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| **Supporting literacy and developing critical multiliteracies in**  **Health Education**  **ACTIVITY SHEETS AND TEMPLATES**  Years 9-11      2025 |

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| This Word document contains the formatted activity sheets and templates for the resource:    **Supporting literacy and developing critical multiliteracies in Health Education: Years 9-11**    By Jenny Robertson, Karen Hedges, Cynthia Orr, Jerome Cargill, and Leigh Morgan  © NZHEA, 2025  These materials can be adapted for use and uploaded to digital learning platforms. |

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| This resource was developed prior to major curriculum and assessment changes. Although some of these changes had been announced, full implementation is still some time away. Any necessary revisions to this resource will be made in due course. |

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**Part 1.**

**Activities for getting started and reviewing learning**

**Part 1. Activities for getting started and reviewing learning**

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| **In this section:** | # | **Activities sheets and templates** |
| **2.**  **Activities to use when starting a Health Education course: Negotiating class guidelines** | B | Using prepared guidelines cards |
| **5.**  **Activities for mixing students and for making pairs or groups** | A | Quick mixers – (What’s your name) |
| B | Continuum for mixing students |
| **6.**  **Activities for checking on learning – without assessing** | A | The [Lolly] Brainstorm Race |
| B | Knowledge race |
| C | Doughnut circles (Q&A) |
| F | Card games (vocabulary) |
| G | Snatch and grab (understanding unfamiliar text) |
| **8.**  **Glossary and kuputaka** | A | English glossary and te reo Māori kuputaka |

**Activity 2B. Resource sheet – Safety Guidelines**

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| Show empathy and compassion for others | Show intelligence and think critically |
| Be polite | Be considerate of others |
| Be accepting of diversity | No tolerance of attitudes and beliefs that are not inclusive of everyone |
| Show respect to others | Participate and join in |
| Don’t interrupt others when they are talking | Be prepared to listen to everyone’s views |
| Have fun | Smile and be happy |
| Freedom to express your views and options | Keep others information confidential |
| No swearing | No put downs and naming calling |
| The right to pass | The right to challenge other people’s views or behaviours |
| Don’t share really personal information | Be sensitive to others |
| Be assertive | Call out bad behaviour |

**Activity 5A. What’s your name**

Collect the signature of one person who can answer each question. Try to get 20 different signatures.

[Optional] Ask the person who signs one further question about that square. E.g. Someone who likes playing sport – ask *“what sports do they enjoy playing?”*

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| Someone who listens to the same sort of music that you do.  Signature | Someone who was born in the same area that your school is in.  Signature | Someone who knows their parents’ full names.    Signature | Someone with at least one of the same initials as you (first, middle or last names).  Signature |
| Someone who can name the group of stars (or the star constellation) on the New Zealand flag.  Signature | Someone who likes the same flavour pizza or ice cream or burger as you.  Signature | Someone who has recently seen the same movie as you.  Signature | Someone who likes playing sport.  Signature |
| Someone who knows where their family name comes from or what it means.  Signature | Someone who has the same number of brothers or sisters as you have.  Signature | Someone who can sing the chorus of a recent popular song.  Signature | Someone who was born in a country other than New Zealand.  Signature |
| Someone who can sing (or say) a childhood nursery rhyme.  Signature | Someone who likes performing (singing, acting, dancing, playing music, etc).  Signature | Someone who eats most evening meals with their family sitting at a table.  Signature | Someone who knows who the Prime Minster of New Zealand is.  Signature |
| Someone who always eats breakfast.  Signature | Someone who walks to school (most days).  Signature | Someone who plays board games or computer games.  Signature | Someone who has travelled overseas.  Signature |

**Activity 6A. [Lolly] Brainstorm Race**

*Use either the dimensions of hauora or the factors, based on the year level and the learning being summarised. Use as prompts only. Adapt to reflect the learning and current issues in the school and community.*

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| **Dimensions of hauora** | **Sample questions related to friendships and barriers to friendship (bullying etc.)** M*any of these can be repeated during the race, with the expectation that a different answer will be given.* |
| **Physical wellbeing**  **Taha tinana** | 1. What is an indoor physical activity friends may like to share? 2. What is an outdoor physical activity friends may like to share? 3. What is a physical (*non-sexual*) way a person could show their feelings about their friendship to their friend? 4. What sort of physical touching is OK between friends? 5. What sort of physical touching is not OK between friends? 6. What is one difference between talking with a friend when they are physically present and when communicating online? 7. What is one thing that is different about the physical boundaries (‘personal space’) between friends, and between people who don’t know each other well (or at all)? 8. What are two physical forms of bullying? 9. What is a physical effect on wellbeing of in-person bullying? 10. What is an effect of cyberbullying on physical wellbeing? |
| **Mental and emotional wellbeing (thoughts and feelings)**  **Taha hinengaro** | 1. What are two feelings a person could have about their close friendship with another person? 2. What are two qualities of a good friendship? 3. What is one way a person may worry or be anxious about a friendship? 4. What is one feeling a person could have if their friendship broke up? 5. What is one feeling a person could have if they had a conflict (like an argument) in their friendship? 6. What are two forms of bullying that (especially) affect the victim’s mental health? 7. What are two feelings a victim of bullying may have about being bullied? 8. What is a feeling a person may have if they were excluded or isolated from their social group? 9. What is a feeling a person may have if they were cheated on or backstabbed in some way? 10. What is one feeling a person may have if their friends all ganged up and teased or shamed them about something like their body or their clothes? 11. What is one thought a person may have if they hear or see a friend (or another person) being bullied? 12. What is one thought a person may have if they found someone was telling lies about them on social media? 13. What is one feeling a person may have if they found out that a nude picture of them was re-sent without permission or a faked nude picture of them was posted anonymously online? 14. Where could a teenager go for help if they were struggling with friendship issues? 15. Who could a teenager talk to if they were struggling with friendship issues? |
| **Social wellbeing**  **Taha whanau** | 1. What are two things that friends do with/to each other that are important for maintaining (keeping) friendships? 2. What are two skills friends need to use when they communicate to help maintain (keep) their friendship? 3. What is one way a friendship supports a person’s sense of wellbeing? 4. What is one way ‘friends’ and (class or team) ‘mates’ differ? 5. What is one way that a romantic relationship (like having a ‘boy/girlfriend’) differs from being ‘friends’? 6. What is a form of bullying that occurs in social situations? 7. What is one thing an upstander could do if they saw or heard a friend (or another person) being bullied? 8. What is one way a person may misuse their power in a friendship and try to control the other person? 9. What are two reasons why a friendship could end? 10. What is one way to end a friendship respectfully? 11. What is one way a friendship could be ended disrespectfully? 12. Where could a person go to for help if they were being bullied at school? 13. Where could a person go to for help if they were being bullied in the community (away from school)? 14. Where could a person go to for help if they were being cyberbullied/bullied online? |
| **Spiritual wellbeing**  **Taha wairua** | 1. What might a person believe about friendships that helps them have a safe supportive friendship? 2. What might a person value about friendships that helps them have a safe supportive friendship? 3. What might a person believe about friendships that gets in the way (stops) them having a safe supportive friendship? 4. What is a value that a person may have that gets in the way (stops) them having a safe supportive friendship? 5. What is one way a friendship helps people feel a sense of connection? 6. What is one way a friendship helps people feel a sense of belonging? |
| **Factors** | **Sample questions based on substance use – vaping, caffeinated energy drinks, alcohol, other drugs like cannabis, and use of medicines that have not been prescribed.** *Decide which substance(s) to refer to with each question – most of these just focus on alcohol or vaping. Consider repeating the questions but naming a different substance with each similar question or repetition of a question.* |
| **Personal** | 1. What is one way a teen’s values may mean they don’t use alcohol, vapes or other substances? 2. What is one way a teen’s values may limit (restrict) their use of alcohol, vapes or other substances? 3. What is one way a teen’s values may encourage (not restrict) their use of alcohol, vapes or other substances? 4. What is one way a teen’s beliefs may mean they don’t use alcohol, vapes or other substances? 5. What is one way a teen’s beliefs may limit (restrict) their use of alcohol, vapes or other substances? 6. What is one way a teen’s beliefs may encourage (not restrict) their use of alcohol, vapes or other substances? 7. What is one way a teen’s previous personal experience may mean they don’t use alcohol, vapes or other substances? 8. What is one way a teen’s previous personal experience may limit (restrict) their use of alcohol, vapes or other substances? 9. What is one way a teen’s previous personal experience may encourage [not restrict] their use of alcohol, vapes or other substances? 10. What is one reason why a teen may think it’s fine to get really drunk/smashed (*or other terminology*)? 11. What is one reason why a teen may think it’s not ok to get really drunk/smashed (*or other terminology*)? 12. What might a teen who binge drinks believe about alcohol use? 13. What might a teen who uses performance enhancing drugs value or believe? 14. What is one reason why a teen may not be able to stop using alcohol, vapes or other substances? 15. What is one piece a knowledge a teen needs to know to be safe about substances like alcohol or other drugs? 16. What personal self-management skill could a teen use to manage their own alcohol or other substance use? |
| **Interpersonal** | 1. What is one way that friends limit the drinking, vaping or other drug use of each other? 2. What is one way that friends encourage the drinking, vaping or other drug use of each other? 3. What is one way peers pressure others to use alcohol or vape? 4. What is one way peers pressure others not to use alcohol or vape? 5. What is one way parental or family expectations limit teen alcohol or other substance use? 6. What is one way parental or family expectations (or lack of these) encourage teen alcohol or other substance use? 7. What is one message teens may get about drinking alcohol if their parents supply them with alcohol when they go to parties? 8. What is one message a teen gets about alcohol or other drug use if they see their parent(s) drinking/using drugs? 9. What is one message a teen gets about alcohol or other drug use if they see a positive ‘role model’ using alcohol responsibly or not at all? 10. Who could a teen talk to if they thought their substance use was causing them harm? 11. Who could a teen talk to if they thought the substance use of a friend or family member was a problem? |
| **Societal** | 1. What is one way the purchase of alcohol or vape laws (i.e. 18 years) may limit teens drinking alcohol or vaping? 2. What is one way energy drinks, alcohol or vaping product advertisements may encourage teenagers to vape? 3. What is one way a pop-up ad (e.g. on social media) may encourage a teen to use alcohol or vape? 4. What is one way cultural or social norms in a community may encourage a teen to use alcohol or use cannabis? 5. What is one reason why vaping shops near schools may encourage teenagers to vape? 6. What is one way health promotion ads about alcohol or vaping may help a teenager not to drink alcohol/vape? 7. What is one way education about alcohol, vaping or other drugs may help a teenager not to drink alcohol/vape? 8. What is one way that celebrities who use alcohol (or other substances) may encourage a teenager to use alcohol or to vape? 9. What is one way that celebrities who promote non-use of alcohol (or other substances) may encourage a teenager not to use alcohol or to vape? 10. What is one way sporting culture may encourage teens to use alcohol or non-prescribed medicines to enhance performance? 11. What is one way sporting culture may encourage teens use of alcohol or non-prescribed medicines to enhance performance? 12. What is one community agency that can support people who think they have a problem with substance use? 13. What is one website/online agency that can support people who think they have a problem with substance use? 14. What is one way laws about where alcohol can be consumed may affect teen drinking? |

**Activity 6B. Knowledge race -** *Make multiple copies - about 30 cards in total for each set*

Set 1.

|  |  |
| --- | --- |
| Physical wellbeing  *Taha tinana* | Mental and emotional wellbeing (thoughts and feelings)  *Taha hinengaro* |
| Social wellbeing  *Taha whanau* | Spiritual wellbeing  *Taha wairua* |

Set 2.

|  |  |  |
| --- | --- | --- |
| Personal | Interpersonal | Societal |

Set 3a. Social media

|  |  |  |
| --- | --- | --- |
| Very limited amount of time online each day and strict school and parental regulation | Several hours online each day – but within limits - and some school or parental regulation | Many unlimited hours and unregulated amount of time online |

Set 3b. Vaping

|  |  |  |
| --- | --- | --- |
| Vaping a lot and whenever possible | Vaping occasionally | Never vaping |

Set 3c. Alcohol use

|  |  |  |
| --- | --- | --- |
| Binge drinking whenever possible | Using alcohol in moderation | Never using alcohol |

