

Fertility and Assisted Reproduction: Teaching Module

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For Primary and
Secondary Schools



Fertility and Assisted Reproduction: Teaching Module

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Sexual Health Victoria defines best practice in sexuality education as:

'A comprehensive, whole-school approach to increasing the reproductive and sexual health literacy of children and adolescents. It is best undertaken as a shared partnership between schools, parents and carers, and the community. RSE is a lifelong process, beginning at birth. It is recommended that age- and developmentally-appropriate RSE is included within preschool curricula and extends throughout all formal years of schooling. It is essential that comprehensive RSE programs provide:

- *sex-positive and pleasure-positive messages related to reproductive and sexual health and wellbeing*
- *scientifically accurate and non-judgemental information*
- *opportunities to explore values and build communication*
- *development of informed decision-making skills*
- *celebrate the diversity of all individuals in regard to bodies, sexualities, genders, cultures and ways of living.*

Introduction

This resource is designed to be used in conjunction with the online learning module (shvic.org.au/schools/collaborations-and-partnerships/fertility-and-assisted-reproduction-resources) which further supports the teaching and learning of ART within classroom settings.

These units of work within this module are best taught as a part of a comprehensive Relationships and Sexuality Education (RSE) program, and focus on:

- fertility,
- donor conception, and
- assisted reproductive treatment (ART).

By placing these topics within a comprehensive RSE program we believe children and young people will see fertility as relevant and important within the context of their future personal, social and emotional lives.

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

Some families will not have told their child how they were conceived and may have concerns about how the topic is covered within RSE programs. Educators should encourage concerned parents to refer to the Victorian Assisted Reproductive Treatment Authority (VARTA) website for resources on talking to children about donor conception and surrogacy (available at: www.varta.org.au).

Educator Information

Cultural diversity

In SHV's experience, school RSE (including reproductive health education) programs are welcomed and accepted by a wide range of diverse communities. Because there can be such a wide range of faith and belief systems, attitudes and values within a school community, some schools may be concerned or anxious in being able to meet the needs of all involved. When schools and educators work in culturally sensitive and collaborative ways with their school community, and when they encourage students to listen to and accept differing opinions, RSE programs can be implemented in meaningful, sensitive and successful ways.

Families

In contemporary Australian society there are many different types of families. These include families with one parent, those with two parents and those headed by grandparents or other carers. There are step-families, divorced, blended, foster and adoptive families. There are also children who come from families with same-sex parents – sometimes called 'rainbow families'. There are also increasing numbers of children in families who are conceived with the assistance of reproductive treatment, including IVF, donor conception and surrogacy. It is important that educators validate and provide information on the increasingly diverse nature of families.

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

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

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

Inclusive body discussions

It is important to be aware of language used during sessions and incorporate inclusive language into any discussion around bodies, gender or sexuality.

When talking about bodies or puberty changes, people might often talk about what is 'typical' for girls/women/females or boys/men/males, but it is important to note that this is not true for all people and all bodies - particularly for people who identify as non-binary, gender fluid, transgender or for those with intersex variations.

Parental choice to withdraw

Parents/carers may decide to withdraw their child from participation in the RSE component of the school's health curriculum and education. Please refer to the Department of Education's School Policy and Advisory Guide for further information regarding this.

Establishing supportive classroom environments

At the beginning of each school year, teachers often establish group behaviours and expectations with the help of students to set the framework for safe and respectful classrooms. These expectations are crucial when dealing with sensitive topics discussed within RSE (including reproductive health education). Here are some examples classroom expectations that might help facilitate a safe and supportive learning environment when teaching the following modules:

- ▶ Be kind
 - Show respect towards ourselves and one another. This includes people having the right to share and contribute, or the right to pass if they would prefer not to.
- ▶ Be fair
 - Acknowledge and understand that all people have different views, values, beliefs, experiences and levels of comfort.
- ▶ Be careful
 - Aim to protect the personal privacy of yourself and others by not sharing personal information about yourself or others. Avoid sharing this information with younger students, or students that do not attend these classes.
- ▶ Be understanding of difference
 - Acknowledge that we live in a diverse society which includes diversity in bodies, sexuality, gender, family structures and birth stories.

Protective interrupting

Protective interrupting is a strategy to prevent a child from disclosing private or inappropriate information about themselves, their family, or their friends. This protects the student from sharing information that might lead to social exclusion.

These following steps are used to implement protective interrupting:

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

Mandatory reporting

To create and maintain a child safe organisation, all Victorian schools must comply with Ministerial Order No. 870. Refer to the following if a child discloses information that leads you to believe they are not safe and at risk of abuse or have been abused:

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

Explaining difficult concepts

Depending on the age and development of the students you are working with, it may be necessary to vary the sophistication of the language used when explaining concepts. It is important to keep in mind that explanations should be clear and simple.

1. Explaining ovulation and menstruation

The following information is true for people with a uterus and ovaries.

The ovaries (typically 2 of them) contain millions of eggs from birth. These eggs decrease in number and quality over time. Beginning in puberty (usually somewhere between the ages of 8-16) and lasting through to menopause (usually somewhere between the ages of 40-60), these eggs will be triggered by hormones to grow and mature (typically a few eggs) each month.

Once an egg has matured within the ovary, it is released into the fallopian tube (even though a few eggs mature, usually only one egg is released). The release of an egg is called 'ovulation'. The released egg travels down the fallopian tube until it gets to the uterus. Along the way, if this egg meets with a sperm (fertilisation), there is the potential for it to develop into an embryo and grow within the uterus. As the egg travels down the fallopian tube, making its way towards the uterus, the uterus is busy building a thickened lining of cells that will help to support the growth of the developing embryo. If however, the egg does not meet a sperm, it will trigger hormones within the body that indicate to the body that there is no pregnancy, and signal for the body to shed the thickened lining of the uterus. This leaves the body through the vagina as a mixture of lining cells, mucous and blood and is often referred to as a period. This cycle of maturing and releasing eggs, along with the thickening and shedding of the uterine lining is called the menstrual cycle.

The menstrual cycle usually occurs about once a month (approximately 28 days). A period (bleeding) will last for around 3-5 days (but can be up to 7). The average blood loss is between 30-40 mL in total each period. If periods cause extreme discomfort or pain, or if they continue to be irregular (periods that are more or less than monthly) one to three years after a person starts menstruating, they should consult a doctor.

2. Explaining how sperm are made

The following information is true for people with testicles.

Sperm are made in the testicles (testes). This begins in puberty and continues throughout the lifetime (although the quality of sperm produced decreases over time). It takes about 70 days

to make sperm, and then it is stored until it is ejaculated, or broken down by the body. During ejaculation the sperm travel through the spermatic cords, mixing with fluid from the prostate gland and seminal vesicles until it leaves the body through the tiny hole at the end of the penis (urethra).

3. Explaining sex

Sex can mean different things to different people. Sex may be about being close and intimate; making a baby; or for physical pleasure. Sex is only for people who are 'grown up' in their bodies and minds, and only ever when there is consent. Sex doesn't necessarily involve a penis or a vagina, and it doesn't always make a baby.

People don't ever have to have sex if they don't want to. No one is allowed to pressure anyone else into having sex or make them do anything sexual. Most adults will eventually have sex, but not everyone chooses to be sexual.

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

4. Explaining pre-conception health

To have the best possible chance of having a healthy baby, people who want to get pregnant should be looking after their bodies and have a health-check with their doctor before they start trying. Being of a healthy weight, eating healthy food, exercising regularly, and avoiding drugs (including some medications), cigarettes and alcohol will give the baby the best start in life. The doctor will make sure that immunisations for the person that is growing the baby are up-to-date and may recommend they take a daily vitamin which helps the foetus to grow and develop.

5. Explaining conception and pregnancy

Conception is the process of a sperm and egg joining (fertilisation) leading to a pregnancy. Conception can take place within the body (the body of someone who has fallopian tubes and a uterus), or outside of the body through Assisted Reproductive Treatment.

Conception within the body:

With consent, and between people who are 'grown-up' in their bodies and minds, an erect penis can be put inside a vagina. This is often called having sex. During sex, the penis will ejaculate semen (which is a mixture of sperm and fluid). The sperm swim up through the vagina, through the cervix, through the uterus, then swim on into the fallopian tubes. If a sperm joins with an egg, fertilisation has occurred. The fertilised egg travels down and implants into the wall of the uterus.

Conception via Assisted Reproductive Treatment:

Some people are not able to conceive within the body. This might be because they have medical reasons preventing the sperm and egg fertilising or growing within the body, it might be because they do not have the sperm, egg, or body parts to required to conceive (same-sex couples) or because they are a single parent wanting to make a baby. In this case Assisted Reproductive Treatments would be used. These treatments might involve joining a sperm and egg outside of the body and then implanting the embryo into the uterus (IVF), the donation of sperm/egg/embryo, or someone growing a baby for another person (surrogacy).

Pregnancy:

After the egg has been fertilised by a sperm cell, the fertilised egg travels down and implants into the wall of the uterus. We now call this an embryo and say the woman is pregnant. The embryo/foetus grows for approximately 40 weeks until it is developed and ready to be born.

Whilst inside the woman's uterus the foetus is attached to the woman by a tube called an umbilical cord. The umbilical cord allows the foetus to breathe, receive food and exchange waste materials.

Most babies are conceived by a man and woman having intercourse. It's now possible to conceive through assisted reproductive treatment (ART). One example of ART is in vitro fertilisation (IVF).

6. Explaining tracking your ovulation

The following information is true for people with a uterus, ovaries and vagina.

Ovulation is when an egg is released from an ovary during the menstrual cycle. The few days prior to ovulation and the day of ovulation is when a person is most fertile. This means the fertilisation (sperm and egg joining) is more likely to occur during this time. In a 'text book' twenty-eight day menstrual cycle, ovulation takes place on the 14th day ('Day 1' is the first day of the period). As the length of the menstrual cycle can vary greatly from person to person, there are other ways to know when ovulation is happening.

