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‘Be yourself and have a ball’: Using a school and community based health education model to build young women’s resilience and connectedness

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Recognition of the important role schools play in the promotion of student wellbeing can be seen in the growing number of polices and programs being implemented in schools across the Australia. This paper reports on some initial data from focus group interviews with year 9 and 10 girls involved in the pilot of a health and physical activity intervention designed to connect them to their local community and reconnect them with their school and their peers. The aim of the program was to build connectedness and resilience by engaging young women in non-traditional physical activities whilst providing them with a sound understanding of health issues relevant to adolescent girls. Situated in a relatively isolated rural community 200 kilometers south east of Melbourne the program was overwhelmingly delivered by regional and local agencies in conjunction with the local secondary school. The intervention was built on a partnerships model designed with the purpose of increasing participation and access for young women whilst building a sustainable program run in partnership between the school and local agencies and services. The initial data from this pilot indicates the program is having a positive impact on the young women’s sense of self and their bodies, their relationships with their peers and in reducing bullying behaviour amongst the girls. However the data raises some important questions around the adequacy of school-based health education, and the sustainability of approaches designed to be delivered by outside agencies rather than classroom teachers.

Introduction

If the billboards that line the major roads and freeways in Melbourne were any indication it would be easy to conclude that today’s adolescent girls are happy, active, and good looking young women with bright futures. Interestingly, these billboards are not selling adolescent commodities. They are selling school education. These images of happy kids sit uneasily with the evidence of adolescent life. We know from the available research that young women grapple with mixed ideas about their bodies and what it means to be successful (Evans et al., 2004; Frydenberg 2007; Paxton 2002). They know that physical activity has health benefits but do not have the inclination or desire to play traditional sports, nor the access to, or experience of other forms of physical activity and recreation (McKenzie 2005, Frydenberg 2007). Many young women in Australia are engaging in unsafe levels of substance and alcohol use (Australian Institute of Health and Welfare, 2008; Smith et al., 2003). By year ten, 20% have had penetrative sex and many more are sexually active in other ways, (Smith et al., 2003). Their relationships with each other can be characterised by uncertainty, violence, mistrust, comparison and a fear of not fitting in (Duncan 2004; Rivers et al., 2007). They can feel disconnected from their schools and find the structure and content of school irrelevant and boring (Glover et al., 1998; Blum 2004).

In 2005 a pilot program was developed as a response to a number of these issues (DET 2005). The project focused on adolescent girls at a small 7-12 Secondary College in an isolated community approximately 200 kilometers from Melbourne. The township has a population of around 1,800, although the school serves students in the surrounding
communities as well. The town is situated in the south and east of Victoria and is close to the coast. Its relative isolation is compounded by poor access to public transport. The nearest large towns are both approximately an hour’s drive north and east. Most post-secondary training and education involves leaving the town.

Using the Victorian Department of Education’s 2005 Attitudes to Schools Survey, the school found that the Year 8 girls ranked second lowest in the state in relation to feelings of connectedness to school and peers. Using youth participation principles and underpinned by strong educational guidelines (connected to the curriculum and school philosophy) a program was developed by the school for year nine girls, which incorporated mental, emotional, sexual, social and physical health components. The mental health component focused on the development of strong coping skills, which aimed to build resilient young women, able to cope with change and the pressures of teenage life in a remote rural community. This component was facilitated by a state funded mental health youth service and a regional mental health service. The emotional, social and sexual health components examined the concepts surrounding healthy relationships and reinforced the need for strong community ties. The regional women’s health service and the local district health service initially provided a focus for this aspect of the program by presenting issues around healthy relationships. These providers were instrumental in fostering discussion with the girls. The physical health component of the program facilitated the exploration of a number of different lifestyle physical activities such as belly dancing, self-defense and yoga, to engage the girls with alternative physical activities that were potentially available in their community. A number of different community based practitioners offered their services to the program. In term four, 2007 the program was modified slightly, renamed and again piloted, this time with year eight girls.

A grant was awarded to a consortium of local/regional agencies and Deakin University to implement and extend the program over three years. The aim of the three-year project is to increase participation in physical activity by engaging young women in non-traditional physical activities whilst providing them with a sound understanding of health issues relevant to adolescent girls now and in the future. Overwhelmingly the program is conducted by regional and local agencies in conjunction with the local secondary school. It is a partnerships model built on the notion of increasing participation and access for young women whilst building a sustainable program run in partnership with the school and local agencies and services.

