Is the 'Health and Physical Education' Curriculum in South Australia Enough? A Critical Review of the SACSA Framework and the New SACE Curriculum

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Abstract

Sexually transmitted diseases as well as the major hepatides, hepatitis A, B and C are on the rise in South Australia, specifically among the adolescents and young adults' age group. Adolescents rely much on school programs for their health-related information. Accordingly, the present review provides critical insights into the existing 'Health and Physical Education' Learning Area under the 'SACSA Framework' and 'new SACE' in South Australia. It highlights the drawbacks and also addresses the gaps in the aforesaid Learning Area, insinuating towards the need of a comprehensive curriculum in an effort to effectively combat the spread of these diseases.

Keywords: Communicable Diseases, Adolescents, Health Education, SACSA, new SACE

1. Introduction

There has been a rampant increase in the number as well as the rate of STDs (sexually transmitted diseases) and the major hepatides hepatitis A, B and C in South Australia in recent years. It is the adolescents and the young adults' age group who are highly vulnerable to contracting these diseases, as evident from the relevant statistics. Schools play the primary role in the dissemination of health-related knowledge and attitudes and the role of education in combating the spread of these menaces is uncontroversial. The present review of the South Australian Curriculum Standards and Accountability Framework (SACSA) as well as the new South Australian Certificate of Education (new SACE) critically analyses the Learning Area 'Health and Physical Education' as dealing with the related topic. It helps not only to highlight the major drawbacks of the related curriculum but also insinuates towards the necessity of a more comprehensive curriculum to help curb the spread of these diseases. The statistical insights help justify the background of the current review coupled to ascertaining the disease prevalence characteristics in South Australia.

2. STDs and Viral Hepatitis: The Upsurge in South Australia

Education reporter Candice Keller in her recent article in 'The Advertiser' entitled 'Getting the big picture on sex', expresses serious concern regarding the increased incidence of STDs in South Australia (Keller, 2010). She further adds that despite the teen pregnancy rates being comparatively low in Australia in the last five years, yet it has been proportionally high in the 15-19 age groups when compared to Germany and the Netherlands and currently even tops that of the United States of America (Keller, 2010).

With respect to HIV (Human Immunodeficiency Virus) infection and AIDS (Acquired Immunodeficiency Syndrome) prevalence in South Australia, though the rate of newly diagnosed and newly acquired HIV infection have decreased across the years 2000-2009, yet the perinatal exposure rate and the number of AIDS cases have been relatively stable

over the same time span (National Centre in HIV Epidemiology and Clinical Research [NCHECR], 2010, pp. 33-53). The other relevant South Australian figures as revealed by the Annual Surveillance Report, 2010, regarding HIV infection and AIDS are summarised in Table 1 (NCHECR, 2010, pp. 33-53).

< Table 1 about here>

Newly diagnosed HIV infection is a notifiable condition in each State/Territory health jurisdiction in Australia. The cases of newly diagnosed HIV infection were notified through State/Territory health authorities to the national HIV surveillance centre on the first occasion of diagnosis in Australia. Additionally, information on the date of the last negative or indeterminate test or date of onset of primary HIV infection has been routinely sought through each State/Territory health jurisdiction for cases of HIV infection newly diagnosed in Australia from 1 January 1991.

Newly acquired HIV infection was defined as newly diagnosed infection with evidence of a negative or indeterminate HIV antibody test or a diagnosis of primary HIV infection within 12 months of HIV diagnosis. AIDS is notifiable by the diagnosing doctor in each State/Territory health jurisdiction in Australia and under the national HIV/AIDS surveillance procedures, AIDS notifications are forwarded to the national HIV surveillance centre for national collation and analysis. Cases of perinatal exposure to HIV were reported to the national HIV surveillance centre by paediatricians, through the Australian Paediatric Surveillance Unit, and through assessment of perinatal exposure in children born to women with diagnosed HIV infection. Further, the diagnoses of HIV infection in women and their exposed children were notified through national HIV/AIDS surveillance procedures (NCHECR, 2010, pp. 135-136).

The viral hepatitis figures in the context of the number and rate for South Australia, specifically for hepatitis A and B have increased over the time span 2005-2009 (NCHECR, 2010, pp. 59-63). The other viral hepatitis, hepatitis C, though turning out figures less than its previous four years as of 2009, yet has a high rate of incidence, whereas, hepatitis D has zero incidence throughout the time span of 2005-2009 (NCHECR, 2010, pp. 64-67). The summary of the viral hepatitis incidence in South Australia for hepatitis A, B, C and D across the years 2005-2009, are represented in Table 2 (NCHECR, 2010, pp. 59-67).

< Table 2 about here>

New diagnoses of hepatitis A, new diagnoses of hepatitis B, newly acquired hepatitis B and prevalent cases of hepatitis C infection are notifiable conditions in all State/Territory health jurisdictions in Australia. Accordingly, cases were notified by the diagnosing laboratory, medical practitioner, hospital or a combination of these sources, through State/Territory health authorities, to the National Notifiable Diseases Surveillance System. The population rates of diagnosis of viral hepatitis were calculated for each State/Territory using yearly population estimates, provided by the Australian Bureau of Statistics. Hepatitis B infection and hepatitis C infection was classified as newly acquired if evidence was available of acquisition in the 24 months prior to diagnosis according to the Communicable Diseases Network Australia 2004. A diagnosis of newly acquired hepatitis B infection is also notifiable in all health jurisdictions (NCHECR, 2010, p. 137).

With respect to the incidence of the classical and notifiable sexually transmissible infections (STIs) in South Australia across the years 2005-2009, the figures of chlamydia and infectious syphilis as of 2009 surpassed each of the previous four years, whereas gonorrhoea was relatively stable with donovanosis yielding zero incidence in the same time span (NCHECR, 2010, pp. 75-77). The comparative figures (number and rate) of these four diseases as of 2009 to that of 2005, are summarised in Table 3 (NCHECR, 2010, pp. 75-77).

< Table 3 about here>

The diagnoses of specific STIs were notified by State/Territory health authorities to the National Notifiable Disease Surveillance System, maintained by the Australian Government Department of Health and Ageing. Chlamydia was notifiable in all health jurisdictions except New South Wales prior to 1998, whereas gonorrhoea is a notifiable condition in all health jurisdictions with infectious syphilis being notifiable in all jurisdictions since 2004. For South Australia, diagnoses of STIs were notified by the diagnosing laboratory and the medical practitioner. Enhanced surveillance for infectious syphilis commenced in all State/Territory health jurisdictions in 2007 (NCHECR, 2010, p. 138).