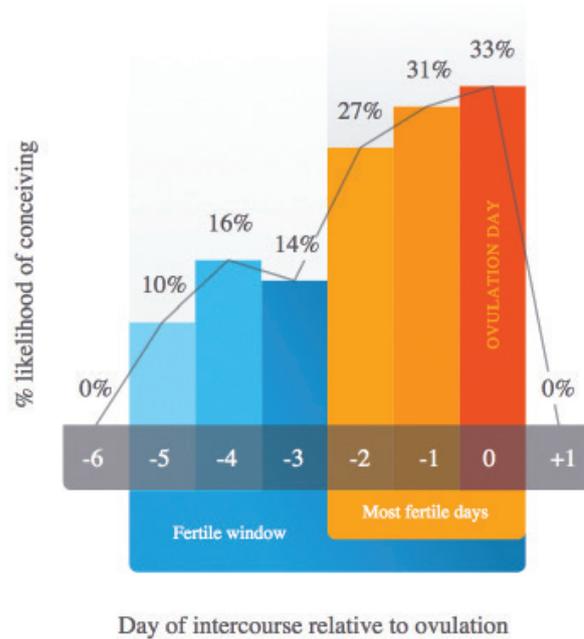
There are also changes in the vaginal mucus (also called 'discharge'). Vaginal mucus is thick, sticky and creamy coloured during the non-fertile times of a menstrual cycle; the mucus changes to a slippery, stretchy, clear mucus during ovulation. By tracking how the mucus looks, a person can predict when they ovulate and are most likely to conceive.

7. Explaining birth

The following information is true for people with a uterus, ovaries and vagina.

When the baby is ready to be born, the person growing the baby will have contractions. This is called being in labour. The contractions indicate that the cervix is stretching open to allow the baby out. The time this takes can vary from a few hours to a few days. When the cervix has stretched open wide enough, the baby can be delivered (pushed out) through the vagina.

Figure 1: Likelihood of conceiving (expressed as a percentage), relative to day of intercourse and day of ovulation.



Babies are usually born head first. If a baby is born bottom first, we call this breech.

In some circumstances the baby is not able to be delivered vaginally. When this occurs a caesarean is performed. This is when the abdomen (including the uterus) of the person growing the baby is cut and opened to allow for the baby to be born.

The last stage of delivery is when the umbilical cord and placenta are delivered.

8. Explaining in vitro fertilisation (IVF)

In vitro fertilisation is a medical procedure whereby an egg is fertilised by sperm outside of the body. The first stage of the process involves the ovaries being stimulated to produce mature eggs. The eggs are then surgically removed by a doctor. A sperm is inserted into each egg to fertilise them. Once embryos have formed, some are introduced to the uterus of the person who will grow the baby (one or sometimes two embryos). Others may be frozen for later use.

IVF doesn't always work and sometimes the person doesn't get pregnant even with the doctor's help.

9. Explaining sperm/egg/embryo donation

A donor is someone who gives something to another person to help them (e.g. a blood or kidney donor). People can also donate sperm, eggs or embryos (sperm donor/egg donor/embryo donor) to help someone else have a baby.

10. Explaining surrogacy

Sometimes a person is unable to conceive, or sustain a pregnancy long enough for a foetus to grow into a baby. Sometimes people want to have a baby but they don't have a uterus. A person who offers to grow the baby inside of their uterus is called a surrogate.

The embryo from the parents is placed into the surrogate's uterus where it keeps developing until it is ready to be born. The parents might need the help of a donor as well as a surrogate (e.g. gay fathers will need an egg donor). After the baby is born it is given to its parents.

Key Terms

- Assisted reproductive treatment (ART): a medical treatment or procedure that helps people become pregnant including in-vitro fertilisation (IVF), the use of donor gametes (eggs, sperm or embryos), and surrogacy.
- Fertility: the ability to conceive.
- Reproductive life planning: thinking about your goals for having - or not having - children, and how to achieve those goals.

Table of lessons at each Curriculum Level

	Fertility	Donor conception/Surrogacy	Assisted Reproductive Treatment (ART)
Curriculum Levels 3 & 4			
Lesson number and title	1. Human life stages	2. Family constellations	3. Sometimes it takes three to make a baby
Content of lesson	Life stages of human development (with a focus on fertility.)	Family diversity - including step, rainbow, foster, IVF, etc).	Basic conception - including assisted reproductive treatment.
Curriculum Levels 5 & 6			
Lesson number and title	4. Ways to conceive - when you need medical help to conceive	5. Healthy bodies healthy babies	6. Donor conception - Personal stories
Content of lesson	Overview of the different ways of conceiving.	Factors that can increase the likelihood of conceiving and having a healthy baby. Introduction to preservation of fertility.	Experiences and reflections from those who have been donor conceived.
Curriculum Levels 7 & 8			
Lesson number and title	7. Dear Fertility Doctor	8. Overview of ART	9. Telling it your way
Content of lesson	Health and fertility – factors to assist in maintaining optimum fertility.	Scientific processes related to IVF and ART.	Identity formation in relation to conception and surrogacy.
Curriculum Levels 9 & 10			
Lesson Number and title	10. Fertility optimisation	11. Donor-conceived people's stories	12. Diverse, modern families
Content of lesson	Looking after your fertility and life planning activity.	Finding out about donor conception, individual and societal issues.	Diverse, modern families and the social context.



Lesson outlines and worksheets

by Curriculum Levels

Curriculum Levels 3 and 4

	Fertility	Donor conception/Surrogacy	Assisted Reproductive Treatment (ART)
Lesson number and title	1. Human life stages	2. Family constellations - Who's in your family?	3. Sometimes it takes three to make a baby
Content of lesson	Life stages of human development (with a focus on where fertility fits in).	Family diversity - including step, rainbow, foster, IVF, etc).	Basic conception - including assisted reproductive treatment.

Necessary prior learning

When talking about bodies changes, people might often talk about what is 'typical' for girls/women/females or boys/men/males, but it is important to note that this is not true for all people and all bodies - particularly for people who identify as non-binary, gender fluid, transgender or for those with intersex variations.

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

- The sexual and reproductive anatomy of a 'typical' female body (e.g. uterus, fallopian tubes, cervix, ovaries, vagina, vulva).
- The sexual and reproductive anatomy of a 'typical' male body (e.g. testicles, penis, urethra, scrotum, spermatic cord).
- A basic understanding of sexual diversity and diverse families.
- A basic understanding of conception and pregnancy.

Suggested activities from Sexual Health Victoria's Relationships and Sexuality Education portal (shvic.org.au/education-resources):

- Doris and Boris: shvic.org.au/student-sessions/doris-and-boris
- Reproductive body parts: shvic.org.au/student-sessions/reproductive-body-parts
- Pregnancy and birth timeline: shvic.org.au/student-sessions/pregnancy-and-birth-timeline
- Gender (Catching on Early p132-134): fuse.education.vic.gov.au/Resource/Download?objectId=ee5cfd49-48e7-4698-a06d-37e2e21cbbd9&SearchScope=Teacher

Lesson: 1

Key messages:

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

Lesson Details

THEME Life stages of human development

TIME 60 minutes

VICTORIAN CURRICULUM
Levels 3 and 4

HEALTH AND PE:
Explore strategies to manage physical, social and emotional change (VCHPEP089)

CAPABILITIES:
Examine the similarities and differences between individuals and groups based on factors such as sex, age, ability, language, culture and religion (VCPSCSO020)

AUSTRALIAN CURRICULUM
Levels 3 and 4

HEALTH AND PE:
Plan, rehearse and reflect on strategies to cope with the different changes and transitions they experience, such as the changes associated with puberty (AC9HP4P02)

RESOURCES

- A picture of people in different life stages to use as an introduction. These might include a photo of an extended family, a crowded street scene etc. This can be sourced from the internet.
- A copy of the following worksheet for each student: Human Life Stages and Pre-birth stages.

Human life stages

Learning Intention

To develop an understanding of the similarities and differences that exist within human development.

Success Criteria

Students will identify the order, stages and milestones that exist at each stage of the lifespan.

Teaching Notes

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

Procedure

- Introduce the session by holding up the picture of a group of people in different life stages. Ask the students the following questions:
 - What do you notice about the people in this picture?
 - Point out two people clearly in different life stages (e.g. an adult and a toddler). What is the difference between these people?
 - How can you tell they are different?
 - Will the younger/ smaller one become like the older one? How? Why?
 - Will the older one become like the younger one? Why? Why not?
- Lead the discussion towards students recognising the concept of life stages. Ask students if any of the stages have names and list them on the board as students offer their answers. Ask students to put the life stage names on the board in order of youngest to oldest.
- Hand out **Human Life Stages worksheets** to students. Explain that students need to cut out the pictures of the people and paste them in order of youngest to oldest onto the long paper strip. Instruct them to start the youngest person in the middle of the paper and tell them you will explain why later. Once that is completed, students can cut and paste the life stage names under the correct pictures depicting that life stage.
- Once students have completed the activity, the teacher leads a discussion using the following questions as a guide:
 - Hold up an example of a completed activity. Point to the baby. If this is the first of the life stages, where did this baby come from?

- A long paper strip for each student (A3 paper cut in half lengthways).
- Pictures of embryos, sperm and egg, etc. These can be sourced from a book, internet, poster etc.
- Scissors, paste, paper.
- Is there a certain life stage or stages when this is most likely to happen? What are they?
- Point to the baby picture again. The following questions can be used to lead the discussion:
 - Is this the first life stage of a baby?
 - What happens before the baby is born?
 - How does it start off?
- The teacher can then use the pre-birth pictures to explain and illustrate the stages before birth. These could include egg and sperm during fertilisation, an embryo and a foetus.
- Discussion is then followed up by students pasting the pre-birth pictures from the ***Pre-birth stages worksheet*** onto their life stages chart. Explain this was the reason they pasted the baby in the middle of their chart as they needed room for the pre-birth pictures.
- These charts can be displayed in the classroom

Extension

Collect images of 3 or 4 different families from pop culture and ask students to decide where each of the family members are in their life stages (foetus, baby, child, teenager, young adult, adult, elderly). Students are then to describe why that person belongs in that life stage.

Ask the students if they know of any other life stages that have not already been discussed (e.g. toddler, tween, middle age). Use one of the completed charts to show where these life stages belong.

Ask students to describe common characteristics or typical 'rites of passage' that occur in each of these life stages.

Have students play a game of charades whereby they act out each different life stage in front of the class.