It is not the purpose of this paper to describe and discuss the methodology of the entire project or report on data collected from these sources. Our purpose here is to report on a

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1 The Attitudes to School Survey was developed by the Department of Education to assist schools to gain an understanding of students’ perceptions and their experience of school. It is designed to provide schools with data on students’ view of their wellbeing, school in general and teaching and learning (DEECD 2008). Two aspects of the survey focus on school connectedness and connectedness to peers and use similar questions those used in Goodenow’s 1993 Psychological Sense of School Membership Scale (PSSM). Questions designed to gauge school connectedness and peer connectedness include ‘I feel good about being a student at this school’, ‘I like school this year’, ‘I am happy to be at this school’, ‘I feel I belong at this school’, ‘I look forward to going to school’, ‘I get on well with other students at my school’, ‘I am liked by others at my school’, ‘I get on really well with most of my classmates’ and ‘My friends at school really care about me’. Connectedness in this paper is drawing on Goodenow’s (1993) definition that connectedness is ‘the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment.’ (p.80).

2 The entire program was funded by a small grant from Gippsland School Focused Youth Services
small aspect of the research being conducted, namely initial data collected from the young women through focus group interviews. This aspect of the research is concerned with exploring young women’s perceptions of the program and its contribution to their health and wellbeing and the impact of the program on understandings of health related issues of relevance to them as young women. Initial findings from focus group data conducted with the 2006 year nine cohort (currently year ten students) and the 2007 year eight cohort (currently year nine) form the basis of the paper.

Part one of the paper outlines the scope, purpose and context for the collection of focus group data. Part two explores the girls’ experience of the project, the content and the activities provided. The discussion centers on key themes around building trust, positive relationships and the role of ‘girl only’ health and physical education classes that were delivered in conjunction with the local community agencies. The final part of the paper is concerned with how these findings can improve practice.

Methodology: The focus groups
A total of 25 girls participated in four focus groups conducted at the school in February 2008 at completion of the program, two with the 2006 cohort and two with the 2007 cohort. The project manager, who is also the girl’s physical education teacher, recruited the students. Girls who had returned consent forms were selected in friendship groups to facilitate comfort and trust (Lees 1986; Owens 1993). Although the usefulness of focus groups remains an issue for debate (Harrison 2000), their ability to provide a ‘rapid method of data collection’ and immediate information on ‘similarities and differences of opinions and experience’ within a limited budget made this approach the most useful method for this project (Morgan, 1997 cited in Harrison, 2000 p. 22). To ensure the views of a range of girls were represented their physical teacher identified and selected in equal numbers girls who were active participants in physical activity prior to the program, those she referred to as the ‘sporty girls’ and those she identified as regularly being reluctant to participate in physical education, the ‘reluctant recruits’. Consent was obtained from parents and all four focus groups were conducted on the same day at the school using an experienced moderator. The girls were asked questions about their experience of school, teachers and curriculum in health and physical education. They were also asked about their knowledge of health issues, their relationships with each other and their experience of the program. To gain a greater sense of the girls’ attitudes and positioning to a number of health issues raised as part of the program they were also presented with three scenario’s, related to bullying, related sexual vulnerability in the context of alcohol use and related to gender and violence. They were asked to respond with what they would be thinking, feeling and what they would do if they were involved in the situation (Adapted from Liggins et al., 1994 and Ollis, 2007). The focus groups were taped and transcribed. Copies of the focus group questions can be found in the appendix.3

Discussion of results

Emerging Themes

Building a positive sense of self and bodies
The program had a noticeable impact on how the girls felt about themselves and their bodies. Research demonstrates that negative body image can have an impact on all aspects of young women’s health (Paxton, 2002). It can affect feelings of attractiveness and desirability. It can

3 The names of the girls and the school staff used in this research are pseudonyms.
affect participation in physical activity and it can impact on a sense of self, identity and what it means to be female in contemporary Australian society (DHS, 2002). The concept of self-esteem is often associated with a discussion of young women, identity and health.