Yet another perspective of viewing the aforesaid notifiable diseases, namely, HIV infection, chlamydia, gonorrhoea and syphilis takes the form of the age group contracting the respective disease, and hence indicative of the population at risk. The latest Quarterly Surveillance Report, issued September 2010 (published by the Government of South Australia, SA Health), highlights the relevant statistics from an age and gender perspective for the period April to June 2010, on a comparative basis with that of the previous quarter April to June 2009 (Sexually Transmitted Diseases Services [STDS], 2010). Table 4 represents the HIV infection in males across various age groups in South Australia for the period 1 April 2010 to 30 June 2010 on a comparative basis with that of the previous quarter 1 April 2009 to 30 June 2009, also

revealing the figures to date (STDS, 2010, p. 5). The data pertains only to males as for each of the periods 1 April 2009 to 30 June 2009 and 1 April 2010 to 30 June 2010, only two female cases were detected with HIV infection (STDS, 2010, p. 5).

< Table 4 about here>

Table 5 represents the genital chlamydial infection in South Australia for the periods 1 April 2009 to 30 June 2009, 1 April 2010 to 30 June 2010 and year to date, highlighting the age group by sex (STDS, 2010, p. 8). It should be noted here in this respect that under the diseases to be notified to the National Notifiable Diseases Surveillance System, Australia, South Australia reports only genital tract specimens of chlamydial infections and does not include *Chlamydia trachomatis* identified from cervical, rectal, urine, urethral, throat and eye samples (Communicable Diseases Intelligence [CDI], 2010, p. 163).

< Table 5 about here>

Table 6 represents the gonococcal infection in South Australia for the periods 1 April 2009 to 30 June 2009, 1 April 2010 to 30 June 2010 and year to date, highlighting the age group by sex, where as Table 7 highlights the same parameters though for the periods 1 January 2009 to 30 June 2009, 1 January 2010 to 30 June 2010 and year to date (STDS, 2010, pp. 11 and 13).

< Tables 6 & 7 about here>

Thus, the statistics cited so far reveals the recent incidences of the notifiable STIs and viral hepatitis in South Australia and highlights the major diseases prevalent in South Australia. Tables 1, 2 and 3 respectively highlight the high prevalence of HIV infection and AIDS (both newly diagnosed as well as newly acquired cases of HIV infection and AIDS), hepatitis A, B and C (Hepatitis D, though being notifiable, has no reported cases since 2005 as of 2009) and chlamydia, gonorrhoea and syphilis (donovanosis, though being notifiable, has no reported cases since 2005 as of 2009) in South Australia. Additionally, the second part of the data represents the vulnerable age groups prone to contracting these diseases. Tables 4-6 (incorporating the periods 01/04/10-30/06/10, for HIV, genital chlamydial and gonococcal infection, respectively) highlight the age group ≥40 (greater than and equal to forty and in males only) as most prone to HIV infection (only to be followed by the age group 25-39), the age groups 20-24 and 15-19 respectively (both gender combined) for genital chlamydial infection and the age groups 25-29 and 20-24 respectively (both gender combined) for gonococcal infection. Finally, Table 7 (for the period 01/01/10-30/06/10, highlighting syphilis infection) reveals the age groups 30-34 and 20-24 respectively (both gender combined) as being susceptible to syphilis infection. It is clearly evitable from the discussion that the adolescents and young adults' age groups are primarily susceptible to contracting these diseases. In addition to the disease conditions discussed above, South Australia also has high incidence of warts and herpes, as revealed by the Clinic 275 Summary statistics in Table 8 (STDS, 2009).

< Table 8 about here>

It should be noted in this context that molluscum contagiosum, though often sexually transmitted in adults is considered a minor clinical problem. Likewise, bacterial vaginitis (or bacterial vaginosis) and candida vaginitis (or vulvovaginal candidiasis), though reported to have a few but insignificant incidences of sexual mode of transmission, are also designated as trivial (Holmes et al., 2008).

3. The Role of an Effective Education

'In Australia, where we pride ourselves on our healthy outdoor life, disease of any sort is not something we like to think about. And disease as unwholesome and unpleasant as V.D. [venereal disease] does not sit comfortably with the image of the fit suntanned young Australian' (Bradford, 1985, p. 7). The above excerpt had been penned almost 25 years back, nevertheless, till date, the health and wellbeing of Australians is a major concern (Australian Institute of Health and Welfare [AIHW], 2008 & 2010). The vulnerability of contracting the majority of these diseases is led by young people and adolescents (STDS, 2010). The World Health Organization [WHO] (2011) in this regard correlates many serious diseases in adulthood, which includes STIs and HIV, as having their roots in adolescence.

Adolescents, however continue to remain uninformed about STIs with the exception of HIV/AIDS (Clark, Jackson & Allen-Taylor, 2002), with limited disease knowledge often associated with multiple sex partners (Yacobi et al., 1999), inconsistent condom use (Burazeri, Roshi & Tavanxhi, 2004), delaying treatment of disease (Fortenberry, 1997) and failing to return for STI screening results (Kahn et al., 2003). In line with the above assertion, three nationally representative research in Australia (two on young people and one on youth and adults), aimed at evaluating the knowledge, attitudes, beliefs and behaviours of the targeted population towards STIs, HIV/AIDS and sexual health, yielded the following results.

The first one, the fourth of its kind, involving nearly 3,000 Year 10 and Year 12 students and representing more than 100 secondary schools from the Government, Catholic and Independent school systems from every jurisdiction in Australia, revealed poor STI knowledge specifically related to chlamydia, hepatitis A, B, and C, and HPV (Human Papillomavirus) and cervical cancer, with the majority of students reporting some form of sexual activity and the existence of multiple partners (Smith et al., 2009). Additionally, less than one in 10 students believed that they were at risk of infection with HIV/AIDS, an STI and hepatitis B or C, and not using a condom during sex was only associated with increased perceived risk of infection with HIV/AIDS and STIs where a student's sexual partner was someone they had met for the first time (Smith et al., 2009).