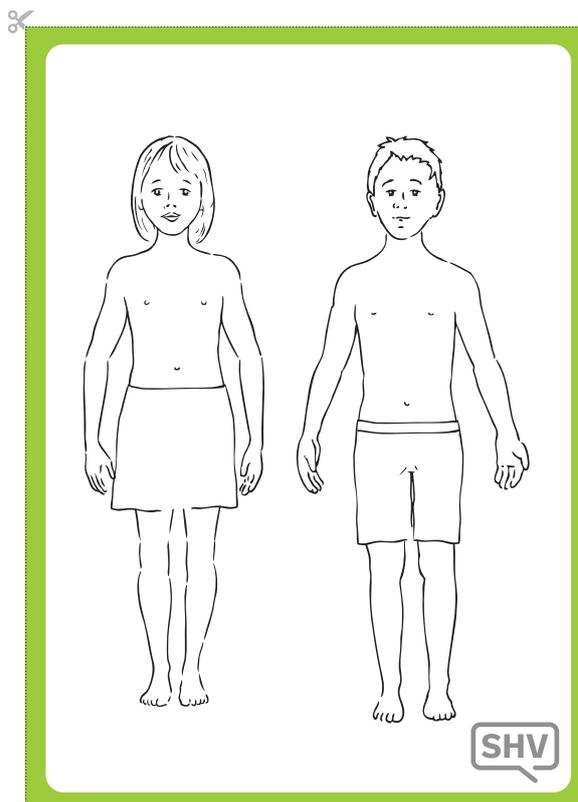
Human Life Stages: Worksheet 1

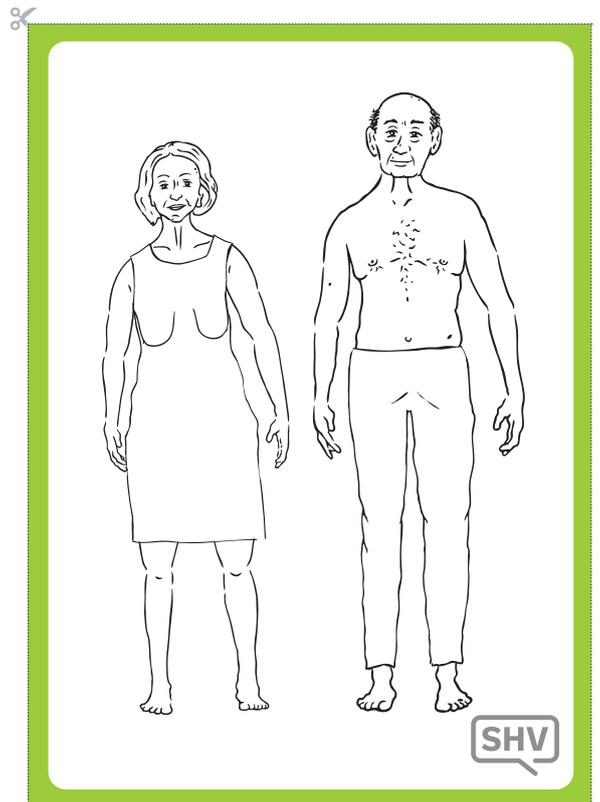
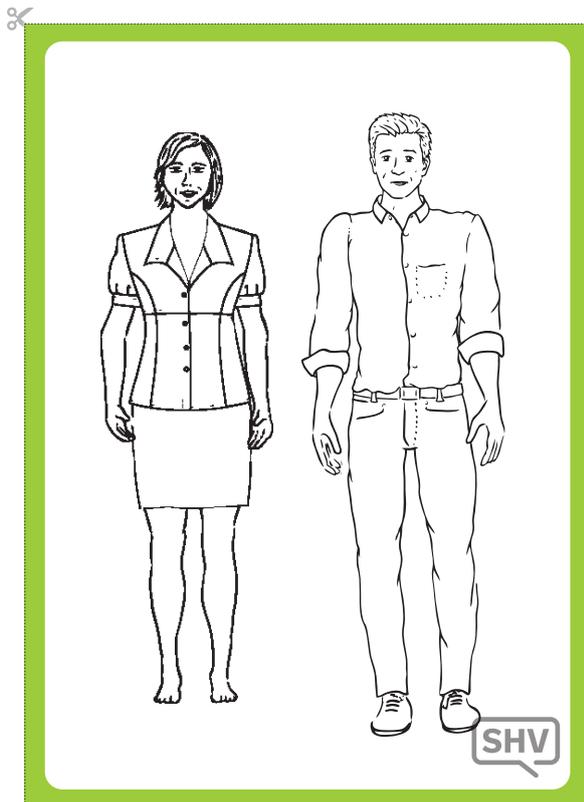
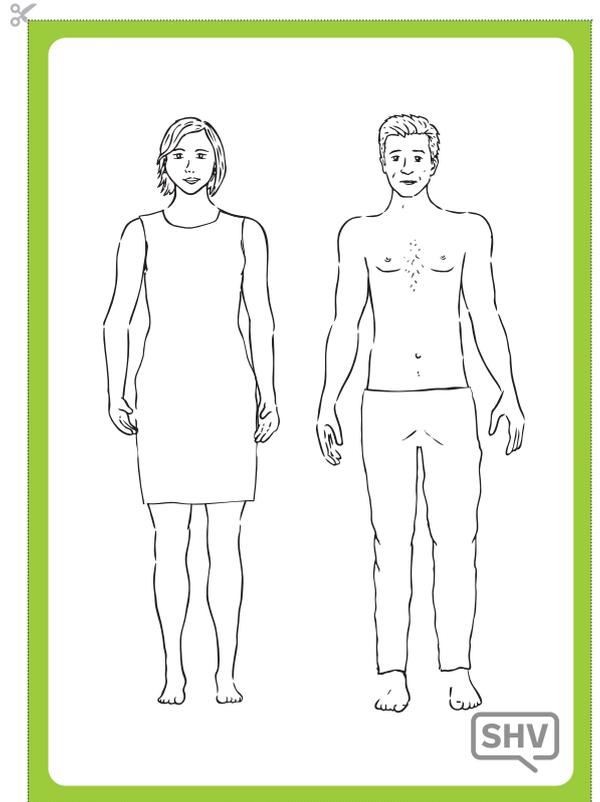
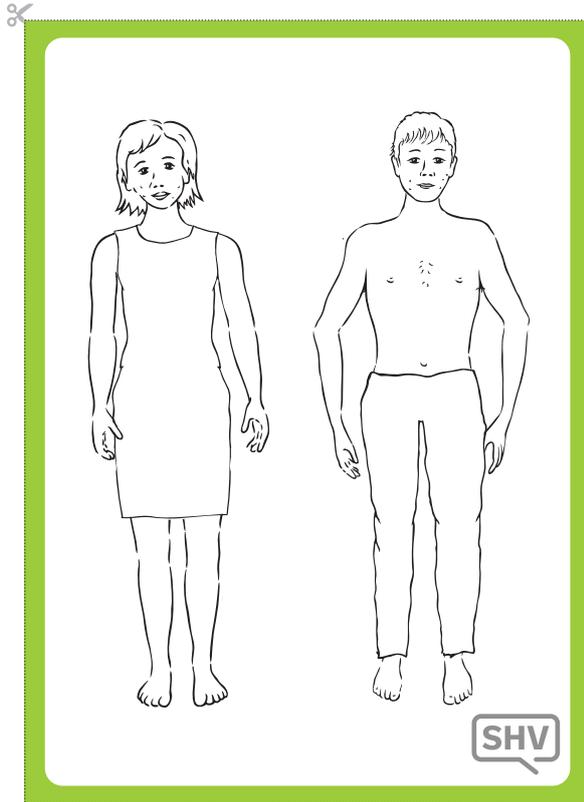
Cut and paste the pictures in order of youngest to oldest.

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

✂

Child	Teenager	Young adult
Adult	Baby	Elderly





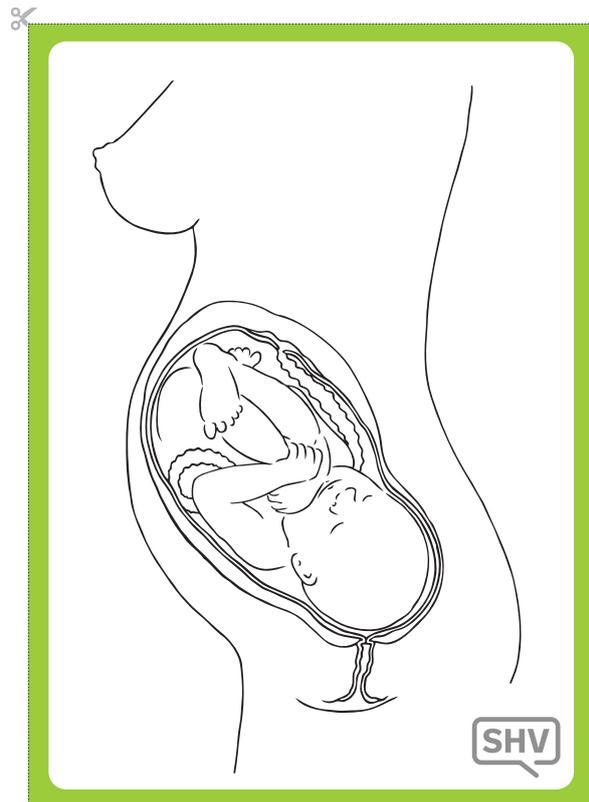
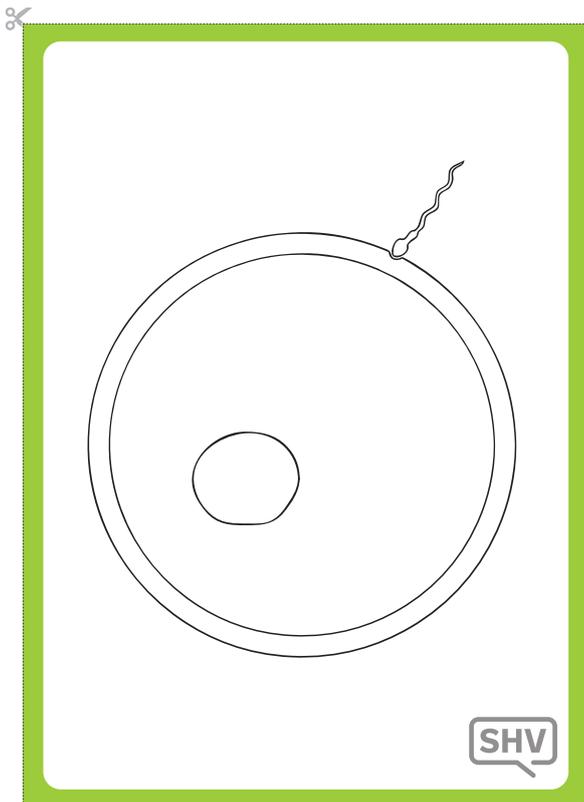
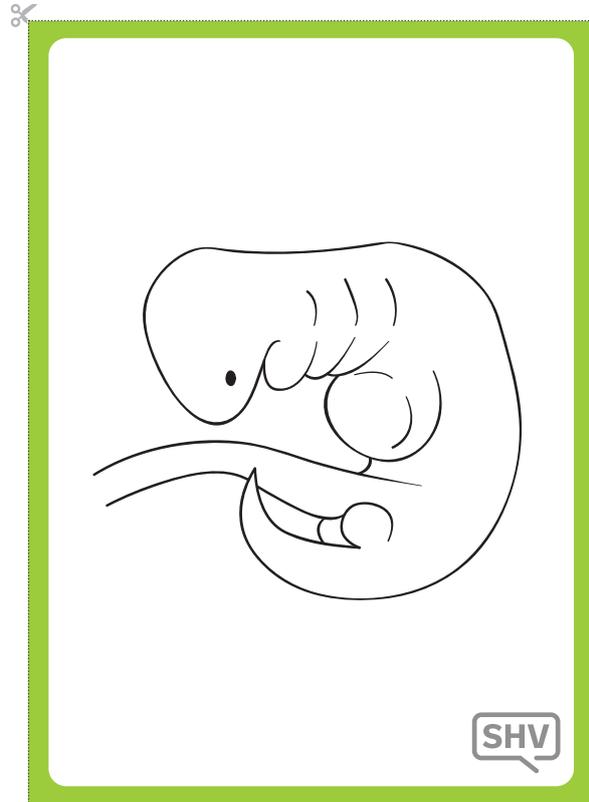
Pre-birth stages: Worksheet 2

