to the young. If we are to turn the tide of self-destruction we can no longer afford to ignore the woman AND her child. That we have ignored her for so long constitutes a moral felony. That we pay political lip service to the importance of children in our American society just highlights the pain of the ignored. Today’s juvenile institutions are full of the sons and daughters of the last generation of un-treated women. We live in an age which bears witness to the feminization of poverty; women and children of all colors slip below the poverty line faster than any group. We are bearing witness to the acceleration of violation; more violent rapes were reported in the U.S. in 1990 than ever before, the drug cartels of Columbia grow as do the street gangs of Los Angeles, in our hemisphere increasing numbers of children are abandoned with the attendant issues of child prostitution, AIDS and inhalant abuse. In Peru, 80% of the women incarcerated are cocaine users. In Bogata, Columbia, children of drug using mothers live in sewers. In Cochabama, Boliva children under the age of six are living in the streets and using cocaine. In Brazil, death squads have been formed to “exterminate” abandoned street children. Within the same month in Phoenix, Arizona and New York City, drug using teenagers literally threw their newborn babies away. A population of women who feel like garbage and have treated themselves as such.

A generation of women is engaging in a war of annihilation against themselves;
perhaps this is the true meaning of the "drug war". It will not be the mechanics of war that will aid women and their children. The language of war identifies, rejects, and objectifies the enemy; there is no mechanism for embracing the enemy, building bridges back into community. It is this embracing that is ultimately needed.

Golda Meir told Anwar Sadat that peace would exist in the middle east when people could love their children more than they hated each other. The question remains whether our generation will be able to extend itself enough to the young and their mothers to stop the war of self-destruction with which we are surrounded. We can start by stopping the condemnation of these women, for it only leads them to further condemn themselves.

We must make radical changes now; but will we?

There is much to be learned from the story of Betty Dederich; A woman at war with herself, who became a peacemaker. **Hope starts with a story.**

[Image of Betty Dederich]

**Betty Dederich**

Born Aug. 24, 1922 / Died April 1977
Module Two. Drugs and Alcohol

Session: 2.2

Topic: Controlled use / safe use

Goals: To identify short and long term effects of some drugs
To describe some ways of reducing the harm associated with drug use
To explore alternatives to drug use
Module Two. Drugs and Alcohol

Session: 2.3

Topic: Community Support and Self Responsibility

Goals:
- To identify a range of community services relating to drugs, alcohol and other addictions
- To explore the concept of self responsibility
- To explore and practice priority setting and goal setting
- To explore the concept of self confidence
Customer Responses:

Picture the following scene: a customer is walking along the aisle of a supermarket and accidentally knocks a carton of eggs from a display onto the floor. Most of the eggs are broken.

There are a number of possible reactions to this incident. Here is what different customers may say to themselves if it happened to them:

Customer A: “I shouldn’t have done that. I’ll move on quickly so people don’t see how clumsy I am.”

Customer B: “They shouldn’t pile the eggs so high. I should have been more careful. How embarrassing! I’ll clean it up quickly before too many people find out how clumsy I am.

Customer C: “What a shame to waste all those eggs. I’d better get someone to clean it up before anyone steps into the mess.”

Customer D: “Those eggs are piled up too high and more could easily be knocked down. I’ll speak to someone in charge and point this out to them.

Customer E: “What stupid clot piled these eggs up so high? People like that shouldn’t be allowed to work in a supermarket! Why, I could have got egg all over my clothes. I’ll tell ‘em!”

Customer F: “What an awful thing I’ve done. How ghastly – everyone must be looking at me. I wish I could just disappear. Whatever will I do?”
**Self-talk is what we say to ourselves about what we experience.**

Every waking moment we talk to ourselves about the things we experience. This self-talk affects how we feel about experiences and how we respond. We are often unaware of our self-talk, but it has a powerful influence on our lives. It is often not what happens or what others do that upsets us but what we say about that event or person that creates that feeling.

Self-talk can be either realistic or unrealistic. If we talk to ourselves rationally about how things really are, we can understand, accept and behave appropriately. However, if we talk to ourselves irrationally about how things should or ought to be, we can feel very uncomfortable or upset.

By changing irrational self-talk to more rational self-talk, we can feel more comfortable about what has happened and about ourselves, and choose how to act.

Self-talk also has to do with one's expectations, usually unrealistic, of ourselves and others.

