Fertility and Assisted Reproduction: Teaching Module

For Primary and Secondary Schools

VARTA
Victorian Assisted Reproductive Treatment Authority

family planning victoria
Social & Reproductive Health Care, Education, Advocacy.
Fertility and Assisted Reproduction:  
Teaching Module

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Family Planning Victoria defines best practice in sexuality education as:

‘A comprehensive, whole-school approach to increasing the sexual health literacy of children and adolescents. It is best undertaken as a shared partnership between schools, parents and carers and the community. Sexuality education is a lifelong process, beginning at birth. In the formal years of schooling, it should begin in preschool and foundation, in developmentally appropriate ways. It should provide sex positive, accurate and non-judgmental information and opportunities to explore values and to build communication and decision making skills in the many aspects of sexuality. It needs to acknowledge and celebrate the diversity of all individuals and be inclusive of different sexualities, genders, culture and ways of living.’
Introduction

Family Planning Victoria (FPV) believes sexuality education is paramount in teaching young people self-acceptance, good relationship skills and how to make healthy and safe sexual and reproductive health choices as a preparation for adult life. These units of work focusing on fertility, donor conception and assisted reproductive treatment (ART), developed by FPV in consultation with the Victorian Assisted Reproductive Treatment Authority (VARTA), are best taught as a part of a comprehensive sexuality education program.

There are three lessons at each of the AusVELS Levels 3 to 10, each covering the three main topic areas mentioned above. By placing these topics within a comprehensive sexuality education program we believe children and young people will see fertility as relevant and important within the context of their future personal, social and emotional lives. Good sexuality education should empower individuals to make informed and timely decisions regarding their reproductive health. This requires raising awareness and knowledge of reproduction, factors that influence fertility and reproductive outcomes (such as age, weight, alcohol, smoking drugs, STIs and timing of intercourse) and reproductive life planning.

It has become increasingly important that teachers provide information on different forms of conception as part of a sexuality education program given that many children are now conceived through ART. Children need to feel validated if they have been conceived this way. This includes covering areas such as sperm, egg and embryo donation or surrogacy.

Some families will not have told their child how they were conceived and may have concerns about how the topic is covered in a sexuality education program. Teachers may need to reassure these parents that the information given to students is knowledge based, rather than exploring values around this issue. Teachers should be encouraged to refer parents to the VARTA website for resources on talking to children about donor conception and surrogacy.

www.varta.org.au
Teacher Information

Cultural diversity

Many schools with culturally-diverse communities may feel anxious about teaching any kind of sexuality or reproductive education. Schools may be concerned about resistance from parents or difficulties in the classroom. It is important not to make assumptions about your school community and their attitudes to such a program. In FPV’s experience, school sexuality and reproductive health programs are accepted by a wide range of diverse communities.

Schools may be concerned that because there is such a wide range of belief systems, attitudes and values in Australia, it is impossible to present a program that will meet all students’ needs and be supported by parents. However, any school, regardless of the cultural origins of the students and parents, will have a range of beliefs and values amongst the school community. This is demonstrated when teaching other areas of the curriculum such as alcohol and drug education, politics or current affairs. It is important to be fair when listening to students’ different opinions, while still bearing in mind the law and any relevant school policies.

Diverse families

In contemporary Australian society there are many different types of families. These include families with one parent, those with two parents and those headed by grandparents or other carers. There are step-families, divorced, blended, foster and adoptive families. There are increasing numbers of children who come from families with same-sex parents – sometimes called ‘rainbow families’. There are also increasing numbers of children in families who are conceived with the assistance of reproductive treatment, including IVF, donor conception and surrogacy.

It is important that teachers validate the increasingly diverse nature of families.

For further information about assisted reproduction, please see the VARTA website (www.varta.org.au).

For further information on same-sex families, visit the Rainbow Families Council website (www.rainbowfamilies.org.au) which has a number of useful links and background information.

Various information sheets are available from the Better Health Channel website to represent diverse families including information on: adoption, foster care, surrogacy and single parenting. Please see www.betterhealth.vic.gov.au for further information.
Group rules

At the beginning of each school year, teachers often establish group rules with the help of students to set the framework for safe and respectful classrooms. These rules are crucial when dealing with sensitive topics. Here are some examples of group rules that will help facilitate a safe learning environment when teaching the fertility and assisted reproduction modules.

- Respect other people's opinions and ideas.
- No put downs.
- Don’t use people's names when telling a story (instead say “someone I know”).
- Protect others’ privacy if they share information in class.
- Everyone has the right to pass if they don’t wish to answer a question.
- Everyone has different values and this is OK.

Protective interrupting

Due to the sensitive nature of sexuality, students may be tempted to share private or personal details about their (or their families’) lives. Protective interrupting is a strategy to prevent a child from disclosing private or inappropriate information in front of other students. This protects the student from sharing information that might lead to social exclusion. Steps then need to be taken to provide the student, if they are ‘at risk’, with an opportunity to disclose or share in a safe and confidential manner.

These following steps are used to implement protective interrupting:

- Interrupt the child by acknowledging them and preventing further disclosure e.g. “Thank you, it sounds as though you have something important to talk about, why don’t we have a chat at recess?”
- Be supportive and gently indicate that the child can talk in a more private situation.
- Quietly arrange to see the child as soon as possible.
- Listen attentively in a private location within the school.

Mandatory reporting

The following steps can be followed if a child discloses information that leads you to believe they are not safe and at risk of abuse or have been abused.

- If abuse is disclosed, explain to the child that because they are being harmed you need to make sure they are safe and gain some help for them. Do not promise the child you will keep it secret.
- Reassure the child that the abuse was not their fault.
- Explain what is likely to happen next.
- Follow school procedure regarding mandatory reporting as soon as possible.
Explaining difficult concepts

All the following explanations, apart from tracking ovulation are aimed at primary aged students. If explaining these concepts to secondary students, teachers need to increase the sophistication of the language, although even then, it is important to keep explanations clear and simple.

1. Explaining ovulation and menstruation

Baby girls are born with two little things called ovaries inside them. In these ovaries are millions of eggs. When fertilised by sperm, these eggs become an embryo; after eight weeks they become a foetus; and after approximately nine months the baby is born. The eggs are not ripe/ready until a girl starts to change into a woman. The time when this happens is called puberty. The sign that a girl has ripe eggs is when she gets her first period. During a period, blood comes out of a girl or woman’s vagina for a few days of each month.

A woman is only fertile around the time when she releases an egg from the ovary. This usually happens once every month. The release of an egg is called ‘ovulation’. Pregnancy can only happen if a woman has intercourse in the few days leading up to and including ovulation.

When a girl or woman has an egg that is ready, it pops out of the ovary and travels down the tube until it gets to the uterus. If it does not meet a sperm on the way it doesn’t get fertilised and can’t become a baby. If an egg is not fertilised, the girl or woman gets her period and the egg comes out with the blood. You can’t see the egg as it’s too small. Next month the girl or woman will release another egg and the cycle starts all over again.

2. Explaining how sperm are made

Sperm are made in the testicles (testes). While baby boys are born with testicles, sperm is not produced until a boy begins puberty. It takes about 70 days to make sperm and then it is stored until it is ejaculated. During ejaculation the sperm travel through tiny tubes mixing with fluid from the prostate gland and seminal vesicles until it leaves the body through the tiny hole at the end of the penis (urethra).
3. Explaining sex

Sex can mean different things to different people. Most people think that sex is sexual intercourse, which is when a man puts his penis inside a woman’s vagina. There are other things people can do that are still part of sex, like touching, kissing or rubbing each other’s genitals (private parts). Sex can happen between a man and a woman, two men or two women.

People have sex for different reasons. These reasons include: to show they care for or love each other, because it’s fun, because they feel sexy, or because they want to have a baby.

You don’t ever have to have sex if you don’t want to. No one is allowed to pressure you into having sex or make you do anything sexual. Most adults will eventually have sex, but not everyone chooses to be sexual, which is okay. It’s your body and you are the boss of it.

Teachers please note: The brief explanation of consent to sexual activity in the paragraph above may be sufficient for primary aged children if taught within a comprehensive sexuality education program that includes protective behaviours. It is not sufficient for secondary students. Teaching about consent, coercion and sexual violence in a secondary school program is essential in order to promote an understanding of consensual sexual activity, healthy relationships and positive sexual decision making.

4. Explaining pre-conception health

To have the best possible chance of having a healthy baby, people who want to get pregnant should be looking after their bodies and have a health-check with their doctor before they start trying.

Being of a healthy weight, eating healthy food, exercising regularly, not smoking or drinking a lot of alcohol will give the baby the best start in life. The doctor will make sure that all immunisations are up-to-date and that the mother takes a daily vitamin which helps the fetus develop normally.

5. Explaining conception and pregnancy

When two adults want to make a baby, the man puts his hard (erect) penis inside the woman’s vagina and they have sex. When the man reaches his strongest sexy feeling (orgasm) sticky white stuff (semen) comes out of the end of the penis. This sticky stuff has sperm in it.

Sperm are shaped like tiny tadpoles. One sperm needs to mix with an egg to start the process of making a baby. Inside the woman’s body the sperm swim up through the tiny hole (cervix) and the uterus into a tube called the fallopian tube. Women have two fallopian tubes and some of the sperm will swim up the wrong tube. If the sperm swims up the right tube at the right time it could find an egg in the tube. Once a month, a mature egg is released from the ovary (a process called ovulation), moves down the fallopian tube, and is available to be fertilised by sperm travelling up to meet it. Most women have two ovaries, one at the end of each fallopian tube. Only one sperm can join with an egg. This is called fertilisation or conception.
The sperm and egg mix together and make an embryo. Then, the embryo travels slowly down the fallopian tube and attaches (implants) itself to the wall of the uterus. We say the woman is now pregnant. It stays there and grows for nine months until it is big enough (developed enough) to be born. It is called an embryo until eight weeks from conception, a foetus from eight weeks until birth, and a baby after birth.

While the foetus is inside the woman’s uterus it is attached to the woman by a tube called an umbilical cord. The umbilical cord is how the foetus breathes and gets food. Your belly button is the place where your umbilical cord was joined to your mum. The blood, with all the oxygen and food the foetus needs, flows from the placenta in the mum’s uterus through the umbilical cord and all through the foetus’s body. The foetus floats in a special sac of liquid (amniotic fluid) which keeps it safe.