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

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

Scissors icon

Sperm and egg (fertilisation)
Embryo
Foetus



Lesson: 2

Key messages:

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

Lesson Details

THEME Donor conception/
surrogacy

SUB THEME Family diversity

TIME 45 minutes

VICTORIAN CURRICULUM

Levels 3 and 4

HEALTH AND PE:

Investigate how emotional responses vary in family situations and in friendship groups (VCHPEP093)

CAPABILITIES:

Examine the similarities and differences between individuals and groups based on factors such as sex, age, ability, language, culture and religion (VCPSCSO020)

AUSTRALIAN CURRICULUM

Levels 3 and 4

HEALTH AND PE:

Describe how choices and actions can be influenced by stereotypes (AC9HP4P03)

RESOURCES

- A selection of pictures of different people cut from magazines, the internet or from clip art. You could also use a selection of figurines.
- www.rainbowfamilies.com.au/.au to display posters on the screen/whiteboard.

Family constellations - Who's in your family?

Learning Intention

Students will: Be challenged to broaden their understanding about what constitutes a family and to examine the similarities and differences that exist within and between families.

Success Criteria

Students will identify and broaden their understanding about what constitutes a family.

Teaching Notes

- This activity is a good way to introduce the topic of family. As some students may not live with their birth family, it is important to be inclusive.
- Students may have separated or blended families, live in two locations, live in foster care, be adopted, have same-sex parents or come from single-parent families. Their parents may also have needed the help of a donor or surrogate to create their family. It is good to acknowledge this diversity and constantly reiterate that families are different in composition.
- The title of the activity can be changed to suit students' living circumstances. Some options are; 'Important people in my life', 'The people I live with', 'People I care about and who care about me'.
- You may wish to refer to the explanations for ART treatment including donor treatment and surrogacy (pg 12 of this resource).

Procedure

- Ask the students to sit in one large circle. Spread out the pictures or mini-figurines on a table or on the floor so that students will all be able to view them. If this is not possible, hold up a few of the pictures or figurines one at a time so the students can see them.
- Ask a student to make their selection of the pictures to make a family. As the student selects pictures they can explain to the rest of the class who each member of the family is. The student does not have to represent their own family.

- Display the family for the rest of the class to see (perhaps by sticking on the board). Draw a circle around the family to illustrate that they are a unit.
- Invite another student to make a different family, following the same procedure.
- Continue until a large variety of families have been represented.
- If students do not create a diverse range of families, you may need to add some. They could include same-sex-attracted couples, foster families, blended families single-parent families, families without children etc.
- A class discussion could include the following questions:
 - Are all families the same?
 - Do families need to be related by blood?
 - What is the difference between a family friend and family member?
 - Is one type of family any better than another?
 - Do all families have everything in common?
 - Do the families have some things in common?
- Ask students to come up with a list of characteristics a family might have. Write up the suggestions on the board.
- Refer to same-sex couple families. Ask students, “Is it possible for two women or two men to have a baby?”
- Discuss assisted reproductive treatment (ART) in the context of diverse families (e.g. How could these two women have a baby? etc.). Include the distinction of choice and ability when it comes to having a baby.
- The activity can be finished off with students drawing a picture of their own family and labelling the members. These pictures can be displayed around the room.

Lesson: 3

Key messages:

- Becoming a parent is a special milestone.
- There are many ways of becoming a parent.
- Some people need the help of a doctor, and a sperm-, egg-, or embryo-donor to become a parent.
- Some people need a surrogate to help them become a parent.
- Some parents foster or adopt children.
- Some people cannot or choose not to become parents.

Lesson Details

THEME Assisted reproductive treatment (ART)

SUB THEME Basic conception including assisted reproduction

TIME 45 minutes plus homework

VICTORIAN CURRICULUM Levels 3 and 4

HEALTH AND PE:
Explore strategies to manage physical, social and emotional change (VCHPEP089)

CAPABILITIES:
Describe the ways in which similarities and differences can affect relationships (VCPSCSO021)

AUSTRALIAN CURRICULUM Levels 3 and 4

HEALTH AND PE:
Plan, rehearse and reflect on strategies to cope with the different changes and transitions they experience, such as the changes associated with puberty (AC9HP4P02)

Sometimes it takes three to make a baby

Learning Intention

Identify the similarities and differences that exist when trying to conceive.

Success Criteria:

Students will develop an understanding of assisted reproductive treatments (ART) and the role it has in creating families.

Teaching Notes

Some students may not know they were conceived using ART, or, if they are aware, they may not know the identity of their egg or sperm donor. Others may not know they were adopted or born through surrogacy. This can be a sensitive area for some families to talk about. It may be helpful to provide parents/carers with written correspondence that details the topics covered in these lessons (such as ART and donor conception). If students are unwilling to do the homework with a parent they can interview a teacher.

Procedure

- Remind students of the previous activity on diverse families. Discuss what they have learnt.
- Read the book *Sometimes it takes three to make a baby*.
- Discuss the key concepts in the book. The following questions can be used as a guide:
 - What made the couple sad?
 - Where did they go to get help?
 - What are the three things the doctor said they needed to make a baby?
 - Why couldn't the couple have a baby?
 - How did they solve the problem?
 - Who helped them with the problem? How?
 - How did the couple feel when they had the baby?
 - How did the egg donor feel when the baby was born?
 - Does every couple want to have a baby?
- Link the issue of diversity in conception with diversity in families generally. The following questions can be used as a guide:
 - What would the couple have to do if there was a problem with the man's sperm?

Describe how choices and actions can be influenced by stereotypes (AC9HP4P03)

Select, use and refine personal and social skills to establish, manage and strengthen relationships (AC9HP4P04)

ETHICAL CAPABILITY:

1. Explain reasons for acting in certain ways, including the conflict between self-respect and self-interest in reaching decisions

2. Examine the links between emotions, dispositions and intended and unintended consequences of their actions on others

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RESOURCES

- Homework booklet, *Becoming a Family*, for each student.
- Book *Sometimes it takes three to make a baby* available on the VARTA website
www.varta.org.au/resources

- What would you call the person who provided the sperm?
- What if the woman's uterus couldn't grow a baby or she doesn't have a uterus? Who could help her?
- Do you know the word for when a person with a uterus grows a baby for someone else?
- Conclude with a homework activity. Hand out the homework booklet and read through the text with the class, explaining what needs to be done.
- When students have completed the homework it can be returned and shared with the class.

Becoming a Family

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

My Story

Attach a picture
of yourself here.

My name is

Here is a picture of my family and me.

I am like my family because

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I am different from my family because

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Things we do as a family (draw some examples).

Curriculum

Levels 5 and 6

	Fertility	Donor conception/Surrogacy	Assisted Reproductive Treatment (ART)
Lesson number and title	4. Ways to conceive - when you need medical help to conceive.	5. Healthy bodies, healthy babies	6. Donor conception - personal stories
Content of lesson	Overview of the different ways of conceiving.	Factors that can increase the likelihood of conceiving and having a healthy baby. Introduction to preservation of fertility.	Experiences and reflections from those who have been donor conceived.

Necessary prior learning

When talking about body changes, people might often talk about what is 'typical' for girls/women/females or boys/men/males, but it is important to note that this is not true for all people and all bodies - particularly for people who identify as non-binary, gender fluid, transgender or for those with intersex variations.

Students need to know the following before teaching these sessions:

- The sexual and reproductive anatomy of a 'typical' female body (e.g. uterus, fallopian tubes, cervix, ovaries, vagina, vulva)
- The sexual and reproductive anatomy of a 'typical' male body (e.g. testicles, penis, scrotum, urethra, spermatic cord)
- Sperm production and their role in reproduction.
- Eggs (ova), ovulation and their role in reproduction.
- A basic understanding of intercourse and conception.
- A basic understanding of sexual diversity and diverse families.
- The process of pregnancy and childbirth.

Suggested activities from Sexual Health Victoria Schools Resources Relationships and Sexuality Education portal (shvic.org.au/schools):

- Male and female reproductive body parts (shvic.org.au/student-sessions/sexual-and-reproductive-body-parts)
- Reproductive bingo (shvic.org.au/student-sessions/reproductive-bingo)
- Sexuality collage (shvic.org.au/student-sessions/anatomy-snap)

Lesson: 4

Key messages:

- There are many ways assisted reproductive treatment can help people to become parents.

