Sacred Sistas

PROJECT

Resource & Activities Guide for Healthcare Workers

Wulumperi Aboriginal & Torres Strait Islander Sexual Health Unit
Melbourne Sexual Health Centre
580 Swanston St, Carlton. Vic 3053
This workbook has been designed to serve as a guide and resource for healthcare workers to deliver The Sacred Sistas Project within their communities. It is assumed those using this guide have participated in a Sacred Sistas session, delivered by the Wulumperi Aboriginal and Torres Strait Islander Sexual Health Unit, from Melbourne Sexual Health Centre (MSHC).

For further information regarding this guide or the Sacred Sistas Project, please contact:

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The Sacred Sistas Project began in 2012 with Arimaya Yates, a passionate and dedicated Koorie midwife, committed to improving the sexual and reproductive health experiences of young Aboriginal women in Australia. Arimaya has developed a program to bring together art-based activities and health promotion information, creating a safe space for young women to learn, yarn, share and build confidence within themselves, and trust with healthcare workers and service providers.

Over the years I have worked with women and girls at all stages of being and becoming women. I’ve caught hundreds of babies, shared stories of menstruation with traditional Elders, and participated in community celebrations of women’s fertility, and keepers of life and death.

After spending time working in an Aboriginal community-owned and run birth centre, I found that many of my clients and the girls I met had common threads of knowledge missing. Many had not been taught about their bodies, respectful relationships and how to say “No”, and most had a limited awareness of their cycles, fertility and the power of their bodies.

So much of Aboriginal culture teaches through oral and visual ways, and my aim has been to bridge the arts and storytelling with concepts of women’s sexual and reproductive health. By creating an opportunity for young women to share stories and learn about sensitive women’s business in a safe and creative environment, the Sacred Sistas Project promotes the importance of keeping our bodies, wombs and relationships healthy, and gives young women strategies to do this.

In my lifetime, I’d like to see healthier, happier and more body-aware girls and women who can celebrate their ability to enjoy sex, create families and change each cycle like the months of the year. I hope the project brings both you and your community some positive outcomes and fun while doing it!

Arimaya Yates
Koorie Midwife and Creator of the Sacred Sistas Project
PROJECT BACKGROUND

The Sacred Sistas Project is an arts-based sexual and reproductive health promotion program for young Aboriginal women and girls aged 12-30 years in Victoria, Australia. The project runs as a workshop for young women and healthcare workers, giving young women access to sexual and reproductive health education; in addition to providing health workers and with the skills to promote sexual and reproductive health within their communities. This includes ongoing support from the Wulumperi Unit team.

Aims

The aim of Sacred Sistas is to educate Aboriginal women about reproductive and sexual healthcare, bringing about an awareness of their own bodies, fertility and cycles through the use of crafts and story telling. The program provides a regular, safe space for women to be able to express their needs, concerns and/or experiences in and around sexual and reproductive health. This includes the availability of health professionals to educate and support women through getting to know their bodies, and the importance of their sexual and reproductive health. More specifically, the project aims to:

- Increase women’s awareness of their bodies, sexuality and sexual and reproductive health needs.
- Promote contraceptive options and empowerment of fertility.
- Normalise STI screening, and achieve an improvement in STI screening rates within the community.
- Work with, and train healthcare workers and health service providers in the delivery of an arts-based health promotion project with a community driven focus, for long term sustainability.

Creating while learning

While participants create through specifically designed activities, discussion is opened up around a number of sexual and reproductive health based topics, inviting women to participate in a safe space that allows expression, information-sharing and the ability to seek professional advice and support.

Topics are presented and discussed with an age-appropriate focus, and the session can be tailored to suit each community’s specific needs. Both healthcare providers and participating women are educated on these topics and how to use the creative arts for expressing aspects of women’s health and wellbeing.

Topics can include:
- Puberty and menarche
- Menstrual cycle
- Ovulation and fertility
- Pregnancy and conception
- Safe sex
- Contraception
- Body awareness
- STIs & BBVs
- STI & BBV screening
- Pap testing
- HPV vaccination

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Running your own
Sacred Sistas session
1. PROGRAM STRUCTURE

The Sacred Sistas Project can be structured in a number of different ways to suit your specific group of girls and/or healthcare workers. When working out the best option for your community, focus on availability of the young girls you wish to target, as well as any relevant healthcare workers and service providers you would also like to attend.

<table>
<thead>
<tr>
<th>Once off single activity workshop*</th>
<th>Series of 1-2hr workshops</th>
<th>Half-day session*</th>
<th>Full day session</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1-2 hours)</td>
<td>Eg. Weekly or fortnightly</td>
<td>one or two activities (3-4 hours)</td>
<td>Can include health-worker only sessions in the morning, then girls in the afternoon.</td>
</tr>
<tr>
<td>One activity at a time</td>
<td></td>
<td></td>
<td>Or spread out activities over whole day</td>
</tr>
</tbody>
</table>

*can be included into a day of other women’s wellbeing activities / event.

You may wish to provide a structure that includes a lunch break and morning/afternoon tea breaks. You may also like to incorporate it into an existing program, or include just one of the arts-based activities within another planned women’s day event. When running the womb bowls activity (see page 10), ensure you allocate enough time for the bowls to dry so that girls can take them home at the end of the day. This may mean there is a preference to have the bowls painted prior to lunch or afternoon tea so time remains to dry them off.

Ultimately it is up to you how you fit in the program and adapt it to the needs of your community. Ongoing support from the Wulumperi Unit is provided and assistance in running your own Sacred Sistas sessions or workshops is available.

2. CONFIDENTIALITY

The Sacred Sistas project aims to create an environment where women can build trust and develop relationships with healthcare professionals in order to feel safe, and to be able to ask questions and seek support. Given the very intimate and private nature of the topics discussed during the activities, it is extremely important to remain impartial at all times, and be sensitive to information disclosed in this space.