**IRRATIONAL SELF-TALK OFTEN CONTAINS TWO PARTS:**

- The unrealistic expectation, eg. ‘I should ..... ’, ‘he must not ..... ’.
- The implied terrible result, eg. ‘ ..... because if I don’t then I am not worthwhile’.

The whole sentence may look like this: ‘He should not boss me around’ (part I) ‘because if he does I am inferior.’ (part II)

By changing the two parts of this sentence to something more realistic, we end up with: ‘I would prefer him not to boss me around, but if he does, it does not mean that I am inferior!’ Instead of feeling angry and upset, you can now feel a lot more self-accepting and handle the situation better.

Irrational ‘shoulds’ and their awful consequences are powerful ways in which people put themselves down.
## Basic irrational ideas and their more rational replacements.

<table>
<thead>
<tr>
<th>List of Irrational Beliefs</th>
<th>Rational Replacements</th>
</tr>
</thead>
<tbody>
<tr>
<td>I must have love and approval from all the people I find important in my life.</td>
<td>I will accept and value myself. If I also have love and approval from others - that’s great.</td>
</tr>
<tr>
<td>I must be able to do most things well, or at least be thoroughly competent in one important area.</td>
<td>It feels good to do the best I can and if I don’t always manage to do very well, I will work on either accepting myself as I am or improving what I do without punishing myself.</td>
</tr>
<tr>
<td>I must blame or punish people who harm me or others. They are bad and wicked and it is my duty to reform them.</td>
<td>It would be nice if there was a law that people have to behave as I think they should. But since there isn’t I will accept the other person as they are and it’s too bad if I don’t like what they do.</td>
</tr>
<tr>
<td>Life should work out the way I want it to. If it doesn’t I must be frustrated, rejected and unfairly done by. It’s awful and catastrophic and therefore I cannot stand it.</td>
<td>It’s too bad that things are not the way that I would like them to be. I will try to change them for the better. If I can’t I will tell myself they are sad, unfortunate or a nuisance rather than terrible, awful and catastrophic.</td>
</tr>
<tr>
<td>Someone or something is making me feel depressed, utterly miserable; compelled to eat, smoke, drink; terrible; hard done by, therefore I must keep feeling that way.</td>
<td>I make myself feel those unpleasant feelings by my self-talk about someone or something.</td>
</tr>
<tr>
<td>I must keep worrying and be over anxious if something seems dangerous or fearsome.</td>
<td>Worrying prevents me from acting effectively. I will face the dangerous situation and either accept that it does involve some danger or attempt to change my feelings by self-talk.</td>
</tr>
<tr>
<td>It is better for me to avoid facing many of life’s difficulties than to risk failing or being rejected.</td>
<td>If I fail or get rejected I will still accept myself.</td>
</tr>
<tr>
<td>My feelings and behaviour today will continue to be strongly influenced by what has happened in the past.</td>
<td>The past only influences the present for as long as I tell myself that it does. Instead I will choose how I feel and behave today.</td>
</tr>
<tr>
<td>People and things should turn out better than they do. There are no solutions to life’s serious problems.</td>
<td>I will accept that people may act the way they wish and that things will happen that I do not like. Instead of looking for perfect solutions, I will look for compromises and for reasonable solutions.</td>
</tr>
<tr>
<td>I should be able to enjoy myself without going to a lot of bother.</td>
<td>Avoiding difficulties and responsibility will not bring happiness in the long run. I will be happiest when actively and vitally absorbed in living.</td>
</tr>
</tbody>
</table>
Using the information you collected in your interviews, fill in the answers below.

What did the people interviewed think were the most attractive things about themselves?


What did the people interviewed think was the most unattractive thing about themselves?


What did they generally find attractive in other people?


GROUP DISCUSSION QUESTIONS

What sort of things were hard to say?
Why do we sometimes find it hard to say good things about ourselves?
Where do ideas about what is attractive come from?
Why does the media present an image of the perfect body?
Has the perfect body remained the same over the years?
Ask four people in the group the following questions.

Write their responses in the boxes below:

1. What piece of clothing do you feel best in?
2. Why do you like it?
3. What do you think is the most attractive thing about you?
4. What is not so attractive about you?
5. What do you find attractive in other people?

Person 1
1 ..................................................
2 ..................................................
3 ..................................................
4 ..................................................
5 ..................................................

Person 2
1 ..................................................
2 ..................................................
3 ..................................................
4 ..................................................
5 ..................................................