Twins are conceived in two different ways. Identical twins are created when one sperm fertilises one egg and then the fertilised egg splits in two. Each goes on to grow into a separate foetus. Fraternal (non-identical) twins are created when two eggs are released by the ovaries and both are fertilised by sperm.

Nearly all the babies that have ever been born in the world have been conceived by a man and woman having sex together. It’s now possible for people who can’t conceive this way or are same-sex attracted to get help from a doctor. This is called assisted reproductive treatment (ART). One example of ART is invitro fertilisation (IVF).

If a man and a woman want to increase their chances of conceiving it is also important for them to exercise, keep themselves at a healthy weight, and to avoid smoking and drinking alcohol.

6. Explaining tracking your ovulation (secondary only)

Ovulation is the time in a girl or woman’s menstrual cycle when she releases an egg from an ovary. Pregnancy can only happen if a woman has intercourse a few days before or on the day of ovulation. In a ‘text book’ twenty-eight day menstrual cycle, ovulation takes place on the 14th day (‘Day 1’ is the first day of the period). As the length of women’s cycles can vary greatly from person to person, there are other ways to know when ovulation is happening.

A woman’s body temperature rises during ovulation. If a woman keeps track of her body temperature every day for a few months, she will notice a slight rise in temperature when ovulation happens. This rise in temperature remains until the first day of the next period, when it drops again. Just as hormones and temperature change during a woman’s menstrual cycle, there are changes in vaginal mucus (also called ‘discharge’). Vaginal mucus is thick, sticky and creamy coloured during the non-fertile times of a woman’s cycle; the mucus changes to a slippery, stretchy, clear mucus during ovulation.

By tracking body temperature and how her mucus looks, a woman can work out when she ovulates and is most likely to conceive.
7. Explaining birth

Once the baby is ready to come out we say the woman is giving birth, or is going to deliver. It can take a long time, sometimes more than a day. Most mums give birth in a hospital and some give birth at home.

When the baby is ready to be born, the mother gets special pains (contractions). We call this part “being in labour”. The pains happen when the little hole in the uterus (cervix) starts to stretch open to let the baby out and the uterus contracts to push it out. Sometimes it takes a long time for the hole to get big enough. Sometimes it can take hours. When it has stretched open wide enough, the mother can push the baby out through her vagina. We now say she has delivered the baby.

Babies are usually born head first and this is the easiest way to be born. Sometimes a baby might be born bottom first. We call this breech. It is a much harder way to be born and the mother has to push very hard to get it out.

Sometimes when the mother can’t do that, if she is too tired or the baby is too big or is sick, the doctor will give the mother an anesthetic so she is either asleep or numb from the waist down and then will cut her tummy (through her abdomen into her uterus) to get the baby out. (If you feel comfortable doing so, indicate on your own body where the ‘cut’ would be made.) This is called a caesarean. Many babies are born this way.

When the baby has been born, the doctor or one of the parents will cut the umbilical cord (feeding tube) off that is joined to the baby’s tummy. The baby will now have a belly button. The baby can breathe by itself and can start drinking milk.

The mother needs to push out the rest of the feeding tube and the placenta (feeding factory). Once this happens, the birth/delivery is finished and the parents can enjoy their baby.
8. Explaining in vitro fertilisation (IVF)

There are times when a couple want to have a baby but find it difficult to conceive. The man and woman might have sexual intercourse many times but a pregnancy doesn’t start. Doctors can try to help the couple conceive. The woman has some injections so that several eggs develop (in her ovaries). When they are ripe the eggs are taken out of the woman’s body and sperm from the man is mixed with the eggs in a glass dish so that embryos form. Embryos are really tiny, you need a microscope to be able to see them. Everyone in the world begins from an embryo. Sometimes a sperm is injected into the egg if the sperm is not able to join with the egg by itself.

If an embryo is made, it is then put back inside the woman in her uterus so that it will grow into a foetus. If there are more embryos they can be frozen (not in a home freezer but in tanks of liquid nitrogen) and stored to be used later if they are needed. These frozen embryos are kept because a woman might not become pregnant with the first embryo they put inside her uterus or because the man and woman might want to try to have another baby in the future.

IVF doesn’t always work and sometimes the woman doesn’t get pregnant even with the doctors’ help.

9. Explaining sperm/egg/embryo donation

Sometimes a man’s sperm isn’t working or he doesn’t have any. Sometimes a woman’s eggs are not working properly and she can’t become pregnant. Sometimes a woman doesn’t know a man she wants to have a baby with or two women or two men want to become parents together.

These people can be helped to have babies by a person called a donor. A donor is someone who gives something to another person to help them (e.g. a blood or kidney donor). They can be single men or women or a couple. They donate or give some of their sperm, eggs or embryos (sperm donor/egg donor/embryo donor) to help someone else have a baby. A donor may be a friend of the parents or they might give their eggs, sperm or embryos to a medical clinic or hospital so that the doctors can give it to people who need it.

The sperm can be put inside a woman’s vagina using a fine tube. The egg can be used with IVF (see previous explanation). People who have embryos they made from IVF that they can’t use can choose to give them to another person or couple who isn’t able to conceive without the help of a donor embryo. If a woman or a couple who can’t conceive on their own want to use donor embryos then the donor embryos are thawed (as they would have been stored frozen in liquid nitrogen) and put into the woman’s uterus.

10. Explaining surrogacy

Sometimes a woman’s uterus doesn’t work properly, or she doesn’t have one, so she can’t conceive or stay pregnant long enough for a foetus to grow into a baby (carry a pregnancy). Sometimes two men want to have a baby but a man’s body can’t grow a baby either. A woman might offer to grow the baby for another family. She is called a surrogate.

The embryo from the parents who want the baby is put inside the surrogate’s uterus where it keeps growing until it is ready to be born. The parents might need the help of a donor too as well as a surrogate (e.g. gay fathers will need an egg donor). After the baby is born it is then given back to its parents and lives with them.
Key Terms

• Assisted reproductive treatment (ART): a medical treatment or procedure that helps a woman become pregnant including in-vitro fertilisation (IVF), the use of donor gametes (eggs, sperm or embryos), and surrogacy.

• Fertility: the ability to conceive.

• Reproductive life planning: thinking about your goals for having - or not having - children and how to achieve those goals.
## Table of lessons at each AusVELS Level

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<td>1. Human life stages</td>
<td>Life stages of human development (with a focus on where fertility fits in)</td>
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<td>3. Sometimes people need help to make a baby</td>
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<td>Diverse, modern families and the social context</td>
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Lesson outlines and worksheets by AusVELS levels
### AusVELS 3 and 4

**Grades 3 and 4**

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<td>Content of lesson</td>
<td>Life stages of human development (with a focus on where fertility fits in)</td>
<td>Family diversity - including step, rainbow, foster, IVF, etc.</td>
<td>Basic conception - including assisted reproductive treatment</td>
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### Necessary prior learning

Students need to understand the following concepts before teaching these sessions:

- Female reproductive anatomy (e.g. uterus, fallopian tubes, cervix, ovaries, vagina).
- Male reproductive anatomy (e.g. testicles, penis, urethra, scrotum).
- A basic understanding of sexual diversity.
- A basic understanding of pregnancy.
Lesson: 1

Key messages:
• There are definitive stages of human development including pre-birth that are shared by all humans.
• The nature of these changes are predictable, however, the timing may vary from person to person.

Lesson Details

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<tr>
<th>THEME</th>
<th>Life stages of human development</th>
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<tr>
<td>TIME</td>
<td>60 minutes</td>
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<tr>
<td>AusVELS Levels 3 and 4</td>
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RESOURCES
• A picture of people in different life stages to use as an introduction. These might include a photo of an extended family, a crowded street scene etc. This can be sourced from the internet.
• A copy of the following worksheet for each student: Human life stages and Pre-birth stages.
• A long paper strip for each student (A3 paper cut in half lengthways).
• Pictures of embryos, sperm and egg, etc. These can be sourced from a book, internet, poster etc.
• Scissors, paste, paper.

Human life stages

Purpose
To develop an understanding of human development across the lifespan.

Teaching Notes
This activity leads students through the process of the recognition that there are predictable life stages in human development, that reproduction can occur during some life stages, that human development begins before birth and that there are life stages before birth.

Procedure
• Introduce the session by holding up the picture of a group of people in different life stages. Ask the students the following questions:
  • What do you notice about the people in this picture?
  • Point out two people clearly in different life stages (e.g. an adult and a toddler). What is the difference between these people?
  • How can you tell they are different?
  • Will the younger/smaller one become like the older one? How? Why?
  • Will the older one become like the younger one? Why? Why not?
  • Lead the discussion towards students recognising the concept of life stages. Ask students if any of the stages have names and list them on the board as students offer them. Ask students to put the life stage names on the board in order of youngest to oldest.
• Hand out Human Life Stages worksheets to students. Explain that students need to cut out the pictures of the people and paste them in order of youngest to oldest onto the long paper strip. Instruct them to start in the middle of the paper and tell them you will explain why later. Once that is completed, students can paste the life stage names under the correct pictures depicting that life stage.
• Students complete the activity.
• Once students have completed the activity, the teacher holds a discussion using the following questions as a guide:
  • Hold up an example of a completed activity. Point to the baby. If this is the first of the life stages, where did this baby come from?
  • Is there a certain life stage or stages when this is most likely to happen? What are they?
• Point to the baby picture again. The following questions can be used to lead the discussion:
  • Is this the first life stage of a baby?
  • What happens before the baby is born?
  • How does it start off?
• The teacher can then use the pre-birth pictures to explain and illustrate the stages before birth. These could include egg and sperm during fertilisation, an embryo and a foetus.
• This can be followed up by students pasting the pre-birth pictures from the pre-birth stages worksheet onto their life stages chart. Explain this was the reason they pasted the baby in the middle of their chart as they need room for the pre-birth pictures.
• These charts can be displayed in the classroom

AusVELS content
Strand: Physical, personal and social learning

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<tr>
<td>Health and Physical Education</td>
<td>Health knowledge and promotion</td>
<td>Describe the stages of human development across the lifespan</td>
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<td></td>
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<td>Human development across the lifespan (including stages such as conception, prenatal and adolescence)</td>
</tr>
</tbody>
</table>
Human Life Stages: Worksheet 1

Cut and paste the pictures in order of youngest to oldest.