Healthcare workers are bound by very strict rules and obligations with regard to confidentiality. Each health service will have a copy of their confidentiality agreement that
all staff would have signed upon employment in the health service. It is vital that you re-read this agreement and understand it very clearly to avoid acting unprofessionally when running a Sacred Sistas session. Breaking the agreement can lead to serious legal penalties, the abuse of client-provider relationship, and potential personal harm your client may experience if her privacy is not honoured.

As carers we need to ensure complete respect of a woman’s privacy by not disclosing this information with anyone outside the workplace. It is a privilege to be the ears to a woman’s story, and our respectful actions must reflect this.

For further information on privacy and confidentiality, refer to the links in the contacts and resources section, pages 21-24.

**Referral pathways**

You must be aware of the referral pathways available at your service, and ensure you have an up-to-date list of relevant services in the area (for example, counselling, social support, midwife, etc.). Having this information handy while running a Sacred Sistas session is important so that women are able to get the help they need around any issues that may arise. This is particularly important if you are unable to provide that support within your own service.

If you feel the information a woman shares with you is confronting or hard to hear, please also listen to your own needs and create clear boundaries with her. Ensure you take immediate action and if necessary, provide someone else in a professional role to help her.

Example: A woman begins to tell you of a sexual abuse experience, and you do not know what to do with that information. You can simply listen to her story and remind yourself that you do not need to ‘fix’ anything, just listening can be profoundly healing. When you feel ready, you can inform her that you are bound by privacy laws and will not disclose this information to anyone. You can then let her know your role and how you are able to help her. This may mean letting her know you are going to make an appointment with a counsellor or social and emotional wellbeing worker.

Whatever your role involves, make sure you communicate this clearly so the client understands your boundaries. Through reflective practice (discussed in further detail in the following section), you can learn about what you are capable and not capable of in this setting. We are all human, there is no right or wrong in how much or how little you can do.
3. ACTIVITIES GUIDE

There are two main activities that form the basis of the Sacred Sistas Project: beaded cycle bracelets and clay womb bowls. Detailed information on how to run these activities is provided below. You may also like to develop your own creative projects. A number of other arts-based activity suggestions are also provided to help guide and inspire you. Please see the ‘contacts and resource list’ on page 20 for a list of arts suppliers where you can purchase beads and clay.

The Sacred Sistas activities should be considered special women’s business and facilitators are required to ensure privacy is maintained. A policy of “what enters this space, does not leave this space” should be followed, and strict confidentiality assured.

Please make sure you have read and understood the previous section on confidentiality before running any of the following activities.

3.1 CYCLE BRACELETS

Beaded cycle bracelets focus on the different phases of a woman’s cycle: menstruation, fertility, ovulation and non-fertile days. The bracelet itself is based on the average textbook 28 day cycle, however it is very important to stress the many normal variations of each woman’s cycle when explaining the different phases. For further information, please see the Menstrual Cycle Reference Guide in the Appendix, pages 27-31.

When beading, we can yarn about puberty, menarche, menstruation, fertility, contraception, empowerment of women’s bodies, hormones and feelings. Facilitating discussion so young women feel comfortable being part of the learning space is important as it will allow them to open up and be included in the information sharing.
Materials required (per person):
- 5 red beads
- 18 black beads
- 4 yellow beads
- 1 pearl or white bead (special, different and interesting)
- 1 piece of stretchy thread, approximately 20cm in length
- Scissors to share among group
- Threading needles (optional)

Instructions:
Women may wish to yarn about a number of different topics that relate to their bodies, cycles, fertility, pregnancy and so on. Allowing women to share their thoughts and ideas is important.

The suggestions for discussion below each step of the activity are merely prompts for you, if required. It is not necessary to specifically cover these points exactly, but rather use them to guide the flow of conversation where required. Under each step is space provided for you to record your own questions or information to assist you in delivering the program.

Where ever it feels appropriate (this often happens when discussions around sex occur), you can bring up the importance of safe sex and mention STIs and respectful relationships. You should be guided by the women in your group and focus on age-appropriate topics and discussion.

Make sure you have this workbook handy, as it will help you when you come across any tricky questions, or if you are not completely sure on particular aspects of the menstrual cycle, contraception and/or STIs & BBVs.

1. Begin by tying a knot at the end of the thread

Open up discussion around cycles:
- What do we know about them?
- Are they just periods or is there more?

Allow girls to talk about what they think and know on the topic.

________________________________________________________
______________________________________________________
________________________________________________________
2. Thread 5 red beads onto the string, symbolising the beginning of a woman’s cycle: the menstruation or ‘period days’.

While beading, we can yarn about periods:
- How do we feel when we get our periods?
- What do they mean to us?
- What we do during this time?
- Have they have changed during your life? (eg. Pre/post children, menopause).

It is important to explain the normal variations: menstrual phase length, and how heavy/light periods are.

3. Add 5 black beads to the thread. These represent the Follicular phase, where the follicles in the ovary become active.

It can be helpful to use visual resources to show how the uterine wall is now rebuilding after the shedding during menstruation. Process of renewal occurring within our wombs, this is a special time as it is preparing our bodies for the possibility of creating a baby.

4. The fertile stage is represented by the yellow beads. Place 3 of the 4 yellow beads onto the thread, symbolising fertile days and the build up to ovulation.

- What kinds of feelings do we develop during this time?
- Do we notice any changes in our bodies? In our moods?
- Some women engage in more sexual activity at this time due to the hormonal changes – good opportunity to discuss STIs, safe sex and respectful relationships.
- What is this increased fertility leading up to? Sperm can last very happily in this environment, waiting for the egg.