Set 3d. Consent

|  |  |  |
| --- | --- | --- |
| Never asking consent, assuming what the other person wants, and just taking or doing what is wanted | Asking consent in some situations, assuming what the other person wants when they don’t give a clear message | Always asking consent and doing only what the other person wants |

Set 3e. Snack food and sugary/energy drinks

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| --- | --- | --- |
| Consuming a lot of snack foods or sugary/energy drinks | Occasionally consuming snack foods or sugary/energy drinks | Never consuming snack foods or sugary/energy drinks |

**Activity 6C. Doughnut circle revision questions**

|  |  |  |
| --- | --- | --- |
|  | **Q. Is hauora spelt h-u-a-o-r-a?** | NO. it is spelt h-a-u-o-r-a. ‘Hau’ – breath, ‘ora’ - life |
|  | **Q. Is ‘family’ a personal factor affecting our wellbeing?** | NO. We would normally think of families as being an ‘interpersonal’ factor because it’s about the interactions between us and our other family members (*but it is true to say we personally have a family!*) |
|  | **Q. Are the terms ‘impacts on wellbeing’, ‘effects on wellbeing’ and ‘consequences’ for wellbeing’ talking about the same thing?** | YES. For Health Education purposes impacts and effects (on wellbeing) and consequences for wellbeing are all used to refer to the same thing. |
|  | **Q. Do the terms health, wellbeing and hauora all mean exactly the same thing?** | NO. This is a tricky one and different sources will give different answers. Although we may use the terms health, wellbeing and hauora interchangeably, they can have *slightly* different meanings. |
|  | **Q. Does everyone have the right to fair and respectful treatment when they use a health service in New Zealand?** | YES. The Code of Health and Disability Services Consumers' Rights #2 is about the right to fair treatment. *For more see the Health and Disability Commission.* |
|  | **Q. Does taha hinengaro relate to aspects of spiritual wellbeing?** | NO. Taha hinengaro is about mental and emotional wellbeing, taha wairua is about spiritual wellbeing. |
|  | **Q. Are all friendships and relationships the same thing?** | NO. A friendship is a special and particular sort of relationship, but not all relationships are friendships. Relationships can be close, intimate and long lasting (e.g. a friendship or a romantic relationship), or they can be they can be more distant and casual (e.g. acquaintances, ‘mates’, and people you know but don’t have a close bond with). |
|  | **Q. Are effective listening and communication, joint problem solving and negotiation all forms of interpersonal skills?** | YES. Any skill that is used between two or more people to communicate we tend to call an ‘interpersonal’ skill because it is used between people (inter = between). |
|  | **Q. Does ‘mental health’ just mean mental illness?** | NO. Mental health is a term often used together with, or instead of, ‘wellbeing’ to talk about a person’s overall mental and emotional state. For the most part, when we use ‘mental health’ in Health Education, we are talking about mental and emotional wellbeing. Occasionally we may need to talk about mental health problems like anxiety or depression but most of the time we focus on what supports our mental wellbeing. |
|  | **Q. Does manaakitanga mean to be loving, compassionate, kind and caring?** | NO (*not as such*). As written these ideas would relate more to something like aroha. They might feature as a part of showing manaakitanga – but the term ‘manaakitanga’ is about showing hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others (source Te Aka). |
|  | **Q. When someone under the age of 20 is caught and charged with driving with a small amount of alcohol in their blood, are they being discriminated against based on their (young) age?** | NO. Although age can be a factor in situations where discrimination is an issue, there are various laws related to people of younger age. In the case of alcohol and driving, a person under 20 must have a zero-blood alcohol level which is part of the Land Transport Act. The Human Rights Act does not apply in this specific situation. |
|  | **Q. Is the age of consent to sex in New Zealand 16 for all people, regardless of their relationship?** | YES. As a matter of law the age of consent is 16 for everyone in any sort of sexual relationship. However, even if a young person was slightly older than 16 and their sexual partner was someone in authority or much older than them, other laws and regulations may apply depending on the situation. |
|  | **Q. If something is said to be a ‘social norm’ does it mean it is something we should all do because its seen as ‘normal’ for people to do?** | NO. A social norm is something that is accepted by many people in society and commonly done or believed. In Health Education we often need to challenge ‘social norms’ especially when these result in people being treated unfairly. For example, if social norms around gender tell us that females should think and behave one way and males another (like with gender stereotypes or toxic masculinity) and this results in unfair treatment and impacts wellbeing, then this is a social norm that needs to be challenged. |
|  | **Q. Does the New Zealand Ministry of Health recommend no more than two hours per day of passive screen time (i.e. not for education purposes) for those aged 5 to 17** | YES. The Ministry of Health recommendations are for zero recreational screen time for children under 2, less than an hour per day for children aged 2 to 5, and no more than two hours per day of passive screen time for those aged 5 to 17. New Zealand surveys show that these guidelines are being exceeded by nearly 90% of children younger than 14. |
|  | **Q. Does being active and moving the body in various ways relate to taha tinana?** | YES. Taha tinana relates to physical wellbeing. |
|  | **Q. Are big global issues like climate change, economic hardship and an uncertain future just ‘adult’ concerns?** | NO. Research internationally and in New Zealand shows that many young people are concerned about the state of the world and their future in it. *If this is particularly troubling, talk with a trusted adult.* |
|  | **Q. Is Te Whare Tapa Whā a model of health?** | YES. Other models of health include Te Wheke (the octopus) or Fonofale. |
|  | **Q. Does being ‘fair’ and being ‘inclusive’ means the same thing.** | NO. BUT for Health Education purposes the meanings are closely related to each other. To be fair means to be impartial and just, without favouritism or discrimination, whereas to be inclusive means to not exclude any of people or groups involved in something like a community. |
|  | **Q. When someone takes action to help someone else, is that a form of advocacy?** | NO – not as such. Advocacy is either when someone publicly supports a particular cause or policy, or they recommend a course of action related to an issue. The action required is not something they can do themselves and they need to ask others to do it e.g. a change in a law or policy. Being an advocate (as a role or job) means to act on behalf of someone else who may not be able to speak for themselves e.g. if the person is young. It’s more than just helping someone. |
|  | **Q. Is media and advertising a ‘societal’ factor affecting wellbeing?** | YES. In Health Education we think of societal factors as those things that affect us through the way our society and community’s function, including what we see and hear in media. They are things that are distant to us. We don’t necessarily know or interact with the people in organisations and institutions in the community, nor who everyone is in the community we live or go to school or work in, but what they all do, can have an effect on our wellbeing. |
|  | **Q. If a person has been treated differently and unfairly compared to others because of a personal characteristic have they been discriminated against?** | YES. Discrimination (as a matter of law under the New Zealand Human Rights Act. *The Human Rights Act (HRA) makes it unlawful to discriminate on the grounds of sex (including pregnancy and childbirth), marital status, religious belief, ethical belief, colour, race, ethnic or national origin (including nationality or citizenship), disability, age (although some additional laws apply to children and young people), political opinion, employment status, family status and sexual orientation.* |
|  | **Q. Can goal setting, decision making and using positive self-talk be used as personal skills to support own wellbeing?** | YES. These skills can all be used by individuals along with many other personal skills to support their own wellbeing. |
|  | **Q. If a person was said to have ‘mana’ does this mean they would have prestige, authority, influence, and status?** | YES. Mana can relate to many things and ideas like prestige, authority, control, power, influence, status each feature in understandings of mana. |
|  | **Q. Are ideas related to taha whānau related to social wellbeing?** | YES. Taha whānau related to social wellbeing or social wellbeing could also be related to the idea of hononga. |
|  | **Q. Do you have to be 18 years or older to purchase alcohol, tobacco or vaping products in New Zealand?** | YES. All these substances require a person to be 18 years or older to *purchase* the product - but the law does not apply to the *use* of these products which have no age limits. |
|  | **Q. Does being an upstander mean standing up for yourself?** | NO. When used in bullying situations for example, being an upstander means someone who chooses to support another person who is being abused or harmed. |
|  | **Q. Does spending a lot of time online (especially on social media) impact wellbeing?** | YES. Research is showing that excess screentime is causing teenagers a range of wellbeing issues from insufficient sleep, anxiety, exposure to disturbing content, cyberbullying etc (noting that even a small amount of screentime can be a lead to some of these things). |
|  | **Q. Is whanaungatanga about a relationship through which shared experiences and working together provide people with a sense of belonging?** | YES. We generally think of whanaungatanga as being about our social relationship and interconnections that give us a sense of belonging.  *Whakawhanaungatanga is about the process of establishing relationships, relating well to others. This requires doing something and taking some form of action to establish relationships and relate to others.* |
|  | **Q. Should teenagers just accept that being bullied and threatened online, or having indecent, incorrect comments made about them on social media is just a part of living in a digital world?** | NO. These behaviours negatively impact people’s health and wellbeing. The Harmful Digital Communications Act 2015 (HDCA) deter, prevent and mitigate harm caused to individuals by digital communications, and to provide victims of harmful digital communications with a quick and efficient means of redress. |
|  | **Q. Is everyone in society in complete control of their own health and wellbeing?** | NO. International research shows there are many factors (things) beyond the control of individuals that impact their health and wellbeing. People can try to make good personal decisions but if they have little or no money, there’s no community support when they need it, they don’t have enough education, they live in a society that doesn’t accept who they are or treats them badly (etc.) it can be very difficult to be healthy and have ‘wellbeing’. |

**Activity 6F. Health Education vocabulary - use as a ‘Go Fish’ or ‘Snap’ card game (or as Q&A in a doughnut circle activity)**

*Before use, select the words to use for the card game (add others as required), format and enlarge to print and*