The second one, the first of its kind, involving sexually active young Australians aged between 16 and 29 years and entailing 2,524 online interviews, reported scanty knowledge level regarding STIs (with the exception of HIV/AIDS) specifically in the area of symptom recognition, with 'safe sex' being synonymous with condoms, but more likely in the context of contraception rather than STI protection (Stancombe Research & Planning P/L, 2009). Further, the perceived risk status of contracting an STI, though revealed an increase among those with six or more sexual partners in the past 12 months, yet the majority of the research sample did not see themselves as 'at risk' (Stancombe Research & Planning P/L, 2009).

Finally, the third one, also the first of its kind and conducted on 19,307 respondents between the ages of 16 and 59 years in Australia through telephonic interviews, again revealed a poor knowledge of transmission routes and health consequences of the most common STIs (Grulich et al., 2003a), with condom use being associated with partner type and not using another form of contraception (de Visser et al., 2003) and sexual and injecting risks being associated with indices of lower socio-economic status and bisexual identity (Grulich et al., 2003b).

In view of the evident knowledge gap of adolescents regarding STIs, the role of an effective education is uncontroversial and has been emphasised in global as well as several national and regional strategies (Department of Health, 2001; Department of Health and Ageing [DHA], 2010a, 2010b, 2010c & 2010d; HIV/Hepatitis C Policy and Programs Communicable Disease Control Branch SA Health, 2009a & 2009b; Sexual Health & Family Planning Australia, 2010 & WHO, 2006). In this regard, connectedness to the school during adolescence stands out to be pivotal not only in the context of the development of health-related positive educational outcomes but also in the reduction of health-risk behaviour (Blum & Libbey, 2004; Libbey, 2004 & Resnick, 2000). The Gatehouse Project (2008) also emphasises that 'schools are probably the only point of close to universal access to young people at a time during which both emotional problems and behaviours with long-lasting harmful effects on health are emerging'. Additionally, there is researched evidence to substantiate that schools are being confided in, by Australian secondary students to be one of their most useful source of information regarding sexual health and relationships (Smith et al., 2009).

4. The SACSA Framework and the New SACE Curriculum

The SACSA and the new SACE are responsible for the development of the 'Curriculum and Learning Provisions' in South Australia, respectively for the Years R-10 and Years 11 and 12 (Government of South Australia, 2009b). Before highlighting the scope and provisions mentioned thereof in the Learning Area 'Health and Physical Education' under the SACSA and the new SACE, regarding sexually transmissible infections, it would also be crucial to gain an overview of the South Australian education system in this regard.

The South Australian education system, run by the Department of Education and Children's Services (DECS) identifies its key functions as:

(1) to set the directions for education and care in South Australia, by ensuring that the state's education system is well positioned to deliver high quality education. This is envisaged via strategic and coordinated leadership in implementing the South Australia's Strategic Plan, integrating policy development in collaboration with key stakeholders and planning for an effective workforce to meet current and future requirements.

(2) to provide and regulate children's services, by involving the provision of preschool services, administration of Family Day Care, sponsorship of Outside School Hours Care programs and the establishment and enforcement of minimum standards for all types of child care, and

(3) to manage the state's education system, by delivering high quality primary and secondary education to school students across the state, being responsible for the education of children and students across all areas of the curriculum and preparing young people to be active and productive members of a democratic society. In the execution of such an endeavour, it aims at involving parents and local communities in the education of children and students (Government of South Australia, 2009a).

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4.1 The SACSA Framework and Health and Physical Education

As a single connected framework from Birth to Year 12, the SACSA Framework aims to support continuity for all learners through children's services and schooling. The key elements of the Framework are the Curriculum Bands through which the scope of learning is organised, the Curriculum Scope which is organised around Learning Areas, and Standards which encompass Developmental Learning Outcomes (Government of South Australia, 2001a).

The teaching, learning and assessing structure in the SACSA Framework, within the Birth to Year 12 continuum are organised through four Curriculum Bands. The Bands in turn, being highly representative of the learners' physical, social, emotional and cognitive development, also take into account their diverse backgrounds and prior learning experiences. The Bands are:

Early Years Band:	Birth to the end of Year 2 of school (comprising three phases: Birth–Age 3; Age 3–Age 5; Reception–Year 2)
Primary Years Band:	Years 3 to 5 of school
Middle Years Band:	Years 6 to 9 of school, and
Senior Years Band:	Years 10 to 12 of school (Government of South Australia, 2001a, p. 23).

These Bands, however, are not intended to parallel school structures, with five-year-old children for example, being represented in the Age 3–Age 5 phase of the Early Years Band as well as in the Reception–Year 2 phase (Government of South Australia, 2001a). The overview of the 'Key Ideas' (Scope) of the Learning Area, Health and Physical Education, under the Strand 'Health of Individuals and Communities', as developed by SACSA are summarised in Table 9 (Government of South Australia, 2001b).

< Table 9 about here>

4.2 The New SACE Curriculum and Health and Physical Education

The new SACE, being progressively introduced to ensure that students gain the skills they need for work and life, has been updated and strengthened to meet the needs of students, families, higher and further education providers, employers and the community. The new SACE builds upon the achievements of the current SACE and will help students develop the skills and knowledge they need to succeed – whether they are headed for further education and training, university, an apprenticeship or straight into the workforce (Government of South Australia, 2009c). The design of the New SACE is underpinned by four ideas:

(1) the diversity of students, in that students' differ in their experiences, aspirations and abilities,

(2) different places of learning as learning occurs in a variety of places, including schools, registered training organisations, higher education institutions, workplaces and in the community,

(3) personalised learning pathways, taking into account that students will pursue diverse pathways both within and beyond their schooling, and

(4) consistent and transparent standards, with assessment of students' evidence of learning occurring through the consistent and transparent application of performance standards (Government of South Australia, 2009c).