While this is all happening, the uterine wall is still building up (ready for implantation of a fertilised egg).
5. The special ovulation or ‘egg’ bead is then placed following the previous 3 fertile days, marking the middle of a woman’s cycle.

![Diagram of beads]

This is the mid-point of our cycles. From here, our uterine wall will continue to build for a further 14 days until ready to be shed again. It is also a special day as it is the whole purpose of our cycle – to release an egg waiting to be fertilised by a sperm. Discuss path of the egg and the consequences if it meets a sperm, how long it can last inside the womb, what happens if fertilised (eg. Conception, implantation, pregnancy).

6. Place the remaining single yellow bead to follow ovulation, indicating the continuation of fertility beyond the egg’s release.

![Diagram of beads]

Important to highlight that sperm can still move very quickly up to an egg the day after it is released.

7. The remaining 13 black beads complete the bracelet representing the luteal phase.

![Diagram of beads]

The hormone progesterone is produced, thickening the lining of the uterus in preparation for implantation of a fertilised egg. Where pregnancy does not occur, the progesterone levels begin to fall and the uterine lining sheds, resulting in a period.

8. Tie up the thread and the bracelet is complete!
Cycle bracelets summary

**Black beads 16-28**
The final 14 days of the cycle (beads 15-28) make up the luteal phase. In the bracelet the black beads during this period represent the non-fertile luteal phase days.

This time signifies the continual building of the uterine wall, which would allow a fertilised egg to implant and grow (pregnancy).

If the egg is not fertilised after ovulation, the uterine wall will start to come away after day 28, and a new period and cycle will begin.

**Red beads = period days / menstruation**
Periods can last for 3-8 days and don’t always come at the same time each month.

**Black beads 6-10**
After menstruation, the follicles in the ovaries become more active and get ready for ovulation. These black beads represent the non-period and non-fertile days of the follicular stage. The follicular stage is 2 weeks in this 28 day cycle example, but can vary between women.

**Pearl bead = ovulation**
Ovulation occurs roughly two weeks before the next period.

**Yellow beads = fertile days**
The fertile stage of our cycle begins about 3 days before an egg is released from one of our ovaries (ovulation), and continues for a day or so after this.

Ovulation and the fertile stage generally occur half way between periods, however like periods, they are not always regular and we therefore cannot necessarily predict our fertile stage each month, and know when we may fall pregnant.

Using condoms every time you have sex will prevent pregnancy and sexually transmissible infections (STIs).
3.2 WOMB BOWLS

Womb bowls are individually made clay bowls that represent a woman’s womb. The activity allows young women to focus on the sacredness of their wombs, and discussion can focus on keeping that space, and their vaginas (passage to the womb) healthy from STIs, for both happy and healthy living, and future pregnancies. This is a personal activity where girls have the freedom to express themselves creatively in both the sculpting of the bowl, and its decoration.

When bowls are dry they can be used as a safe place to keep objects of special importance, or to symbolise special phases in a particular woman’s cycle. She may wish to put something special in there when she is ovulating, or menstruating, or at the end of either phase. It may even be a special place to hold sanitary products, or condoms if so desired.

Materials required

- Clay, approx 10-15cm cubed blob per participant (preferably non-firing clay)
- Paint *acrylic paints: black, white, yellow, red and blue
- Paint brushes (1 per participant)
- Plastic table cloth cover
- Disposable cups (1 per participant)
- Disposable plates (2-3 participants per plate)
- Coloured satin cloth, cut into squares of roughly 25cm x 25cm per participant

Instructions:

1. Set the plastic table cloth cover over the workspace so clay does not ruin the table.
2. Cut the clay so each participant has a blob that is roughly 10-15cm cubed.
3. Let participants work with the clay to create their own “bowl” in whatever shape they so desire. See examples above.
4. When bowls are finished, allow participants to wash their hands so they can return to the table to decorate their bowls with paint.
5. Set up the plates with blobs of paint from each colour where the ratio across the group is two to three participants per plate of paint.
6. Provide cups with water so paint brushes can be washed.
7. Allow girls to paint their bowls to their own creative desires. It is important to allow enough time for this activity so girls do not feel rushed in any way.

8. Once bowls are painted and complete, set out to dry on cloth – preferably in the sun if weather permits. Participants can then take their bowls home that day or collect them on another day if a discrete private place can be provided to house the bowls until such a time is arranged.

While creating and painting the bowls, you can yarn with the girls about their bodies. Their wombs, fertility, experiences, sexuality, etc. During this activity the topics are more fluid and you will find the girls will ask questions, and discussion will flow from their interests.

3.3 SUGGESTIONS FOR OTHER ACTIVITIES

**Acting, role playing**
- Participants can design and **perform individual and group performances/skits** on each STI & BBV (Chlamydia, syphilis, gonorrhoea, HPV, HIV, herpes, Hepatitis B).
- **Role plays** on how to tell a partner or parent about having an STI/BBV.
- **Conception performances**. The group could be divided into three (to represent the sperm, egg and fallopian tubes/ovaries/womb. The egg person could be held within a circle of people representing the ovary which opens up and releases the egg. It then travels to the fallopian tube and onto the womb (each represented by groups). While travelling in the fallopian tube the sperm group can race to the egg and start touching from the outside requesting “may I come inside?”. The egg carefully chooses which sperm to let in, and all the others then disappear once the selected sperm and egg are together. Then everyone can surround the pair, celebrating

**Drawings/Painting**
- **Creation of calendars to track periods**. Templates can be made for the year or individual months and girls can decorate ready to then use as a marker of their cycles.
- **Stages of pregnancy**. Draw up a basic image of a womb and photocopy (or replicate) for 9 A3 pages. Divide the group up per picture or work together on all. Girls can create images of what they think a baby looks like in each phase. Discussion around hormonal changes, nutritional needs, self care, respect, body awareness and safe environments. Importance of looking after each stage.
4. INFORMATION PACKS

Packs can be given to women as part of the project. You can include any sexual and reproductive health and wellbeing promotional material or supplies. You may wish to make the packs age-specific depending on the age range of women and girls in your group.