Cut and paste the name of the life stage under the correct pictures.

<table>
<thead>
<tr>
<th>Child</th>
<th>Teenager</th>
<th>Young adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>Baby</td>
<td>Elderly</td>
</tr>
</tbody>
</table>
Pre-birth stages: Worksheet 2

Cut and paste the pictures in order of youngest to oldest.

Cut and paste the name of the life stage under the correct pictures.

Sperm and egg (fertilisation)
Embryo
Foetus
Lesson: 2

Key messages:

• Families are made up of people who love and care for each other. There are many different types of families.

Lesson Details

* * *

Theme: Donor conception/ surrogacy

Sub Theme: Family diversity

Time: 45 minutes

AusVELS: Levels 3 and 4

Resources:

• A selection of pictures of different people cut from magazines, the internet or from clip art.
• Blutac.
• Posters from Rainbow Families titled “Who’s in your Family” or a link to their website www.rainbowfamilies.org.au
• to display posters on the screen/whiteboard.

Family constellations - Who’s in your family?

Purpose

To promote thinking and challenge values about what constitutes a family.

Teaching Notes

• This activity is a good way to introduce the topic of family. As some students may not live with their birth family, it is important to be inclusive.

• Students may have separated or blended families, live in two locations, live in foster care, be adopted or have same-sex parents. Their parents may also have needed the help of a donor or surrogate to create their family. It is good to acknowledge this diversity and constantly reiterate that families are different in composition.

• The title of the activity can be changed to suit students’ living circumstances. Some options are; ‘Important people in my life’, ‘The people I live with’, ‘People I care about and who care about me’.

• You may wish to refer to the explanations for ART treatment including donor treatment and surrogacy

Procedure

• Ask the students to sit in one large circle. Spread out the pictures on a table or on the floor so that students will all be able to view the pictures. If this is not possible, hold up a few of the pictures so students can see what is on them.

• Ask a student to come out and select some of the pictures to make a family. As the student selects pictures they can explain to the rest of the class who each member of the family is. The student does not have to represent their own family.

• Display the family for the rest of the class to see (perhaps by sticking on the board using Blutac). Draw a circle around the family to illustrate that they are a unit.

• Invite another student to make a different family, following the same process.

• Continue until a large variety of families have been represented.
If students do not create a diverse range of families, you may need to add some. They could include same-sex-attracted couples, foster families, blended families etc.

A class discussion could include the following questions:

- Are all families the same?
- Do families need to be related by blood?
- What is the difference between a family friend and family relation?
- Is one type of family any better than another?
- Do all families have everything in common?
- Do the families have some things in common?

Ask students to come up with a list of characteristics a family might have. Write up the suggestions on the board.

Refer to same-sex couple families. Ask students; is it possible for two women or two men to have a baby?

Discuss assisted reproductive treatment (ART) in the context of diverse families (e.g. How could these two women have a baby etc.)? Include the distinction of choice and ability when it comes to having a baby.

This activity could finish off with referring to the Rainbow Families posters titled “Who’s in your Family?”. These can be purchased and put up in the classroom or shown directly from the website onto the Smartboard to re-cap key learning.

The activity can be finished off with students drawing a picture of their own family and labeling the members. These can be displayed around the room along with the posters.

AusVELS content

Strand: Physical, personal and social learning

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<tr>
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<td>• The influence of peers and family on identity and self-worth.</td>
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<td>• Explain basic concepts of identity and use simple strategies to maintain and support self-worth.</td>
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<tr>
<td>Dimension</td>
<td>• Acknowledge individual differences.</td>
<td>• Different types of friendships and relationships.</td>
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<td>Building social relationships</td>
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</table>
Lesson: 3

Key messages:

• Becoming a parent is a special milestone.
• There are many ways of becoming a parent.
• Some people need the help of a doctor and a sperm, egg or embryo donor to become a parent.
• Some people need a surrogate to help them become a parent.

Sometimes people need help to make a baby

Purpose

• To teach students about assisted reproductive treatment (ART).
• To develop students’ awareness and understanding of the role ART has in creating families.

Teaching Notes

Some students may not know they were conceived using ART or the identity of their egg or sperm donor. Others may not know they were adopted or born through surrogacy. It is therefore a sensitive area for some families to talk about. If students are unwilling to do the homework with a parent they can interview a teacher or other school staff member who nominates themselves to be a substitute.

Procedure

• Remind students of the previous activity on diverse families. Discuss what they have learnt.
• Read the book “Sometimes it takes three to make a baby”
• Discuss the key concepts in the book. The following questions can be used as a guide:
  • What made the man and woman sad?
  • Where did they go to get help?
  • What are the three things the doctor said they needed to make a baby?
  • Why couldn’t the couple have a baby?
  • How did they solve the problem?
  • Who helped them with the problem? How?
  • How did the couple feel when they had the baby?
  • How did the egg donor feel when the baby was born?
  • Does every couple want to have a baby?
• Link the issue of diversity in conception with diversity in families generally. The following questions can be used as a guide:
  • What would the couple have to do if there was a problem with the man’s sperm?
  • What would you call the person who provided the sperm?
- What if the woman’s uterus couldn’t grow a baby or she doesn’t have a uterus? Who could help her?
- Do you know the word for when a woman grows a baby for someone else?
- Conclude with a homework activity. Handout the homework booklet and read through the text with the class explaining what needs to be done.
- When students have completed the homework it can be returned and shared with the class.

**AusVELS content**

**Strand:** Physical, personal and social learning

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</table>
Becoming a family homework booklet

These pages need to be photocopied, cut and compiled into a booklet, one for each student.
My Story

Stick a picture of yourself here.
My name is

Here is a picture of me and my family.
Things we do as a family. Families can be created in different ways. Some of these are by relationships, by blood, adoption, by medical treatment and surrogacy.
I am like my family because .......................................................................................................................................................................
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I am different from my family because ........................................................................................................................................
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Things we do as a family.
Being a part of family means

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AusVELS 5 and 6
Grades 5 and 6

<table>
<thead>
<tr>
<th>Lesson number and title</th>
<th>Content of lesson</th>
<th>Donor conception/Surrogacy</th>
<th>Assisted Reproductive Treatment (ART)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Healthy bodies, healthy babies.</td>
<td>Looking at ways a person increases their chance of conceiving and having a healthy baby. A foundation lesson on preserving fertility.</td>
<td>Using a news or magazine article about donor conception for discussion.</td>
<td>6. Ways to conceive.</td>
</tr>
<tr>
<td>5. Donor conception - personal stories.</td>
<td>Providing an overview of the different ways of conceiving.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Necessary prior learning**

Students need to know the following before teaching these sessions:

- Female reproductive anatomy (inside parts e.g. uterus, fallopian tubes, cervix, ovaries, vagina).
- The purpose of sperm.
- A basic understanding of intercourse and conception.
- Sexual diversity.
- The process of pregnancy and childbirth.
Lesson: 4

Key messages:

• Staying healthy is important when pregnant as it gives a baby the best chance of being born healthy.
• A parent’s health practices and behaviour before pregnancy and a mother’s health practices while pregnant will influence the baby’s health.

Lesson Details

 THEME Fertility
 SUB THEME Reproductive life plans and fertility optimisation
 TIME 60 minutes plus homework
 AusVELS Levels 5 and 6
 RESOURCES • Youtube clip or book www.yourfertility.org.au
• Materials needed to make a poster, pamphlet or television commercial.
• Examples of posters and pamphlets and television commercials (online). These can be sourced from a book, internet, poster etc.
• Scissors, paste, paper.

Healthy bodies, healthy babies

Purpose

• To investigate health practices and behaviour changes that people make when trying to have a baby.
• To demonstrate that establishing the best circumstances for fertility and a healthy pregnancy resulting in the birth of a healthy baby, requires healthy choices and behavior.

Teaching Notes

• Explaining pre-conception health: To have the best possible chance of having a healthy baby, people who want to get pregnant should be looking after their bodies and have a health-check with their doctor before they start trying. Being of a healthy weight, eating healthy food, exercising regularly, not smoking or drinking a lot of alcohol will give the baby the best start in life. The doctor will make sure that all immunisations are up-to-date and that the mother takes a daily vitamin which helps the fetus develop normally.
• Teachers need to be non-judgmental regarding different family values in this activity. An example of this is in regards to smoking when pregnant. While it is important to state that smoking is detrimental to the development of the growing foetus, acknowledgment needs to be made that giving up smoking can be very difficult.

Procedure

• Show one of the Your Fertility films: www.yourfertility.org.au. Discuss with children how the above illustrates the need to prepare for having a baby as it is a major life event.
• Ask children to think about what preparation is needed before conception and during pregnancy. Discuss using the following questions as a guide:
  • What types of things can a person do before getting pregnant to increase their chances of becoming pregnant (both for men & women)?
  • Are there specific things during pregnancy that a woman might do to increase her chances of having a healthy baby?
  • What are they?
  • Why are such things important?
  • Do you think it’s easy to do some of those things?
  • What is the motivation for people to do those things?
• Make a list on the board of all the health choices that need to be made to prepare parents for conception and birth of a healthy baby.
• Ask students to think about the best way to communicate these health messages to future parents. Write these up on the board (e.g. poster, Facebook post, television/radio advertisement, pamphlet etc.).

• Discuss what makes a health message effective. Use examples of effective health messages as shown in successful health promotion campaigns (e.g. QUIT campaign or Sunsmart campaign). Repeat process with other forms of health promotion. Discuss television/radio commercials and access a few examples online or ask students to take note of commercial characteristics while watching television at home.

• Have students select an item from the list of healthy choices and choose an appropriate method of communicating the information about this item. Students are to produce this health message in their chosen way. This can be done for homework or during class time, in groups or as individuals. The health messages can then be presented to the class.

AusVELS content

**Strand: Physical, personal and social learning**

<table>
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</tr>
</thead>
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<tr>
<td><strong>Domain</strong></td>
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<td>• Describe the stages of human development across the lifespan</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td>Health knowledge and promotion</td>
<td>• Human development across the lifespan (including stages such as conception, prenatal and adolescence)</td>
</tr>
</tbody>
</table>

**Strand: Discipline based learning**

<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td>Science</td>
<td>• Identify and explain the connections between systems in the human body and their various functions.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td>Science knowledge and understanding</td>
<td>• Recognise the reproductive system as a smaller separate system within the human body.</td>
</tr>
</tbody>
</table>
Lesson: 5

Key messages:

• Some people need the help of a donor or surrogate in order to become a parent.