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| --- | --- |
| **Action** | What is a word that means to do something, usually to achieve an aim? *[Hint: take …..]* |
| **Advocacy** | What term means to show support for and stand up for a cause, or to act on someone else’s behalf? |
| **Age 16** | What is the age at which young people can consent to sex in New Zealand? |
| **Age 18** | What is the age at which young people can purchase alcohol and vapes in New Zealand? |
| **Alcohol** | What substance, when drunk causes intoxication? |
| **Assertive** | What is a term that means to stand up for yourself and act in ways that mean you hold onto what you believe is important for you to do? |
| **Attitude** | What is a term that refers to a particular way of viewing or feeling about something? |
| **Belief** | What is an acceptance that something exists or is true, especially one without proof. |
| **Bisexual** | What term is used to identify a person who is sexually attracted to both males and females? |
| **Body image** | What is a person’s thoughts, feelings and perceptions about their body called? |
| **Body neutrality** | What is taking a neutral stance toward your body – both emotionally and physically? |
| **Bullying** | What name is given to the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power? |
| **Children’s Act** | Which New Zealand law protects the interests of children and aims to reduce the risk of harm to children? |
| **Confidence** | What do we say people have when they believe in their own abilities and judgement, and feel secure and capable of handling challenges, or they feel, depend or rely on someone or something? |
| **Consent** | What word means to give permission for something to happen or agreement to do something? |
| **Cyberbullying** | What is the behaviour called when people use technology to harass, threaten, embarrass, or target another person? |
| **Decision making** | What skill is a person using when they use the cognitive (thinking) process of selecting a course of action from among many alternatives? |
| **Discrimination** | What term names the unjust or prejudicial treatment of different categories of people, especially on the grounds of ethnicity, age, sex, or disability? |
| **Disinformation, malinformation** | What terms are used to name deliberately false information which is intended to mislead? |
| **Drugs** | What group of substances alter the way the body functions and certain types of these substance, when used recreationally, can cause psychoactive effects (i.e. getting ‘high’)? |
| **Effective listening** | What skills would a person be using if they paraphrased, reflected feelings, and used minimal encouragers? |
| **Energy drinks** | What type of ‘lifestyle’ drink often contains high levels of caffeine? |
| **Factor** | What is ‘something’ that influences a situation and contributes to a result? |
| **Friendship** | What is a special type of close (non-sexual) relationship that people can have with different people across their lifetime? |
| **Gender** | What term refers to the characteristics of women, men, girls and boys that are socially constructed? This includes norms, behaviours and roles as well as relationships with each other*. (Note: There are other definitions for this term).* |
| **Gender identity** | What term refers to a person’s deeply felt, internal sense of being a man, a woman, both, or neither, and which may or may not align with their biological sex? |
| **Harassment** | What term names illegal behaviour towards a person that causes mental or emotional suffering, repeated unwanted contacts without a reasonable purpose, insults, threats, touching, or offensive language, often sexual in nature? |
| **Harmful Digital Communications Act** | Which New Zealand law aims to deter, prevent, and lessen the harm caused by the way some people behave towards others online? |
| **Hauora, waiora** | What are some examples of kupu Māori for ‘health’? |
| **Health** | What term is defined as “*a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*”? [WHO definition] |
| **Healthy relationship** | What does this list describe? Mutual respect, open communication, trust, honesty, the ability to compromise, partners who feel safe, supported, and valued, and who respect each other's boundaries and independence, being able to resolve conflicts constructively and feeling comfortable expressing opinions and concerns. |
| **Heterosexual, straight** | What terms are used to identify people who are sexually attracted to people of the opposite sex? |
| **Homosexual, gay, lesbian** | What terms are used to identify people who are sexually attracted to people of the same sex? |
| **Human Rights Act** | Which New Zealand law prohibits discrimination of people based on various characteristics and promotes equal opportunities? The law aims to ensure all people are treated fairly and equally, regardless of their personal characteristics. |
| **Identity** | What word is defined as a set of physical, psychological, and interpersonal characteristics that are not wholly shared with any other person? |
| **Influence** | What word refers to the capacity (or the means) to have an effect on the character, development, or behaviour of someone or something? |
| **Interpersonal** | What term means ‘between people’? |
| **Macronutrients** | What term describes the groups of substances the body needs in larger quantities to provide the body with energy and maintain its functions (such as carbohydrates, proteins and fats)? |
| **Micronutrients** | What term describes the groups of substances the body needs in smaller quantities to maintain its functions and provide the body with what it needs for the functioning, regulation and maintenance of body systems (and overall ‘health’)? |
| **Misinformation** | What term is used to name incorrect or misleading information, but not generally used with the intention of causing harm? |
| **Non-binary** | What term is used to identify a person whose gender identity does not conform to traditional binary beliefs about gender that all individuals are exclusively either male or female? |
| **Nutrition** | What term means the process of providing or obtaining the food necessary for health and growth? |
| **Opinion** | What term refers to when people view or make a judgement about something, not necessarily based on fact or knowledge? |
| **Personal** | What term can mean belonging to or affecting a particular person rather than anyone else, or concerning one's private life, relationships and emotions, rather than one's public life? |
| **Problem solving** | What skill is being used if someone is using a process to find solutions to difficult or complex issues? |
| **Relationship** | What term refers to the way in which two or more people or things are connected, or the state of being connected and the way in which two or more people regard and behave towards each other? |
| **Resilience** | What term names the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress? It's not just about bouncing back from difficult experiences, but also about successfully adapting to challenging life circumstances. |
| **Responsibilities** | What term would be used to refer to the state of having a duty to deal with something, or being accountable for something? |
| **Rights** | What word refers to a person’s entitlements or permissions that allow them to act, possess something, or be treated in a certain way? |
| **Self-esteem** | What is it called when a person has confidence in their own worth or abilities? |
| **Self-talk** | What is the internal dialogue or conversation a person has with themselves, often described as their inner voice? This inner voice can influence thoughts, feelings, and behaviours, shaping how they perceive themselves and their experiences. |
| **Self-worth** | What is it called when a person has sense of their own value as a person? |
| **Sex** | What is a term that can refer to sexual activity, including sexual intercourse AND names the main categories (male and female) into which humans and many other living things are divided on the basis of their reproductive functions? |
| **Sexual orientation** | What term refers to a person's pattern of emotional, romantic, or sexual attraction to others, and defines who someone is sexually attracted to? |
| **Societal** | What term means that something relates to society or social relations? |
| **Strategy** | What term means a plan of action designed to achieve a longer-term goal or overall aim? |
| **Stress** | What term refers to the natural human experience where mental or emotional strain results from adverse (e.g. threats) or demanding circumstances causing physical and psychological effects? |
| **Transgender** | What term can be used to identify a person whose gender identity does not correspond with the sex registered for them at birth? |
| **Values** | What term refers to a person’s principles or standards of behaviour and their judgement of what is important in life? |
| **Vaping** | What is the action or practice of inhaling and exhaling vapour containing nicotine and flavouring produced by a device designed for this purpose? |

**Activity 8**

**Glossary of English language terms used in Health Education**

* Add in Health Education terms that you need to learn.
* Insert more rows into the table where needed.

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| **English language term** | **Meaning and/or how it is used in a sentence.** | **Translation to other languages (see also te reo Māori kuputaka below)** |
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**Kuputaka (glossary) of kupu Māori (words in te reo Māori)**

As your learning includes kupu Māori, add these to the kuputaka below, along with the approximate translation and any notes about the use and meaning of the kupu that will support your learning.

*Insert more rows into the table when needed.*

Two useful online sources of kupu Māori that contain many Health Education-related terms are:

* [Te Aka Māori Dictionary](https://maoridictionary.co.nz/)
* Paekupu [Māori to English](https://paekupu.co.nz/words/wordlist/hauora/maori-to-english) and [English to Māori](https://paekupu.co.nz/words/wordlist/hauora/english-to-maori)
* Use local sources of kupu Māori where these are available.

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| **Te reo Māori kupu (words)** | **Approximate translation in English** | **Notes related to meaning and use of kupu in te reo Māori** |
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| **Part 2.**  **Year 9-11 activities** |

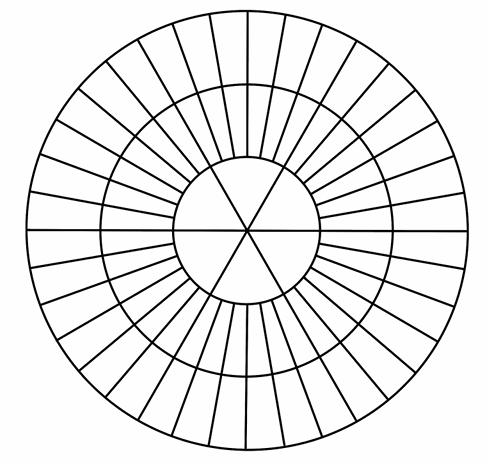
**PART 2. Activities for Year 9-11 topics**

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| **Topics in PART 2.** | **#** | **Activity sheets and templates** |
| **1.**  **Wellbeing** | **B** | Donut circles – using an oral communication activity as a source of ideas for writing |
| **E** | Feelings wheel – wellbeing vocabulary |
| **F** | Visual image of a healthy person – conveying meaning in images and without words |
| **G** | Model of health – using visual models to convey meaning |
| **H** | Te Whare Tapa Whā chairs – using physical (and visual) models to convey meaning |
| **I** | Values continuum – using discussion as a ‘starter’ for writing about different perspectives |
| **2.**  **Friendships and challenges to friendships** | **A** | Picture dictation – the qualities of friendships |
| **B** | Effective listening and communication skills – oral language |
| **C** | Managing conflict in friendships – using a joint problem-solving model |
| **D** | Being an upstander to bullies – Y chart character brainstorm |
| **E** | Managing changes to friendships – 6-sentence story |
| **3.**  **Sexual health** | **A** | Sexual health cloze activity – sexual health vocabulary |
| **B** | Contraception – Call My Bluff |
| **C** | Sexually transmissible infections (STIs) – mix and match |
| **D** | Critiquing period product design and advertising – does it help reduce or promote menstruation stigma? |
| **4.**  **Social media and wellbeing** | **A** | Classifying terms and definitions related to online behaviours |
| **B** | List it – Generating ideas for a personal online safety plan |
| **E** | Social media and online safety dominoes |
| **5.**  **Healthier food choices** | **A** | Nutrition bingo – oral and visual language comprehension |
| **D** | Reputable information about healthy eating – trash or treasure |
| **6.**  **Vaping** | **B** | Values continuum – using discussion as a ‘starter’ for writing about different perspectives |
| **C** | Cloze activities (with variations) – using health language in a vaping context |
| **D** | Being assertive in vaping situations – story board |
| **E** | Being assertive in vaping situations – role play/skills rehearsal |
| **G** | Using news articles as information sources |

**Activity 1B. Writing frame**

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| **Writing frame (adapt to suit):** | **Your reason** |
| What is the most appropriate way to have conversation and why? | [What?]  Because …. |
| Why does it affect your wellbeing when the person you are talking with doesn’t look at you or is distracted with other things? | Because …. |
| Why does it affect your ability to communicate when someone you don’t know well stands really close or really far away from to you to have a conversation? | Because …. |

**Activity E. Feelings wheel**



**Activity 1G. Designing your own health or wellbeing model**

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| 1. You can work by yourself to create your model, or you can work in small groups – 3 people per group is suggested. Your teacher will provide guidance about this. 2. Look at a range of health models (see Māori, Pacific and other health models).  * Note the imagery used and the relevance of this. * Note the dimensions (words) and the association of these with the image. * Note any explanations of the model – the title, the symbolism, analogies, cultural meaning, etc.  1. Think about the sort of imagery that is meaningful to you. It could be:  * Something from nature – animal, plant, landscape/place * A traditional cultural artefact (object) * A contemporary artefact (object) * A symbolic representation – pattern, iconography * Other?  1. Be thinking about how your image says something about health and wellbeing and how you will relate parts of the image to your selected dimensions to create your ‘model’. 2. If you are working in a group, reach agreement about your selected image. 3. Discuss which dimensions of health and wellbeing are important to include. You can recycle ideas from existing models and/or decide your own dimensions. TRY to associate each dimension with a part of the image. If you are working in a group, reach an agreement about which dimensions your model will include. Include a minimum of 4 dimensions – more is fine. 4. **Create your model** using the materials provided in class – or use any of your own drawing equipment. Either:  * Draw your model on paper and take a photo of it with a device to save a copy of it. Copy and paste the jpg image into the assessment template. OR * Create your model digitally, save as a jpg or other format and save this in your learning journal.  1. **Name your model** – something that captures the nature of the image or the reason for it. 2. **Other points:**  * Use own/home languages if you wish. Provide a translation/key to support others to understand your model.  1. Make notes about the reasons for your design decisions. 2. **Describe how the various dimensions of your model relate to aspects of your wellbeing.** |

**Activity 1H. Te Whare Tapa Whā chairs – balance and interconnections of the dimensions of hauora**

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| **Select ONE of these situations and answer all question based on this situation.**   * A teenager has a big argument with their best friend. * A teenager is feeling really stressed because they have too much going on and they are prioritising their social life over their schoolwork and sport or cultural group practices. * A teenager has been bullied online, and they don’t know who is doing it. | |
| 1. Which dimension of hauora, (i.e. physical, social, mental and emotional or spiritual wellbeing) do you think was the first dimension affected by this situation and why? |  |
| 2. How do you think this effect then led on to affecting the other dimensions? Describe this as a series of steps – what comes next, and then what happens after that. Include at least two more dimensions, and all three if you can. |  |
| 3. Describe what needs to happen for the teenager to restore some ‘balance’ to their wellbeing.  In your answer:   * Suggest three things the teenager and others could do. * Explain why the combination of these actions is needed. *Think about how the dimensions are all interconnected and therefore why different actions are needed.* |  |

**Activity 1I. Continuum cards**

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| Absolutely agree | Agree |
| Disagree | Completely disagree |

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| **People should have to be responsible for their own wellbeing** | **Looking after your friendships is important for wellbeing** |
| **Looking after mental health is a really important part of being healthy** | **Everyone has an equal chance in life so anyone can be healthy** |
| **Health and wellbeing are the same thing** | **The way other people treat you has a big impact on your wellbeing** |
| **Being healthy is expensive** | **Eating vegetables is good for your health and wellbeing** |
| **Spending lots of time online is good for wellbeing because you’re communicating with other people** | **Spiritual wellbeing means different things to different people** |
| **Energy drinks are healthy because they give you energy and help keep you alert** | **Vaping is unhealthy** |
| **Having a sense of your identity is a part of your wellbeing** | **Eating whatever you like is good for all dimensions of health** |
| **Everyone experiences wellbeing and being health the same way** | **People who are disabled are healthy** |
| **Looking after your physical body is all you need to do to be healthy** | **Health and hauora are different things** |
| **Having parents that set clear boundaries for their children supports teenagers’ wellbeing** | **Having a positive body image (thoughts and feelings about their body) is unrealistic for many people** |
| **We all need the same things to be healthy regardless of our culture** | **Everyone should take personal responsibility for treating others fairly** |
| **Asking for and giving consent before doing something with or to someone else is important for wellbeing** | **Having lots of health knowledge makes you healthy** |
| **Teenagers are naturally active, so they don’t need to exercise** | **People who get enough sleep are healthier than those who don’t** |
| **Sports drinks and energy drinks are good for active teenagers** | **Everyone has a GP (a doctor) they can see whenever they are unwell or injured** |
| **Having lots of friends (mates and acquaintances) is more important than having one or two really close friends** | **The internet and social media have good information about health and wellbeing** |

**Activity 1I. Y chart for recording perspectives**

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| Views I share in common with others  Views I had not thought of before  Views of mine that are different to others |

**Activity 2A. Picture Dictation**

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**Activity 2B. Effective listening**

**Task 1. Features of effective listening**

The following table is an item bank containing the features of effective listening and some examples of these features. Use these ideas to complete the table that follows.