Person 3
1 ..................................................
2 ..................................................
3 ..................................................
4 ..................................................
5 ..................................................

Person 4
1 ..................................................
2 ..................................................
3 ..................................................
4 ..................................................
5 ..................................................

Still Smiling Ch 2 P 43
Module Three. Exercise and Nutrition

Session: 3.1

Topic: Nutrition and healthy diet

Goals: To discuss women and cooking and explore why we eat
To consider the health benefits of eating a healthy diet
To explore what foods constitute a healthy diet
To explore self image as a means to self love
Nutrition experts believe that many Australian men, women and children are not getting enough calcium each day.

**WE ALL NEED CALCIUM**

Calcium is essential to maintain a healthy body. Calcium is vital for strong, healthy bones and teeth.

- Infants and toddlers need it because their bones are growing quickly.
- Teenagers need it to cope with the sudden growth of bones at puberty. Even when we stop growing we continue to add calcium to our bones up until our thirties.

For healthy bones in later life, make sure you get enough calcium into your “bone banks” before the age of 35.

Extra calcium is very important for pregnant women — for both mum and the growing baby. Breast feeding requires extra calcium too.

**Menopausal and post menopausal women need plenty of calcium because hormone changes during menopause upset the balance of calcium.**

Osteoporosis (thinning and brittling of bones) can be the result of not getting enough calcium. Men and women both suffer from osteoporosis, so calcium is vital for both sexes.

**HOW TO GET ENOUGH CALCIUM**

Milk and dairy foods are packed full of easily absorbed calcium. They are the easiest and tastiest way of giving your body its daily calcium.

**DO YOU GET ENOUGH EACH DAY?**

1. Check below to see how much calcium you need each day.

<table>
<thead>
<tr>
<th></th>
<th>Infants (g)</th>
<th>Children (g)</th>
<th>Boys (g)</th>
<th>Girls (g)</th>
<th>Men (g)</th>
<th>Women (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breastfed</strong></td>
<td>0 - 6 months</td>
<td>0 - 3 years</td>
<td>1 - 3 years</td>
<td>4 - 7 years</td>
<td>8 - 11 years</td>
<td>12 - 15 years</td>
</tr>
<tr>
<td></td>
<td>0 - 3 months</td>
<td>4 - 7 years</td>
<td>1 - 3 years</td>
<td>4 - 7 years</td>
<td>8 - 11 years</td>
<td>12 - 15 years</td>
</tr>
<tr>
<td></td>
<td>7 - 12 months</td>
<td>7 - 12 years</td>
<td>8 - 11 years</td>
<td>12 - 15 years</td>
<td>15 - 18 years</td>
<td>15 - 18 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 - 4 years</td>
<td>500</td>
<td>700</td>
<td>900</td>
<td>800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 - 7 years</td>
<td>500</td>
<td>800</td>
<td>1000</td>
<td>800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 - 12 years</td>
<td>550</td>
<td>880</td>
<td>1090</td>
<td>880</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 - 3 years</td>
<td>700</td>
<td>900</td>
<td>900</td>
<td>800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 - 7 years</td>
<td>800</td>
<td>1200</td>
<td>1200</td>
<td>1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 - 12 years</td>
<td>800</td>
<td>1000</td>
<td>1000</td>
<td>800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 - 3 years</td>
<td>700</td>
<td>900</td>
<td>900</td>
<td>800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 - 7 years</td>
<td>800</td>
<td>1200</td>
<td>1200</td>
<td>1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 - 12 years</td>
<td>800</td>
<td>1000</td>
<td>1000</td>
<td>800</td>
</tr>
</tbody>
</table>