Lesson Details

THEME: Donor Conception

SUB THEME: Stories of families formed by the aid of an egg/sperm/embryo donor or surrogate.

TIME: Time will vary depending on the number of articles and the activity chosen by the teacher.

AusVELS Levels 5 and 6

RESOURCES:

• A selection of news articles about donor conception and surrogacy.
• VARTA website www.varta.org.au/resources

Purpose

• To increase students’ understanding of the methods of donor conception and surrogacy.
• To encourage students to develop empathy and understanding of the emotional challenges of needing, seeking and accessing donor conception treatment or surrogacy.

Teaching Notes

• Teachers might choose one article/film/podcast and have the whole class work on it together, depending on the students’ abilities. It can be a simple comprehension activity or extended to text analysis, or writing a persuasive text (such as journal entry describing the person’s treatment and their feelings about this or wanting to donate an egg/sperm.)
• Included in the procedure are some lead questions that can be used to direct discussion and then set as a comprehension activity.
• We have provided a selection of articles for teachers to choose from, however teachers can access their own using the internet, magazines, current newspapers or using the resources on the VARTA website.
• There are extension activities included at the end of the procedure notes. These can be used as literacy projects or homework activities. They can then be sent to VARTA to be posted on the VARTA website.

Procedure

• Refer to previous lessons to review key messages or prior learning. Hand out the article/s or use filmed footage that the teacher has chosen for the class to use. Have students read article/s or watch films by themselves or in groups.
• A teacher can also decide whether to conduct a whole class reading exercise if students require this.
• Discuss article/film, allowing everyone to share their opinion without judgment. The following questions can be used as a guide:
  • Who are the people in the article/film?
  • What is the reason they need the help of a donor or surrogate?
• Do the people involved describe their feelings before the procedure?
• What was the process like for them? Was it easy, difficult, emotional, expensive? Why?
• Was the process successful?
• How did the people feel after the process?
• Would they recommend the procedure to others?
• What did you learn about people who need a donor or surrogate to have a family?
• Use the last question listed above to ensure that students have a grasp of how complex the issues around using ART can be.

Extension activities
• Students could create an advisement encouraging people to donate eggs, or sperm, or become surrogates. These can be sent to VARTA to display on its website: varta@varta.org.au or Level 30, 570 Bourke St, Melbourne 3000.
• Students could write an advertisement to find an egg donor. See examples in the free parenting magazine, Melbourne’s Child.
• Students could write a letter thanking a donor or surrogate as -
  • A recipient parent of eggs or sperm.
  • The child conceived through donor eggs or sperm.
  • A person who has a child through surrogacy thanking the surrogate; the child born through surrogacy thanking the surrogate.

AusVELS content
Strand: Physical, personal and social learning

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<td>Dimension</td>
<td>Building social relationships</td>
<td>• Demonstrate, through interactions in social situations, respect for a diverse range of people and groups.</td>
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<td>• Accept and display empathy for the points of view and feelings of peers and others.</td>
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Lesson: 6

Key messages:
• There are many ways assisted reproductive treatment can help people to become parents.

Lesson Details

THEME Assisted reproductive treatment (ART)

SUB THEME Conception overview

TIME 45 minutes

AusVELS Levels 5 and 6

RESOURCES
• Magno-mate or similar visual aid (Magno-mate boards are available from Family Planning Victoria) www.fpv.org.au/resource-centre/bookshop/teaching-resources/
• ART teacher reference sheet.

Ways to conceive - When you need medical help to conceive

Purpose
• To revise the process of conception.
• To explain the different methods of conceiving using assisted reproductive treatment.

Teaching Notes
Many students will find this activity fascinating. The flipchart makes the explanation of different methods of ART easy to explain. If this is unavailable, drawing diagrams using stick figures and arrows will make it easier for students to understand the process of ART visually. The activity could be used to teach students about report, procedural or explanatory texts. (Please note that the law in Victoria prohibits surrogates from using their own eggs when acting as a surrogate.)

Procedure
• Revise the key points of conception. Use a magno-mate board or similar item to provide a visual overview of standard conception.
• Refer to the previous lesson to discuss how standard conception does not always work for a parent.
• Using the flipchart or diagrams drawn on the board, illustrate the different methods of conception. Include IVF, sperm/egg/embryo donation, surrogacy, same-sex couple family formation etc. Refer to teacher reference sheet for details on each type of ART.
• As an extension activity, students could work in groups making a poster of a type of ART. They could make up their own diagrams or flipchart to illustrate the procedure.
### AusVELS content

**Strand:** Discipline based learning

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**Strand:** Physical, personal and social learning

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</table>
## Assisted Reproductive Treatment

### Teacher reference sheet

<table>
<thead>
<tr>
<th>Name of ART method</th>
<th>Description of procedure</th>
</tr>
</thead>
</table>
| **In vitro fertilisation (IVF)**       | Sometimes a man’s sperm isn’t working or he doesn’t have any. Sometimes a woman’s eggs are not working properly and she can’t become pregnant. Sometimes a woman doesn’t know a man she wants to have a baby with or two women or two men want to become parents together.  
These people can be helped to have babies by a person called a donor. A donor is someone who gives something to another person to help them (e.g. a blood or kidney donor). They can be single men or women or a couple. They donate or give some of their sperm, eggs or embryos (sperm donor/egg donor/embryo donor) to help someone else have a baby. A donor may be a friend of the parents or they might give their eggs, sperm or embryos to a medical clinic or hospital so that the doctors can give it to people who need it.  
The sperm can be put inside a woman’s vagina using a fine tube. The egg can be used with IVF (see previous explanation). People who have embryos they made from IVF that they can’t use can choose to give them to another person who isn’t able to conceive without the help of a donor embryo. If a woman or a couple who can’t conceive on their own want to use donor embryos then the donor embryos are thawed (as they would have been stored frozen in liquid nitrogen) and put into the woman’s uterus.                                                                 |
## Surrogacy

Sometimes a woman’s uterus doesn’t work properly, or she doesn’t have one, so she can’t conceive or stay pregnant long enough for a foetus to grow into a baby (carry a pregnancy). Sometimes two men want to have a baby but a man’s body can’t grow a baby either. A woman might offer to grow the baby for another family. She is called a surrogate.

The embryo from the parents who want the baby is put inside the surrogate’s uterus where it keeps growing until it is ready to be born. The parents might need the help of a donor too as well as a surrogate (e.g. gay fathers will need an egg donor). After the baby is born it is then given back to its parents and lives with them.
## AusVELS 7 and 8
### Grades 7 and 8

<table>
<thead>
<tr>
<th>Lesson number and title</th>
<th>Fertility Content</th>
<th>Donor conception Content</th>
<th>Assisted Reproductive Treatment (ART) Content</th>
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<tbody>
<tr>
<td>8. Telling it your way.</td>
<td></td>
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<tr>
<td>9. Overview of ART.</td>
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</table>

### Necessary prior learning

Students need to have an understanding of the following topics before teaching these sessions:

- Male and female reproductive anatomy.
- Conception and the role of sperm and egg.
- Sexual diversity.
- Basic introduction to pregnancy and childbirth.
Lesson: 7

Key messages:

• There are factors that can have a negative effect on a person’s fertility and affect the health of the foetus as it’s growing or babies after they are born.
• There are positive strategies and behaviours which can increase a person’s chance of a successful conception, a healthy pregnancy and the birth of a healthy baby.

Dear Fertility Doctor

Purpose

• To develop students’ understanding of the factors affecting fertility.
• To develop students’ awareness of being proactive towards preserving their future fertility by looking after their overall health.

Teaching Notes

This activity is divided into two parts. The first requires students to collect information to prepare an oral presentation. The second requires students to apply what they have learnt to answer a ‘Dear Fertility Doctor’ question. This is an excellent literacy activity that meets many standards in AusVELS level 7 and 8 in English.

Procedure

Part one

• Divide students into small groups of three to five. Ask the groups to go to the Your Fertility website which covers the six factors that affect fertility. Allocate one factor to each group (weight, age, smoking, alcohol, timing, STIs).
• The group is to investigate their selected factor and how it affects fertility. They are to collect information on this factor in order to prepare a five minute presentation to the class.
• Hand out the Presentation guidelines to students and read through the information to make sure students know what to do. This will assist them to collect relevant information, write up the presentation and practice their presentation skills.
• Give groups sufficient time to prepare the work.
• Once completed have students give their presentations to the class.

Part two

• Provide each group with a Dear Fertility Doctor card. Explain that each card provides an overview of a person/people attempting to get pregnant and a particular health factor that they are concerned might have a negative impact on the ability to conceive, have a healthy pregnancy and deliver a healthy baby.
• Explain that each group needs to read the card and write a reply to their letter, providing information on how the person/people could increase their chances of conceiving.
### AusVELS content

**Strand:** Physical, personal and social learning

#### Levels 7 and 8

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<td>• Harm minimisation strategies in relation to sexual health.</td>
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<tr>
<td><strong>Health knowledge and promotion</strong></td>
<td>• Identify the health concerns of young people and the strategies that are designed to improve their health.</td>
<td>• The sexual health needs of young people (e.g. safe sex, contraception, abstinence and prevention and treatment of STIs).</td>
</tr>
<tr>
<td></td>
<td>• Accessing reliable information about sexual health issues.</td>
<td>• Accessing reliable information about sexual health issues.</td>
</tr>
</tbody>
</table>
Presentation Guidelines

Researching the topic
These questions can help guide your group:
1. What is fertility?
2. Why is it important?
3. What is the factor we are investigating?
4. How does this factor affect fertility?
5. What steps can a person/people take in regards to this factor to increase their chance of a successful conception, pregnancy and birth?

Introduction
The introduction should capture the attention of the audience and identify clearly what you are going to talk about. For a five minute presentation this might be no more than two or three sentences. This could be based on the first two questions listed above.

Main points
Include at least three or four main points about the factor you are investigating. This might be based on questions three to five listed above.

Conclusion
Finish off with a concluding statement that refers to opening questions and ends with a resolution or positive statement of how a person can protect their fertility.