Rivers et al., (2007) reminds us that the concept of self-esteem has and still is a highly contested one. Many authors point to the unitary and static nature of the concept (Connell, 2002; Davies, 1993; Weedon, 1987) providing little scope for young women to maneuver within the binds of traditional notions of femininity. According to Rivers et al., (2007) the concept of esteem can be a useful one in this area of research if it is viewed beyond the ‘value a person might place upon her or himself” (p.56), to one of a process and related to the value others place upon individuals whether ‘knowingly or not’. They call this social esteem and maintain that individuals with a high degree of esteem will carry more weight than a person with less esteem. ‘While there will be a wide variety in how others esteem an individual, an aggregate will emerge with strong feelings from those prominent proximal others carrying more weight than the ambivalent feeling of more distant or less influential persons.’ (p.56). The adolescent girls involved in this study were very conscious of the hierarchy of ‘esteem’.

The messages around individual self-esteem where overwhelmingly the most remembered aspect of the health component of the program, highlighted in the following conversation:

Interviewer: If I asked you what was the major thing you learnt from that program, what would it be? What do you remember most?
Grace: Self-esteem would be self-esteem (Year 9).
Hannah: Love yourself. Not to judge yourself. Love yourself, pretty much. You are who you are. Be yourself don’t try and be someone else. Everyone is someone different, and we have to respect that, that is just the way of life... You don’t have to act like someone that you are not. Be yourself and have a ball (Year 10 girl).

It gave the girls a sense of agency about themselves and ‘options’ they felt they didn’t have previously. In many ways, as the following comments illustrate, this aspect of the program enabled access to positive discourses about diversity and being happy with themselves plus acknowledgement that being different and having different bodies can be a positive thing.

Sally: …she really made people see sense and see that you don’t have to be anorexic to be the best. She said no one is really ugly, there is no ugly. Anyone can be beautiful. You can just be like a really pretty person (Year 9).

Elisa: Love the skin your in. Love yourself. Yeah, Love yourself; definitely love what you do and who you are and knowing what to do if something happens to you (Year 10).
Interviewer: And has that stayed with you?
Elisa: Oh yeah, it just gives you so many options like before had anything happened you wouldn’t know what to do and like I feel I have options now that you didn’t know you had before (Year 10).

Although it was heavily focused in an individualist framework, discussion of self-esteem enabled the girls’ access to multiple ways of being female rather then one based on traditional notions of one female beauty. Molly’s following remark also points to the importance of engagement in media analysis to explore body image issues. Analysing the way bodies are constructed through the media to privilege and value some feminine bodies over others enabled the girls to develop some media literacy thought by O’Dea (2005) to be essential in effective school-based interventions aimed at improving body image.
Molly: …don’t go by magazines and stuff ‘cause they are fake images and photos are cropped. Just to realise that real women can’t be like, perfect, stick things. That was a really good talk (Year 10).

A guest speaker on body image for this aspect of the program had a noteworthy impact on the girls. Every girl in the focus groups commented on her talk and the messages she was conveying:

Stephanie: … We had this massive chat with this chick that wrote girl’s books or something. Andrea Paul …Like you don’t put yourself down and you are who you are and try and be someone else. We learnt a lot about it’s not how skinny you are like, that’s not it. Like that ‘Dove’ ad at the moment…(Year 10).

Georgia… like you have a glow about you (Year 10).

Caitlin: … you are happy with yourself and everything. Instead of being, I’m fat; I’m ugly (year 10).

Building more positive relationships: Reducing bullying

The program appeared to have a positive impact on the relationships amongst the girls in the months following the program. They felt far more connected to each other and demonstrated inclusiveness and an awareness and willingness to reduce the bullying behaviour that was occurring at the school.

Daisy: Reckon us as girls connected more. I think that everyone was on the same level. Like we all felt like equals. And you know the girls that might call themselves not popular as other girls were just talking in general. All talking, all connecting, it was just good. No one was better than anyone else, in their separate groups. Like clearly you are going to be with your friends, but no way clingy (Year 9).

Molly: It was heaps of fun. I enjoyed it. And it brought all of us girls together. We were all, sort of had our own little groups and didn’t associate with anyone and then when that came along we are all friends now. It was that group and that group and more of a mesh and everyone just hangs with their friends now and then and just goes off with other people (Year 10).

Kelly: I made new friends and I got closer with the friends that I already have (Year 10).

Elisa: There was no contest between the girls to be Miss popular (Year 10).

The notions of equality and inclusion were important aspects that helped the girls build new relationships. Not being judged and having the opportunity to interact were essential components in their feelings of connection to each other. As the following conversation illustrates, the girls were surprised that they could possibly have common experiences and interests with other girls they didn’t know. It gave them common ground and enabled them to feel as though they fitted in and were normal. They gained an understanding that problems and feelings were shared with others. As one girl put it we are ‘not alone’.