*Source: Recommended dietary intakes of calcium (mean daily intake) NHMRC 1985*

2. The guide below lists good calcium foods and how much calcium is in foods you eat.

<p>| | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td>- whole</td>
<td>1 cup (250ml)</td>
<td>290</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Lite</td>
<td>1 cup (250ml)</td>
<td>355</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Lite White</td>
<td>1 cup (250ml)</td>
<td>355</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Skim</td>
<td>1 cup (250ml)</td>
<td>410</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Flavoured</td>
<td>1 cup (250ml)</td>
<td>300</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td>- natural Cheddar</td>
<td>1 slice (30g)</td>
<td>235</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Processed Cheddar</td>
<td>1 slice (30g)</td>
<td>190</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cottage</td>
<td>1 slice (30g)</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Parmesan</td>
<td>1 slice (30g)</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Feta</td>
<td>1 slice (30g)</td>
<td>105</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custard</td>
<td>- Commercial</td>
<td>1 slice (30g)</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sardines</td>
<td>- Canned</td>
<td>4-5 small (60g)</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Figs</td>
<td>- Dried</td>
<td>2 average (30g)</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olives</td>
<td>- Browned</td>
<td>1 tablespoon (15g)</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sesame</td>
<td>- White kernels</td>
<td>1 tablespoon (10g)</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Brown unhulled</td>
<td>1 tablespoon (10g)</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiced Walnuts</td>
<td>1 (30g)</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almonds</td>
<td>- Average</td>
<td>10 average (12g)</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Most include bones.

**3. To calculate whether you are getting enough calcium:**
- List which of these foods you eat (or drink) each day. Record the quantity that you eat.
- Referred to the guide, calculate the amount of calcium in your quantity of food.
  - e.g. 2 cups Shape = 2 x 410 = 820mg.
- Compare your total to the amount of calcium you actually need each day. Are you getting enough?
### GETTING ENOUGH CALCIUM

Here are some easy and delicious ideas to ensure the whole family gets enough calcium each day.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Ideas for 1 day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11 years</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>16 years to menopause</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>19 years +</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>Post-menopause</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>12-15 years</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>16-18 years</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>Pregnant &amp; while breastfeeding</td>
<td>2 Glasses + 2 Oranges + 1 Tub</td>
</tr>
</tbody>
</table>

---

### Are You Getting Enough Calcium Each Day?

Use this calcium guide to check that you and your family are getting enough calcium-rich food.

For more health and nutrition information contact:
Nutrition Education Service
Level 8, 55 Grafton Street,
Bondi Junction, NSW 2022.
Phone: 008 044 518

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NUTRITION EDUCATION SERVICE
SUMMARY OF THE MEANING OF LIFE

NES038
A GUIDE TO CALCIUM-RICH FOODS

Foods with a HIGH Calcium content:

<table>
<thead>
<tr>
<th>Food Description</th>
<th>Calcium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk and Milk Products</td>
<td></td>
</tr>
<tr>
<td>Whole milk</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Skim milk</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Skim milk</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Hi Lo</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Yoghurt — natural</td>
<td>200 g (1 carton)</td>
</tr>
<tr>
<td>Cheese — Swiss</td>
<td>25 g (1 slice)</td>
</tr>
<tr>
<td>— Cheddar</td>
<td>25 g (1 slice)</td>
</tr>
<tr>
<td>— Mozzarella, Edam</td>
<td>25 g (1 slice)</td>
</tr>
</tbody>
</table>

Low fat products contain less kilojoules and are useful for weight control.

Soy Products:

<table>
<thead>
<tr>
<th>Food Description</th>
<th>Calcium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>So-Good (fortified soy milk)</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Tofu</td>
<td>200 g (1 cup)</td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td>Sardines — tinned</td>
<td>100 g (1/3 cup)</td>
</tr>
<tr>
<td>Salmon — tinned with bones</td>
<td>100 g (1/3 cup)</td>
</tr>
</tbody>
</table>

Foods with a MODERATE calcium content:

<table>
<thead>
<tr>
<th>Food Description</th>
<th>Calcium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mussels</td>
<td>120 g (1/2)</td>
</tr>
<tr>
<td>Oysters — raw</td>
<td>100 g (10)</td>
</tr>
<tr>
<td>Prawns — canned</td>
<td>100 g (1/3 cup)</td>
</tr>
<tr>
<td>Sesame seeds</td>
<td>75 g (1/2 cup)</td>
</tr>
<tr>
<td>Sunflower seeds</td>
<td>75 g (1/2 cup)</td>
</tr>
<tr>
<td>Coconut milk</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Almonds</td>
<td>50 g (1/3 cup)</td>
</tr>
<tr>
<td>Brazil, hazelnuts</td>
<td>50 g (1/2 cup)</td>
</tr>
<tr>
<td>Oranges — (1 medium)</td>
<td></td>
</tr>
<tr>
<td>Cheese — Cottage</td>
<td>100 g (1/2 cup)</td>
</tr>
<tr>
<td>— Parmesan</td>
<td>10 g (1 tablespoon)</td>
</tr>
<tr>
<td>Kidney or haricot beans</td>
<td>100 g (1/3 cup)</td>
</tr>
<tr>
<td>Kale</td>
<td>100 g (1/4 cup)</td>
</tr>
<tr>
<td>Broccoli</td>
<td>100 g (1/4 cup)</td>
</tr>
<tr>
<td>Soya beans</td>
<td>100 g (1/4 cup)</td>
</tr>
<tr>
<td>Soy milk (not fortified)</td>
<td>250 ml (1 cup)</td>
</tr>
<tr>
<td>Cabbage, raw, shredded</td>
<td>100 g (1 cup)</td>
</tr>
<tr>
<td>Spinach**</td>
<td>100 g (1/6 cup)</td>
</tr>
<tr>
<td>Silverbeet</td>
<td>100 g (1/6 cup)</td>
</tr>
<tr>
<td>Rhubarb — dried</td>
<td>130 g (1/6 cup)</td>
</tr>
<tr>
<td>Figs — dried</td>
<td>30 g (2 pieces)</td>
</tr>
</tbody>
</table>