Practising the speech
As you are a group, work out who is going to say what. Practise your speech out loud and as each person practises, the group can give feedback on how clearly you are speaking, the pace of your speech (whether you need to speed up or slow down) and when you should stop to take a breath. Finish off by running through the whole presentation a few times. Make changes as needed.
Dear Fertility Doctor,

My partner and I have been trying to get pregnant for a year now with no success. I am about 20 kgs overweight and wonder if my weight is a problem. I know people can be too thin to conceive. Can you be too overweight?

Signed
Cuddly

Dear Fertility Doctor,

I want to have a baby in the next year or two. I am currently a smoker, about 10 a day. I will give up smoking when I’m pregnant. Someone told me smoking can make it harder to get pregnant. Is this true? When should I give up? My boyfriend smokes too. Can smoking affect his sperm?

Signed
Smokin’ Sally
Dear Fertility Doctor,

I am really working hard at my career at the moment but plan to have a baby in about five years.

I will be 40 by then.
Is that going to be a problem?
Don’t lots of women have babies at that age now?

Signed
Career Girl

---

Dear Fertility Doctor,

I was a bit of a party girl when I was younger. I got drunk a lot.

These days I only drink a couple of glasses of wine a night.

Will my previous drinking affect my ability to get pregnant? Should I stop drinking now?

Signed
Former Party Girl
Dear Fertility Doctor,

My partner and I have been trying to get pregnant for six months with no success. Someone told me there was a specific time during the menstrual cycle when getting pregnant was most likely to happen. When is that time? How can I tell when that is?

Signed
Miss Timing

Dear Fertility Doctor,

I've been trying to have a baby for a year now but it hasn't happened. I had chlamydia when I was younger and had it treated by the doctor. Could this be the reason I am not conceiving?

Signed
Desperately Wanting a Baby
Lesson: 8

Key messages:

• Our family plays a role in helping a person develop their identity.
• There are positive ways to communicate important information which can affect our identity.

Lesson Details

<table>
<thead>
<tr>
<th>THEME</th>
<th>Donor conception</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB THEME</td>
<td>Talking about donor conception and surrogacy</td>
</tr>
<tr>
<td>TIME</td>
<td>2 hours</td>
</tr>
<tr>
<td>AusVELS</td>
<td>Levels 7 and 8</td>
</tr>
<tr>
<td></td>
<td>• <a href="http://www.varta.org.au/resources">www.varta.org.au/resources</a> copies of handout titled, “Quotes from children and young people conceived by ART” handout</td>
</tr>
<tr>
<td></td>
<td>• Films of donor-conceived people <a href="http://www.varta.org.au/resources">www.varta.org.au/resources</a></td>
</tr>
<tr>
<td></td>
<td>• Families who have used a donor/surrogate <a href="http://www.varta.org.au/resources">www.varta.org.au/resources</a></td>
</tr>
</tbody>
</table>

Telling it your way

Purpose

• To develop students’ understanding of the role family plays in developing identity.
• To develop students’ empathy, respect and acknowledgement of the diversity of individuals.

Teaching Notes

• Teachers need to be aware that there may be students in the class who have been conceived via ART. Teachers may need to discuss the session with the school counsellor or welfare officer in order to give notice that there is a possibility a student would need to talk to someone after the lesson.
• This activity can be divided into two or three sessions depending on the school timetable.

Procedure

Part one

• Refer to the previous lesson and revise the key factors that can affect fertility. Briefly describe different types of ART and list types on the board (e.g. surrogacy, using donor sperm, using donor egg, using donor embryo).
• Ask students to think about the people who would be affected by the disclosure of conception/birth via ART.
• Draw up a table on the board and list all the people that would be affected by disclosure of ART conception.

<table>
<thead>
<tr>
<th>The child</th>
<th>Parent/s of the child</th>
<th>The donor/surrogate</th>
<th>The extended family</th>
</tr>
</thead>
</table>

• Brainstorm what the students think might be the issues for all people involved in the ART process. Write these into the table. Link this to issues of identity as covered in AusVELS.
• Provide the students with the handout, “Quotes from children and young people conceived by ART” or show students selected video clips (as listed above).
• Explain that the class will work in groups reading through the quotes or watching the films. The aim is to find out what the main issues were for the children/young people and how the behaviour of others when disclosing the truth of their conception/birth affected them.

• Once they have listed these issues the class can report back and compare them to the brainstorm list they made.

• The following questions can be used to direct discussion:
  - What were the main issues for the children/young people? What were the issues for the parents?
  - What are some of the ways the children/young people reacted to finding out the truth about their conception/birth?
  - In most cases who told them the truth?
  - When did it happen successfully?
  - What seemed to be common amongst the most positive stories?
  - What was common amongst the more negative stories?
  - If you had to give advice to parent/s wanting to reveal the truth about ART to a child/young person what would it be?
  - List the advice on the board. Come up with a ‘How-to plan’ for parents wanting to reveal the truth to their child.
  - Have students return to their previous groups to write a small role play of this event and present to the class.


AusVELS content

**Strand:** Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 7 and 8</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
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<tbody>
<tr>
<td><strong>Domain</strong></td>
<td>Health and Physical Education</td>
<td></td>
</tr>
<tr>
<td>Dimension</td>
<td>Health knowledge and promotion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Describe the effect of family and community expectations on the development of personal identity and values.</td>
<td>• The influence of the family on shaping personal identity and values.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How community attitudes and laws influence a person’s sense of right and wrong.</td>
</tr>
<tr>
<td><strong>Domain</strong></td>
<td>Interpersonal development</td>
<td></td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td>Building social relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demonstrate respect for the individuality of others and empathise with others in local, national and global contexts.</td>
<td>• Respect and acknowledgement of the diversity of individuals.</td>
</tr>
<tr>
<td></td>
<td>• Acknowledge the diversity of individuals.</td>
<td></td>
</tr>
</tbody>
</table>
Quotes from children/young people conceived using ART

**Note:** DI refers to donor insemination

“I think if the person has reached 18 years and the parents have still not told them, that they are an adult and they have a right to know they are donor-conceived and that is their true identity.”
(Narelle, donor-conceived adult; told by her parents at 15)

“Can you imagine having a blood test in your adulthood only to discover that your blood group doesn’t match that of either of your parents? Or even worse, discovering the secret from family friends, or in the middle of a heated argument?”
(Lauren, donor-conceived adult, told by her parents at 9)

“I wish my parents’ attitude had been healthy enough that they could have spared me the anguish of having it sprung on me by a third party. I am sure that the ‘secret’ would have surfaced eventually, because it turns out that most of my extended family had known about it from the very start. I cannot adequately describe how it feels to discover that everyone except me had known. I realise that they were protecting me (and my mother and dad and perhaps themselves) and that intentions generally were all good.”
(Melody, donor-conceived adult, told by her godmother at 33)

“How to tell? I haven’t got the vaguest idea. I think if my mother had not just couched it so much in fear. If she had just told us straight away, perhaps taken us to a nice park and worked up to it. Instead, she said she was going to tell us something and that it was really big and that she was scared about it. She kind of built up to it for a few days. We thought it was something really bad, so when she finally did tell us we thought it wasn’t so bad. I guess it depends a lot on the family and upon the kids.”
(Marta, donor-conceived adult, told by her mother at 15)

“My mother did not tell me of my origins until I was 37 years old (in 1983), a few days after the death of my younger DI brother. I was confused, angry, relieved, hurt and embarrassed and yet full of sympathy for my parents. I had long suspected that my dad was not my genetic father. I was most surprised that my conception was DI not from adultery, as I had assumed as a teenager. So my long-time shame about my mother vanished but was replaced by anger that she had not trusted me with the truth.”
(William, donor-conceived adult)
“The only lingering emotion I have from my mother’s disclosure thirteen years ago is regret. … I regret that my parents did not have the courage or insight of DI parents today who choose to share the truth with their children. I regret the lost chance to have lived a life in openness. … It would have been wonderful.”

(William, donor-conceived adult, told by his mother at 37)

“I think that everyone should be able to have contact with their biological parents.”

(Narelle, donor-conceived adult; told by her parents at 15)

“When I was 18 I attempted to track down information about my biological father. The information which I feel is important to me includes: medical history, racial origins and physical characteristics; whether he and his parents are still alive; and information concerning half-siblings born through donated genetic material and through other relationships. In this category I seek information about: the number of half-siblings, their age, gender, and whereabouts. Yes, my list does include updated information. For me the link with my donor does not just stop at the time of my conception. Information about the donor’s entire life should be consistently updated until the offspring wish to access the information, and even after that time.”

(Lauren, donor-conceived adult, told by her parents when she was 9)

“I think it is preposterous that anyone would expect me not to wonder about and want to know who this man is. … This does NOT mean that I desire a personal relationship with the donor or his family members. … I do not imagine or wish for a ‘replacement’ father. … My curiosity is mainly genealogical in nature: a ‘family tree’ project, if you will.”

(Melody, donor-conceived adult, told by her godmother at 33)

“My parents told my brother and I about our conception when I was 9 and he was 12. Our parents sat us down and said, ‘We have something important to tell you.’ To this my brother’s immediate response was, ‘I’m adopted, aren’t I?’ This illustrates the fact that, when secrets are kept, the children often grow up sensing that something is different within their family. The funny thing is that this is not necessarily due to what their parents do say, but as a result of what the parents don’t say. For example, they never say, ‘You’ve got your father’s eyes and your grandmother’s personality’. … In my family we are very comfortable with the situation of my conception. In fact it is often the subject of humour and jokes. My brother and I often use the donor as a scapegoat and the source of our less attractive traits! I’m quite sure I must have inherited his nose because I didn’t get Mum’s small one.”

(Lauren, donor-conceived adult, told by her parents at 9)

Taken from Telling it your way: A guide for parents of donor-conceived adolescents
Dr Maggie Kirkman Professor Doreen Rosenthal Louise Johnson Published by the Infertility Treatment Authority Victoria, Australia
Lesson: 9

Key messages:

- There are many ways to conceive.
- ART is available to people who are having difficulty conceiving or need it for social reasons such as being a single woman or a same sex couple.