The following list can serve as a guide. There are a number of resources in the Appendices which you could also include.

- Sexually Transmissible Infections booklet (VACCHO)
- Quick Guide to Contraception (VACCHO & FPV)
- Condoms (preferably SNAKE) and lubricant
- Melbourne Sexual Health Centre wallet resource cards
- Cancer Council Vic brochures on HPV vaccination, pap screening, cervical cancer and breast awareness
- Victorian Government Department of Health information on HPV vaccination
- Love Bugs brochure (Marie Stopes International)
- Contraception options brochure (Marie Stopes International)
- Pads and tampons (particularly for younger girls)
- Wallet sized calendars that can double as period trackers
- Brochures for local health services, counsellors, housing support etc.
- Any other resources of gifts relevant to your local community.

NOTES

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__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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5. EVALUATION

Evaluation is an important component of the Sacred Sistas Project. It enables you, as the program facilitator, to find out more about the program: how effective it is, how much women in your community like it, and how engaged healthcare workers are so they too can deliver effective and enjoyable programs in the future.

Key areas of evaluation include gaining an understanding of:

1. How women feel about the sexual and reproductive health education provided.
2. The project’s ability to empower women around their bodies and relationships.
3. Whether or not healthcare workers/service providers feel confident to continue running the program within their own communities.
4. Degree of satisfaction with facilitator.
5. (In the longer term) the rates of STIs and unplanned pregnancies in the community and the degree to which the program has an influence.

Evaluation can be done in a number of ways:

- Record of attendance.
- Acceptance by local communities.
- Client feedback, during the workshops and after, to health service providers from the services being used.
- Questionnaires, that can be given following the session, or both before and after to create a comparative analysis.
- In the longer term it may be possible to assess STI screening rates and unplanned pregnancy rates, post project (via Aboriginal Health Service statistics).

Evaluation can be kept simple, easy and effective. To gain an understanding of participant involvement in the project, a simple post-workshop questionnaire that is tailored to your service/workshop would be ideal. Keeping it anonymous is recommended. See the Appendix for an example you could photocopy and use, or edit to suit your needs.
6. REFLECTIVE PRACTICE

Reflective practice aims to empower you with the insight into your own beliefs around topics that may come up during clinical practice.

Reflective practice is a key skill for developing as an Allied Health Professional. Reflective practice refers to the process of thoughtfully considering your experiences. This allows you to identify your strengths and weaknesses, and improve your practice through the reflective process.

Donald Schon introduced the concept of reflection in practice. He talked about two types of reflection: reflection in action, and reflection on action.

**Reflection in action**
Reflection in action is the process where the clinician recognises a new problem and thinks about it while still acting.

**Reflection on action**
Reflection on action is the retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation by analysing and interpreting the information that you recall. This involves remembering the detail of the incident, how it happened, and the feelings and thoughts that it elicited. In the reflective process you can think about how the situation may have been handled differently, and whether further knowledge could have changed the situation.

Reflective practice is an important component of health practice. Remote and rural practice offers many opportunities for reflection. The issues that are faced by clients and practitioners in a remote or rural context are often complex, difficult, and can require problem solving to reach the best solution. Emphasis is often placed on reflecting where a situation did not go well, or as planned, however it is equally important to reflect on situations that have positive outcomes. This provides a more holistic picture of your practice where you gain a more complete picture of your strengths and weaknesses.

Reflective practice can take place privately or in a group. It may occur through keeping a reflective diary or journal, discussions with colleagues, or mentoring. Other Allied Health Professionals and assistants, Community Based Workers, Aboriginal Health Workers, nurses and other people in community can provide a deeper understanding of the context, and assist in your reflection.
Reflective Practice and You

Engaging in reflective practice will help you to grow as a clinician and develop your clinical reasoning. Make reflection a part of your professional engagement.

There are a number of ways to reflect, and finding an activity that suits you will be part of the reflective process. You can use a journal, create art or music, draw/doodle, or simply sit in a quiet room and let your mind be still, allowing thoughts to process. Whatever your preferred way, reflective practice can be fun, enjoyable and give you invaluable insight into yourself and your role as a healthcare worker.

Journal

Keeping a journal is the most common form of reflective practice. You may wish to reflect on your practice at regular intervals (for example, daily, weekly, by task etc.), and can even reflect with your colleagues and manager. You can write about any experiences you have had in clinic that you feel you could learn from.

Sometimes these experiences can feel uncomfortable, or you may have felt you did not know how to handle a particular situation. There could be an experience where a conflict arose (or you feel tension) with a staff member or client.

In reality, ‘reflecting’ is anything you are left thinking about.

One of the most common forms of reflective thinking involves considering the question: “What is life all about?” Reflecting on what spiritual beliefs you have, or know about, is also another common form of reflection.

Below is a series of questions designed to get you using reflective practice. With your journal at hand, think about the following questions:

- Have you ever thought about the meaning of life?
- When was it?
- What did you conclude?
- If not, why not?

Write down your ideas in the journal.

Now think about art as a source of reflection and write down the following questions:

- What was a source of art that you have reflected on?
- How did it affect you?
- Why did it affect you?

Spiritual and religious teachings are also sources of reflection. Write down and think about the following questions in your journal:
• To what extent do religious and spiritual teachings and practices influence you as a source of reflection in your life?
• Are there any particular religious or spiritual principals or practices that are pivotal to the ways in which you live your life and/or perform as a healthcare worker?