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| **Descriptions of effective listening skills, and examples of these features** | | | |
| Maintain appropriate eye contact but be sensitive to cultural difference; in some cultures, deliberate and prolonged eye contact may show a lack of respect. | Avoid fiddling with things and refrain from using personal habits that may be distracting to the speaker. | *Sue:* “For a while I was improving, but now I seem to have lost my confidence. What’s the use of trying?”  *Teacher:* “You’re not performing as well as I know you can and sound discouraged”. | Position the body reasonably close but not so close that the speaker’s personal space is being encroached upon. |
| Mmm… Uh-huh… | Help the speaker to keep speaking and show the listener is interested. | Keep body posture relaxed and upright, perhaps with a slight forward lean to indicate interest. | Why did you….?  What happened next? |
| Reflecting the content of what the speaker says but not repeating it word for word. | Use of voice is warm and matches that of the speaker. | Questions cannot be answered with a yes or no and encourage the speaker to find answers and explain. | Make appropriate head and facial movements like occasional nods, smiling and generally matching the speaker’s mood. |
| Really? Go on… | When did you…..?, Where did you…..? | Body movements, facial expressions | Spoken words. |
| Do you feel………about this? | The listener shows they understand how the speaker is feeling | So you’re feeling…… |  |

**Use all the items in the table above to complete the right-hand column of the table below.**

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| **Feature of effective listening** | **Description or purpose of this skill and examples** |
| Non-verbal Behaviour | Description or purpose of the skill:  Example: |
| Minimal Encouragement or “Door Openers” | Description or purpose of the skill:  Example: |
| Reflecting Feelings | Description or purpose of the skill:  Example: |
| Paraphrasing | Description or purpose of the skill:  Example: |
| Asking Open-Ended Questions | Description or purpose of the skill:  Example: |

**Activity 2B. Task 2a. Watching non-verbal behaviour of people in a video**

Watch a short piece of a film or TV program, or a video on social media, where people are talking with each other. Focus on their non-verbal behaviour. As you watch the people communicate, complete the table below, to show you can identify non-verbal features of effective listening.

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| **Non–verbal behaviour** | **Tick if you see this** | **How did the non-verbal behaviour, shown by the listener, affect the speaker in this situation?** |
| Eye contact |  |  |
| Head and facial movements (e.g. Nod) |  |  |
| Personal habits (e.g. Fiddling) |  |  |
| Voice (tone, volume) |  |  |
| Body posture |  |  |

**Task 2b. Identifying the verbal skills of effective listening**

Watch the video again, this time focusing on the people’s voices and what they said. Complete the following table to show you can identify the skills and the effect the use of these skills has on the speaker.

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| **Verbal Listening Skill** | **Examples seen in the film or programme** | **Effect on the speaker when the skill was used** |
| Minimal encouragers |  |  |
| Reflecting content (paraphrasing) |  |  |
| Reflecting feelings |  |  |
| Open-ended questions |  |  |

**Activity 2B. Task 3. [Pairs] Identifying listening skills from a script - (1) Teenage conversation**

In pairs, first read the conversation below as a type of role play and then use ideas from the text to fill in the table that follows.

Cam: That party you missed on Saturday night was great!

Ari: (*Smiles*) You had a good time then?

Cam: Yep – Pene was there, and we talked for ages

Ari: Really?

Cam: It’s too bad you had to work

Ari: (*Nods*) I know – I didn’t want to be at work

Cam: Oh, and you know who else was there?

Ari: (*leans forward*) Who?

Cam: Chris! I talked to them a bit too and they were bummed you couldn’t make it

Ari: Seriously? What did they say?

Cam: Um…They asked where you were and wondered if you’d turn up after work.

Ari: Wow! I really wish I could have gone…

Cam: (*Nods*) Yeah I bet you are really annoyed!

Ari: Yep. So how did you leave it with Pene?

Cam: They said they would text me but they haven’t yet (*frowns*)

Ari: Don’t worry…I think they are quite keen on you

Cam: (*Smiles*) You think they like me? Well, we did talk for ages at the party.

Ari: (*Nod*s) Hey if we are really lucky we could double date with Pene *and* Chris!

Cam: (Laughs) That would be great! Hey I just got a text!

Fill in the table below to show that you can identify the skills of effective listening.

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| --- | --- | --- |
| **Listening skill** | **Example(s) from the conversation** | **How using this skill enhances the communication between Cam and Ari** |
| 1. Minimal Encourager |  |  |
| 1. Reflecting Feelings |  |  |
| 1. Paraphrasing |  |  |
| 1. Asking open questions |  |  |
| 1. Non-Verbal Behaviour |  |  |

**Activity 2B. Task 4. (Individually) Identifying listening skills from a script - (2) Teenage-parent conversation**

Read the conversation and fill in the table below to show you can identify examples of listening skills and their effects on the communication between Jack and his dad.

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| Jack: I don’t like to go to rugby training every day, day after day. I get sick of it.  Dad: (Turns to face Jack and leans forward) You sound like you’re getting really tired of rugby  Jack: Yeah, sometimes I just hate it.  Dad: *(Nods)*  Jack: Yeah, we get too much hassle from the coach, and I hate the way he makes fun of us and yells at us when we don’t try hard enough. And the more tired I get the slower I get, and he yells more and calls me names.  Dad: You hate everything about rugby?  Jack: Well, I don’t hate it all the time – some of the other guys on the team are really nice. The guys who the coach treats the same as me are OK because they know what it feels like.  Dad: (Raises his eyebrows) So it’s all about the coach huh?  Jack: Yeah, I can’t stand him  Dad: Uh – huh. What is it exactly that you don’t like about him?  Jack: Well, he never listens to what we have to say, and he expects us to know everything, to be really good all the time even when we’re really tired. He expects us to miss schoolwork just to get good for him.  Dad: So you feel angry at the way he treats you?  Jack: Yeah, we’ve got so many games this season and I really need some help.  Dad: *(Mmmmm hmm)*  Jack: And I know it’s not just me, several of the others have said how unfair the coach is.  Dad: What do you think you can do about it?  Jack: I think I’ll go to the Sports coordinator on Monday. She says we’re supposed to tell her if things aren’t working out with the sports coaches.  Dad: That sounds like a really good idea. Let me know how you get on and if you need some support  Jack: Thanks Dad. |

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| **Listening skill** | **Example(s) from the conversation** | **How using this skill enhances the communication between Jack and Dad** |
| Minimal encourager |  |  |
| Reflecting feelings |  |  |
| Paraphrasing |  |  |
| Asking open questions |  |  |
| Non-verbal behaviour |  |  |

**Task 5. Rehearsing your own effective listening conversation**

You need to work in a group of 3.

One at a time take turns to be:

* The effective listener.
* The person talking about something that is a concern for them.
* The observer who completes the checklist below.

A list of possible ideas for the conversation is provided below.

If it helps, write out a script like the one above before you rehearse with a partner.

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| **Effective listening conversation ideas**   * What do you think about our school uniform? * What do you want to achieve during the rest of your time here at school? * How did you spend your last summer holiday? * What news item is of interest to you at the moment? * What was the most enjoyable movie you have seen recently? * What do you think are the best things about our school / our community / our town / our city? * What are your views on … [*a* *current event in the community or media*]? * How well do you think our school supports the diversity of all people? * What do you like to do most when you’re not at school? * What foods do you most like to eat? * Which social media platform do you like to use? * What do you think the biggest problem is facing New Zealand and/or the world? |

**Recording sheet**

You may wish to make a video recording of the conversation to check it later for these features. Make sure the video is kept in a safe place and not shared.

|  |  |  |
| --- | --- | --- |
| **Listening skill** | **Example(s) from the conversation** | **How using this skill enhances communication** |
| Minimal encourager |  |  |
| Reflecting feelings |  |  |
| Paraphrasing |  |  |
| Asking open questions |  |  |
| Non-verbal behaviour |  |  |

**Activity 2C. Joint problem solving**

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| --- |
| **Relationship conflict situation:**  The ‘best beach party’ of the year is this weekend and ‘everyone’ is going. Two friends have been told by their parents “*No way – you’re not going – it’s not safe*”. One friend believes it’s OK to sneak out to the party at night and the other believes it is more important to comply with their parents’ wishes (and anyway, they don’t want the hassle of getting into trouble). The friend who wants to sneak out is pressuring the other friend to do the same and it’s causing a lot of conflict between them. |

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| **STEP 1.**  Identifying the problem  Person 1 talks (other person listens carefully) | Identifying the problem  Person 2 talks (other person listens carefully) | **STEP 2.**  Together, brainstorm some possible solutions to the problem (1) |
|  |  |  |
| Possible solutions to the problem (2) | Possible solutions to the problem (3) | Possible solutions to the problem (4) |
|  |  |  |
| **STEP 3.**  Decide ONE solution that suits both people – this requires discussion (1) | Discussion to reach solution (2) | Discussion to reach solution (3) |
|  |  |  |
| **STEP 4.**  Make an agreement to try out the decision e.g. what each person needs to do and by what time (1) | Agreement to try out the decision (2) | **STEP 5.**  Sometime later … evaluate how well things went |

**Activity 2D. Bystanders and upstanders**

**Discuss these situations in pairs or groups and make brief notes using ideas from the discussion**

|  |  |
| --- | --- |
| **Hurtful bystanders** | **Most bystanders** |
| * Start the bullying by encouraging the bully to begin. * Encourage the bully by laughing and cheering them on or making comments that further motivate the bully. * Join in the bullying once someone else has started it. | These bystanders also contribute to the problem (often without realising it) because they passively accept bullying by watching it and doing nothing. Passive bystanders provide the audience some bullies want (to reinforce their power), and the silent acceptance of bystanders allows bullies to continue their hurtful behaviours. |
| Q. Why do you think some bystanders get involved in bullying incidents this way? | Q. Why do you think many bystanders do nothing? |
|  |  |

|  |  |
| --- | --- |
| **Helpful Bystanders - or ‘Upstanders’: Bystanders can prevent or stop bullying.** | |
| **A bystander who is an upstander:** | **Other bystanders who are upstanders:** |
| May directly intervene and discourage the bully, defending the victim, or redirect the situation away from bullying. | Go and get help either from peers who they encourage to stand up to the bully, or by reporting the bullying to adults. |
| Q. In what sorts of situations would an upstander feel confident to respond this way? | Q. In what sorts of situations would an upstander choose to respond this way? |
|  |  |

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| **Reasons why some bystanders don’t intervene when they see bullying.** | **Knowledge and skills the bystander needs to learn, or an attitude that needs to change to become an upstander.** |
| They think it’s none of their business |  |
| They are scared they will get hurt or become a victim themselves |  |
| They feel powerless to stop the bully |  |
| They don’t actually like the victim and think the victim deserves it |  |
| They don’t want to draw attention to themselves |  |
| They fear the bully will take revenge and get them back |  |
| They think that telling an adult won’t help and it may even make things worse |  |
| They don’t know what to do |  |

|  |  |
| --- | --- |
| **Bystanders who don’t do anything to stop the bullying or don’t report it may experience negative consequences for their own wellbeing.** | |
| Possible negative impacts on wellbeing if a bystander does nothing: | Why might doing nothing after witnessing bullying lead to these feelings for the bystander? |
| They **feel pressured** to participate in the bullying anyway |  |
| They **feel anxious** about speaking to someone about the bullying |  |
| They **feel powerless** to stop bullying |  |
| They are **vulnerable** to becoming victims themselves |  |
| They are **scared** to associate with the victim, the bully, or the bully’s friends |  |
| They **feel guilty** for not defending the victim |  |