Lesson Details

<table>
<thead>
<tr>
<th>THEME</th>
<th>Assisted reproductive treatment (ART)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB THEME</td>
<td>IVF/ART – the science</td>
</tr>
<tr>
<td>TIME</td>
<td>Three sessions</td>
</tr>
<tr>
<td>AusVELS</td>
<td>Levels 7 and 8</td>
</tr>
<tr>
<td>RESOURCES</td>
<td>• Clip of ART methods.</td>
</tr>
<tr>
<td></td>
<td>• Computers (PowerPoint).</td>
</tr>
<tr>
<td></td>
<td>• Paper and drawing equipment (diagram).</td>
</tr>
<tr>
<td></td>
<td>• A collection of string, straws, card and other building materials (working model).</td>
</tr>
<tr>
<td></td>
<td>• Copies of the brochure, <em>What is ART?</em>, available on the VARTA website <a href="http://www.varta.org.au">www.varta.org.au</a></td>
</tr>
</tbody>
</table>

Overview of ART

Purpose

- To teach students the different methods of ART and how they work.

Teaching Notes

This activity can be taught over three sessions as students will need time to collect information, prepare their reporting method and then share that with the class.

Procedure

- Provide an internet clip or documentary clip that demonstrates at a simple level the science behind ART. A list of possible clips has been included but teachers can research their own AV material if they wish.
- Introduce the clip to students by explaining they need to take notes on the ART methods shown as they will be required to choose an ART method to report on.
- After the clip, have students form groups to decide which ART method they will choose to research further.
- Once this has been done, the groups can choose their method of reporting back to the class (a diagram, power point or working model).
- The group will need to use their reporting method to provide information on their chosen ART such as: How does the method work? What is the science behind it? When is it used? etc.
- Once these are completed, students can share them with the class.
- If you had to give advice to parent/s wanting to reveal the truth about ART to a child/young person what would it be?
- List the advice on the board. Come up with a ‘How-to plan’ for parents wanting to reveal the truth to their child.
- Have students return to their previous groups to write a small role play of this event and present to the class.
**AusVELS content**

**Strand:** Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 7 and 8</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Physical Education</td>
<td>• Describe the health resources, products and services available for young people and consider how they could be used to improve health.</td>
<td>• Accessing reliable information about sexual health issues.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health knowledge and promotion</td>
<td></td>
<td>• Barriers and enablers to accessing sexual health services.</td>
</tr>
</tbody>
</table>
### AusVELS 9 and 10
Grades 9 and 10

<table>
<thead>
<tr>
<th>Lesson number and title</th>
<th>Fertility</th>
<th>Donor conception</th>
<th>Assisted Reproductive Treatment (ART)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content of lesson</td>
<td>Looking after your fertility (five factors) and life planning activity.</td>
<td>Finding out about donor conception, individual and societal issues.</td>
<td>Diverse, modern families and the social context.</td>
</tr>
</tbody>
</table>

### Necessary prior learning
Students need to have an understanding of the following topics before teaching these sessions:

- Basic health concepts such as the impact of nutrition, smoking, alcohol and exercise on an individual’s overall health.
- Male and female reproductive anatomy.
- Conception and the role of sperm and egg.
- Sexual diversity.
- Basic introduction to pregnancy and childbirth.
Lesson: 10

Key messages:

- Fertility declines with age for both women and men. This is important in planning a future family.
- Age and lifestyle factors can affect fertility and conception.
- People can make changes in their lifestyle to improve their fertility.
- It is a good idea to make a reproductive life plan.
- Timing sex to coincide with ovulation improves the chance of conception.

Fertility optimisation

Purpose

- To develop an awareness of fertility and infertility and its causes.

Teaching Notes

There is no way of knowing if someone is fertile unless a pregnancy occurs. Pregnancy depends on the combined fertility of both the man and the woman. Pregnancy can still occur, even when the chance is low, and contraception needs to be used if a pregnancy is not wanted.

Procedure

- Have a class discussion using the following questions as a guide:
  - How do we know whether we are fertile?
  - What is the difference between men and women’s fertility?
  - What can people do to increase their chance of becoming pregnant now or in the future when they are ready?
- Hand out Fertility Optimisation Scenarios sheet to each student. Ask students to choose one of the case studies on the sheet.
- Students are then to write a reproductive life plan to suit the case to optimise their chances of conceiving. The Reproductive life plan template listed in equipment section can be used as is or adapted as needed.

Lesson Details

- THEME: Fertility
- SUB THEME: Protecting fertility
- TIME: 1 hour
- AusVELS: Levels 9 and 10
- RESOURCES: • Whiteboard.
  • Fertility optimisation scenarios.
  • Reproductive life plan template: www.cdc.gov/preconception/reproductiveplan.html

## AusVELS content

**Strand:** Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 7 and 8</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Physical Education</td>
<td>• Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.</td>
<td>• Risk, safety and sexuality (e.g. alcohol, sexting, safe partying) and harm minimisation strategies.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health knowledge and promotion</td>
<td></td>
<td>• Identity, society &amp; values (family, media, cultural &amp; community expectations around sexuality).</td>
</tr>
</tbody>
</table>
Michael is 24, a body builder and tries to keep healthy.

He has been training for a big competition and plans to keep training until he is in his mid-30s. He has been taking steroids for the past few months to bulk up.

He and his girlfriend have plans to move in together soon and to think about starting a family in the next few years.

Zoe and Stephen have been married for three years. They are both quite overweight and don’t really get much exercise.

They want to have three children and stopped using contraception about a year ago.

So far no pregnancy has occurred. They are both in their late twenties.
Karen and Linda are in a relationship. They want to have a baby and Karen will be the birth mother. She is 35, a healthy weight and likes to walk the dog every morning. She and Linda enjoy three or four glasses of wine most nights.

Anna is 20 years old. She has big plans for her life. When she finishes her medical degree, she would like to study tropical medicine, then travel to Zambia for a few years. While she’s there she would like to travel around Africa and perhaps work on some research into a vaccine for Dengue Fever. She would also like to have a few kids.
Josh is 32. He wants to have two children and to be a good dad but not an old dad. He wants to be fit and young enough to take the kids surfing and camping. Josh wants to make sure he is financially stable so has just started his own landscaping business. He is dating Naomi who is 28 and thinks he will propose soon. They are both heavy smokers.

Lesson 10: Fertility optimisation scenarios

Chen is 28 years old and has been sexually active for 10 years. She has been diagnosed with, and treated for, Chlamydia four times. Chen doesn’t have regular STI checks and doesn’t always insist her partners use a condom. She thinks she might want children one day but is not ready yet.

Lesson 10: Fertility optimisation scenarios

Lesson: 11

Key messages:
• There are many reasons why a person would access donor procedures.
• There are a diverse range of feelings and responses children have to being told they were conceived via donor procedures.

Lesson Details

THEME  Donor conception

SUB THEME  Finding out about donor conception – Narelle’s story

TIME  60 minutes

AusVELS  Levels 9 and 10

RESOURCES
• Copy of the transcript of Narelle’s story for each student
  www.varta.org.au/resources/personal-story/finding-out-teenager-i-was-donor-conceived

Donor conceived people’s stories

Purpose
To develop students’ understanding of the feelings of children born via donor procedures and to those adults that participate in donor procedures and surrogacy as donors, recipients and surrogates.

Teaching Notes
Students may feel quite moved after viewing Narelle’s story. Explain that it is okay to feel sad or shocked when hearing about other people’s personal experiences. Some students may be upset because of issues in their own lives so it is a good idea to let the school welfare team know what you will be teaching so they can make themselves available in case any student needs to debrief.

Procedure
• Provide a brief explanation of what donor/third party conception is (you may wish to review the ideas/content covered at Year 7 & 8 level for this theme if appropriate). Inform students that in this session they will be examining scenarios which look at the different perspectives of people involved in donor conception.
• Hand out copies of Narelle’s story, her submission to the Inquiry and news articles about her situation to the students.
• Have students listen to the podcast of Narelle’s story while reading the transcript.
• Briefly discuss Narelle’s story with the class using the following questions as a guide:
  • How did Narelle find out about her conception?
  • What were her feelings about it?
  • Did it affect her identity in any way?
  • What about her parents and donor? What were their reasons for participating in a donor procedure or in being a donor?
  • Was this an example of a positive experience for all three people involved?
  • Why would Narelle be interested to find out more about her donor?
  • If you were conceived from a donor would you want to know more about them?
  • Do you think donor-conceived people should be able to contact their
donors to find more information? Why? Why not?

• Choose another story from the same website (e.g. Chantelle’s story or Roger and Riley’s story).

• Watch the chosen ‘story’ with the class.

• Discuss using the following questions as a guide:
  • How does Chantelle’s story or Roger and Riley’s differ from Narelle’s?
  • Can you find any similarities between the two experiences as people conceived by a donor?

• Watch/ listen to one clip from the donor’s perspective.

• Briefly discuss from the donor’s point of view:
  • Why did they donate?
  • What were their feelings later about being contacted by the children/people involved?
  • Do they have regrets?

• Using all three discussions as a plan, identify and discuss concerns/issues for donor conceived young people, their parents, extended families and donors. You may need to record or list some of these on the board to highlight key points.

• End lesson with the following discussion:
  • What advice would you give to each group mentioned above?
  • Where could you refer them for further information and support?

AusVELS content

Strand: Physical, personal and social learning

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<th>Levels 9 and 10</th>
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<tr>
<td><strong>Domain</strong></td>
<td><strong>Health and Physical Education</strong></td>
<td>Identity, society &amp; values (family, media, cultural &amp; community expectations around sexuality).</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td><strong>Health knowledge and promotion</strong></td>
<td>Respectful relationships.</td>
</tr>
<tr>
<td><strong>Domain</strong></td>
<td><strong>Interpersonal development</strong></td>
<td>Describe how local and global values and beliefs determine personal and others’ social relationships.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td><strong>Building social relationships</strong></td>
<td>Respectful relationships.</td>
</tr>
</tbody>
</table>
Lesson: 12

Key messages:
• Families are people who are brought closer through birth, relationships, and choice.
• Families are diverse in makeup and operate within a diverse set of values and rules.

Lesson Details

Theme: Assisted reproductive treatment (ART)

Sub Theme: Diverse, modern families and the social context

Time: 60 minutes

AusVELS Levels 9 and 10

Equipment:
• List of YouTube clips of popular television shows featuring diverse family groups (e.g. Modern Family, Parenthood, The Dome).
• Smart board and laptop.
• Whiteboard.
• Link to Rainbow Families website www.rainbowfamilies.org.au

Diverse, modern families

Purpose
• To explore the concept of family and their diversity in both the modern and traditional context.
• To help students understand the reasons people come together to form families.