Lesson Details

THEME Assisted reproductive treatment (ART)

SUB THEME Conception overview

TIME 45 minutes

VICTORIAN CURRICULUM
Levels 5 and 6

SCIENCE:

Scientific understandings, discoveries and inventions are used to inform personal and community decisions and to solve problems that directly affect people's lives (VCSSU073)

AUSTRALIAN CURRICULUM
Levels 5 and 6

HEALTH AND PE:

Resources and strategies to manage changes and transitions, including changes associated with puberty (AC9HP6P02)

Investigate how the portrayal of societal roles and responsibilities can be influenced by gender stereotypes (AC9HP6P03)

RESOURCES

- Flip chart, Creating Babies (optional) available from Sexual Health Victoria shvic.org.au/assets/resources/Creating-Babies.pdf
- ART teacher reference sheet
- Conception Quiz worksheet

Ways to conceive - When you need medical help to conceive

Learning Intention

Identify advances in scientific understandings which help people to solve personal problems.

Success Criteria

Students will revise the process of conception including the different ways of conceiving using assisted reproductive treatment.

Teaching Notes

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

Procedure

- Revise the key points of conception. Use the Creating Babies flipchart (shvic.org.au/assets/resources/Creating-Babies.pdf) and additional images of 'typical' male and 'typical' female sexual and reproductive anatomy to provide a visual overview of standard conception.
- Discuss that standard conception does not always work (for example, the sperm and egg may not always meet; the sperm and egg may join but might not progress to an embryo; the embryo may not implant into uterus etc.).
- Using the flip chart or diagrams drawn on the board, illustrate the different methods of conception. Include IVF, sperm/egg/embryo donation, surrogacy, same-sex couple family formation etc. Refer to teacher reference sheet for details on each type of ART.
- Provide each student with a copy of the Conception Quiz worksheet to complete.
- As an extension activity, students could work collaboratively to make a poster of a type of ART. They could make up their own diagrams or flip chart to illustrate the procedure.

Assisted Reproductive Treatment

Teacher reference sheet

Name of ART method	Description of procedure
In vitro fertilisation (IVF)	<p>IVF is a form of ART used to support an egg and sperm meeting (fertilisation) outside of the body. This form of ART might be used by couples who are having medical difficulties conceiving inside a 'typical' females body, by same-sex parents or by single parents.</p> <p>During IVF, injections are used to stimulate the ovaries to produce mature eggs. When the eggs are mature they are surgically removed from the ovaries and sperm is inserted into each egg to form embryos.</p> <p>The embryo/s are introduced into the uterus so that it/they can grow into a foetus. Unused embryos can be frozen and stored for later use.</p> <p>IVF doesn't always work and sometimes the person doesn't get pregnant even with the doctors' help.</p>
Sperm/egg/embryo donation	<p>A donor is someone who gives something to another person to help them (e.g. a blood or kidney donor). Sperm, eggs or embryos can also be donated (by a sperm donor/egg donor/embryo donor) to help someone else have a baby.</p> <p>The donated sperm can be inserted into a woman. The donated egg can be used with IVF (see previous explanation) or used to fertilise an egg outside the uterus. People who have embryos made through IVF can donate them to another person.</p> <p>The donated egg or sperm can be inserted into the body of a person with a uterus, or can be used with IVF (see previous explanation) to fertilise outside of the body. People who have embryos made through IVF can donate them to another person: these embryos are inserted into another person's uterus.</p>
Surrogacy	<p>Sometimes a person is unable to conceive, or sustain a pregnancy within the uterus long enough for a foetus to grow into a baby. Sometimes men want to have a baby but 'typically' a man doesn't have a uterus. A surrogate is a person with a functioning uterus who might offer to grow the baby for another family. This involves an embryo being placed into the surrogate's uterus where it grows until it is born. Surrogacy might happen alongside the use of other ART (for example, same-sex couples may need the help of an egg or sperm donor as well as a surrogate). After the baby is born, the surrogate gives the baby to its parent/parents.</p>

Name:

Date:

Conception Quiz

Describe the following words and how they are involved in reproduction.

1. Uterus

2. Ovaries

3. Sperm

4. Testicles

5. Ovum (egg)

6. Fertilisation

7. In Vitro Fertilisation (IVF)

8. Surrogate

9. Donor

Lesson: 5

Key messages:

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

Lesson Details

THEME Fertility

SUB THEME Reproductive life plans and fertility optimisation

TIME 60 minutes plus homework

VICTORIAN CURRICULUM
Levels 5 and 6

HEALTH AND PE:

Plan and practise strategies to promote health, safety and wellbeing (VCHPEP108)
Investigate the role of preventive health in promoting and maintaining health, safety and wellbeing for individuals and their communities (VCHPEP112)

SCIENCE:

Scientific understandings, discoveries and inventions are used to inform personal and community decisions and to solve problems that directly affect people's lives (VCSSU073)
The growth and survival of living things are affected by the physical conditions of their environment (VCSSU075)

AUSTRALIAN CURRICULUM
Levels 5 and 6

HEALTH AND PE:

Resources and strategies to manage changes and transitions, including changes associated with puberty (AC9HP6P02)
Investigate how the portrayal of societal roles and responsibilities can be influenced by gender stereotypes (AC9HP6P03)

Healthy bodies, healthy babies

Learning Intention

Investigate strategies that promote health, safety and wellbeing in pregnancy

Success Criteria

Students will identify health practices and behaviour changes that people undertake when trying to have a baby.

Teaching Notes

- Explaining pre-conception health: To have the best possible chance of having a healthy baby, people who want to get pregnant should be looking after their bodies and have a health-check with their doctor before they start trying. Being of a healthy weight, eating healthy food, exercising regularly, avoiding drugs, cigarettes and alcohol will give the baby the best start in life. The doctor will make sure that the immunisations of the person growing the baby are up-to-date and may recommend they take a daily vitamin which helps the foetus develop.
- Teachers need to be non-judgmental regarding different family values in this activity. An example of this is in regards to smoking when pregnant. While it is important to state that smoking is detrimental to the development of the growing foetus, acknowledgment needs to be made that giving up smoking can be very difficult.

Procedure

- Show the class the Your Fertility website: www.yourfertility.org.au. Discuss with students how the above fertility factors of timing, age, lifestyle and environment, health, medical and weight factors illustrate the need to prepare for having a baby as it is a major life event.
- Ask students to think about what preparation is needed before conception and during pregnancy. Discuss using the following questions as a guide:
 - What types of things can a person do before getting pregnant to increase their chances of becoming pregnant (people of all genders)?
 - Are there specific things during pregnancy that a woman might do to increase her chances of having a healthy baby? This can also include other people that don't identify as women but have a uterus and ovaries and are able to carry a pregnancy.
 - What are they?

RESOURCES

- www.yourfertility.org.au
 - Materials needed to make a poster, pamphlet or television commercial.
 - Examples of posters and pamphlets and television commercials (online). These can be sourced from a book, internet, poster etc.
 - Scissors, paste, paper.
- Why are such things important?
 - Do you think it's easy to do some of those things?
 - What is the motivation for people to do those things?
 - Make a list on the board of all the health choices that need to be made to prepare parents for conception and birth of a healthy baby.
- Ask students to think about the best way to communicate these health messages to future parents. Write these up on the board (e.g. poster, social media post, television/radio advertisement, pamphlet etc.).
 - Discuss what makes a health message effective. Use examples of effective health messages as shown in successful health promotion campaigns (e.g. QUIT campaign, COVID-19 campaign). Repeat process with other forms of health promotion (e.g. social media advertising campaigns). Discuss television/radio commercials and access a few examples online or ask students to take note of commercial characteristics while watching television at home.
 - Have students select an item from the list of healthy choices related to pre-conception health, and choose an appropriate method of communicating the information about this. Students are to produce this health message in their chosen way. This can be done for homework or during class time, in groups or as individuals. The health messages can then be presented to the class.

Lesson: 6

Key messages:

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

Lesson Details

THEME Donor Conception

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

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

VICTORIAN CURRICULUM
Levels 5 and 6

HEALTH AND PE:
Explore how identities are influenced by people and places (VCHPEP105)

SCIENCE:
Scientific understandings, discoveries and inventions are used to inform personal and community decisions and to solve problems that directly affect people's lives (VCSSU073)

CAPABILITIES:
Explore and discuss behaviours that demonstrate sensitivity to individual, social and cultural differences (VCPCSO029)

AUSTRALIAN CURRICULUM
Years 5 and 6

HEALTH AND PE:
Explain how identities can be influenced by people and places, and how we can create positive self-identities (AC9HP6P01)

Investigate how the portrayal of societal roles and responsibilities can be influenced by gender stereotypes describe and implement strategies to value diversity in their communities (AC9HP6P05)

Donor conception and surrogacy - Personal stories

Learning Intention

Identify advances in scientific understandings which help people to solve personal problems.

Success Criteria:

Students will explore the methods of donor conception and surrogacy and the challenges associated with accessing it.

Teaching Notes

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

Procedure

- Refer to previous lessons to review key messages or prior learning. Hand out the article/s or use video content that the teacher has chosen for the class to use. Have students read article/s or watch films
- Discuss article/film, allowing everyone to share their opinion without judgment. The following questions can be used as a guide:
 - Who are the people in the article/film?
 - What is the reason they need the help of a donor or surrogate?
 - Do the people involved describe their feelings before the procedure? If so, what are their feelings? If not, what do you imagine they might be feeling?
 - What was the process like for them? Was it easy, difficult, emotional, expensive? Why?

PERSONAL AND SOCIAL
CAPABILITY:

1.Explain the influence of emotions on behaviour, learning and relationships

2. Explain how the appropriateness of emotional responses influences behaviour

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RESOURCES

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

- Was the process successful?
- How did the people feel after the process? Were their feelings impacted by the outcome? Were you surprised by how they felt after the procedure? Do you think their feelings may have been different if the outcome had been different?
- Would they recommend the procedure to others? Why/why not?
- What did you learn about people who need a donor or surrogate to have a family?
- Use the last question listed above to ensure that students have a grasp of how complex the issues around using ART can be.