Some salient features of the New SACE are highlighted as follows:

(1) 200 credits is required to qualify SACE with a C grade or higher for compulsory subjects with one semester in a subject being 10 credits and two semesters in a subject worth 20 credits

(2) Most students start their SACE in Year 10 and after Year 10, there are two 'stages' of the SACE: Stage 1 is generally completed in Year 11 and Stage 2 is generally completed in Year 12

(3) The Personal Learning Plan, is a Stage 1 compulsory subject, usually done in Year 10, worth 10 credits and requiring a minimum grade of C or higher

(4) In Stage 1, the required combination is the Personal Learning Plan worth 10 credits, with an additional 20 credit from a range of English subjects or courses and a further 10 credits from a range of mathematics subjects or courses – and these must be completed with a minimum C grade or higher

(5) In Stage 2, the required combination is the Research Project worth10 credits and 60 additional credits with other Stage 2 subjects and courses– and these must be completed with a minimum C grade or higher

(6) The Research Project (worth 10 credits) is a new compulsory subject for Stage 2 students with a chance to do in-depth research and study a topic of interest, requiring a minimum grade of C or higher

(7) The SACE Board also offers Modified Subjects as options for students who have any of the following: severe multiple disabilities or moderate to profound intellectual disability or mild intellectual disability and, studying a Modified Subject, will gain credits towards the SACE but not a grade for the subject (Government of South Australia, 2009c).

The overview of the 'Learning and Assessment Requirements' (Subject Summary) of 'Health' under the Learning Area, Health and Physical Education, as developed by New SACE are summarised in Table 10 (Government of South Australia, 2010a & 2010b).

< Table 10 about here>

The Subject 'Health' is also provided in modified form (Modified Subjects) for students with identified intellectual disabilities, under the new SACE Curriculum, for both Stage 1 and Stage 2, and may be studied as a 10-credit or a 20-credit subject, respectively, for each Stage, with the 'Key Learning Areas', identified as:

- Key Area 1: Personal Health
- Key Area 2: Healthy Living
- Key Area 3: Relationships
- Key Area 4: Well-being
- Key Area 5: Safe Living
- Key Area 6: Safe Workplaces
- Key Area 7: Leisure and Recreational Activities
- Key Area 8: Indoor and Outdoor Recreation (Government of South Australia, 2010c)

4.3The SACSA and the New SACE: The Facts

The justification of the body of literature established thus lies on the fact that neither the 'Health and Physical Education' Curriculum under the SACSA Framework, nor the 'Health' (including the Modified one) under the new SACE details sexually transmissible infections/diseases as underpinning the 'Key Ideas' and 'Learning and Assessment Requirements' of the respective curriculums. Though the SACSA Framework identifies STDs as one of the major health concerns within Australia ([In] [T] [KC1] [KC6]), the social and cultural factors influencing this health concern have been suggested for exploration in an effort to address the constructs and effects of social inequities (Government of South Australia, 2001b), rather than the details of the diseases. Additionally, the SACSA Framework ('Health of Individuals and Communities' Strand), mentions 'children identifying safe and unsafe situations in different spheres, and acting accordingly' (for Early Years Band), 'students identifying and analysing factors of potential hazards or threats to health and accepting responsibility for their future wellbeing and acting accordingly' (for Primary Years Band), 'students considering and critically examining the range of influences on their health associated with increasing freedom of choice and effectively managing risky and challenging situations' (for Middle Years Band) and finally, for the Senior Years Band, 'students examining the long-term effects of their behaviour, including risks taken with increasing freedom on self and society health and accordingly planning and developing strategies and practices' [Refer items in bold in Table 9 earlier]. Nevertheless, the curriculum lacks and fails to comprehensively deal with the allied topic of STDs and its concomitant prevention.

Likewise, the Health 2011 Subject Outline - Stage 1, under the new SACE Curriculum mentions 'the development and maintenance of support networks and positive, safe relationships' alongside 'sexual relationships and health' (under Option Study 5, Stage 1) and 'the role of sexual education and sexual health in general health' (under Option Study 7, Stage 1) (Government of South Australia, 2010a & 2010b). Similarly, Stage 2 focuses on 'knowledge as a core aspect of health' and 'education and the improvement of health literacy' (under Core Concept 1) and 'representation of the diversity of sexual relationships like heterosexuality, homosexuality, bisexuality and trans-sexuality in society', 'ways of exploring sexual relationships from a range of perspectives', 'the definition and practice of sexual safety' and 'the connection between sexuality and relationships' (under Option Study 3) and 'common challenges and risks to the health of young people and their overall impacts on personal and community health' and 'analysis of common perceptions of health risks compared to actual data' (under Option Study 5) (Government of South Australia, 2010a & 2010b). The irony of the facts presented prevails in that at Stage 1, none of the Core Concepts addresses the issue at hand and the student still has 6 choices remaining to opt from Option Studies (even if the student is going in for the 20-credit course requiring three Option Studies), which might not necessarily include Options 5 and 7 in which the issue is addressed. Similarly, at Stage 2, Core Concept 2 doesn't address the issue (and the student requires only one Core Concept, for both credits) and the student again has 5 choices remaining to opt from Option Studies, which might not necessarily include Options 3 and 5 in which the issue is addressed (even when considered that the student is going in for the 20-credit course requiring three Option Studies) [Refer items in bold in Table 10 earlier].

The lacunae of addressing the issue of sexually transmissible infections and related diseases, is clearly evident from the discussion thus, clearly insinuating towards the necessity of a more comprehensive curriculum. Keller (2010) also asserts in this regard that in South Australia, in spite of sexuality education comprising a 'significant component' of the health and physical education curriculum doesn't validate that it is taught. With New South Wales being the only State to compulsorily enforce sexuality education in schools, South Australia still leaves it up to the individual school to tackle the sensitive issue coupled to parents rights of their ward's withdrawal regarding lessons about sex, health and relationships (Keller, 2010).

5. Conclusion

The present review brings to surface the status quo of the provisions entitled in the SACSA and the new SACE Curriculum regarding dealing with STDs and the like diseases. In South Australia, given the increased incidence of STDs and viral hepatitis, specifically among the adolescents and young adults' age groups, the curriculum dealing with the same should be a more comprehensive and elaborate one. This should be more so, based on the fact that schools are envisaged by Australian secondary students to be one of their most useful source of information regarding sexual health and relationships. Accordingly, the curriculum construction should facilitate the cause, rather than overlooking the same in an effort to actively curb the spread of these diseases for a better tomorrow.