**Summary.** Use ideas from the discussion tolist the skills a person needs to be an upstander and why these skills are important when supporting someone who has been bullied.

|  |
| --- |
| Personal skills of an upstander (describe 2-3 skills)  Community or societal strategies that will support an upstander and why these are important.  Interpersonal skills of an upstander (describe 2-3 skills) |

**Activity 2E. The 6-sentence story**

|  |  |
| --- | --- |
| **Criteria** | **Only ONE sentence can be used to create your 6-sentence story** |
| The first sentence starts by introducing two friends |  |
| The second sentence describes how the friends are similar and what they have in common |  |
| The third sentence describes how the friends are different |  |
| The fourth sentence is about what the friends do to maintain their friendship every day (or most days). |  |
| The fifth sentence describes how the friends manage situations when they want to do different things and be apart from their friend |  |
| The last sentence describes the qualities of the friendship that means it is maintained, even when the friends want to be apart to go and do different things. |  |

**Activity 3A. Sexual health cloze activity – sexual health vocabulary**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Extract from the** [**World Health Organization**](https://www.who.int/health-topics/sexual-health#tab=tab_1) **on Sexual Health**  Use the terms in the word list to complete the sentences. There is a different word for spaces 1-15. It is not expected that you will know all the terms. Use the text to help work out which word goes in which space.    Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and violence. The ability of men and women to achieve sexual health and well-being depends on their:   * access to comprehensive, good-quality information about sex and sexuality; * knowledge about the risks they may face and their vulnerability to adverse (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of unprotected sexual activity; * ability to access sexual health care; * living in an environment that affirms and promotes sexual health.   Sexual health-related issues are wide-ranging, and encompass sexual orientation and gender identity, sexual expression, (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and pleasure. They also include negative consequences or conditions such as:   * infections with human immunodeficiency virus (HIV), (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility); * unintended (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and abortion; * sexual dysfunction; * sexual violence; and * harmful practices (such as female genital mutilation, FGM).   **Contraception methods**  **Key facts**   * Among the 1.9 billion women of (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (15–49 years) worldwide in 2021, 1.1 billion have a need for family planning; of these, 874 million are using modern contraceptive methods, and 164 million have an unmet need for contraception. * The proportion of the need for family planning satisfied by modern methods, Sustainable Development Goals (SDG) indicator 3.7.1, has stagnated globally at around 77% from 2015 to 2022 but increased from 52% to 58% in sub-Saharan Africa. * Only one contraceptive method, (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, can prevent both a pregnancy and the transmission of sexually transmitted infections, including HIV. * Use of contraception advances the (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of people to determine the number and spacing of their children. * In 2022, global contraceptive prevalence of any method was estimated at 65% and of modern methods at 58.7% for married or in a union women.   **Sexually transmitted infections (STIs)**  **Key facts**   * More than 1 million (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sexually transmitted infections (STIs) are acquired every day worldwide in people 15–49 years old, the majority of which are (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. * In 2020 there were an estimated 374 million new infections in people 15–49 years with 1 of 4 curable STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis. * An estimated 8 million adults between 15 and 49 years old were infected with (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in 2022. * More than 500 million people aged 15–49 years are estimated to have a genital infection with herpes simplex virus (HSV or herpes). * Human papillomavirus (HPV) infection is associated with over 311 000 (13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ deaths each year. * 1.1 million pregnant women were estimated to be infected with syphilis in 2022, resulting in over 390 000 adverse birth outcomes. * STIs have a direct impact on sexual and reproductive health through, (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ infertility, cancers and pregnancy complications and can increase the risk of HIV. * Drug (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a major threat to reducing the burden of STIs worldwide. |   **Word list**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Asymptomatic | Cervical cancer | Condoms | Consequences | Curable | | Discrimination | Economic | Human right | Pregnancy | Relationships | | Reproductive age group | Resistance | Sexually transmitted infections | Stigmatisation | Syphilis | |

**Activity 3B. Contraception – Call My Bluff**

|  |  |
| --- | --- |
| **Contraceptive related term** | **Without stating the contraceptive term give:**   * 3 wrong descriptions AND 1 correct description   **You can use the following websites for information:**  [Healthify He Puna Waiora](https://healthify.nz/health-a-z/) website and/or Sexual Health Aotearoa – [contraception](https://sexualwellbeing.org.nz/adv/contraception/), [unprotected sex](https://sexualwellbeing.org.nz/adv/unprotected-sex/) |
| **Condom** | 1  2  3  4 |
| **Combined oral contraceptive pill** | 1  2  3  4 |
| **Progesterone only contraceptive pill** | 1  2  3  4 |
| **Depo Provera injection** | 1  2  3  4 |
| **Inter uterine device (IUD)** | 1  2  3  4 |
| **Contraceptive implant** | 1  2  3  4 |
| **Emergency contraceptive pill** | 1  2  3  4 |
| **Glad wrap or cling film** | 1  2  3  4 |
| **Withdrawal** | 1  2  3  4 |
| **Fertility awareness** | 1  2  3  4 |
| **Vasectomy** | 1  2  3  4 |
| **Tubal ligation** | 1  2  3  4 |

**Activity 3C. Sexually transmissible infections (STIs) – mix and match**

*These cards need to be copied and cut up before use. Include the cards with the table headings*

*See* [*Healthify He Puna Waiora*](https://healthify.nz/health-a-z/) *for answers – search by the first letter of the STI name*

|  |  |  |
| --- | --- | --- |
| **NAME OF STI** | **INFORMATION ABOUT THE STI**  *Note that xxx is the name of the STI* | **TREATMENT**  *Note that xxx is the name of the STI* |
| **Chlamydia** | This is the most commonly diagnosed STI in Aotearoa New Zealand. It affects people of any gender.  Most people who have this STI (up to 75%) don't have any symptoms. But even without symptoms it can still spread to other people, so regular health check-ups are important. | It can be easily detected with STI screening and is easily treated with antibiotics.  If it is not treated, serious and permanent damage can occur. |
| **Genital herpes** | This is a common skin infection caused by the xxx simplex virus (HSV).  Most people have mild symptoms or none at all. Others get a painful rash and blisters on their genitals and surrounding skin which can return.  It is usually passed on to others through sex. | Antiviral medicines are effective for treatment and prevention of flare ups.  The emotional impact of this STI can be worse than the symptoms, so counselling support may be needed. |
| **Syphilis** | This is a STI caused by a type of bacteria.  Many people don't get any symptoms and wouldn't know they had it without having a blood test.  Untreated xxx in pregnancy causes serious problems for babies. | Treatment is normally with injections of an antibiotic called penicillin.  If left untreated, the xxx bacteria eventually cause damage to your internal organs. |
| **Genital warts** | These are small fleshy lumps of abnormal skin that can grow on and around the genitals.  They are caused by the human papillomavirus (HPV) which is very common and usually passed on through skin-to-skin contact.  Most people with HPV infection don't develop xxx, but the virus can still be spread to other people even without having xxx. | If someone thinks they have xxx they need to see their doctor, or if they have had sexual contact with someone who has HPV or xxx.  Treatment is available but the most effective way to prevent xxx is vaccination against HPV. This is funded for all New Zealanders 9–26 years old. |
| **HIV** | This is a virus that damages a person’s immune system and weakens their ability to fight infection and disease.  It's transmitted via sexual activity and sharing of needles.  Left untreated it can cause AIDS.  A person with AIDS has a severe deficiency of their immune system, which increases their risk of severe infections. | There's no cure for xxx, but it can be controlled with a combination of medicines, known as antiretroviral therapy (ART).  Most people living with xxx who are on ART will never develop AIDS.  PrEP is a xxx prevention method for people who do not have xxx but are at risk. PrEP is 2 medicines, tenofovir and emtricitabine, in a single tablet. |
| **Vaginal Thrush *(candidiasis or a yeast infection or******mateīhi)*** | This is a common yeast infection that will affect most women at some stage in their life.  Common symptoms include vaginal irritation and itching, change in discharge and pain.  It's most commonly caused by an overgrowth of a yeast called Candida albicans (with associated inflammation).  *It isn't considered a sexually transmitted infection as such but often appears listed with STIs because of its association with the genitals.* | It usually clears up within a week of treatment with antifungal medication. This is available at pharmacies or on prescription from a doctor.  For some women, vaginal thrush is more difficult to treat and tends to reoccur quite frequently, despite treatment. |
| **Pubic lice**  ***(or 'crabs')*** | These are tiny insects (parasites) that live in coarse body hair, such as pubic hair.  They are most commonly spread by sexual contact, and by direct skin-to-skin contact with someone who is infected.  Itching in the pubic area is the most common symptom.  Pubic lice infestations don't cause serious harm but can cause a lot of irritation. | If a person has pubic lice, their healthcare provider will want to check for other STIs (STIs) and do a sexual health check.  Treatment involves using creams, lotion or shampoo containing permethrin. |
| **Gonorrhoea** | This is a sexually transmitted infection (STI) caused by a bacterial infection. It is very common in both men and women under 30.  If someone has gonorrhoea, they need to tell anyone they have had sex with in the last 3 months to get tested and treated.  People with this STI should use condoms or avoid sex for 7 days after they and their partner(s) have been treated so they don’t get infected or pass the infection on to someone else.  Using a condom every time a person has sex means they are much less likely to get gonorrhoea. | This, easily treated with antibiotics, caught by having sexual contact with an infected person.  There may be no symptoms. |

**Activity 3D. Critiquing period product design and advertising – does it help reduce or promote menstruation stigma?**

*You can recreate this as a spreadsheet if you wish.*

|  |  |  |
| --- | --- | --- |
| **Name of product** | **General description of the main features of the ad:**  Main visual image(s)  Oral or written words used  Explicit message(s) given about the product | **Analysis**  What other ‘messages’ could be read from these ads? Use the list of prompts below. You only need to refer to ideas present in the ad.   * Names of the actual period products – *e.g. pads and tampons vs sanitary towels or other* * The brand names of the products * Use of blue (or other colour) dye instead of red * Use of euphemisms (ie words to avoid using the words ‘period’ or menstruation’ ) * Making a period seem secretive that it has to be hidden away * Making periods seems like an inconvenience rather than a normal part of life * Lack of ethnic, size and other diversity among people in the ads * Making a joke of menstruation in some way * Implications of the messages about reliability of the product etc. * Making menstruation seem mysterious, something to fear or not ask about etc. * Any other ideas you have |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

|  |  |
| --- | --- |
| **Summary:** | **Your response** |
| **Which ad(s) do you think reinforce menstruation stigma and why?**  **OR**  **If none, how do these advertisements avoid reinforcing menstruation stigma and why?** |  |

**Activity 4A. Classifying terms and definitions related to online behaviours**

|  |  |  |  |
| --- | --- | --- | --- |
| bash board | echo chambers | grooming | sadfishing |
| blocking | emotional (or complex) contagion | griefing | sexting |
| cancelled | fabotage | hacking | shoulder surfing |
| catfishing | fake news | hate speech | social bots |
| clickbait | filter bubble | link farms | stanning |
| conspiracy theory | finsta | lurking | text bombing |
| cookies | flaming | misinformation | thrillification |
| cyberbullying | FOMO | phishing | trauma dumping |
| cyberstalking | forcie | photobombing | trolling |
| disinformation (or malinformation) | geotagging | photoshopping | unfriend (or unfollow) |
| doom scrolling | ghosting | radicalisation | webcrastinate |
| doxing | gleefishing | revenge porn | webdrawls |