Teaching Notes
This is meant to be an inclusive activity. While students are allowed to express their opinions, remind them that this needs be done in a respectful manner.

Procedure
• To introduce the concept of diversity in families, show the class a YouTube clip from a popular television show.
• Make a list of all the different types of family groupings that students are aware of that exist in their community.
• Discuss diverse family groupings. The following questions can be used as a guide:
  • What types of families are most often portrayed in the media? Why?
  • What family types are not often represented and why?
  • Is this changing? Can you think of some examples of non-traditional family types that are portrayed in the media?
  • How does society view families?
  • Is it always consistent with reality?
  • Is there a different type of family grouping that is considered normal in other cultures?
  • Is there a difference in the way families are now to the way they were two hundred years ago?
• Ask students to write a definition of a modern family. Write their suggestions on the board. The following questions can be used to guide discussion:
  • What are the things that bring a group of people together to form a family?
  • Do they have to be related by blood/marriage?
  • What keeps a family together as a unit?
  • Do they need to live under the same roof?
• What are the important things you would want in a family?
• Is the perfect family possible?
• If so, what would the perfect family look like?
• Why is it not possible? (This is to remind students that families can’t be ‘perfect’ because people, no matter how good/loving/wonderful they are, are not perfect. Families change, have conflict, evolve, sometimes split.)

AusVELS content
Strand: Physical, personal and social learning

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</thead>
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<td></td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td>Health knowledge and promotion</td>
<td></td>
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<td></td>
<td>• Identify and describe a range of social and cultural factors that influence the development of personal identity and values.</td>
<td>• Identity, society &amp; values (family, media, cultural &amp; community expectations around sexuality).</td>
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<td></td>
<td>• Respectful relationships.</td>
<td>• Respectful relationships.</td>
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<tr>
<td><strong>Domain</strong></td>
<td><strong>Interpersonal development</strong></td>
<td></td>
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<tr>
<td><strong>Dimension</strong></td>
<td>Building social relationships</td>
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<tr>
<td></td>
<td>• Describe how local and global values and beliefs determine personal and others’ social relationships.</td>
<td>• Respectful relationships.</td>
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Assessment Activities
by AusVELS levels
## AusVELS Levels 3 and 4 assessment activities

*Strand:* Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 3 and 4</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
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</table>
| Health and Physical Education | • Describe the stages of human development across the lifespan.  
• Explain basic concepts of identity and use simple strategies to maintain and support self-worth. | • Human development across the lifespan (including stages such as conception, prenatal and adolescence).  
• The influence of peers and family on identity and self-worth.  
• The roles and expectations of people which arise from gender, culture and age. |
| **Dimension** |                                 |                   |
| Health knowledge and promotion | • Demonstrate respect for others and exhibit appropriate behaviour for maintaining friendships with other people.  
• Acknowledge individual differences. | • Skills and strategies for getting to know and understand others.  
• Different types of friendships and relationships. |

**Domain**  
Interpersonal development

**Dimension**  
Building social relationships
Summative Assessment
Activity 1

Key features:
• A simple activity that can be modified by reducing the number of life stages on the worksheet to suit the time available or ability of students.

Lesson Details

TIME 45 minutes

EQUIPMENT A copy of the worksheet for each student
Pens, pencils, textas

AusVELS Levels 3 and 4

Life stages

Standard Assessed

Health knowledge and promotion:
• Describe the stages of human development across the lifespan.

Building Social Relationships:
• Demonstrate respect for others and exhibit appropriate behaviour for maintaining friendships with other people.
• Acknowledge individual differences.

Aim
To evaluate knowledge and awareness of different life stages.

Method
• Ask students to reflect on what they have learnt about the way people grow, develop and change over their life time, started before birth.
• Hand out worksheet explaining the task. Read through instructions and discuss.

Extension
Students could write a report on one of the life stages recording everything they know about people at that life stage. They could interview a person from that life stage that they know. This information can be recorded in writing, as a power point or pictorially.
Life Stages - My Family

1. Draw a picture of your family. Include yourself.
2. Label each member and decide which of these life stages they are in. (foetus, baby, child, teenager, young adult, adult, elderly)
3. Write one thing about each family member that shows they are part of that life stage.
## AusVELS Levels 5 and 6 assessment activities

### Strand: Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 5 and 6</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Physical Education</td>
<td>• Describe the physical, social and emotional dimensions of health.</td>
<td>• Reproductive systems, sexual development and sexual maturation.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
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<tr>
<td>Health knowledge and promotion</td>
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</tr>
</tbody>
</table>

### Strand: Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 5 and 6</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Development</td>
<td>• Demonstrate, through interactions in social situations, respect for a diverse range of people and groups.</td>
<td>• The range of values and beliefs in individuals and groups and the impact this has on building diverse relationships.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td></td>
<td></td>
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<tr>
<td>Building social relationships</td>
<td>• Accept and display empathy for the points of view and feelings of peers and others.</td>
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</tbody>
</table>

### Strand: Discipline Based Learning

<table>
<thead>
<tr>
<th>Levels 5 and 6</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>• Identify and explain the connections between systems in the human body and their various functions.</td>
<td>• Recognise the reproductive system as a smaller separate system within the human body.</td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td></td>
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<tr>
<td>Science knowledge and understanding</td>
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</tbody>
</table>
Families - What are they?

Standard Assessed

Health knowledge and promotion:

• Describe the physical, social and emotional dimensions of health.

Building Social Relationships:

• Demonstrate, through interactions in social situations, respect for a diverse range of people and groups.

• Accept and display empathy for the points of view and feelings of peers and others.

Aim

To assess the students’ understanding of the three dimensions of health and the role relationships have in maintaining those elements.

Method

• Hand out worksheet explaining the task. Read through instructions and discuss.

• Have students complete the quiz.

Extension

The students’ answers could be collated and then discussed to create a family ‘manifesto’ (a declaration of principles) that could then be displayed or published in the school newsletter or more simply ‘the definition of a family’.
Families - What are they?

1. What makes a family?

2. Do people need families? Why?

3. How do you know if someone is a member of a family?

4. Are all families the same? Describe ways in which families can be different from each other.

5. Who makes up the members of a family?

6. What are some of the ways people can become parents? Name 3.

7. What are some of the ways families help each other?
Summative Assessment
Activity 2: Part B

Key features:
• Simple quiz that helps assess student knowledge

Lesson Details

TIME 30 minutes

EQUIPMENT
Anatomy quiz worksheet for each student
Pens or pencils

AusVELS Levels 5 and 6

Anatomy Quiz

Standard Assessed
Science:
• Identify and explain the connections between systems in the human body and their various functions.

Aim
To assess the students knowledge of the human reproductive system and basic information on Assisted Reproductive Treatment.

Method
• Hand out worksheet explaining the task. Read through instructions and discuss.
• Have students complete the quiz.

Extension
Students could draw or make a model of either the male or female reproductive systems and then explain it to the class.
Describe the following words and how they are involved in reproduction.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Uterus</td>
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<tr>
<td>2.</td>
<td>Ovary</td>
</tr>
<tr>
<td>3.</td>
<td>Sperm</td>
</tr>
<tr>
<td>4.</td>
<td>Testicles</td>
</tr>
<tr>
<td>5.</td>
<td>Ovum</td>
</tr>
<tr>
<td>6.</td>
<td>Fertilisation</td>
</tr>
<tr>
<td>7.</td>
<td>In Vitro Fertilisation (IVF)</td>
</tr>
<tr>
<td>8.</td>
<td>Surrogate</td>
</tr>
<tr>
<td>9.</td>
<td>Donor</td>
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</tbody>
</table>
Summative Assessment
Activity 2: Part C

Key features:
• Simple activity that can be combined with one of the previous assessment activities.

Lesson Details

<table>
<thead>
<tr>
<th>TIME</th>
<th>30 minutes</th>
</tr>
</thead>
</table>

| EQUIPMENT | Optimal fertility worksheet for each student |
| PENS OR PENCILS

AusVELS | Levels 5 and 6

Standard Assessed

Science:
• Identify and explain the connections between systems in the human body and their various functions.

Aim

To assess the students’ knowledge of how to maintain optimal fertility.

Method

• Hand out worksheet explaining the task. Read through instructions and discuss.
• Have students complete the task.

Extension

Describe how being healthy may help fertility and the chance that someone might get pregnant? Use the following words in your response: egg, sperm, blood, grow, cell.
Optimal fertility

Write and draw five things a person can do to help them stay healthy in order to increase their chance of having a baby.
## AusVELS Levels 7 and 8 assessment activities

### Strand: Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 7 and 8</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
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</tbody>
</table>
| Health and Physical Education | • Identify outcomes of risk-taking behaviour and evaluate harm-minimisation strategies.  
| **Dimension** | • Identify the health concerns of young people and the strategies that are designed to improve their health.  
| Health knowledge and promotion | • Describe the effect of family and community expectations on the development of personal identity and values.  
|               | • Describe the health resources, products and services available for young people and consider how they could be used to improve health.  | • Harm minimisation strategies in relation to sexual health.  
|               |                                 | • The sexual health needs of young people (e.g. safe sex, contraception, abstinence and prevention and treatment of STIs).  
|               |                                 | • Accessing reliable information about sexual health issues.  
|               |                                 | • The influence of the family on shaping personal identity and values.  
|               |                                 | • How community attitudes and laws influence a person’s sense of right and wrong.  
|               |                                 | • Barriers and enablers to accessing sexual health services.  |

### Strand: Physical, personal and social learning

<table>
<thead>
<tr>
<th>Levels 7 and 8</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td></td>
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</tbody>
</table>
| Interpersonal Development | • Demonstrate respect for the individuality of others and empathise with others in local, national and global contexts.  
| **Dimension** | • Acknowledge the diversity of individuals.  | • Respect and acknowledgement of the diversity of individuals.  |
| Building social relationships | | |
Diploma of parenting

Standard Assessed

Health knowledge and promotion:

- Identify outcomes of risk-taking behaviour and evaluate harm-minimisation strategies.
- Identify the health concerns of young people and the strategies that are designed to improve their health.
- Describe the health resources, products and services available for young people and consider how they could be used to improve health.