References

Australian Institute of Health and Welfare. (2008). *Australia's health 2008*. *Australia's health series no. 11, Cat. no. AUS 99*. Australian Government. Retrieved April 28, 2011 from: http://www.aihw.gov.au/publications/index.cfm/title/10585

Australian Institute of Health and Welfare. (2010). *Australia's health 2010*. *Australia's health series no. 12, Cat. no. AUS 122*. Australian Government. Retrieved April 28, 2011 from: http://www.aihw.gov.au/publications/index.cfm/title/11374

Blum, R.W., & Libbey, H.P. (2004). School connectedness - Strengthening health and education outcomes for teenagers. *Journal of School Health*, 74(7), 231-232. http://dx.doi.org/10.1111/j.1746-1561.2004.tb08278.x

Bradford, D. (1985). *A.I.D.S., Herpes, and everything you should know about V.D. in Australia* (2nd ed.). Carlton, Victoria: Melbourne University Press.

Burazeri, G., Roshi, E., & Tavanxhi, N. (2004). Does knowledge about sexually transmitted infections increase the likelihood of consistent condom use? *Preventive Medicine*, 39(6), 1077-1079. http://dx.doi.org/10.1016/j.ypmed.2004.04.016

Clark, L.R., Jackson, M., & Allen-Taylor, L. (2002). Adolescent knowledge about sexually transmitted diseases. *Sexually Transmitted Diseases*, 29(8), 436-443. http://dx.doi.org/10.1097/00007435-200208000-00002

Communicable Diseases Intelligence. (2010). *September 2010 Quarterly report*. *ISSN 1445-4866 vol. 34 no. 3*. Department of Health and Ageing, Australian Government. Retrieved April 27, 2011 from: http://www.health.gov.au/internet/main/publishing.nsf/Content/cdi3403-1

Department of Health. (2001). *Talking Sexual Health*. Department of Education, Government of Western Australia. Retrieved April 29, 2011 from:

http://www.latrobe.edu.au/arcshs/downloads/arcshs-research-publications/TSH_full_teacher_resource.pdf

Department of Health and Ageing. (2010a). *National Hepatitis B Strategy 2010-2013. Publication no. 6636*. Australian Government. Retrieved April 29, 2011 from: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-hepb/$File/hepb.pdf

Department of Health and Ageing. (2010b). *Second National Sexually Transmissible Infections Strategy 2010-2013. Publication no. 6661*. Australian Government. Retrieved April 29, 2011 from: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-sti/$File/sti.pdf

Department of Health and Ageing. (2010c). *Sixth National HIV Strategy 2010-2013*. *Publication no. 6662*. Australian Government. Retrieved April 29, 2011 from: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-hiv/$File/hiv.pdf

Department of Health and Ageing. (2010d). *Third National Hepatitis C Strategy 2010-2013*. *Publication no. 6637*. Australian Government. Retrieved April 29, 2011 from: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-hcv/$File/hcv.pdf

de Visser, R.O., Smith, A.M.A., Rissel, C.E., Richters, J., & Grulich, A.E. (2003). Sex in Australia: Safer sex and condom use among a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 223-229. http://dx.doi.org/10.1111/j.1467-842X.2003.tb00812.x

Fortenberry, J.D. (1997). Health care seeking behaviors related to sexually transmitted diseases among adolescents. *American Journal of Public Health*, 87(3), 417-420. http://dx.doi.org/10.2105/AJPH.87.3.417

Gatehouse Project. (2008). *The Research, School-based research*. Royal Children's Hospital Melbourne, Centre for Adolescent Health. Retrieved April 29, 2011 from: http://www.rch.org.au/gatehouseproject/project/theresearch/index.cfm?doc_id=399#School_based_research

Government of South Australia. (2001a). *General Introduction, Entire Framework- Including Languages* (*alphabetic*). South Australian Curriculum Standards and Accountability Framework, Department of Education and Children's Services. Retrieved April 29, 2011 from: http://www.sacsa.sa.edu.au/index_fsrc.asp?t=HOME

Government of South Australia. (2001b). *Learning Area Overviews, Health and Physical Education*. South Australian Curriculum Standards and Accountability Framework, Department of Education and Children's Services. Retrieved May 01, 2011 from: http://www.sacsa.sa.edu.au/index_fsrc.asp?t=LA

Government of South Australia. (2009a). *About the Department*. Department of Education and Children's Services. Retrieved April 29, 2011 from: http://www.decs.sa.gov.au/portal/aboutdept.asp?group=Aboutdept&id=about

Government of South Australia. (2009b). *Curriculum & Learning*. South Australian Department of Education and Children's Services. Retrieved April 29, 2011 from: http://www.decs.sa.gov.au/

Government of South Australia. (2009c). *Frequently Asked Questions*. South Australian Certificate of Education, SACE Board of SA. Retrieved May 01, 2011 from: http://www.sace.sa.edu.au/help/faqs

Government of South Australia. (2010a). *Health Subject Outline Summary*. South Australian Certificate of Education, SACE Board of SA. Retrieved May 01, 2011 from: http://www.sace.sa.edu.au/subjects/stage-1/health-and-physical-education/health

Government of South Australia. (2010b). *Health 2011 Subject Outline: Stage 1 and Stage 2*. South Australian Certificate of Education, SACE Board of SA. Retrieved May 01, 2011 from: http://www.sace.sa.edu.au/subjects/stage-2/health-and-physical-education/health

Government of South Australia. (2010c). *Stage 1 and Stage 2 Modified Subjects 2011*. South Australian Certificate of Education, SACE Board of SA. Retrieved May 01, 2011 from: http://www.sace.sa.edu.au/the-sace/teachers-schools/modified-subjects

Grulich, A.E., de Visser, R.O., Smith, A.M.A., Rissel, C.E., & Richters, J. (2003a). Sex in Australia: Knowledge about sexually transmissible infections and blood-borne viruses in a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 230-233.

Grulich, A.E., de Visser, R.O., Smith, A.M.A., Rissel, C.E., & Richters, J. (2003b). Sex in Australia: Injecting and sexual risk behaviour in a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 242-250. http://dx.doi.org/10.1111/j.1467-842X.2003.tb00813.x

HIV/Hepatitis C Policy and Programs Communicable Disease Control Branch SA Health. (2009a). *Hepatitis C action plan 2009*-2012. *Dewey no. 616.3623099423*. Government of South Australia. Retrieved April 29, 2011 from: http://www.publications.health.sa.gov.au/cdc/28/

HIV/Hepatitis C Policy and Programs Communicable Disease Control Branch SA Health. (2009b). *HIV action plan 2009-2012. Dewey no. 614.599392099423*. Government of South Australia. Retrieved April 29, 2011 from: http://www.publications.health.sa.gov.au/cdc/29/

Holmes, K.K., Sparling, P.F., Stamm, W.E., Piot, P., Wasserheit, J.N., Corey, L., Cohen, M.S., & Watts, D.H. (eds.) (2008). *Sexually Transmitted Diseases* (4th ed.). New York: McGraw-Hill.