… and many more. Add your own ideas about other online behaviours to this list …

**Activity 4B. List it – Generating ideas for a personal online safety plan**

**Ideas generator: List all the ways a person could support the wellbeing of themselves and others online**

|  |  |  |
| --- | --- | --- |
| **Comments people make about me on social media** | **Comments people make about others on social media** | **Cyberbullying and other negative behaviours to self or to others** |
|  |  |  |
| **Posting photos online** | **Disturbing content** | **Physical health (think posture, hearing – if using earbuds or headphones, eyes, hydration, sleep etc. 0** |
|  |  |  |
| **Screentime – length of time each day** | **Screen time – time(s) of the day online** | **Where devices are kept at home** |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **My safety plan**  *You can alter this plan to include only the things most relevant to you. Select actions from the group/class list for each aspect of the plan. Once complete, redevelop this into an eye-catching graphic, print it off and display it near where you usually use your device(s) at home.*  Actions I will take:   |  |  | | --- | --- | | How I will respond to positive and negative comments made about me |  | | How I will comment about others social media posts |  | | How I will respond to cyberbullying or other negative behaviours |  | | My rules for posting photos online |  | | How I will look after my physical health when I am online |  | | Screentime – my total daily online limit |  | | Screentime – my limits on what time(s) I will be online |  | | Where I will keep my devices at home |  | | *Other ideas* |  | |

**Activity 4E. Social media and online safety dominos**

|  |  |
| --- | --- |
| **A.** If an adult sends an unsolicited nude to another adult, it is not necessarily against the law if it’s an isolated incident. Sending multiple unsolicited nudes should be considered harassment under the ​​Harmful Digital Communications Act.  It is illegal for adults to send any nudes to children and young people (minors) or expose them to other sexual content under the Crimes Act. These criminal actions can result in imprisonment**.** | **START**  **Q. It is against the law to cause harm to a person when posting online?** |
| **A. YES.** The NZ Harmful Digital Communications Act 2015 makes it illegal to *“deter, prevent and mitigate harm caused to individuals by digital communications, and to provide victims of harmful digital communications with a quick and efficient means of redress.”* | **Q. What forms can online sexual abuse take?** |
| **A.** Online abuse and harassment can occur in various online environments, including social media, online messaging apps, email and text messages. It can involve threats, embarrassment, humiliation, false allegations, or expressions of discriminatory attitudes and beliefs. | **Q. Why is it a good idea to use privacy and safety settings?** |
| **A.** Using privacy and safety setting keeps your private information confidential and only lets people see what you want them to see. These settings can also limit the content you get shown online. This means you are far less likely to receive unwanted communications, be scammed or cyberbullied. | **Q. What can you do if someone makes false allegations about you online? False allegations include untrue, true (but private) or exaggerated information about someone that causes them harm or distress.** |
| **A.** Netsafe can help respond to false allegations made about you online. What can be done depends on the nature of the allegation and the effect it is having on a person’s wellbeing.This could include using the Harmful Digital Communications Act, getting the content removed, or getting counselling support for particularly distressing situations. | **Q. Does the NZ Bill of Rights, which gives ‘freedom of expression’, allow for people to cause harm to others by what they post online?** |
| **A. NO.** Freedom of expression has limitations and if it causes harm, the Harmful Digital Communications Act applies. However, simply taking offence at what someone else says online may not reach the threshold for causing harm. | **Q. What should I do if I receive an email from someone I don’t know saying I owe them money and if I don’t pay my account will be shut down.** |
| **A.** If you know it’s a scam, just delete it. If it is an organisation you pay money to for some reason (e.g. to purchase goods or pay a subscription), check their email address – is it the usual email for the agency or company? If not delete. Do not use any links in the email. If you have an online account, access this through the website in the way you normally would. | **Q. How would a young person know they are being groomed online? Online​ grooming involves an adult establishing a relationship with a young person to exploit them sexually.** |
| **A.** Having someone you have never met before take a keen interest in you and start up an online relationship, engaging you in sexual conversations, asking you to send nude photos and asking you to meet up are all things a groomer does. DO NOT engage with them and report this to a trusted adult or contact Netsafe. | **Q. What is cyberbullying?** |
| **A.** This is when individuals use the internet to harass, intimidate, or target others (also called online bullying). It can include sending mean or derogatory messages and name calling, repeated unwanted online contact, spreading rumours or lies, sharing embarrassing pictures or videos, or creating fake profiles to impersonate someone. | **Q. What is an online hate crime or hate incident?** |
| **A.** Online hate crimes and incidents are actions taken online motivated by hostility or prejudice towards a person’s actual or perceived race, nationality, ethnicity, religion, sexual orientation, gender identity, disability, or age.  They can include a broad range of acts such as threatening behaviour, harassment, verbal abuse, online abuse, criminal damage, assault, and sexual violence. | **Q. What can you do if you see online hate content that is not directed at you but someone else?** |
| **A.** Keep a screenshot or other copy of the evidence of the hate content. Report it to the platform where you saw it. Contact Netsafe if you need further help reporting it.Talk about it with a trusted adult if you found it upsetting. | **Q. What is sexting?** |
| **A.** Sexting is the act of sending, receiving or sharing sexually explicit messages, images or videos, typically through mobile devices or online platforms. Sexting often involves the exchange of intimate content between individuals which can include: Naked pictures or "nudes", underwear shots, sexual or 'dirty' pictures, sexual text messages or videos. | **Q. How does online content affect body image (that is a person’s thoughts, feelings and perceptions about their body)?** |
| **A.** Seeing many altered or edited photos of people’s bodies and making endless comparisons with our own, even if we don't realise it, can affect our self-esteem and how we think and feel about our bodies. | **Q. Is blocking people online a good thing or a bad thing?** |
| **A. It depends.** If blocking is to keep away scammers, people making rude and insulting comments, hate speech (etc.) then blocking is an easy way to avoid this. However, if it is someone you know and you’re just a bit peeved with them for something they said or did, it would be better to sort out your differences, maintain your relationship, and stay connected. | **Q. Can you get nudes that have been shared without your consent taken down?** |
| **A. YES.** It can be a criminal offense to share nudes without the consent of the person in the photo. The Netsafe website tells you the steps you need to take to make a complaint and get the image removed. | **Q. Is it OK to give anyone who asks you your sensitive personal information like your address, passwords or bank account information online … even when they say ‘only they will see it’?** |
| **A. NO.** When you give away personal information you have NO control over who will see it or misuse it. NEVER give out your personal information unless you can be assured of their safety protocols for protecting your information. | **Q. Should parents’ model online behaviours and help their children to regulate screentime to promote family wellbeing?** |
| **A.** Evidence suggests it is a good idea for parents to model responsible online behaviours since children learn from observing their parents. Effective communication between family members is enhanced if the family limits their screentime and communicate and engage in non-digital activities. | **Q. If you see something upsetting online, or something you think is illegal, can you report it?** |
| **A. YES.** The Netsafe helpline for example is free, confidential and non-judgmental - providing expert advice and assistance seven days a week. | **Q. How can you pick a fake prize or competition scam?** |
| **A.** Competition ​scams often come in the form of an email, text message, or social media message claiming that you have won a prize in a competition or lottery you didn't enter. Thesescams usually ask you to pay a fee or tax to claim your prize or winnings. They may try and trick you into giving up payment information like credit card details (by directing you to a webpage from the scam email) claiming this is needed for shipping your prize to you – and the ‘prize’ is often something attractive like a new phone. | **Q. What does workplace online bullying involve?** |
| **A.** Workplace online bullying refers to harassment occurring in workplace settings. It happens through digital communications like emails, social media, instant messaging, and other online platforms.  This form of bullying involves persistent actions designed to intimidate, belittle, or undermine a work colleague. These actions can include sending abusive messages, spreading false information, or disclosing private details without consent. | **Q. What are some of the benefits of screentime?** |
| **A. Possible** benefits: Online games and activities can enhance teamwork and creativity; provide access to a wealth of information, enhancing knowledge; interaction with computers improves visual intelligence and hand-eye coordination; technology can support social connections, especially for children who struggle offline; academic performance tends to be better in households with computers. | **Q. What does research show are some of the risks of too much screentime by children?** |
| **A.** Risks include:blue light from screens can affect sleep cycles; excessive passive screen time may weaken communication and social skills; children spending more than two hours a day on screens may score lower on language and thinking tests; screen-based entertainment can increase central nervous system arousal, amplifying anxiety; reduced physical activity due to sedentary screen use can lead to poor lifestyle habits. | **Q. When does ‘banter’ turn into cyberbullying?** |
| **A.** It is probably cyberbullying if there only one person in on the joke, or the joke is embarrassing, insulting, or shaming towards another person, or it is about someone’s gender, religion, sexuality, race, ethnicity, or disability. It could also be considered bullying if the person indicates that they do not like it**.** | **Q. What daily screentime limits does the New Zealand Ministry of Health recommend for children and young people?** |
| **A.** New Zealand recommendations are: no screen time for children under 2 years; less than one hour of sedentary recreational screen time per day for children aged 2-5 years, and less than two hours of sedentary recreational screen time per day (not including schoolwork) for children and young people aged 5-17 years. | **Q. What can you do if you receive an unsolicited nude photo (i.e. you get sent an unwanted nude photo)?** |
| **A.** Receiving an unsolicited nude can be very upsetting. Some steps you can take include: tell the sender (if you know who it is) to stop doing this – and if you feel safe to do so; tell the sender that the image made you uncomfortable and they should have asked for your consent; report and block the sender’s profile or account; block the sender phone number (or contact your phone provider); delete the image from your photos if it was sent via Airdrop. Netsafe can provided advice on steps to take. | **Q. Is it against the law to send unsolicited nudes in New Zealand?** |

**Activity 5A. Food knowledge bingo – list of questions for teachers**

*Select items and adapt this list to reflect aspects of the learning. Decide if the list is to remain mixed or statements with related themes are grouped together. Some items are subjective and are included for the benefit of those students who may not have selected foods for their bingo game card reflective of the ‘diversity’ instruction.*

1. Food that is a good source of calcium.
2. Food that would be suitable for someone who followed a vegan diet.
3. Food that would be suitable for someone who followed a vegetarian diet.
4. A food that is a good source of iron.
5. Food with additives.
6. Food that nutrition guidelines say people can eat more of for a healthy balanced diet.
7. Food your family eat together.
8. Food with sugar in it.
9. Food that you/your family grow at home.
10. Food that would provide energy.
11. Food that is needed for building muscle.
12. Food that would be eaten for a special occasion.
13. Food that has to be grown and harvested.
14. Food that once ate other foods.
15. Food that would be eaten by a particular religious or cultural group.
16. A highly processed food.
17. Food from a culture or tradition different to your own.
18. Food that is grown/produced entirely in New Zealand.
19. Food that is popular with your own culture.
20. Food that needs to be eaten with a spoon.
21. Food that has to be bought in a packet or container.
22. Food with starch in it.
23. Food that is grown/produced entirely overseas.
24. Food that is a good source of magnesium or zinc.
25. Food that is low in energy.
26. Food that has little or no salt.
27. Food that has to be caught.
28. Food that has no preservatives in it.
29. Food that was produced by someone who earned at least a minimum wage.
30. Food that is advertised.
31. Food that would be part of 5+ a day.
32. Food that can be bought without packaging.
33. Food that your family catch, hunt or kill.
34. Food that you are able to make/cook yourself.
35. An unprocessed food.
36. A food that is grown/produced in the place where you live.
37. Food that has a nutrition label on the packaging.
38. Food that nutrition guidelines say people should eat less of for a healthy balanced diet.
39. Food that can be eaten with chopsticks.
40. Food you share with friends.