Extension activities

- Write a letter to a donor or surrogate as -
 - A recipient parent of eggs or sperm.
 - The child conceived through donor eggs or sperm.
 - A person who has a child through surrogacy or a child born through surrogacy.

Curriculum Levels 7 and 8

	Fertility	Assisted Reproductive Treatment (ART)	Donor conception
Lesson number and title	7. Dear Fertility Doctor	8. Overview of ART	9. Telling it your way
Content of lesson	Health and fertility – factors to assist in maintaining optimum fertility.	Scientific processes related to IVF and ART.	Identity formation in relation to conception and surrogacy.

Necessary prior learning

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

- The sexual and reproductive anatomy of a ‘typical’ female body (e.g. uterus, fallopian tubes, cervix, ovaries, vagina, vulva)
- The sexual and reproductive anatomy of a ‘typical’ male body (e.g. testicles, penis, scrotum, urethra, spermatic cord)
- Sperm production and their role in reproduction.
- Eggs (ova), ovulation and their role in reproduction.
- A basic understanding of intercourse and conception.
- A basic understanding of sexual diversity and diverse families.
- The process of pregnancy and childbirth
- Conception and the role of sperm and egg.
- Sexual diversity and diverse families.
- Pregnancy and childbirth.

Find activities at Sexual Health Victoria’s School Resources webpage: shvic.org.au/schools

Lesson: 7

Key messages:

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

Lesson Details

THEME Fertility

SUB THEME Health and fertility

TIME Part one – 1.5 hours
Part two – 1 hour

VICTORIAN CURRICULUM
Levels 7 and 8

HEALTH AND PE:

Investigate and select strategies to promote health, safety and wellbeing (VCHPEP126)
Develop skills to evaluate health information and express health concerns (VCHPEP129)

AUSTRALIAN CURRICULUM
Levels 7 and 8

HEALTH AND PE:

Analyse the impact of changes and transitions, and devise strategies to support themselves and others through these changes (AC9HP8P02)
Investigate strategies that influence how communities value diversity and propose actions they can take to promote inclusion in their communities. (AC9HP8P05)

PERSONAL AND SOCIAL CAPABILITIES:

Select, apply and refine strategies to persevere when faced with unexpected or challenging contexts

CRITICAL AND CREATIVE THINKING:

Develop questions to investigate complex issues and topics
Questions developed assist in forming an understanding of why phenomena or issues arise

ETHICAL CAPABILITY:

Analyse perceptions of occurrences and possible ethical response in challenging scenarios

RESOURCES

- Student access to computers and the internet.
- The Your Fertility website www.yourfertility.org.au
- A copy of the Presentation Guidelines for each student.
- A set of Dear Fertility Doctor cards.

Dear Fertility Doctor

Learning Intention

To investigate strategies that promote health, safety and wellbeing.

Success Criteria

Students will investigate the factors that affect fertility and increase their awareness of healthy behaviours that may preserve future fertility.

Teaching Notes

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

Procedure

Part one

- Divide the class into small groups of between three and five students. Ask the groups to go to the Your Fertility website (www.yourfertility.org.au/), which covers the five factors that affect fertility. Allocate one factor to each group (timing, age, lifestyle and environment, health and medical, weight).
- The group is to investigate their allocated factor and how it affects fertility. They are to collect information on this factor in order to prepare a short presentation to the class.
- Hand out the Presentation Guidelines to students and read through the instructions.
- Give groups sufficient time to prepare the work.
- Once completed, have students present to the class.

Part two

- Provide each group with a Dear Fertility Doctor card. Explain that each card provides an overview of a person/people attempting to get pregnant, and a particular health factor that they are concerned might have a negative impact on the ability to conceive, have a healthy pregnancy and deliver a healthy baby.
- Explain that each group needs to read the card and write a reply to their letter, providing information on how the person/people could increase their chances of conceiving.
- Each Dear Fertility Doctor card has been written in a way to include all people, highlighting that fertility factors are something that all people who plan on conceiving need to consider, regardless of a person's sex or gender.

Presentation Guidelines

Researching the topic

These questions can help guide your group:

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

Introduction

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

Main points

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

Conclusion

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

Practising the speech

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



Dear Fertility Doctor,

My partner and I have been trying to get pregnant for a year now with no success.

I am about 20 kgs overweight and wonder if my weight is a problem. I know people can be too thin to conceive.

Can you be too overweight?

Signed
Cuddly



Dear Fertility Doctor,

I want to have a baby in the next year or two.
I am currently a smoker - about 10 a day.

I will give up smoking when I'm pregnant.
Someone told me smoking can make it harder to get pregnant. Is this true?

When should I give up? My boyfriend smokes too. Can smoking affect his sperm?

Signed
Smokin' Sally





Dear Fertility Doctor,

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

I will be 40 by then.

Is that going to be a problem?

Don't lots of people start families at that age now?

Signed
Workaholic



Dear Fertility Doctor,

When I was younger I liked to party. I got drunk a lot.

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

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

Signed
Former Party Animal





Dear Fertility Doctor,

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

When is that time?
How can I tell when that is?

Signed
Timing



Dear Fertility Doctor,

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

Signed
Desperately Wanting a Baby



Lesson: 8

Key messages:

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

Lesson Details

THEME Assisted reproductive treatment (ART)

SUB THEME IVF/ART

TIME 1 hour

VICTORIAN CURRICULUM Levels 7 and 8

HEALTH AND PE:
Investigate and select strategies to promote health, safety and wellbeing (VCHPEP126)

SCIENCE:
Science and technology contribute to finding solutions to a range of contemporary issues; these solutions may impact on other areas of society and involve ethical considerations (VCSSU090)

AUSTRALIAN CURRICULUM Levels 7 and 8

HEALTH AND PE:
Plan and implement strategies, using health resources, to enhance their own and others' health, safety, relationships and wellbeing (AC9HP8P10)

CRITICAL AND CREATIVE THINKING:
Develop questions to investigate complex issues and topics

RESOURCES

- Video clip of ART methods.
- Computers (PowerPoint).
- - Copies of the brochure, What is fertility treatment? are available on the VARTA website www.varta.org.au/resources/information-sheets/what-fertility-treatment
- Overview of ART worksheet

Overview of ART

Learning Intention

To investigate strategies that promote health, safety and wellbeing.

Success Criteria

Students will explore different methods of ART and how they work.

Teaching Notes

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

Procedure

- Provide an internet clip or documentary clip that demonstrates at a simple level the science behind ART. A list of possible clips has been included in the Additional Resources section but teachers can research their own AV material if they wish.
- Introduce the clip to students by explaining they need to take notes on the ART methods shown, using their Overview of ART worksheet, as they will be required to choose an ART method to report on.
- After the clip, have students decide which ART method they will choose to research further.
- Provide students with time to investigate their chosen form of ART.
- Have students present their findings with their peers, either in small groups or to the entire class.

Overview of ART

Take notes while you watch the video on different types of assisted reproductive treatments.

1. IVF	2. Using a donor	3. Surrogacy	4. Other forms of ART	5. Other forms of ART	6. Other forms of ART

Choose a method to investigate further.

1. How does this method work?

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2. What is the science involved?

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3. When is this method used?

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Research guidelines for researching an ART topic

These questions can help guide your research:

1. What is the ART you have selected?
2. Who might use this type of ART? Why might they need to use this ART?
3. How does this ART work?
4. What is the science/steps involved?
5. What is the success rate of this ART?
6. Why might people choose this form of ART over others?

Lesson: 9

Key messages:

- Families play a role in helping a person develop their identity.
- There are positive ways to communicate important information that can affect our identity.

Lesson Details

THEME Donor conception

SUB THEME Talking about donor conception and surrogacy

TIME 2 hours

VICTORIAN CURRICULUM Levels 7 and 8

HEALTH AND PE:
Analyse factors that influence emotions, and develop strategies to demonstrate empathy and sensitivity (VCHPEP128)

CAPABILITIES:
Describe how and why emotional responses may change in different contexts (VCPSCE034)

Investigate human rights and discuss how these contribute to a cohesive community (VCPCSO039)

AUSTRALIAN CURRICULUM Levels 7 and 8

HEALTH AND PE:
Analyse factors that influence emotional responses and devise strategies to self-manage emotions (AC9HP8P06)

PERSONAL AND SOCIAL CAPABILITIES:
Evaluate how emotional responses influence behaviour and consider the consequences of these responses

Select, apply and refine strategies to persevere when faced with unexpected or challenging contexts

Telling it your way

Learning Intention

Identify a range of emotional responses produced in certain contexts and strategies that can be applied.

Success Criteria:

Students will explore the range of emotions experienced by people who have been involved in assisted reproductive technologies.

Teaching Notes

- Teachers need to be aware that there may be students in the class who have been conceived via ART. Teachers may need to discuss the session with the school welfare and wellbeing team in order to give notice that there is a possibility some students might need to talk to someone after the lesson.
- This activity can be divided into two or three sessions.

Procedure

Part one

- Refer to previous lessons and revise the key factors that can affect fertility, and the different types of ART.
- Ask students to think about the people who would be affected by the disclosure of conception/birth via ART.
- Draw up a table on the board and list all the people that would be affected by disclosure of ART conception.

The child	Parent/s of the child	The donor/surrogate	The extended family

- Brainstorm what the students think might be the issues for all people involved in the ART process. Write these into the table.
- Provide the students with the handout, “*Quotes from children and young people conceived by ART*”, or show students selected video clips (as listed on the left-hand side of this page under the heading ‘Resources’).

CRITICAL AND CREATIVE THINKING:

Create possibilities by adapting, combining or elaborating on new and known ideas, and proposing a range of different or creative combinations

RESOURCES

- *"Telling It Your Way" – A Guide for parents of donor-conceived adolescents* by Dr Maggie Kirkman, 2007. (www.varta.org.au/resources/publications/telling-it-your-way)
- www.varta.org.au/resources copies of handout titled, "Quotes from children and young people conceived by ART" handout
- Films of donor-conceived people www.varta.org.au/resources
- Clips or quotes from families who have used a donor/surrogate www.varta.org.au/resources
- *Time to tell* video series provides tips and advice for parents about talking to donor-conceived children about their conception www.varta.org.au/events-support-groups/time-tell-video-series

- The class will work collaboratively in groups reading through the quotes or watching the films. The aim is to find out what the main issues were for the children/young people, and how the behaviour of others when disclosing the truth of their conception/birth affected them.
- Once they have listed these issues the class can report back and compare them to the brainstorm list they made.
- The following questions can be used to direct discussion:
 - What were the main issues for the children/young people? What were the issues for the parents?
 - What are some of the ways the children/young people reacted to finding out the truth about their conception/birth?
 - In most cases who told them the truth?
 - When did it happen successfully?
 - What seemed to be common amongst the most positive stories?
 - What was common amongst the more negative stories?
 - If you had to give advice to parent/s wanting to reveal the truth about ART to a child/young person what would it be?
- List the advice on the board. Come up with a 'How-to Plan' for parents wanting to reveal the truth to their child.
- Have students return to their previous groups to write a small role play of this event and present to the class.