Kahn, J.A., Goodman, E., Huang, B., Slap, G.B., & Emans, S.J. (2003). Predictors of Papanicolaou smear return in a hospital-based adolescent and young adult clinic. *Obstetrics & Gynecology*, 101(3), 490-499. http://dx.doi.org/10.1016/S0029-7844(02)02592-9

Keller, C. (2010). Getting the big picture on sex. *The Advertiser*, March 23. Retrieved April 27, 2011 from: http://www.adelaidenow.com.au/news/in-depth/getting-the-big-picture-on-sex/story-e6frebvu-1225844164977

Libbey, H.P. (2004). Measuring student relationships to school: attachment, bonding, connectedness, and engagement. *Journal of School Health*, 74(7), 274-283. http://dx.doi.org/10.1111/j.1746-1561.2004.tb08284.x

National Centre in HIV Epidemiology and Clinical Research. (2010). *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2010. ISSN 1838-5559*. Sydney: The University of New South Wales. Retrieved April 27, 2011 from: http://www.med.unsw.edu.au/nchecrweb.nsf/resources/SurvRep07/$file/ASR2010-rev1.pdf

Resnick, M.D. (2000). Protective factors, resiliency, and healthy youth development. *Adolescent Medicine* (Philadelphia), 11(1), 157-165.

Sexual Health & Family Planning Australia. (2010). *Sexual Health & Family Planning Australia Strategic Plan 2010-2013*. Retrieved April 29, 2011 from: http://www.shfpa.org.au/images/stories/SHAFP_SPFinal.pdf

Sexually Transmitted Diseases Services. (2009). *Summary statistics of Sexually Transmitted Diseases in South Australia, 2008*. Royal Adelaide Hospital, Health SA. Retrieved April 28, 2011 from: http://www.stdservices.on.net/stats/std_2008.htm

Sexually Transmitted Diseases Services. (2010). *April-June 2010 Quarterly Surveillance Report*. *ISSN 1328-0090 no. 56*. Government of South Australia, SA Health. Retrieved April 27, 2011 from: http://www.stdservices.on.net/publications/pdf/qsr201002.pdf

Smith, A., Agius, P., Mitchell, A., Barrett, C., & Pitts, M. (2009). *Secondary Students and Sexual Health 2008: Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health. Monograph Series 70*. Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

Stancombe Research & Planning P/L. (2009). *Final Quantitative Research Report: Measuring awareness and attitudes among young Australians towards STIs, including HIV/AIDS*. Australian Government Department of Health and Ageing. Retrieved April 28, 2011 from: http://www.sti.health.gov.au/internet/sti/publishing.nsf/Content/research

World Health Organization. (2006). *Global strategy for the prevention and control of sexually transmitted infections: 2006-2015, Key messages*. Department of Reproductive Health and Research. Retrieved April 29, 2011 from: http://whqlibdoc.who.int/hq/2006/WHO_RHR_06.10_eng.pdf

World Health Organization. (2011). *Health topics*: *Adolescent health*. Retrieved April 28, 2011 from: http://www.who.int/topics/adolescent_health/en/

Yacobi, E., Tennant, C., Ferrante, J., Pal, N., & Roetzheim, R. (1999). University students' knowledge and awareness of HPV. *Preventive Medicine*, 28(6), 535-541. http://dx.doi.org/10.1006/pmed.1999.0486

Table 1. Compiled statistics for South Australia regarding HIV infection and AIDS in the period 2000-2009

(Source: NCHECR 2010: 33-53)

South Australia											
Newly diagnosed HIV infection by year											
Year	≤00[1]	01	02	03	04	05	06	07	08	09	Total[1'2]
	751	44	30	45	54	51	61	56	47	53	1,192
[1]Late HIV diagnosis for diagnoses in 2000 only. Total percentage with late HIV diagnosis in 2000–2009 only [2]Not adjusted for multiple reporting *Source: State/Territory health authorities, as cited in (NCHECR 2010 Table 1.1.1: 35)*											
Number of specimens tested for HIV antibody in public health laboratories, 2000–2009											
Year	2000	2001	2002	2003	2004	2005	2006	2007	2008 [1]	2009	
	76,275	77,219	75,360	79,409	83,970	88,158	88,552	80,664	95,696	62,560	
[1]Estimated number of specimens tested for HIV antibody, adjusted for incomplete reporting *Source: National Serology Reference Laboratory, Australia, as cited in (NCHECR 2010 Table 1.1.7: 41)*											

Newly acquired HIV infection [1], 2000–2009, by year, by sex (M-Male, F-Female)

Year	00	01	02	03	04	05	06	07	08	09	Total
	M - 6 F - 1	M - 10 F - 1	M - 6 F - 0	M - 15 F - 1	M - 15 F - 1	M - 15 F - 0	M-17 F - 0	M - 7 F - 0	M - 6 F - 1	M - 6 F - 0	103 5

[1]Newly acquired HIV infection was defined as newly diagnosed HIV infection with a negative or indeterminate HIV antibody test result, or a diagnosis of primary HIV infection within one year of HIV diagnosis

Source: State/Territory health authorities, as cited in (NCHECR 2010 Table 1.2.1: 42)

Number of AIDS cases by year [1]

Year	≤00[2]	01	02	03	04	05	06	07	08	09	Total [1]
	380	9	15	5	11	9	13	3	6	8	459

[1]Not adjusted for reporting delay

[2]Late HIV diagnosis defined as HIV infection newly diagnosed within 3 months of AIDS diagnosis. Percentage with late HIV diagnosis for 2000 only. Total percentage with late HIV diagnosis in 2000–2009 only

Source: State/Territory health authorities, as cited in (NCHECR 2010 Table 1.3.1: 44)

Number of AIDS diagnoses by year and sex

Year	≤00	01	02	03	04	05	06	07	08	09	Total
	M -355 F - 25	M - 6 F - 3	M - 13 F - 2	M - 5 F - 0	M - 9 F - 1	M - 9 F - 0	M-12 F-1	M - 3 F - 0	M - 6 F - 0	M - 8 F - 0	426 32