*High calcium content but contains “oxalates” which inhibit absorption of calcium.

Stop smoking and reduce your alcohol intake

Exercise

As well as increasing general good health and fitness, exercise makes stronger bones. The amount of exercise required is a minimum of 15-20 minutes per day.

If you have not exercised before or for a long time, it is a good idea to check with your doctor first. A good way to start is to go for walks.

Calcium Supplements

Some people, particularly those who are unable to have dairy products, may decide to take a calcium supplement. Calcium supplements come in the form of tablets and powders. The type of supplement and information on the label varies widely, so ask your doctor or pharmacist for assistance in choosing a calcium supplement. Drinking plenty of water is important, especially when taking calcium supplements, to help prevent accumulation of calcium in the kidneys, which might cause kidney stones. If you are prone to kidney stones discuss taking calcium supplements with your doctor.

RECOMMENDED DAILY ALLOWANCES

The National Health and Medical Research Council recommends daily amounts of calcium as follows:

Girls: *up to 7 years* 800 mg  
*7-11 years* 900 mg  
*12-15 years* 1100 mg  
*16-18 years* 800 mg  
Women: *19-54 years* 800-1000 mg  
Menopausal women and women over 54 years 1000 mg  
Pregnant women 1100 mg  
Women who are breastfeeding 800 mg  

Boys: *up to 11 years* 800 mg  
*12-15 years* 1200 mg  
*16-18 years* 1000 mg  
Men: *19 years and over* 800 mg

(Source: National Health and Medical Research Council)

* Doctors now advise that all women over the age of 35 should increase their calcium up to the level of 1,000 mg per day (see recommendations above).
* The best method is to increase the amount of calcium in the food you eat every day.
### GETTING ENOUGH CALCIUM

Here are some easy and delicious ideas to ensure the whole family gets enough calcium each day.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Ideas for 1 day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11 years</td>
<td>1 Glass + 1 Tub + 1 Slice</td>
</tr>
<tr>
<td>16 years to menopause</td>
<td></td>
</tr>
<tr>
<td>19 years +</td>
<td></td>
</tr>
<tr>
<td>12-15 years</td>
<td>1 Slice + ½ Cup</td>
</tr>
<tr>
<td>Post-menopause</td>
<td></td>
</tr>
<tr>
<td>16-18 years</td>
<td></td>
</tr>
<tr>
<td>Pregnant &amp; while breastfeeding</td>
<td>2 Glasses + 2 Oranges + 1 Tub</td>
</tr>
<tr>
<td>12-15 years</td>
<td></td>
</tr>
</tbody>
</table>

For more health and nutrition information contact:
Nutrition Education Service
Level 8, 55 Grafton Street,
Bondi Junction, NSW 2022.
Phone: 008 044 518
WHAT ELSE CAN EXERCISE PROVIDE FOR ME?

- It improves the ability of your heart to supply oxygen to the body tissues and decreases the risk of a heart attack.
- It keeps your joints supple.
- It builds muscle strength and tone.
- It improves balance, co-ordination and physical skills.
- It helps keep your weight down.
- It promotes a good night’s sleep.

WHAT TYPE OF EXERCISE SHOULD I CHOOSE?

Different types of exercise achieve different effects.

- Aerobic exercise increases the efficiency of your heart and lungs in supplying your tissues with oxygen.
- Stretching exercises keep your body supple.
- Strengthening exercises enable you to do the things you need or wish to do, and protect you against injury.