Kirkman, M, Rosenthal, D and Johnson, L 2007, *Telling it your way: A guide for parents of donor-conceived adolescents*, Infertility Treatment Authority Victoria, Melbourne, www.varta.org.au/resources

Quotes from children/young people conceived using ART

Note: DI refers to donor insemination

"I think if the person has reached 18 years and the parents have still not told them, that they are an adult and they have a right to know they are donor-conceived and that is their true identity."

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

"Can you imagine having a blood test in your adulthood only to discover that your blood group doesn't match that of either of your parents? Or even worse, discovering the secret from family friends, or in the middle of a heated argument?"

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

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

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

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

(Marta, donor-conceived adult, told by her mother at 15)

"My mother did not tell me of my origins until I was 37 years old (in 1983), a few days after the death of my younger DI brother ... I was confused, angry, relieved, hurt and embarrassed and yet full of sympathy for my parents ... I had long suspected that my dad was not my genetic father ... I was most surprised that my conception was DI not from adultery, as I had assumed as a teenager. So my long-time shame about my mother vanished but was replaced by anger that she had not trusted me with the truth."

(William, donor-conceived adult)

“The only lingering emotion I have from my mother’s disclosure thirteen years ago is regret ... I regret that my parents did not have the courage or insight of DI parents today who choose to share the truth with their children. I regret the lost chance to have lived a life in openness ... It would have been wonderful.”

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

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

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

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

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

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

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

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

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

Curriculum

Levels 9 and 10

	Fertility	Donor conception	Assisted Reproductive Treatment (ART)
Lesson number and title	10. Fertility optimisation	11. Donor conceived people's stories	12. Diverse, modern families
Content of lesson	Looking after your fertility and life planning activity.	Finding out about donor conception, individual and societal issues.	Diverse, modern families and the social context.

Necessary prior learning

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

- Basic health concepts such as the impact of nutrition, smoking, alcohol and exercise on an individual's overall health.
- The sexual and reproductive anatomy of a 'typical' female body (e.g. uterus, fallopian tubes, cervix, ovaries, vagina, vulva)
- The sexual and reproductive anatomy of a 'typical' male body (e.g. testicles, penis, scrotum, urethra, spermatic cord)
- Sperm production and their role in reproduction.
- Eggs (ova), ovulation and their role in reproduction.
- A basic understanding of intercourse and conception.
- A basic understanding of sexual diversity and diverse families.
- The process of pregnancy and childbirth. Sexual diversity.
- Pregnancy and childbirth.

Find further activities in Sexual Health Victoria's School Resource's webpage shvic.org.au/schools (rse.fpv.org.au/):

Lesson: 10

Key messages:

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

Lesson Details

THEME Fertility

SUB THEME Protecting fertility

TIME 1 hour

VICTORIAN CURRICULUM
Levels 9 and 10

HEALTH AND PE:
Investigate and select strategies to promote health, safety and wellbeing (VCHPEP126)

AUSTRALIAN CURRICULUM
Levels 9 and 10

HEALTH AND PE:
Critique health information, services and media messaging about relationships, lifestyle choices, health decisions and behaviours to evaluate their influence on individual attitudes and actions (AC9HP10P09)

CAPABILITIES:
CRITICAL AND CREATIVE THINKING:
Consider alternatives by creatively revising and modifying ideas and recommendations when circumstances change

ETHICAL:
Evaluate diverse perceptions and ethical bases of action in complex contexts

RESOURCES.

- Fertility Optimisation scenarios.

Fertility optimisation

Learning Intention

To investigate strategies that promote health, safety and wellbeing.

Success Criteria

Students will identify factors and form strategies to improve fertility levels experienced by individuals. In order to prevent pregnancy, contraception should be used.

Procedure

- Have a class discussion using the following questions as a guide:
 - How do we know whether we are fertile?
 - What is the difference between men's and women's fertility?
 - What can people do to increase their chance of becoming pregnant now or in the future?
 - What factors can affect optimal fertility? (e.g. weight, age, smoking, alcohol, timing, STIs, environmental toxins, PCOS, Endometriosis)
 - Discuss with students the benefits of completing a Reproductive Life Plan.
 - Ask students to consider the following when developing a Reproductive Life Plan:
 - Age (at what age are they now, and at what age would they potentially like to consider having children?)
 - Educational/career goals (how would having children impact upon these goals?)
 - Living situation (would their current living situation cater for children?)
 - Financial situation (would they be able to financially support a family?)
 - Social support system (do they have supports around them to help with the demands of a family?)
 - Relationship status (would they be a nuclear, single, blended or rainbow family?)
 - Health status and health behaviors (do they have any health concerns or lifestyle behaviours that would impact upon a healthy pregnancy?)
 - Hereditary risk factors (do they have a family history or health issues that could be passed onto any future children?)
- Hand out Fertility Optimisation scenarios.
- Students are to review each scenario and answer the questions.

Adapted from Patton, W., Morris, J., & Mannison, M. (1993). Issues in adolescent sexuality: ideas for classroom teaching.

Fertility Optimisation

Case study 1 - Michael



Michael is 24, a body builder, and tries to keep healthy.

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

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



Lesson 10: Fertility Optimisation scenarios

1. What is Michael doing that supports his fertility?

2. What could have a negative impact on Michael's fertility in the future?

3. What is your reproductive life plan for Michael?

Fertility Optimisation

Case study 2 - Zoe and Stephen



Zoe and Stephen have been married for three years.

They are both quite overweight and don't really do much exercise.

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

So far no pregnancy has occurred. They are both in their late twenties.



Lesson 10: Fertility Optimisation scenarios

1. What factors could be affecting Zoe and Stephen's current fertility?

2. What factors might affect their fertility in the future?

3. What is your reproductive life plan for them as a couple?

Fertility Optimisation

Case study 3 - Karen and Linda



Karen and Linda are in a relationship.
They want to have a baby and Karen will be the birth mother.
She is 35, a healthy weight and likes to walk the dog every morning.
She and Linda enjoy three or four glasses of wine most nights.

Lesson 10: Fertility Optimisation scenarios



1. What is Karen doing that is supporting her fertility?

2. What factors might affect her fertility in the future?

3. What is your reproductive life plan for Karen? What could Linda do to help support Karen?

Fertility Optimisation

Case study 4 - Anna



Anna is 20 years old.
She has big plans for her life.

When she finishes her medical degree, she would like to study tropical medicine, then travel to Zambia for a few years. While she's there she would like to travel around Africa and perhaps work on some research into a vaccine for Dengue Fever.

She would also like to have a few kids.

Lesson 10: Fertility Optimisation scenarios



1. What could affect Anna's plans of having 'a few kids' in the future?

2. What could Anna do to help maintain her fertility in the short term?

3. What could she do to maintain her fertility indefinitely?

Fertility Optimisation

Case study 5 - Josh and Naomi



Josh is 32.

He wants to have two children and to be a good dad but not an old dad.

He wants to be fit and young enough to take the kids surfing and camping. Josh wants to make sure he is financially stable so has just started his own landscaping business.

He has been in a relationship with his partner (28 years old) for a while now, and would like to start thinking about beginning his family soon.

They are both heavy smokers.

Lesson 10: Fertility Optimisation scenarios



1. What could affect Josh's plans of having children in the future?

2. What could he do to help maintain his fertility?

3. What would be your reproductive life plan for Josh and his partner?

Fertility Optimisation

Case study 6 - Chen



Chen is 28 years old and has been sexually active for 10 years.

She has been diagnosed with, and treated for, chlamydia four times. Chen doesn't have regular STI checks and doesn't always insist her partners use a condom.

She thinks she might want children one day but is not ready yet.



Lesson 10: Fertility Optimisation scenarios

1. What could affect Chen's fertility in the future?

2. What could she do to help maintain her fertility?

3. What would be your reproductive life plan for Chen?

Lesson: 11

Key messages:

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

Lesson Details

THEME Donor conception

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

TIME 60 minutes

VICTORIAN CURRICULUM
Levels 9 and 10

HEALTH AND PE:

Evaluate factors that shape identities, and analyse how individuals impact the identities of others (VCHPEP142)
Investigate how empathy and ethical decision-making contribute to respectful relationships (VCHPEP146)

CAPABILITIES:

Analyse how divergent values and beliefs contribute to different perspectives on social issues (VCPSCSO047)

Acknowledge the importance of empathy and the acceptance of diversity for a cohesive community and reflect on the effectiveness of strategies for being respectful of diversity and human rights (VCPSCSO048)

AUSTRALIAN CURRICULUM
Levels 9 and 10

HEALTH AND PE:

Analyse factors that shape identities and evaluate how individuals influence the identities of others (AC9HP10P01)

Propose strategies and actions individuals and groups can implement to challenge biases, stereotypes, prejudices and discrimination, and promote inclusion in their communities (AC9HP10P05)

Donor-conceived people's stories

Learning Intention

Identify factors that shape identity including the impact of ethical decision making and its impact on relationships.

Success Criteria

Students will examine the feelings of individuals involved in donor procedures and surrogacy as donors, recipients and surrogates.

Teaching Notes

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

Procedure

- Provide a brief explanation of what donor/third party conception is (you may wish to review the ideas/content covered at Levels 7 & 8 for this, if appropriate). Inform students that in this session they will be examining scenarios that look at the different perspectives of people involved in donor conception.
- Hand out copies of Narelle's story, her submission to the Inquiry, and news articles about her situation to the students.
- Have students listen to the podcast of Narelle's story while reading the transcript.
- Briefly discuss Narelle's story with the class using the following questions as a guide:
 - How did Narelle find out about her conception?
 - What were her feelings about it?
 - Did it affect her identity in any way? If so, how?
 - What about her parents and donor? What were their reasons for participating in a donor procedure or being a donor?
 - Was this an example of a positive experience for all three people involved?
 - Why would Narelle be interested to find out more about her donor?
 - If you were conceived from a donor would you want to know more about them? If so, what?