Source: State/Territory health authorities, as cited in (NCHECR 2010 Table 1.3.2: 45)

Number of deaths following AIDS, by year of death and sex

Year	≤00	01	02	03	04	05	06	07	08	09	Total
	M -238 F – 16	M - 8 F - 0	M - 10 F - 2	M - 5 F - 2	M - 11 F - 0	M - 2 F - 0	M-5 F-0	M - 1 F - 0	M - 0 F - 0	M - 0 F - 0	280 20

Source: State/Territory health authorities, as cited in (NCHECR 2010 Table 1.3.4: 47)

Number and population rate [1]of perinatal exposure to HIV among children, 2000–2009

Year	2000-2001		2002-2003		2004-2005		2006-2007		2008-2009	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
	1	2.8	2	5.7	1	2.9	4	10.5	4	9.9

[1]Average annual rate of perinatal HIV exposure per 100,000 livebirths. Number of livebirths by State/Territory and year from *Births, Australia* (Australian Bureau of Statistics)

Source: Australian Paediatric Surveillance Unit; State/Territory health authorities, as cited in (NCHECR 2010 Table 1.5.1: 53)

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Table 2: Compiled statistics for South Australia regarding viral hepatitis (A, B, C, D) in the period 2005-2009 (Source: NCHECR 2010: 59-67)

South Australia										
Number and rate of diagnosis of hepatitis A infection, 2005–2009										
Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	10	0.7	8	0.5	5	0.3	20	1.3	59	3.7
[1] Age standardised rate per 100,000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)										
Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 2.1.1:59)										
Number and rate of diagnosis of hepatitis B infection, 2005–2009										
Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	333	21.8	322	20.9	518	33.1	430	27.2	456	28.4
[1]Age standardised rate per 100,000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)										
Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 2.1.3: 60)										
Number and rate of diagnosis of newly acquired hepatitis B infection, 2005–2009										
Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	8	0.5	7	0.5	12	0.8	11	0.7	9	0.5
[1]Age standardised rate per 100,000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)										
Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 2.1.5:61)										
Number and rate of diagnosis of hepatitis C infection, 2005–2009										
Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	625	40.8	589	38.1	628	40.3	584	37.0	548	34.6
[1]Age standardised rate per 100 000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)										
Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 2.1.9:64)										
Number of diagnoses of newly acquired hepatitis C infection, 2005–2009										
Year	2005		2006		2007		2008		2009	
	53		55		48		43		45	
Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 2.1.11:64)										
Number of diagnoses of hepatitis D infection, 2005–2009										
Year	2005		2006		2007		2008		2009	
	0		0		0		0		0	
Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 2.1.15:67)										

Table 3: Compiled statistics for South Australia regarding sexually transmissible infections (chlamydia, donovanosis, gonorrhoea and infectious syphilis) in the period 2005-2009 (Source: NCHECR 2010: 75-77)

South Australia

Number and rate of diagnosis of chlamydia, 2005–2009

Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	2,706	177.3	3,125	202.0	3,466	220.9	3,652	229.5	3,757	232.1

[1]Age standardised rate per 100,000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)

Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 3.1.1: 75)

Number of diagnoses of donovanosis [1], 2005–2009

Year	2005	2006	2007	2008	2009
	0	0	0	0	0

[1]South Australia has no reported cases of the disease, whereas, NT, QLD AND WA has so, but meagre figures over the period 2005-2009

Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 3.1.3:75)

Number and rate of diagnosis of gonorrhoea, 2005–2009

Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	399	26.2	497	32.2	429	27.6	493	31.5	399	25.1

[1]Age standardised rate per 100,000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)

Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 3.1.5: 76)

Number and rate of diagnosis of infectious syphilis, 2005–2009

Year	2005		2006		2007		2008		2009	
	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
	18	1.2	46	3.0	49	3.2	49	3.1	53	3.3

[1]Age standardised rate per 100,000 population. Population estimates by State/Territory and year from *Australian Demographic Statistics* (Australian Bureau of Statistics)

Source: National Notifiable Diseases Surveillance System, as cited in (NCHECR 2010 Table 3.1.7: 77)

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Table 4: HIV infection in males in South Australia, 01/04/09-30/06/09, 01/04/10-30/06/10 and year to date. Case category by age at diagnosis (Source: STDS 2010 Table 1.3: 5)

	01/04/09-30/06/09			01/04/10-30/06/10			Year to date		
	Age group (years)			Age group (years)			Age group (years)		
Case category	<25	25-39	≥40	<25	25-39	≥40	<25	25-39	≥40
Newly acquired [1]	–	1	1	–	1	1	–	1	2
Greater than 12 mths [2]	–	1	–	–	3	1	–	7	1
Uncertain duration [3]	1	2	2	1	–	3	1	2	3
Known positive (0/seas)*	1	1	–	–	–	1	–	3	2
Total	2	5	3	1	4	6	1	13	8

[1] Incident case - negative serology or diagnosed seroconversion illness in the preceding 12 months

[2] Infection likely to be greater than 12 months - risk behaviour confined to more than 12 months ago or diagnosed seroconversion illness more than 12 months ago

[3] Uncertain duration- tested for the first time this year and no seroconversion illness or AIDS defining illness present

*Aware of HIV infection on entry to Australia

Table 5: Genital Chlamydial infection in South Australia, 01/04/09-30/06/09, 01/04/10-30/06/10 and year to date. Age group by sex (Source: STDS 2010 Table 2.1: 8)

Age	01/04/09-30/06/09			01/04/10-30/06/10			Year to date		
Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
10-14	4	3	7	1	11	12	1	13	14
15-19	63	181	244	79	205	284	149	416	565
20-24	171	289	460	181	235	416	344	489	833
25-29	103	98	201	88	95	183	200	198	398
30-34	51	45	96	49	42	91	98	76	174
35-39	21	9	30	32	30	62	56	57	113
40-44	16	12	28	21	13	34	45	30	75
45-49	12	3	15	14	6	20	25	16	51
≥ 50	18	8	26	8	13	21	25	18	43
Total	459	648	1107	650	650	1123	943	1313	2256

Table 6: Gonococcal infection detected in South Australia, 01/04/09-30/06/09, 01/04/10-30/06/10 and year to date. Age group by sex (Source: STDS 2010 Table 3.1: 11)