Sometimes we can experience situations in our work that we may not feel good about. This can sometimes prompt us to think of ideas for improvement. It is important to think critically, allowing yourself to formulate ideas for areas that can be changed or improved. We can ask ourselves questions around problems we experience, such as:
• What was the nature of the problem?
• Where did it happen?
• When did it happen?
• Who was involved?
• How were you involved?

Intuition
Intuition is also a very important part of your work as a healthcare worker. Intuition or ‘gut feeling’ is the thoughts and feelings based on past experiences where you have learnt something. It is very important to use your intuition to reflect as you build new experiences.

Complete the following exercise in your journal.
Reflect on a time in your personal or work life where you had an intuition, and answer the following questions:
• What happened?
• Where did it happen?
• When did it happen?
• Who was involved?
• How were you involved?
• Why do you think it was intuition?
• Do you think your intuition was connected to past experiences or was it outside everything you have known before?

Ultimately the way in which you engage with your journal is up to you. These questions serve as a guide to get you thinking about ways in which to reflect. You can use a combination of methods and if you prefer not to write, simply think about these questions (or similar questions of your own) and engage in another activity that suits you.

For more on reflective practice, see the ‘contacts and resource list’ for links for further reading and activities.
7. PROGRAM DELIVERY CHECKLIST

Being prepared and organised for a session is important, and the following checklist has been provided to assist you in planning your own Sacred Sistas session. This is not an exhaustive list, and not all elements are necessarily required. Please add your own to make the list reflect the specific program you will be running.

☐ This workbook
☐ Information packs for young women
☐ Beads, string, threading needles (see 3.1 on page 8 for list of quantities required)
☐ Clay and paint (see 3.2 on page 11 for full list of quantities required)
☐ Catering, if desired
☐ (If available) Female anatomy charts, reproductive cycle etc.
☐ Printed evaluation surveys (see Appendix for sample to photocopy/edit)
☐ Camera
☐ Photographic consent forms (if taking photos)
☐ Any relevant promotional material available
  ☐ _______________________________________________________
  ☐ _______________________________________________________
  ☐ _______________________________________________________
  ☐ _______________________________________________________
8. CONTACTS AND RESOURCE LIST

ARTS SUPPLIES

Beads
We use 6mm beads in red, black, yellow and pearl (or white). We recommend Wholesale Beads (formally known as Beads and Buttons Galore), who deliver across Victoria. Their retail shops are located in Moorabbin and Prahran, Melbourne.

Wholesale Beads
www.wholesalebeads.com.au
Ph: 03 9599 9000 (Moorabbin) or 9510 5477 (Prahran)
Email: mail@wholesalebeads.com.au

Beads are easy to come by at a number of art shops across the state, so if you prefer you can choose your own beads elsewhere in the four specified colours.

Clay
We recommend Sun Clay as it does not need firing. Within Victoria, an online supplier called Art Materials Pty Ltd can be used, and will deliver state-wide. Otherwise you can contact your local arts shop and ask for Sun Clay.

Arts Materials Pty Ltd
www.artmaterials.com.au
Ph: 1300 552 390
Email: enquiries@artmaterials.com.au

For in-shop service in Metropolitan Melbourne, Sun Clay is available at:

Walker Ceramics
2/21 Research Drive, Croydon.
Ph: 03 8761 6322
Email: sales@walkerceramics.com.au

CONTRACEPTION, MENSTRUAL CYCLE & FAMILY PLANNING

Indigenous Women’s Health Portal for health workers

Family Planning Victoria
www.fpv.org.au/contraception

Snake condoms
www.snakecondoms.org.au
Online condom store (stock female condoms, non-latex condoms, normal condoms)  
www.condomsaustralia.com.au

Natural Fertility Awareness: Taking Charge of Your Fertility  
www.tcoyf.com

Reusable cloth pads and menstrual cups (environmentally friendly alternatives)  
au.clothpadshop.com

Dr Marie Contraception Chart  

**WOMEN’S HEALTH**

Jean Hailes Indigenous Womens’ Health Information Portal  

Indigenous Women’s Health Portal for health workers  

Women’s Health Victoria Labia Library  
http://www.labialibrary.org.au

PapScreen Victoria  
www.papscreen.org.au

BreastScreen Victoria  
www.breastscreen.org.au

Health for Women  
www.healthforwomen.org.au

Yarning about PCOS: Guide to Poly Cystic Ovarian Syndrome  

**SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)**

Melbourne Sexual Health Centre STI information (fact sheets)  
VIDEO LINKS

Smart and Deadly Koorie Video clips
www.youtube.com/user/SmartandDeadlyKoorie

PRIVACY AND CONFIDENTIALITY

Victorian Government privacy information
www.privacy.vic.gov.au

REFLECTIVE PRACTICE

Library guide to reflective practice (books and journal articles)
www.latrobe.libguides.com/reflectivepractice


University of South Australia Teaching and Learning Unit – Free Learning Module: Introduction to Reflective Practice.


OTHER USEFUL LINKS AND RESOURCES

Melbourne Sexual Health Centre
www.mshc.org.au

VACCHO
www.vaccho.com.au

Sexual Health Resource Guide book for Aboriginal and Torres Strait Islander Health Workers
Better to Know – online information for young Indigenous men and women
www.betertoknow.org.au
Shine South Australia – online sexual health resources
www.shinesa.org.au

Marie Stopes International resources (contraception, STIs, ‘sexplanations’, abortion)
www.mariestopes.org.au/library

Better Health Channel – fact sheets
www.betterhealth.vic.gov.au

Health in Site – general health information
www.healthinsite.gov.au

**Sites designed specifically for young people**

Somazone – health information on sex, drugs, body image and relationships
www.somazone.com.au

Your Sex Health
www.yoursexhealth.org

Like It Is
www.likeitis.org.au

Reach Out – includes tips for coping with life and info on topics such as safer sex, STIs, contraception and having sex for the first time.
www.reachout.com.au

Love: The Good, the Bad and the Ugly – dating, sex and abuse in relationships, open and honest answers to questions about sex.
www.lovegoodbadugly.com

Check your Risk – free, quick and confidential test to check your risk of STIs
www.checkyourrisk.org.au

Test Me – free STI testing service for Aboriginal and rural Victorians.
www.testme.org.au
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Sacred Sistas Project Evaluation

Thank you for participating in the Sacred Sistas Project. Please answer the questions below and return them to us before you leave today. Your responses to the questions help us make future sessions as useful as possible.