Evaluate emotional responses in different situations to refine strategies for managing emotions (AC9HP10P06)

CAPABILITIES:

ETHICAL:

Evaluate diverse perceptions and ethical bases of action in complex contexts

PERSONAL AND SOCIAL:

Evaluate the effect of people's actions towards others' needs, emotions, cultures and backgrounds, acknowledging the influence empathy has on developing social awareness

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RESOURCES

- Narelle's submission into a State Inquiry about access to information about donors by donor-conceived people: www.parliament.vic.gov.au/images/stories/committees/lawrefrom/iadcpiad/submissions/DCP18_Narelle_Grech.pdf
- Copy of the transcript of Narelle's story for each student www.varta.org.au/resources/personal-stories/finding-out-teenager-i-was-donor-conceived
- News articles about Narelle www.theage.com.au/victoria/suddenly-shes-there-daughter-and-donor-dad-united-20130316-2g7mv.html
- Ian's story: www.varta.org.au/resources/personal-stories/one-sperm-donors-personal-story
- Egg donor's story: www.varta.org.au/resources/personal-stories/my-decision-be-egg-donor
- Roger and Riley's story: www.varta.org.au/resources/personal-stories/meeting-your-donor-donor-conceived-person
- Chantelle's story: www.varta.org.au/resources/personal-stories/experiences-donor-conception-chanteles-story

- Do you think donor-conceived people should be able to contact their donors to find more information? Why/why not?
- What advice could you give to Narelle, her donor and her parents?

Extension activity

- Choose another story from the same website (e.g. Chantelle's story or Roger and Riley's story).
- Watch the chosen story with the class.
- Discuss using the following questions as a guide:
 - How does Chantelle's story or Roger and Riley's differ from Narelle's?
 - Can you find any similarities between the two experiences as people conceived by a donor?
- Watch/listen to one clip from the donor's perspective.
- Briefly discuss from the donor's point of view:
 - Why did they donate?
 - What were their feelings later about being contacted by the children/people involved?
 - Do they have regrets?
- Using previous discussions as a basis, identify and discuss concerns/issues for donor-conceived young people, their parents, extended families and donors. You may need to record or list some of these on the board to highlight key points.
- End lesson with the following discussion:
 - What advice would you give to each group mentioned above?
 - Where could you refer them for further information and support?

Lesson: 12

Key messages:

- Families are people who are brought together through birth, relationships, and/or choice.
- Families are diverse in makeup and operate within a diverse set of values.

Lesson Details

THEME Assisted reproductive treatment (ART)

SUB THEME Diverse, modern families and the social context

TIME 1 hour

VICTORIAN CURRICULUM Levels 9 and 10

HEALTH AND PE:
Evaluate factors that shape identities, and analyse how individuals impact the identities of others (VCHPEP142)

Critique behaviours and contextual factors that influence the health and wellbeing of their communities (VCHPEP151)

CAPABILITIES:
Acknowledge the importance of empathy and the acceptance of diversity for a cohesive community and reflect on the effectiveness of strategies for being respectful of diversity and human rights (VCPSCO048)

AUSTRALIAN CURRICULUM Levels 9 and 10

HEALTH PE:
Analyse factors that shape identities and evaluate how individuals influence the identities of others (AC9HP10P01)

Propose strategies and actions individuals and groups can implement to challenge biases, stereotypes, prejudices and discrimination, and promote inclusion in their communities (AC9HP10P05)

Evaluate emotional responses in different situations to refine strategies for managing emotions (AC9HP10P06)

Diverse, modern families

Learning Intention

Identify factors that influence and shape identity

Success Criteria

Students will explore the concept of family and their diversity in a modern and traditional context

Teaching Notes

This is designed to be an inclusive activity. While students are allowed to express their opinions, remind them that this needs to be done in a respectful manner (for example, *Modern Families*).

Procedure

- To introduce the concept of diverse families, show the class a YouTube clip from a popular television show.
- Make a list of all the different types of family groupings that students are aware of that exist in their community (e.g. nuclear, blended, rainbow, etc).
- Discuss diverse family groupings. The following questions can be used as a guide:
 - What types of families are most often portrayed in the media? Why?
 - What family types are not often represented and why?
 - Is this changing? Can you think of some examples of non-traditional family types that are portrayed in the media?
 - How does society view families?
 - Is it always consistent with reality?
 - Is there a different type of family grouping that is considered normal in other cultures?
 - Is there a difference in the way families are now, compared to the way they were two hundred years ago?
- Ask students to write a definition of a modern family. Write their suggestions on the board. The following questions can be used to guide discussion:
 - What are the things that bring a group of people together to form a family?
 - Do they have to be related by blood/marriage?

CAPABILITIES:

ETHICAL:

Evaluate diverse perceptions and ethical bases of action in complex contexts

PERSONAL AND SOCIAL:

Evaluate the effect of people's actions towards others' needs, emotions, cultures and backgrounds, acknowledging the influence empathy has on developing social awareness

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EQUIPMENT

- List of YouTube clips of popular television shows featuring diverse family groups.
- Link to Rainbow Families website www.rainbowfamilies.com.au/

- What keeps a family together as a unit?
- Do they need to live under the same roof?
- What are the important things you would want in a family?
- Is the perfect family possible?
- If so, what would the perfect family look like?
- Why is it not possible? (This is to remind students that families can't be 'perfect' because people, no matter how good/loving/wonderful they are, are not perfect. Families change, have conflict, evolve, sometimes split.)



Additional Resources

Fertility and assisted reproduction:
Teaching Module

Resources

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

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

These pages will be updated at regular intervals on the online version of this document. Teachers should, however, check each link for accuracy before using them in the classroom with students or giving out to parents.

Reproductive life planning & pre-conception health

- Your Fertility www.yourfertility.org.au
- Thinking about having a baby www.yourfertility.org.au/sites/default/files/2019-03/Thinking_about_having_a_baby_resource.pdf

Articles/brochures about donor conception and surrogacy

www.varta.org.au/resources

- Finding out as a teenager you were donor-conceived
- Experiences of donor conception
- Telling it your way
- One sperm donor's personal story
- My decision to be an egg donor
- Meeting your donor - donor-conceived person
- My experience finding out I was donor-conceived
- The surrogacy experience
- Mother and son talk about surrogacy
- Personal stories
- www.news-mail.com.au/news/two-bundles-joy-soon-be-born-through-surrogacy/2185523/

Articles/brochures about ART

www.varta.org.au/resources

- What is fertility treatment? (www.varta.org.au/resources/information-sheets/what-fertility-treatment)
- Understanding IVF success rates (www.varta.org.au/resources/information-sheets/understanding-ivf-success-rates)
- Change to Possible health effects of IVF and ICSI (www.varta.org.au/resources/information-sheets/possible-health-effects-ivf-icsi)

For donor-conceived children

- A complete list of books compiled by a librarian in English, French, Dutch, German, Spanish, Hebrew, Portuguese, Italian, Finnish, and Japanese to help explain assisted reproduction to children including sperm donation, egg donation, embryo donation, surrogacy and in vitro fertilisation. www.booksfordonoroffspring.blogspot.com.au
- Sometimes it takes three to make a baby- Explaining egg-donor conception to young children. Written by Kate Bourne, illustrated by Don Thompson. Free to download at: www.varta.org.au/resources/research-and-publications/sometimes-it-takes-three-make-baby
- DC Network in the UK produces children's books explaining donation. 'My Story' and 'Our Story' and have different editions for heterosexual, lesbian, and single-parent families. 'Telling and Talking' booklets are also available for age groups 0-7 years, 8-11years, 12-16 years, and 17+ years. www.dcnetwork.org

For young donor-conceived adults

www.varta.org.au/resources

Videos

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

- Chantele's story (5:59): www.varta.org.au/resources/personal-stories/experiences-donor-conception-chanteles-story
- Riley's story (6:41): www.varta.org.au/resources/personal-stories/experiences-donor-conception-rileys-story
- Louise's story (6:37): www.varta.org.au/resources/personal-stories/experiences-donor-conception-louises-story
- Ross' story (6:07): Donor treatment often focuses on parents and little is known about how the children who are conceived in this way are. These videos are about the experiences of four adult donor-conceived people.

Podcasts

- www.varta.org.au/resources/personal-story/talking-young-children-about-using-sperm-donor-become-family

Podcasts on single parents

- *'How we became a family by using a sperm donor'* - Interview with Angie and Greg who have two donor conceived children (www.varta.org.au/resources/personal-stories/how-we-became-family-using-donor-sperm).
- *'Talking to young children about using a sperm donor to become a family'* - Same-sex parents (www.varta.org.au/resources/personal-stories/talking-young-children-about-using-sperm-donor-become-family).
- *'Single mothers story of meeting a donor'* (www.varta.org.au/resources/personal-stories/journey-parenthood-using-donated-sperm).
- *'Anna's journey to parenthood as a single mother'* (www.varta.org.au/resources/personal-stories/single-mothers-perspective-using-sperm-donation-become-family).

YouTube clips

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

Families of all kinds (2:06)

Families over time – what things are the same and what are different? Photographs of families throughout history, locally and internationally. Leaves viewers with the question – What do families from all over have in common? www.youtube.com/watch?v=POofYM4ZiKg

Family diversity (0:30)

Families are all the same, right? Images of different types of families, mainly from US popular culture, set to music. Challenges the idea that 'all families are the same'. www.youtube.com/watch?v=2ZBL2Gu_ssU

Trailer for *That's a Family* – short documentary (3:21)

The children in *That's a Family* take viewers on a tour through their lives as they speak candidly about what it's like to grow up in a family with parents of different races or religions, divorced parents, a single parent, gay or lesbian parents, adoptive parents or grandparents as guardians.

www.youtube.com/watch?v=sK3sqXXqS-4

3D animation of how IVF works (3:17)

3D animation of how fertilisation can occur using assisted reproduction techniques.

www.youtube.com/watch?v=GeigYib39Rs

Your Fertility videos

www.youtube.com/user/yourfertility/videos