Age	01/04/09-30/06/09			01/04/10-30/06/10			Year to date		
Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
10-14	–	2	2	1	–	1	1	–	1
15-19	16	23	39	13	13	26	17	21	38
20-24	15	14	29	22	14	36	45	19	64
25-29	9	11	20	28	15	43	45	18	63
30-34	11	12	23	12	5	17	21	9	30
35-39	6	6	12	8	2	10	12	5	17
40-44	1	3	4	8	6	14	14	9	23
45-49	3	1	4	2	1	3	8	1	9
≥ 50	3	2	5	4	–	4	11	–	11
Total	64	74	138	98	56	154	174	82	256

Table 7: Syphilis infection in South Australia, 01/01/09-30/06/09 and 01/01/10-30/06/10. Age group by sex (Source: STDS 2010 Table 4.2: 13)

Age	01/01/09-30/06/09			01/01/10-30/06/10		
Group	Male	Female	Total	Male	Female	Total
20-24	5	1	6	2	–	2
25-29	4	–	4	1	–	1
30-34	4	–	4	3	–	3
35-39	1	–	1	–	1	1
40-44	2	–	2	–	–	–
45-49	1	–	1	–	1	1
50-54	4	–	4	–	–	–
55-59	1	–	1	–	–	–
≥ 60	–	–	–	–	–	–
Total	22	1	23	6	2	8

Table 8: Summary statistics of Sexually Transmitted Diseases in South Australia, 2008 (Source: STDS 2009)

Diagnoses	Male	Female	Total
Warts	979	345	1324
Molluscum contagiosum	181	88	269
Herpes	126	99	225
Bacterial vaginitis	Not Applicable	246	246
Candida vaginitis	Not Applicable	201	201

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Table 9: Scope: Key Ideas Overview, Health and Physical Education, SACSA Framework (Source: Government of South Australia 2001b)

EARLY YEARS BAND (R-2) The R-2 Key Ideas build upon the Birth-Age 5 Key Ideas. Together they make up the Scope in the Early Years Band.	**PRIMARY YEARS BAND**	**MIDDLE YEARS BAND**	**SENIOR YEARS BAND**
Strand: **HEALTH OF INDIVIDUALS AND COMMUNITIES**			
Children conceptualise that there are many dimensions to health, appreciating what it means to be healthy and understanding that health involves an interdependence between the individual and communities. [F] [Id] [In] [KC1]	**Students accept increasing responsibility for their future wellbeing** and **analyse factors that support or present risks to their health** and that of their families, friends **and communities**. [F] [In] [KC1]	**Students consider the range of influences on their health associated with increasing freedom of choice**, **critically examine information available** about those choices, and **devise personal and community strategies** based on them. [F] [In] [T] [KC1] [KC6]	Students analyse, evaluate and report on a range of influences on health, including economic, cultural and political influences, and develop skills to apply in a range of lifestyle choices. [F] [In] [T] [KC1] [KC2]
Children identify safe and unsafe situations in homes, school, work and community environments. They **explore rules and behaviours and develop skills to help themselves and others** to remain safe and healthy. [In] [T] [K C1] [KC6]	**Students identify potential hazards or threats** to their health and safety and **devise plans for acting to protect themselves and** their **communities**. [F] [Id] [In] [KC3]	Students learn to assess and build their understandings of skills to **effectively manage risky and challenging situations for themselves and others**. [In] [T] [KC6]	Students **examine the long-term effects of their behaviour on their health and safety**. They **plan and develop strategies and practices** to assist them to take personal, social and working responsibility **for their health and safety as they take risks with increasing freedom**. [F] [Id] [T] [KC1] [KC3]
Children collect, organise and use information about the types of food that comprise a healthy diet and identify skills for safe handling and preparation of food. [In] [T] [KC1]	Students read and interpret information about food selection in relation to sound dietary practice. They analyse their own meals, consider factors that influence food choice and develop skills to prepare a variety of foods which are physiologically and environmentally healthy. [Id] [T] [C] [KC1]	Students increase their knowledge of and skills for healthy dietary practice. They research and critically analyse information, including online, on food choice, and identify the influence of peers and the media on nutritional choices. [Id] [T] [C] [KC1]	Students evaluate the latest scientific research on diet and diet-related diseases for different stages of the life span, and develop skills to prepare healthy food suitable for people at the different stages of life. [F] [T] [C] [KC1]

Table 10: Overview of the Learning and Assessment Requirements of Health, New SACE (Source: Government of South Australia 2010a and 2010b)

Health* Overview (Learning Area: Health and Physical Education) *Focus capabilities for this subject are Personal Development, Citizenship, and Learning					
Stage 1			**Stage 2**		
Health	Credits	Codes	*Health*	Credits	Codes
Half Year	10 (at least *one* core concept and *one* option study)	1HEH10	Half Year	10 (at least *one* core concept and *one* option study)	2HEH10
Full Year	20 (at least *one* core concept and *three* option studies)	1HEH20	Full Year	20 (at least *one* core concept and *three* option studies)	2HEH20
Core Concepts 1. Ways of Defining Health 2. Health Literacy			**Core Concepts** **1**. **Health Literacy** 2. Social and Economic Determinants of Health		
Option Studies 1. Health and Participation in an Active Lifestyle 2. The Effects of Alcohol, Tobacco, and Other Drugs on Health 3. Health and the Environment 4. Contemporary Health Priorities in Australia **5**. **Health and Relationships** 6. Mental and Emotional Health **7**. **Growing up Healthy** 8. Careers and Vocational Studies in Health			**Option Studies** 1. Health Promotion in the Community 2. Health and Environment **3**. **Sexuality and Health** 4. Health and Relationships **5**. **Risks and Challenges to Health** 6. Stress and Health 7. Vocational Studies and Applications in Health		
Health: Local Program (school-based content and/or assessment can vary) Half Year Full Year	Credits 10 20	Codes 1HHS10 1HHS20	*Health: Local Program* (school-based content and/or assessment can vary) Half Year Full Year	Credits 10 20	Codes 2HHS10 2HHS20
Assessment (School based and students demonstrate evidence of their learning through): Issues Response Group Activity, and Investigation			Assessment (School based, except for the External Investigation [30%]** and students demonstrate evidence of their learning through): Group Investigation and Presentation [30%] Issues Analysis [20%], and Practical Activity [20%] **Weightage included in parentheses[]		