The information you provide is kept confidential and used solely for the purpose of improving the project. Please feel free to discuss with us any concerns you have regarding confidentiality and/or any aspect of the survey. Thank you.

Today’s date:______________________               Your age:_______________

1. Did you enjoy the Sacred Sistas session?
   □ No, not at all    □ In some ways    □ Yes, most of it    □ Yes, all of it

2. What did you like best about it?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. What did you like least?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. How would you rate the facilitator/presenter of the session?
   □ Poor    □ Average    □ Good    □ Very good    □ Excellent

5. Was there anything else you wanted to learn more about that was not discussed today?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Any other comments / feedback?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
MENSTRUAL CYCLE REFERENCE GUIDE

The information in this section is designed to be used as a reference guide when discussing the menstrual cycle during the Sacred Sistas activities. In particular, this information will be very useful when running the cycle bracelet activity.

Menstrual cycle

The menstrual cycle is a series of female body changes controlled by hormones that cause a regular bleed. This bleed, which usually occurs monthly, comes from the uterus (womb) and flows out the vagina. Period, menstruation or menses are all words used to describe the blood loss women experience at this time.

The menstrual cycle begins at menarche (the first period), and ends with menopause (the final period). The average age of menarche in Australia is 11-13 years, but can start as early as 8 and as late as 16. The average age of menopause is 51 with a range from 45-55 years.

Note: Every woman’s cycle is unique and individual in its experience.

Purpose of the menstrual cycle

The role of the menstrual cycle is to prepare the body for pregnancy. When a pregnancy does not occur, a woman will have her period, and the cycle will start over again.

Process within the body

The menstrual cycle occurs due to a complex relationship between hormones from the brain and the ovaries, which leads to the development and release of an egg from the ovary (ovulation) and growth of the internal lining (endometrium) of the uterus, to prepare it for pregnancy. When the hormones signal to the uterus that there is no pregnancy, the lining starts to break down and separate from the wall of the uterus, and the period begins. Once this occurs, the cycle starts again.

During the first two or three years after a girl begins getting her periods, the cycles can be irregular as ovulation does not always occur each cycle. Over the first few years, the body develops a routine of releasing an egg and shedding the lining of the uterus.

Cycle length and the 28 day cycle

Every woman’s body and cycle is different and the length of cycles can range drastically from 21 to 45 days, however most often when a woman reaches her 20-30s the cycle will usually be between 21 and 38 days.

The ‘text book’ cycle is 28 days, used as an average and convenient marker of the phases. The Sacred Sistas cycle bracelet activity uses the 28 day cycle, however individual girls who
know their cycles may wish to add more days to reflect their own bodies. This will increase beads before ovulation, not after. A new cycle will always begin 2 weeks following ovulation (the release of an egg).

**Phases of the menstrual cycle** (using 28 day example)
The following image is a pictorial representation of the phases in the menstrual cycle where the ovarian and uterine cycles can be seen with regard to hormonal changes and time.
1. Menstruation (days 1-5)
The cycle begins with the first day of menstruation. Every woman experiences her periods differently. They can vary in quality and quantity, from a small amount to a heavy loss, and can vary in colour from black/brown to bright red. The period may last from 3-8 days, and most women lose less than 80ml of blood (about 4 tablespoons in total).

The flow changes throughout the period and can be heavier at the beginning, and lighter toward the end. The period contains blood, mucous and some endometrial lining cells. Some small clots may be normal, but if the clots become frequent or larger, consultation with a GP is recommended.

2. Non-fertile days (days 6-10)
The period has usually finished, and the follicular phase continues.

3. Fertile period (days 11-15) & ovulation (day 14)
As the ovaries develop the egg and prepare it to be released, the fertile period begins. Ovulation marks the midway point in the cycle, and for a 28 day cycle will occur on day 14. Where a woman has longer cycles, ovulation will occur later, however the next cycle will always begin 14 days after ovulation, regardless of the length of the first stage.

Some women experience some slight spotting (a tiny amount of blood loss) and/or slight pain at the time of ovulation. This is due to a normal change in some of the hormones following ovulation. If pain or bleeding consistently lasts longer than three days, seeking medical advice is recommend.

4. Luteal phase (days 15-22)
After the egg is released, the hormone progesterone is increased, thickening the lining of the uterus, preparing it for pregnancy.

5. Possible implantation (days 23-24)
Around days 23-24, implantation of a fertilised egg can take place, and if there is no fertilised egg to be implanted, the uterine wall will continue to thicken.

6. Hormonal changes to allow for new cycle to begin (days 25-28)
If pregnancy does not occur, progesterone decreases, and the uterine wall is shed, resulting in a period. At this point the cycle begins again.
Premenstrual Symptoms
Premenstrual symptoms may occur in the one to two weeks before a period. Symptoms may include irritability, bloating, sore breasts, pimples and tiredness. Normally these symptoms can be irritating but would not interfere with day-to-day activities. They usually settle when the period starts or in the first two to three days of the period. In 15-20% of women, symptoms can be so severe that their lifestyle is impaired and they cannot function properly. It is recommended women who struggle with premenstrual symptoms consult a GP.