Building Social Relationships:

- Acknowledge the diversity of individuals.

Aim

To evaluate students’ knowledge on factors which optimise fertility, the responsibility of parenting and the diversity of views on parenting.

Method

- Hand out worksheet explaining the task. Read through instructions and discuss.
- Have students complete the task.

Extension

Students could share their answers and a mock three year parenting course could be developed. These could be published on the school website or in the school newsletter as parents might enjoy students’ views on parenting.
Diploma of parenting

In the year 2050 the government has decided that people have to complete a diploma of parenting before they become parents. It takes a year of study and participants need to complete 5 subjects.

You have been given the responsibility of designing the course. Listed below are 5 core subjects that would be important to help people become positive parents. You have to fill in the details of what each subject will cover. You can choose 2 subjects of your own to add to the list.

Here are the core subjects to get you started. Fill in the subject content for each of these. Then think of your own subjects and what information they would cover.

<table>
<thead>
<tr>
<th>Pre-birth health - optimal fertility and giving your baby the best start before birth</th>
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<tbody>
<tr>
<td>IVF - other ways of conceiving</td>
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<tr>
<td>5 important ingredients for a happy family that money can’t buy</td>
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</tbody>
</table>
Summative Assessment
Activity 3 Part B

Key features:
• This is a creative lesson that allows students to use their imagination.

Lesson Details

TIME 45 minutes

EQUIPMENT Copy of worksheet (letter template) Teacher may choose to use the school’s letter template.

AusVELS Levels 7 and 8

Write a letter to your child

Standard Assessed

Health knowledge and promotion:
• Identify outcomes of risk-taking behaviour and evaluate harm-minimisation strategies.
• Describe the effect of family and community expectations on the development of personal identity and values.
• Describe the health resources, products and services available for young people and consider how they could be used to improve health.

Building Social Relationships:
• Demonstrate respect for the individuality of others and empathise with others in local, national and global contexts.
• Acknowledge the diversity of individuals.

Aim

To evaluate the students’ respect, empathy and understanding of people using assisted reproductive technology to have a baby.

Method

• Hand out worksheet explaining the task. Read through instructions and discuss.
• Have students complete the task.

Extension

The letters can be read out by students to the class or put on display. They could be sent to VARTA. VARTA may publish some on their website.
Write a letter to your child

Imagine that you are a parent of a child that was conceived through a donation of sperm or ovum (egg).

Write a letter to your child (12 years old) explaining that they were conceived this way.

Being a part of family means

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## AusVELS Levels 9 and 10 assessment activities

**Strand:** Physical, personal and social learning

<table>
<thead>
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<th>Levels 9 and 10</th>
<th>Working towards these standards</th>
<th>Key learning focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td>Health and Physical Education</td>
<td></td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td>Health knowledge and promotion</td>
<td></td>
</tr>
<tr>
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<tr>
<td></td>
<td>• Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.</td>
<td>• Risk, safety and sexuality (e.g. alcohol, sexting, safe partying) and harm minimisation strategies.</td>
</tr>
<tr>
<td></td>
<td>• Identify and describe a range of social and cultural factors that influence the development of personal identity and values.</td>
<td>• Identity, society &amp; values (family, media, cultural &amp; community expectations around sexuality).</td>
</tr>
<tr>
<td></td>
<td>• Identify the health services and products provided by government and non-government bodies.</td>
<td>• Identity, society &amp; values (family, media, cultural &amp; community expectations around sexuality).</td>
</tr>
<tr>
<td></td>
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<td>• Respectful relationships.</td>
</tr>
<tr>
<td><strong>Domain</strong></td>
<td>Health and Physical Education</td>
<td></td>
</tr>
<tr>
<td><strong>Dimension</strong></td>
<td>Health knowledge and promotion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Describe how local and global values and beliefs determine personal and others’ social relationships.</td>
<td>• Respectful relationships.</td>
</tr>
</tbody>
</table>
Summative Assessment
Activity 4

Key features:
- Allows students to be creative and develop an awareness of the many factors involved in becoming a parent.
- To give students an experience of Assisted Reproductive Treatment procedures.

Lesson Details

TIME  60 minutes

EQUIPMENT  Copy of the instruction sheet for each student
             Paper for brainstorming
             Pen

AusVELS  Levels 9 and 10

Optimal fertility

Standard Assessed

Health knowledge and promotion:
- Analyse the positive and negative health outcomes of a range of personal behaviours and community actions.
- Identify and describe a range of social and cultural factors that influence the development of personal identity and values.
- Identify the health services and products provided by government and non-government bodies.

Building Social Relationships:
- Describe how local and global values and beliefs determine personal and others' social relationships.

Aim
To evaluate students' knowledge of Assisted Reproductive Treatment procedures and empathy and awareness of the issues related to people who use or participate in donor conception and surrogacy.

Method
- Hand out instruction sheet.
- Read through activity, explaining what is required of students.
- Hand out paper and pens.
- Give students thinking time and time to complete the activity.

Extension
Students could role play an interview taking turns being the applicant and interviewer. Class discussion about the two separate roles, expectations and feelings while doing role play.
Interview for a potential surrogate/donor

Instructions

- The easiest way to create the questions is to work backwards. Brainstorm all the things you want in a person applying to be a donor (sperm or ovum) or a surrogate. E.g: healthy, good attitude to parenting

- Once you have a list, work backwards to create the questions that would help you find out those things.

- Once you have a list of questions (between 8 to 10), write them down on a separate piece of paper and answer them with the best possible answers. This would be the ‘answer’ sheet that would help you assess the person by comparing their answers with yours.

- Work out how you would mark the applicant’s answers.

- By the end of the activity you should have questions with answers and scores allocated to each part of an answer.

Here is a sample question and answer with scores using hand washing as an example.

1. Question: What is the correct procedure for washing hands?

Answer:
   a) wet hands first, 1 point,

   b) add soap, 1 point,

   c) rub hands together back, front and between fingers, 1 point,

   c) rinse with water, 1 point,

   d) dry using towel or hand drier, 1 point.

Total 5 points
Additional Resources
Fertility and assisted reproduction: Teaching Module
Resources

The following section provides teachers with further resources under the following headings:

- Glossary of terms
- Reproductive life planning & preconception health
- Articles/brochures about donor conception and surrogacy
- Articles/brochures about ART
- Other Resources
  - For donor-conceived children
  - For young donor-conceived adults
- YouTube clips

These pages will be updated at regular intervals on the online version of this document; however teachers should check each link for accuracy before using them in the classroom with students or giving out to parents.
Glossary of terms
www.varta.org.au/resources

Reproductive life planning & preconception health
www.yourfertility.org.au
- Age and fertility
- Weight and fertility
- Smoking and fertility
- Timing and fertility
- Alcohol and fertility
- Other factors

Articles/brochures about donor conception and surrogacy
www.varta.org.au/resources
- Finding out as a teenager you were donor conceived
- Experiences of donor conception
- Telling it Your Way
- One sperm donor’s personal story
- My decision to be an egg donor
- Meeting your donor - donor conceived person
- My experience finding out I was donor conceived
- The surrogacy experience
- Mother and son talk about surrogacy
- Personal telling stories

Articles/brochures about ART
www.varta.org.au/resources
- What is assisted reproductive treatment (ART)
- Successful IVF treatment
- Stopping IVF treatment – a future without children
- Possible health effects of IVF
- Reproductive Terminology
Other Resources

For donor-conceived children

- A complete list of books compiled by a librarian in English, French, Dutch, German, Spanish, Hebrew, Portuguese, Italian, Finnish, and Japanese to help explain assisted reproduction to children including sperm donation, egg donation, embryo donation, surrogacy and in vitro fertilization. www.booksfordonoroffspring.blogspot.com.au/

- Sometimes it takes three to make a baby- Explaining egg donor conception to young children. Written by Kate Bourne, illustrated by Don Thompson. Free to download at: www.varta.org.au/resources/book/sometimes-it-takes-three-make-baby

- DC Network in the UK produce children’s books explaining donation. ‘My Story’ and ‘Our Story’ and have different editions for heterosexual, lesbian and single parent families. ‘Telling and Talking’ booklets are also available for age groups 0-7 years, 8-11 years, 12-16 years, and 17+ years. www.dcnetwork.org

For young donor-conceived adults

www.varta.org.au/resources

Videos

How are you going? Experiences of donor conception (transcripts available)

- Chantelle (5:59)/Riley (6:41)/Louise (6:37)/Ross (6:07)

  Donor treatment often focuses on parents and little is known about how the children conceived fare. These videos are about the experiences of four adult donor conceived people.

Podcast


Podcasts on single parents

- ‘How we became a family by using a sperm donor’- Interview with Angie and Greg who have two donor conceived children.

- ‘Talking to young children about sperm donor to become a family’- Same-sex parents

- ‘Single mothers story of meeting a donor’

- ‘Anna’s journey to parenthood as a single mother’

YouTube clips

Please Note: as the online world changes very quickly, we advise teachers to check all content before using any material with students. Teachers should also assess whether content is suitable for their year level.

Modern Family trailer (2:38)

US television sitcom trailer that introduces different types of families, including gay couple with an adopted child, nuclear family and step-families. www.youtube.com/watch?v=aogZUDx51vQ
Families of all kinds (2:06)
Families over time – what things are the same and what are different? Photographs of families throughout history, locally and internationally. Leaves viewers with the question – What do families from all over have in common? www.youtube.com/watch?v=POofYM4ZlKg

Family diversity (0:30)
Families are all the same, right? Images of different types of families, mainly from US popular culture, set to music. Challenges the idea that ‘all families are the same’. www.youtube.com/watch?v=2ZBL2Gu_ssU

Trailer for That’s a Family – short documentary (3:21)
The children in That’s a Family! take viewers on a tour through their lives as they speak candidly about what it’s like to grow up in a family with parents of different races or religions, divorced parents, a single parent, gay or lesbian parents, adoptive parents or grandparents as guardians. www.youtube.com/watch?v=sK3sqXXqS-4

3D animation of how IVF works (3:17)
3D animation of how fertilisation can occur using assisted reproduction techniques. www.youtube.com/watch?v=GeigYib39Rs

Your Fertility animations (fertility factors)