**Activity 5D. Relevant information about healthy eating – trash or treasure** *(select from these or allocate a selection to each group)*

|  |  |
| --- | --- |
| 1 [WHO]  **A healthy diet** is essential for good health and nutrition. It protects you against many chronic noncommunicable diseases, such as heart disease, diabetes and cancer. Eating a variety of foods and consuming less salt, sugars and saturated and industrially-produced trans-fats, are essential for a healthy diet. | 2 [NZNF]  **‘Young People’** covers a whole range of people from age 13-18, who are growing at different rates and times, involved in various levels of activity and who are of different heights and weights. This affects the types and amounts of nutrients you will need for a healthy body. Your lifestyle might be changing as well – a different school, different family circumstances, leaving home, starting work or tertiary education, which can affect the foods you eat. |
| 3 [NZNF]  **Vegetarian teenagers**: Thinking of becoming a vegetarian, or you have not been eating meat for a while?  Variety is the key to a healthy vegetarian diet. Eat a wide range of fruit and vegetables, high fibre grain foods, dairy or calcium-enriched soy foods and eggs, dried beans, lentils, nuts and seeds each day.  The most important nutrients to be aware of with a vegetarian diet are calcium, iron and vitamin B12. Eat foods containing vitamin C (kiwifruit, capsicum, orange juice) with your meals so your body can best absorb the iron in foods. If you are eating eggs and dairy products, you will most likely be meeting your calcium and vitamin B12 needs. | 4 [NZNF]  **Meal ideas for teenagers: Breakfast**  Add your favourite fresh, canned or dried fruit to your breakfast cereal, and top with yoghurt.  If you’re running late, a fruit smoothie and a piece of toast is a quick option. To make a smoothie, simply blend together a glass of milk, 1-2 tablespoons of yoghurt and a handful of fruit.  Cooked breakfasts are a great way to start the day if you have the time. Poached or scrambled eggs, mushrooms and tomato and a couple of pieces of wholegrain toast will keep you buzzing until lunchtime. |
| 5 [NZNF]  **Important nutrients for teenagers: Calcium**  Your body is building its skeleton while you’re a teenager. To make it as strong as possible, you need to eat foods rich in calcium. Choose dairy products, including low-fat milk, yoghurt, cheese, eating 2-3 serves every day.  If you don’t eat dairy foods, other good sources of calcium are calcium-fortified soy milk, canned fish (e.g. salmon or sardines), certain nuts (e.g. almonds, hazelnuts), dried beans & peas (e.g. chickpeas, kidney beans), lentils and wholegrain bread & cereals (e.g. wholegrain bread, brown rice, porridge).  If you drink soft drinks, try replacing one or two each day with water or milk (which has calcium and other valuable nutrients). Try smoothies (made in a blender with trim milk, yoghurt and fruit) for breakfast or a snack – they tick the boxes for calcium, fruit, and taste. | 6 [HealthEd]  **A healthy diet is essential for good health and nutrition.** It protects you against many chronic noncommunicable diseases, such as heart disease, diabetes and cancer. Eating a variety of foods and consuming less salt, sugars and saturated and industrially-produced trans-fats, are essential for healthy diet.  A healthy diet comprises a combination of different foods. These include:   * Staples like cereals (wheat, barley, rye, maize or rice) or starchy tubers or roots (potato, yam, taro or cassava). * Legumes (lentils and beans). * Fruit and vegetables. * Foods from animal sources (meat, fish, eggs and milk). |

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| 7 [NZNF]  **Important nutrients for teenagers: Iron**  Teenage girls in particular need to include iron-rich foods in their diet as they need more iron from food to replace what’s lost during their periods. If not, low levels of iron in the blood can leave you looking pale and feeling tired and lethargic.   * Lean meat, chicken, fish and seafood contain haem iron, which is absorbed best by the body. * Eggs, nuts, seeds, dried beans (e.g. baked beans, chickpeas) and lentils also contain iron. Eating two serves from this food group every day, plus choosing wholegrain bread and breakfast cereals, will help you get enough iron. * Eat foods with vitamin C with your meals, particularly with plant-based sources of iron, to help increase the absorption of iron. | 8 [HealthEd]  **Vegetables and fruit.** Provide carbohydrate, vitamins and minerals, fibre and are low in fat.  Eat them with most meals. Great snack food.  **How much do I need?**  At least 5 servings of vegetables and 2 servings of fruit every day.  Eat many different coloured vegetables and fruit: tomato or strawberry; broccoli or kiwifruit; carrot or mandarin; eggplant or plum; potato or pear.  **What is one serving?**   * 1⁄2 cup cooked vegetables, e.g. broccoli, peas, corn, spinach, pūhā (75 g) * a medium potato or similar sized piece of kūmara (75 g) * 1 cup salad (60 g) * 1 apple, pear, banana or orange * 1 cup diced or canned fruit (150 g) - drain the juice from canned fruit before eating * 2 small apricots or plums (150 g)   Dried fruit and fruit juice are not recommended because they contain a lot of sugar. |
| 9 [WHO]  Here is some useful information, based on WHO recommendations, to follow a healthy diet, and the benefits of doing so.  **Eat plenty of vegetables and fruit:**  They are important sources of vitamins, minerals, dietary fibre, plant protein and antioxidants.  People with diets rich in vegetables and fruit have a significantly lower risk of obesity, heart disease, stroke, diabetes and certain types of cancer. | 10 [HealthEd]  **Eat many different foods.** Eat a variety of foods from these four food groups every day:   * vegetables and fruit * breads and cereals * milk and milk products * lean meats, chicken, seafood, eggs, legumes\*, nuts and seeds.   \* Legumes include cooked dried beans, peas and lentils. |
| 11 [NZNF]  **Meal ideas for teenagers: Nutritious snacks**  As you are growing, you may also need snacks for an energy boost or to combat hunger between meals. Choose ones which are going to give you what you need.   * Fruits, a handful of nuts, a pottle of yoghurt, a couple of slices of cheese, an extra sandwich are all good options. * After school or work: a bowl of wholegrain cereal with low-fat milk, toast with peanut butter or a fruit smoothie can make great snacks. * Very processed foods like fizzy drinks, chocolate, chips provide us with a lot of energy but not a lot of other nutrients. Choose the smaller or ‘snack’-sized options and make the most of it, savouring the taste! | 12 [NZNF]  **Meal ideas for teenagers**  Lunch: Sandwiches, wraps or rolls are all good energy-giving options for the lunchbox. Choose a calcium-rich filling such as cheese or sardines one day and iron-rich cold meat the next. And always remember a vegetable too – tomato, cucumber, beetroot – whichever you most enjoy.  Fruit makes a great “on the run” snack, so always have some in your school bag or at work. |

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| 13 [WHO]  Here is some useful information, based on WHO recommendations, to follow a healthy diet, and the benefits of doing so.  **Eat less fat:**  Fats and oils are concentrated sources of energy. Eating too much, particularly the wrong kinds of fat, like saturated and industrially-produced trans-fat, can increase the risk of heart disease and stroke.  Using unsaturated vegetable oils (olive, soy, sunflower or corn oil) rather than animal fats or oils high in saturated fats (butter, ghee, lard, coconut and palm oil) will help you consume healthier fats.  To avoid unhealthy weight gain, consumption of total fat should not exceed 30% of a person's overall energy intake. | 14 [NZNF]  **Meal ideas for teenagers - Takeaways**  Many takeaway foods, such as pies, chips, pastries and pizzas, are high in fat & salt. Look out for healthier options, such as sushi, salads or sandwiches.  You can make takeaways healthier by having them without extra cheese, mayonnaise or aioli. Watch your portion sizes as takeaway portions can be twice what you’d serve yourself at home – choose small or regular portions rather than a large. |
| 15 [HealthEd]  **Make healthy food choices**  Look after yourself. Your health is important, and it’s affected by what you eat.   * Help with preparing the family meals. You could even have one night a week when you cook for the whole family. * As often as you can, eat meals with your family and whānau. * Lead by example – encourage your family and whānau and friends to make healthy food choices. * Eat three meals every day, plus two or three healthy snacks during the day if you are hungry. * Always take time to eat a healthy breakfast – so you have energy to start the day. | 16 [HealthEd]  **Breads and cereals**  They also include rice and pasta.  They provide carbohydrate, which can be an important source of energy and fibre, and some vitamins and minerals (especially wholegrain breads and cereals).  A great source of energy for growth, sport and fitness.  How much do I need?  At least 7 servings every day – if you’re very active, you may need more.  **What is one serving?**  1⁄4 cup muesli (30 g)  1⁄2 cup porridge  1⁄2 cup cooked pasta or rice  1⁄2 bread roll or large wrap  1 slice of bread, pita pocket or tortilla  2 breakfast wheat biscuits |
| 17 [HealthEd]  **Milk and milk products**  They include milk, cheese and yoghurt.  They provide energy, protein, fat and most vitamins and minerals, including calcium.  You need high-calcium foods to build strong bones.  Choose low-fat milk (yellow or green top) for extra calcium. Try milk, cheese and yoghurt as snacks.  **How much do I need?**   * At least 3 servings every day.   **What is one serving?**   * 1 cup of low-fat milk (250 ml) * 1 pottle of low-fat milk yoghurt * 2 slices of cheese (40 g) or 1⁄2 cup of grated cheese | 18 [WHO]  Here is some useful information, based on WHO recommendations, to follow a healthy diet, and the benefits of doing so.  **Limit intake of sugars:**  For a healthy diet, sugars should represent less than 10% of your total energy intake. Reducing even further to under 5% has additional health benefits.  Choosing fresh fruits instead of sweet snacks such as cookies, cakes and chocolate helps reduce consumption of sugars.  Limiting intake of soft drinks, soda and other drinks high in sugars (fruit juices, cordials and syrups, flavoured milks and yogurt drinks) also helps reduce intake of sugars. |

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| 19 [NZNF]  **Meal ideas for teenagers Evening meal**  Aim for your evening meal to contain a good balance of nutrients. Potatoes, pasta and rice will give you more energy. Lean meat, chicken, fish, seafood, eggs or beans and lentils provide protein and iron. You can combine these, for example, a meat and bean casserole makes a great winter warmer. Add vegetables or salad to half of your dinner plate. | 20 [WHO]  Here is some useful information, based on WHO recommendations, to follow a healthy diet, and the benefits of doing so.  **Reduce salt intake:**  Keeping your salt intake to less than 5g per day helps prevent hypertension and reduces the risk of heart disease and stroke in the adult population.  Limiting the amount of salt and high-sodium condiments (soy sauce and fish sauce) when cooking and preparing foods helps reduce salt intake. |
| 21[HealthEd]  **Lean meats, chicken, seafood, eggs, legumes\*, nuts and seeds**  All contain protein, which your body needs to grow.  Also contain fat and many different vitamins and minerals – especially iron, which is important for your blood and brain.  Your body easily uses the iron from meat, chicken and seafood. To help use the iron from legumes, eat fresh, vitamin C-rich vegetables and fruit at the same time, including kūmara, broccoli, tomatoes, oranges and kiwifruit.  Limit processed meats, such as luncheon, salami, bacon and ham as they are usually high in saturated fat\*\* and/or salt.  \* Legumes include cooked dried beans, peas and lentils.  \*\* Saturated fats are found in animal fat, palm and coconut oil.  **How much do I need?**  At least 2 servings every day.  **What is one serving?**   * 1⁄3 cup of nuts or seeds (30 g) * 1⁄2 cup of mince or casserole (195 g) * 3⁄4 cup of tofu (170 g) * 1 cup baked beans * 1⁄2 medium steak (65 g) * 1 large piece of fish (100 g) * 1 medium pāua or kina (100–120 g) * 2 slices cooked meat (65 g), eg roast lamb, or pork * 2 eggs | 22 [HealthEd]  **Healthy snacks**  Snacks help provide the extra energy you need for growth and physical activity. If you are going to be out and about, take snacks with you. Choose healthy snacks that are low in saturated fat, salt and sugar, such as:   * bread, bread rolls, bagels, rēwena and pita breads or French sticks. Try some wholegrain varieties and have them with your favourite low-fat fillings * crackers, fruit buns, scones, fruit bread, pancakes, popcorn (try popping your own) * unsalted nuts and seeds * pasta and rice * breakfast cereals with low-fat milk/yoghurt * low-fat yoghurt, plain or flavoured low-fat milk * fresh fruit – whole, with yoghurt, blended in a home made smoothie or with a slice of cheese * vegetable sticks together with a dip or spread (hummus, cottage cheese or yoghurt-based dips) * reheated leftovers, for example, stews, soups and vegetables (such as potato, taro, pumpkin or kūmara). |