Sex during menstruation
There is no medical reason why women can’t have sex during their period. Some women prefer not to because of personal, cultural or religious preferences. Pregnancy can still occur at this time and so making sure contraception is used is required to prevent pregnancy. Practicing safe sex is important at any time to prevent contracting STIs.

Sanitary products
Sanitary products are designed to help women and girls participate in normal life while they have their periods. There are a number of options available and every woman will have her own preferences to specific products. Most often women will use a combination of products depending on time of day, heaviness of the period, and what they are doing.

Pads: Also known as sanitary pads, or napkins.
Commercially sold in supermarkets, chemists and convenience stores, disposable pads are a product made from absorbent materials. They come in a range of thicknesses and shapes. Pads usually need to be changed 3-4 hourly, and must be disposed of in a rubbish bin (not toilet).

Reusable pads: Reusable, environmentally friendly pads are now becoming more popular and are widely available online. They generally cost a bit more per pad, however can last for up to 5 years and so save women a significant amount of money. They are also more suitable for women who experience irritation to the synthetically based disposable products. Reusable pads come in a variety of shapes and colours.

Tampons: Absorbent ‘plug’ made of cotton, or a combination of cotton and synthetic materials. Tampons are inserted into the vagina and are available in various sizes. They can be used by all
ages and should be changed every 3-4 hours. Very rarely, Toxic Shock Syndrome can occur when using tampons. This is due to a rapid growth of normal bacteria releasing a toxin which leads to symptoms of ‘shock’, such as feeling unwell, fever, rash, diarrhoea and headache. Tampons should never be kept inside the vagina for more than 8 hours, and women should make sure she always washes her hands before insertion.

**Menstrual cups:** Very few women use menstrual cups, however, like reusable pads, are becoming more common as people become more concerned with the cost of disposable products to the environment. Menstrual cups have been available for many years and an individual cup can last up to 5-10 years. The cup is made from either rubber (latex), silicone, or thermoplastic rubbers, and sits inside the vagina over the cervix, collecting the menstrual flow. There is no risk of toxic shock syndrome and therefore can be left in overnight. They are emptied into the toilet, rinsed and reinserted into the vagina. It can take a bit of time to get used to using menstrual cups, however there is a wide variety of options to choose from and most women will find one that suits them.

**Conclusion**
The menstrual cycle is a normal process for a woman’s body. Each woman experiences her cycle differently, most without any difficulties. If a woman is worried about any change in her cycle or aspect of it, she should see a GP.

**Glossary of terms**
- **Menstruation** (menses, period, bleed): the state of the cycle where
- **Spotting**: tiny amount of bleeding
- **Ovulation**: release of an egg
- **Uterus** (womb): a hollow pear-shaped organ where fertilised eggs can develop
- **Cervix**: Opening to the uterus, at the end of the vagina
- **Endometrium**: lining of the uterus
- **Menarche**: first period
- **Menopause**: last period
- **Ova**: an egg
- **Ovum**: eggs
- **Ovaries**: where eggs develop, and are released from
- **Fallopian tubes**: passages from ovaries to uterus, where eggs and sperm meet
- **Follicle**: developing egg
- **Corpus Luteum**: follicle remains once an egg has been released.
ONLINE RESOURCES

Wulumperi Aboriginal and Torres Strait Islander Sexual Health Unit
www.mshc.org.au/indigenous
Offers free confidential service at the Melbourne Sexual Health Centre (MSHC)

Smart and Deadly Koorie video clips
www.youtube.com/user/SmartandDeadlyKoorie
Video clips from the Smart and Deadly DVD

SNAKE condoms
www.snakecondoms.org.au
Condoms for Aboriginal Youth created by Aboriginal Youth.

Better to Know
www.bettertoknow.org.au
Online STI information for Aboriginal and Torres Strait Islander young men and women.

Like it is
www.likeitis.org.au
Everything you want to know about sex and puberty.

Somazone
www.somazone.com.au
Offers health information on topics such as sex, drugs, body image and relationships

Check your Risk
www.checkyourrisk.org.au
Free, quick and confidential test to check your risk of STIs.

Your Sex Health
www.yoursexhealth.org
Sexual health info and real-life video clips of dilemmas young people face.

Reach Out
au.reachout.com
Includes tips for coping with life and info on topics such as safer sex, STIs, contraception and having sex for the first time.

Love: The Good, the Bad and the Ugly
www.lovegoodbadugly.com
Looks at dating, sex and abuse in relationships and gives open and honest answers to questions about sex.

Family Planning Victoria
www.fpv.org.au
Includes information on sex and sexuality, relationships, pregnancy, STIs and safer sex.

Labia Library
www.labialibrary.org.au
Information on vulvas, vaginas, what’s normal and understanding women’s bodies.
MISSED PILL FACT SHEET

This information relates to the combined pill only, it is not relevant to the mini pill (progesterone only pill). It should be read in conjunction with the instructions in the pill packet. If you are unsure of anything, please consult your doctor.

Are you more than 24hrs late to take the pill?
That is, it has been over 48hrs since you last took a pill.

YES
Take the most recently due on this day straight away. You can throw away any missed pills.
Use condoms for next 7 days.

NO
Take the late pill straight away.
This may mean you end up taking 2 pills in one day, that is ok, the pill will continue to work.

Consider your pill packet and where you were up to when you missed the pill(s).

Less than 7 pills taken since the last placebo break?
(placebo break = larger white sugar pills)
Consider using Emergency Contraception (morning after pill) if unprotected sex occurred within past 5 days.