WHAT STEPS SHOULD I TAKE TO MAKE A START?

- Talk to a doctor if you
  - have health problems
  - are a heavy smoker
  - are more than 10 kg overweight
  - are concerned about joint pain (back, knees, hips)
- Join a reputable exercise class
- Read a book to help you
  - devise a suitable programme
  - choose the right equipment
  - protect yourself against injury.
EXERCISING FOR LESS STRESS AND BETTER FITNESS

The stress response is nature's way of preparing the body for action.

Yet physical action is often not useful for dealing with modern day stresses.

Slotting a regular exercise period into your day will release built up tension and satisfy your body's need for activity.

HOW CAN EXERCISE REDUCE STRESS?

- Exercise can help you feel good, calm you down, or generate creative ideas.
- It raises your basic level of fitness and so helps you cope with everyday demands as well as the occasional crisis.
- It acts as a distraction and gives you a break from your worries. Social sports are useful here.
- You may prefer the excitement of competitive sport. Then you can tackle your goals with enthusiasm and enjoy the positive feelings of achievement. Take care that the need to win does not transform your exercise into a stress cause rather than a stress reducer.
WHAT ARE THE DIETARY GUIDELINES FOR AUSTRALIANS AT THE PRESENT TIME?

The Healthy Diet Pyramid

Eat Least
- Sugar
- Butter
- Margarine
- Oil

Eat Moderately
- Lean Meat
- Poultry
- Eggs
- Fish
- Legumes

Eat Most
- Vegetables
- Fruits

Bread and other foods made from cereal

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IS IT TRUE THAT VITAMIN B IS AN ANTI-STRESS VITAMIN?

It is often said that when people are stressed the level of Vitamin B in their blood (and thus the amount available or use in the tissues) is lowered. There is no evidence to support this belief, nor that Vitamin B taken as a supplement helps people cope better with stress.

Small quantities of these vitamin supplements are probably not harmful though very large doses have been shown to have toxic effects.

You can increase your Vitamin B intake naturally by eating wholegrain cereals and bread. This seems a healthier approach than taking vitamin tablets as a supplement unless medical tests have shown you are deficient in these vitamins.
EATING WHOLESOME FOOD PROVIDES A FOUNDATION FOR MORE EFFECTIVE MANAGEMENT OF STRESS

THE FIVE FOOD GROUPS

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>RECOMMENDED DAILY SERVING</th>
<th>PROVIDES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 BREAD/CEREAL GROUP</strong></td>
<td>4 OR MORE SERVINGS</td>
<td>CARBOHYDRATE</td>
</tr>
<tr>
<td>Bread &amp; Cereals</td>
<td></td>
<td>VITAMINS (B Group)</td>
</tr>
<tr>
<td>Rice, Spaghetti</td>
<td></td>
<td>PROTEIN</td>
</tr>
<tr>
<td>Flours</td>
<td></td>
<td>ROUGHAGE</td>
</tr>
<tr>
<td>Wholegrain varieties</td>
<td></td>
<td>(If Wholegrain)</td>
</tr>
<tr>
<td>are better</td>
<td></td>
<td>MINERALS</td>
</tr>
<tr>
<td><strong>2 FRUIT/VEGETABLE GROUP</strong></td>
<td>4 OR MORE SERVINGS</td>
<td>VITAMINS A, C</td>
</tr>
<tr>
<td>To Include:</td>
<td></td>
<td>MINERALS</td>
</tr>
<tr>
<td>1 Serve Vitamin C rich</td>
<td></td>
<td>ROUGHAGE</td>
</tr>
<tr>
<td>Citrus or Tomatoes</td>
<td></td>
<td>CARBOHYDRATE</td>
</tr>
<tr>
<td>1 Serve Vitamin A rich</td>
<td></td>
<td>(Energy)</td>
</tr>
<tr>
<td>leafy green or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>orange-yellow vegetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3 MEAT GROUP</strong></td>
<td>1 OR MORE SERVINGS</td>
<td>PROTEIN</td>
</tr>
<tr>
<td>Size According To Age</td>
<td></td>
<td>IRON</td>
</tr>
<tr>
<td>Meat, Fish, Poultry</td>
<td></td>
<td>VITAMINS B, D</td>
</tr>
<tr>
<td>Eggs, Cheese</td>
<td></td>
<td>ENERGY</td>
</tr>
<tr>
<td>Soya Beans, Nuts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dried Peas &amp; Beans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peanut Butter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Textured Vegetable Protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 MILK GROUP</strong></td>
<td>2 OR MORE SERVINGS</td>
<td>CALCIUM</td>
</tr>
<tr>
<td>Adults</td>
<td>300 ml</td>
<td>VITAMINS A, B, D</td>
</tr>
<tr>
<td>Kids</td>
<td>600 ml</td>
<td>PROTEIN</td>
</tr>
<tr>
<td>teeners</td>
<td></td>
<td>ENERGY</td>
</tr>
<tr>
<td>Pregnant and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Mothers</td>
<td>600 ml</td>
<td></td>
</tr>
<tr>
<td><strong>5 BUTTER/MARGARINE GROUP</strong></td>
<td></td>
<td>ENERGY</td>
</tr>
<tr>
<td>1 Tablespoon Or More</td>
<td></td>
<td>VITAMINS A, D</td>
</tr>
<tr>
<td>(Minimal Whilst Dieting)</td>
<td></td>
<td>ESSENTIAL FATS</td>
</tr>
</tbody>
</table>