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| 23 [HealthEd]  **Eating when you are out and about**  Many takeaways are high in fat, sugar and salt and should be kept for special occasions, not every day. If you are out and need a snack or a meal, look for healthier options. Choose those with less fat, especially saturated fat, and more vegies such as:   * kebabs and wraps * filled bread rolls * pizza with more vegetables than cheese * sushi * pasta with tomato-based sauces * thick chunky chips or wedges instead of french fries * rice- or noodle-based takeaways (not fried) with lots of vegetables * baked, stuffed potatoes   Keep some fruit and a bottle of tap water in your bag in case you get hungry or thirsty. | 24 [HealthEd]  **Have plenty to drink**  Drink at least 6 to 8 glasses every day. Drink even more during hot weather and when you are very active (especially before, during and after exercise).  **Drink more of...**   * Water is best – it’s free and easy to get. * Low-fat milk is also a good drink; it’s rich in calcium and makes a good snack.   **Drink less of…**   * Fruit drinks and juice are high in sugar. If you choose juice, dilute it with water (1⁄2 juice and 1⁄2 water) and have it with a meal rather than on its own. This may help to protect your teeth from the sugar. * Soft drinks are high in sugar and energy (calories) and can contain caffeine. They should be occasional drinks (less than once a week). * If you drink coffee or tea, limit it to one or two cups per day. Don’t drink tea or coffee with meals because it reduces the amount of iron and calcium you can absorb from the meal. * Energy drinks and energy shots are not recommended. They contain added vitamins and caffeine. They are usually also high in sugar. Most of the added vitamins are not needed. * Alcohol is not recommended. If you choose to drink alcohol, drink only a little, eat some food, don’t binge drink and do not drive. |

**Activity 6B. Continuum cards – vaping**

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| --- | --- |
| Agree | Disagree |
| Strongly agree | Strongly disagree |
| Don’t know/unsure | |

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| 1  Teenagers who vape can just quit anytime they want. | 2  It is easy for someone under 18 to buy vapes. |
| 3  Vape retailers should not be able to have shops within 500m (half a kilometre) from a school. | 4  Parents who vape are basically telling their children that it’s OK to vape. |
| 5  Vaping is a big problem for New Zealand secondary schools. | 6  Being caught vaping at school should be treated the same way as being caught with alcohol or cannabis. |
| 7  Vape advertising is the main reason why teens take up vaping. | 8  If New Zealand wants to stop teenage vaping all they need to do is close all the vape shops. |
| 9  Vaping is addictive. | 10  Vaping is a problem in primary schools. |
| 11  Vapes should be treated as prescription medicine and only people who are trying to quit tobacco smoking should be allowed to purchase vapes | 12  Vaping is harmful to people’s health. |

**Activity 6C. Cloze activity – vaping**

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| **Vaping FAQs (Frequently Asked Questions)**  Source: Asthma foundation <https://www.asthmafoundation.org.nz/your-health/e-cigarettes-and-vaping/vaping-some-more-facts>   |  |  |  | | --- | --- | --- | | **What are vapes?**  Vapes are devices which produce a (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (aerosol) that the user inhales. This vapour is created by heating a liquid inside the vape. There are a variety of different liquids, or juices, available. These liquids contain a base (usually propylene glycol or vegetable glycerine), flavourings and many also contain nicotine.  Vapes are also called e-cigarettes or ENDS (electronic nicotine delivery systems) products and come in many forms including pens, pods, pipes and tanks.  Vapes have widely been promoted as a quit-smoking tool, however since their introduction in New Zealand vaping has become increasingly prevalent amongst young New Zealanders, including those who have never smoked. The most recent statistics from the NZ Health Survey show that daily vaping rates have (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amongst young people aged 15 to 24 years to 18.6%.   |  |  | | --- | --- | | **What are in vapes?**  The e-liquids or ‘juices’ used in electronic vaping devices generally consist of three key components:  (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, flavours and sweeteners, with some juices also containing nicotine. When you inhale the aerosol vapour produced by these devices you are also inhaling the fine particles of these ingredients.  Little is known about the effects these ingredients have on the human body when inhaled, with research in this area still developing. However, what we do know is that many of the ingredients commonly found in vaping devices break down to form dangerous compounds when heated, with some ingredients being found to have (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ properties.  There are even instances where vapes have been found to include traces of toxic heavy metals leached from the heating elements. | Source: <https://dontgetsuckedin.co.nz/whats-in-a-vape/> |   **How many New Zealanders are vaping?**  The most recent research from the NZ Health Survey 2021/2022 found that 10.3% of New Zealanders over the age of 15 were vaping at least once a month. This has increased from 3.9% in 2017/2018.  The ASH Year 10 Snapshot Survey for 2022 found that daily vaping rates amongst 14- to 15-year-olds was 10.1%. However for Māori teens, the rate was 21.7%.  The Secondary Principals’ Association of NZ/ ARFNZ 2021 survey of 19,000 students in Year 9 to 13, found that 27% of young people reported vaping in the last week, compared to 15% smoking traditional  (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **What are the health risks of vaping?**  The long-term health risks of vaping are not yet known. But research so far has found that vaping and second-hand vaping can irritate the lungs, increase coughing and worsen symptoms of respiratory conditions like (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Many vapes contain (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including products that claim to be nicotine-free. Nicotine is highly addictive and impacts brain development in young people and can cause problems with concentration and mood. Vapes also contain additives and flavours which have been approved for use in food products but haven’t been tested if they are safe when inhaled into the lungs.  Vaping and e-cigarettes can also raise your blood pressure, (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and can alter your heart’s function.  **What are the current rules around vaping in New Zealand?**  In June 2023, the Government announced a new range of measures to stop young people taking up vaping. These included:   * Banning new specialist vape retailers from setting up within 300 metres of (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and marae * Making it mandatory for all vaping products to have removeable or replaceable batteries, as well as child safety mechanisms * Restricting flavour names to generic names; for example, 'cotton candy' would become 'candy' * Decreasing the maximum nicotine salt content in disposable vapes from 50mg/ml to 35mg/ml   **What is the Asthma Foundation's position on vaping?**  The best thing that you can do for your respiratory health is to be smokefree and vape free. The Asthma Foundation was pleased that the Government announced new regulations to curb youth vaping in June 2023, however we do not think these regulations go far enough. We want to see:   * Greater (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on maximum nicotine concentrations: We need to follow the European Union’s lead and restrict the maximum nicotine concentrations allowed in all vapes to 20mg/ml. * Greater enforcement of the current rules, so that young people cannot access vapes so readily and stronger penalties for those breaking the rules. * Cap the number of retailers who can sell vapes * Close the (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that allows dairies to operate as Specialist Vaping Retailers (SVR) by cornering off part of their premises. * Ban disposable vaping products   **Why should the maximum nicotine level in vapes be reduced to 20mg/ml?**  The current allowable limit of nicotine in vaping products in New Zealand is 28.5mg/ml – which is a very (12) \_\_\_\_\_\_\_\_\_\_\_\_ level of nicotine.  To put that into perspective, anything over 18mg/ml is considered a high strength nicotine vape.  50mg/ml is equal to smoking 25 to 50 cigarettes – and because of the way the nicotine is often incorporated into vapes (as a salt) it is less harsh on the throat and therefore more easily palatable making it more addictive and more palatable.  The Asthma Foundation wants the maximum level to be set at 20mg/ml in line with the European Union. |   **Word list**   |  |  |  |  | | --- | --- | --- | --- | | asthma | cancer-causing | heart rate | high | | increased | cigarettes | loophole | nicotine | | restrictions | schools | solvents | vapour | |

**Activity 6D. Being assertive in vaping situations – story board**

**Instructions:**

1. Identity a vaping related situation where a person needs to be assertive.
2. Complete the story board below to show an assertive response. In the white boxes sketch a simple picture. In the grey boxes add text of the script they will be saying.
3. Each cell contains the words and actions of ONE person. When the other person speaks, put this in a new cell on the storyboard. Use as many cells as needed.
4. Across the storyboard there should be evidence that you have used the DESC model:

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| **DESC model** - In your script include:  **D=describe:** Describe how the person being assertive feels about the situation – make sure they use an “I feel …” statement  **E=explain:** Explain specifically the situation that has caused these feelings …  **S=specific: …** Specify the change the person wants to either repair or restore the situation  **C=consequences:** Describe the positive consequence for the person being assertive wellbeing (as well as relationship with the other person) when they have made this change. |

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| *Person pressuring*  Simple diagram (or description) to show who is speaking and what they are doing | *Person being assertive* | *Person pressuring* |
| Text stating what the person is saying … |  |  |
| *Person being assertive* | *Person pressuring* | *Person being assertive* |
|  |  |  |
| *Person pressuring* | *Person being assertive* |  |
|  |  |  |

**Activity 6E. Assertiveness skills rehearsal**

**Rehearsal:** Using your storyboard script, rehearse your script in groups:

* One at a time, take the role of the person in your script who needs to be assertive.
* Your partner takes the role of the person you need to make an assertive response to.
* The other pair in your group are the observers and recorders. They record their observations in the template below.
* Make sure everyone gets to play an assertive role and receive a completed ‘assessment’ template for their learning journal.
* Your teacher may also suggest you digitally record this skills demonstration.

**Name of person being assertive:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Did the person: | **Tick when you have seen this** | Any comments about what the person did well, or suggestions for improvement |
| **D=describe:** Describe how the person felt about the situation using an “I feel …” statement? |  |  |
| **E=explain:** Explain specifically the situation that has caused these feelings? |  |  |
| **S=specific: …** Specify the change they wanted made to repair or restore the situation? |  |  |
| **C=consequences:** Describe the positive consequences for them and their relationship with the other person when they made this change? |  |  |
| Use appropriate eye contact and facial expressions? |  |  |
| Use appropriate tone of voice? |  |  |
| Use appropriate body posture? |  |  |
| **Overall** was there a clear demonstration of how an assertive response was needed in this situation? |  |  |

**Activity 6G.** **Analysing a news item about vaping to identify wellbeing-related information**

Read the statement about critical reading below.

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| **What is Critical Reading?**  “Critical reading involves the reader posing questions or applying models and theories to a text. As a result, the reader will have a clearer understanding of what the text is saying, what it's trying to say and what it means. Rather than just skimming a text, critical reading takes a deeper look at it and takes it apart - it allows us to understand how it works and find out what makes it tick.  Having a critical eye when reading doesn't mean we're looking for the faults and flaws in a piece of writing. It means we're analysing and evaluating what we read, rather than simply taking it at face value. To read critically means to use your own judgement when you're reading. If you only take things at face value without taking the time to consider the context, what it means beneath the surface, and so on, you can miss important details.  You can also be misled, depending on the type of text. For example, authors of persuasive writing can heavily emphasise their points and hide the opposing side to create an unbalanced argument, all in an effort to persuade you to take their side. This happens most often in advertisements. It's essential to have a critical eye and analyse if what you're being told is the whole truth.”  Source: [Twinkl](https://www.twinkl.co.nz/teaching-wiki/critical-reading) |

**Reflection:** Think of a time when you’ve had to ‘read critically’ in Health Education or in another subject. What do you recall from that activity – how did it help you to understand the situation you were learning about? Discuss this briefly with your pair/group.

Once you have selected your news article about youth vaping, discuss the following questions with your group and note down some of the main ideas form your discussion.

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| **Features of critical literacy** | **Questions for discussion – focus on the ones that appear more relevant for your article.** | **Your notes about the main points from your discussion** |
| Questioning how knowledge is constructed and used. | * What is the ‘news’ that is being reported? * How does the author know about vaping? E.g. are they basing their article on research or are they reporting an incident based on observations of witnesses or others involved in the situation? * How well informed do you think the author of the article is? * Do they have personal experience of vaping? Do they need to have personal experience to write the story? * What’s the point the author is making beyond just reporting the news? *What is their ‘angle’?* |  |
| Investigating whether the writer has the authority to speak for a group or position or to tell particular stories. |
| Considering how power relationships are established and whether a text includes or excludes particular readers or perspectives. | * Whose voice(s) dominates the story? Is it just adults or are the voices of young people also included? * Which adult voices are included – e.g. health advocates, retailers, policy makers, parents, principals? * As the story is about youth vaping, are a diversity of youth and their experiences included? What is your evidence for this? *Note: This could be research that collects* *evidence from young people or directly interviewing them.* |  |
| Examining the ways in which texts can position a reader. | * What is the author of the article encouraging you, the reader, to think about youth vaping? Why do you say this? * Do you think they are trying to get you to take a side on the vaping issue? Why or why not? |  |