Less than 7 pills left in the pack before the next placebo break?
(placebo break = larger white sugar pills)
Skip the placebo pills from the remainder of this pack AND your next pack. Continue taking active pills. This may result in you missing your period this month.
Other factors to consider

Abstaining from sex or using an alternative form of contraception (such as condoms) is required to prevent pregnancy in the following situations:

- More than 24 hours late in taking a pill.
- Has been vomiting and/or has diarrhoea.
- Taking a course of antibiotics or some other form of medication or natural therapy, which may alter the pill’s effectiveness (check with doctor).

When to consider emergency contraception (‘the morning after pill’)

To avoid unplanned pregnancy, emergency contraception should be considered:

- If any of the above three points (in ‘other facts to consider’) apply, and unprotected sex has occurred.
- If one or more of the first 7 hormone pills in a packet was missed, and unprotected sex occurred during the time of the current packet.

Emergency Contraception is available over the counter from pharmacies or from a doctor. If taken within 24 hours of unprotected sex, it is 95% effective in preventing pregnancy. It can be taken up to 120 hours (5 days) after, but its effectiveness is reduced with time.
**Sexually transmissible infections (STIs)**
Key messages:
- Always use a condom
- STIs can be asymptomatic
- Have an STI check if you ever have unprotected sex.
- You can get an STI from vaginal, oral or anal sex (*think VAMP – vagina, anus, mouth, penis*)

The more sexual partners you have, the greater your risk. However, you can still get an STI even if you have unprotected sex just once.

**Contraception**
Key messages:
- Always use contraception correctly every time you have sex.
- Use emergency contraception if you have unprotected sex or you think your contraception may not be reliable.

Important points:
- If you don’t take the pill every day it may not work.
- Use condoms correctly with water-based lubricant.
- Nothing is 100% effective.
- Emergency contraception is not the abortion pill. It is available from chemists and can be used up to five days after sex.

**Healthy relationships**
Key messages:
- Have sex when you are ready,
- Sexual relationships should be about safety, pleasure and respect.
- Healthy relationships should make you feel good.
- Relationships without sex are fun and fulfilling.
- If you are going to have sex it’s a personal choice and must be consensual.
- Always give and receive clear consent.

Important points:
- Relationships are complex and constantly change. They can create much joy but can also cause a lot of hurt.
- Maintaining health relationships is an ongoing process.
- It is important to stick to your own values.
- It’s ok to enjoy sex / being sexual
- It’s ok to not want to have sex.
- Everyone has varying sex drives (despite society encouraging us to think that everyone is always very sexual).
- Always ask the other person if sexual touch is ok and make sure if you are asked, that you respond clearly.
- It is important to be yourself in a relationship.
- Relationships are very important to your self-esteem and sense of belonging.

**Same sex attraction (SSA)**
Key messages:
- Diversity is a normal and positive thing.
- SSA young people still need to practice safe sex.
- It is illegal to discriminate based on a person’s sexuality.

Important points:
- 10-15% of the population are SSA.
- Most SSA young people feel comfortable with their sexuality but worry about how others treat them.
- SSA people present in all cultures and religious groups, and have done so throughout history.

**Safer sex – physical and social safety**
Key messages:
- Always use condoms (& lube).
- Safer sex is about preventing unwanted pregnancy and STIs. It is also about protecting you, your feelings and reputation.
- Think before you upload, test, post or email anything.
- A negative social reputation can last a long time.
Efficacy of contraception methods

**MOST EFFECTIVE**

99%
Less than 1 pregnancy per 100 women in one year

99.95% effective
Contraceptive implant
Lasts up to 3 years

99.8% effective, lasts to 5 years
Hormonal Intrauterine Device (hormonal IUD)

99.2% effective
Copper intrauterine device (Cu-IUD)
Lasts to 10 years

99.85% effective / Permanent
Sterilisation:
Male sterilisation (vasectomy)

99.8% effective / Permanent
Tubal occlusion by metal microinsert

99.5% effective / Permanent
Female tubal ligation

**91%**
6–9 pregnancies per 100 women in one year

91% effective
Contraception injection:
Depot medroxyprogesterone acetate (DMPA)
Injection every 12 weeks

91% effective
Contraceptive vaginal ring
New ring used every 4 weeks

91% effective
Combined oral contraceptive pill (the COC Pill)
Taken daily with 24hr window

91% effective
Progestogen-only contraceptive pill (POP)
Taken daily 3hr window

**76%**
18 + pregnancies per 100 women in one year

88% effective
Diaphragm

82% effective
Male condom

79% effective
Female condom

78% effective
Withdrawal method

Fertility awareness based methods 76% effective
Abstain from intercourse or use another method on fertile days.

Family Planning Alliance Australia is the nation’s peak body in reproductive and sexual health. It promotes advances in public health through policy insight and advocacy and represents leading health and education agencies across Australia.

Reproductive and Sexual Health Policy and Advocacy
www.fpallianceaus.org.au

* Long-Acting Reversible Contraception
(After procedure, little /nothing to do or remember)
‘Set and forget’ Long-Acting Reversible Contraception (LARC)

Hormonal Intra-uterine device
(Hormonal IUD) or
Copper Intra-uterine device
(Copper IUD)
The hormonal and copper-IUDs [pictured right] go inside the uterus. Approximate size (not to scale)

Contraceptive implant
The implant [pictured right next to match-stick] goes under the skin of the arm. Approximate size (not to scale)

- The copper IUD contains no hormones and lasts for up to 10 years depending on which one you choose.
- The hormonal IUD slowly releases very small amounts of hormone into the uterus and lasts for up to 5 years.
- The contraceptive implant is a soft, flexible rod that is placed under the skin of the arm. It slowly releases a small amount of hormone. It lasts for up to 3 years.
- All three methods can be reversed at any time. Make an appointment to have your contraceptive removed if you wish to become pregnant or change to another method. It will no longer have any effect as soon as it is removed.
- All of these methods are much more effective at preventing pregnancy than the pill, injection or condoms.

Please turn over to see the chart.
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