Acknowledgements: A & J Borushek, "Heart Disease Prevention Manual"
FAMILY HEALTH PUBLICATIONS
Different strokes for different effects

It goes without saying that there are many different forms of exercise. But to many people it’s not as clear that there are different levels of the same exercises for many different purposes. Exercise for gaining cardiovascular fitness is not the same as that for losing body fatness; exercise for competitive sport obviously has different requirements than that for recreation and even resistance training varies according to the desired end result — power, strength, or bulk.

The table below lists some of the basic parameters for the different purposes of exercise. To get the most from your exercise routine first look to what you want to get out of it.

<table>
<thead>
<tr>
<th></th>
<th>COMPETITIVE SPORT</th>
<th>CARDIOVASCULAR FITNESS</th>
<th>FATNESS</th>
<th>MUSCLE</th>
<th>FLEXIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>power</td>
<td>strength</td>
</tr>
<tr>
<td>FREQUENCY</td>
<td>2-3 times daily</td>
<td>3-4 days/week</td>
<td>6-7 days/week</td>
<td>varies in season</td>
<td>alternate days (most muscle groups)</td>
</tr>
<tr>
<td>INTENSITY</td>
<td>up to maximum</td>
<td>60-80% max</td>
<td>40-60% max</td>
<td>max</td>
<td>60-80% max</td>
</tr>
<tr>
<td>TIME</td>
<td>Very long total time</td>
<td>Relatively short</td>
<td>Long 1+hours</td>
<td>Short</td>
<td>Long</td>
</tr>
<tr>
<td>TYPE</td>
<td>Sport related totally planned</td>
<td>Aerobic/anaerobic planned</td>
<td>Aerobic only (a) planned (b) incidental</td>
<td>Resistance</td>
<td>Resistance</td>
</tr>
<tr>
<td>CONTINUITY</td>
<td>Intervals</td>
<td>Interval/continuous</td>
<td>Continuous</td>
<td>Intermittent</td>
<td>N/A</td>
</tr>
<tr>
<td>SPEED</td>
<td>Generally fastest</td>
<td>Medium</td>
<td>Slow</td>
<td>Very fast</td>
<td>Slow-medium</td>
</tr>
</tbody>
</table>
Review and Evaluation

Session: Review & Evaluation

Topic: Review of Program

Goals: To identify key factors relating to sexual health
      To review the emotional and physical issues relating to drug use and abuse
      To identify the key components to healthy diet and exercise
      To identify the impact of these issues on the formation of self awareness, body image and self esteem
      To complete written and verbal evaluation of the program
Module Three. Exercise and Nutrition

Session: 3.2

Topic: Exercise and Self Management

Goals:
To explore what exercise can do to benefit the mind, body and spirit
To discover the health benefits of different types of exercise
To explore the concept of peer support as a way of meeting our needs
To consider and practice the skills necessary for conflict resolution
7 Steps for dealing with conflict

1: Check your intention -- are you both willing to negotiate

2: Sort out what each person wants

3: Brainstorm all options. Do not look for solutions

4: Assess the options -- reject the ones that neither agree on; keep the ones that are possibilities

5: Choose one or more options -- Assess these and choose the ones both are happy with

6: Take action -- Decide who does what, when and how. Make a time to discuss it again in the near future

7: Check it out with each other -- how is it going? If no joy, start over at step 1 again.