Elisa: Like I have 3 cats. You know stuff that she likes and you know. And you can take that and make new friends out of it, and it really sort of helps to get to know the other person and then everyone is happy and yeah.

Belle: Finding out that different people that you didn’t know have the same interest and a similar thing is really, makes you feel good.

Nina: Yeah, You are not alone. It doesn’t make you feel so out there. You think you are so different and it’s like oh god I must be so weird.

Georgia: And then someone has the same problem, yes.
Like many schools there was a problem with bullying amongst the girls. Rivers et al., (2007) maintains that issues around body shape, weight and fashion are embedded in gendered bullying as ‘girls vigorously check indicators of femininity, commenting willingly on others’ appearance, hairstyle, make up and physique (p. 66). This type of bullying was evident in this school. Although it is often more covert than the bullying and violence characteristic of that occurring amongst boys (Rivers et al., 2007; Hillier et al., 2005) it is clearly fixed in the girls’ culture. Consistent with other research (Duncan, 2004) sexual reputation, exclusion, rumors and status associated with having boyfriends were all characteristic of the bullying behaviour occurring at the school. A number of researchers argue that much fighting amongst early adolescent girls is in relation to boys and their friendships with others (Lees, 1986; Duncan, 2004; Rivers et al., 2007). Sally’s pet hate provides an example of the interrelationship between gender, sexuality, exclusion and loyalty often associated with the bullying behaviour occurring amongst girls.

Sally: What’s my pet hate? I am probably bullying when I do this but I hate it when somebody’s best friend sleeps with their ex that they still like and they are like they are best friends. Like one of my friends is like best friend with a girl who just slept with her ex and she like had a big ‘sook’ to me on the phone about it and then the next day she was friends with her again and like ditched all of us. Now she won’t hang around with any of us,’ causeRiley is always with her and none of us like her (Year 9).

Building positive relationships also meant changing negative aspects of their behaviour. There was a concerted attempt by the girls to reduce the bullying amongst them. In the following illustration Daisy and Lucy provide a glimpse of the way the girls are using what has been considered ‘spock’ behaviour (good at Math and not ‘cool’) to reposition it as a positive skill and one they can benefit from.

Daisy: Respecting other people.
Lucy: I try not to be a bitch. *Laughter.*
Daisy: Major. And also just including people in just everyday things like if they don’t understand something in math’s like don’t just feel like your shit, like.
Lucy: Or if they are really good at math don’t just go you’re a big ‘spock’
Daisy: Yeah you’re a nerd. Don’t talk to me. It’s just like can you show me how to do it. Come on. Hint.

The program appeared to increase the girl’s awareness of what was occurring and subsequently there was an attempt by the year nine girls to deal with the bullying as a collective problem. As the following conversation illustrates, although there was a feeling amongst the girls that things had been better because it was being talked about during the program, the embedded nature of bullying and lack of ongoing school intervention was probably a factor which resulted in no real solution being found. Even so this example provides some important insights for finding a way to assist girls. It was as though the girls needed help with the next step. Grace maintains that ‘for a while year 9 girls got so bad with each other we decided to have our own little inner circle at lunch time’.

Grace: Umm, well it was. What happened, other girls were bullying girls so they went to the teachers with their friends and the teachers said we have to sort this out so then we all came to a compromise to sort it out.
Claire: I found them really successful except for the fact that it wasn’t really fixing anything. We were just having a bit of a sook. Yeah you know what I mean. There would always be someone crying and we weren’t fixing anything. I would like to work up to fixing it. Take the next step.

Meg: Yep, we never solved any problem.

Sally: But some liked it, stopped some people bullying, but a lot of it didn’t. I don’t think they realize they are doing it. I always have bitch sessions with my friends but I never mean to hurt anybody, I mean I just complain about somebody.

Meg: Yes, I have been doing that of late really badly.

(Conversation with Year 9 group)

**Girl only classes**

Clearly one of the reasons why the program was successful in the girls’ eyes was the opportunity to work in a single sex only environment. There were several key reasons for this. To begin with the girls felt they had more freedom to be themselves and did not have to be embarrassed both in the health component and whilst participating in physical activity. ‘You could really take stuff in and talk about it without feeling embarrassed...You can connect better. I know it is the whole point of the (project) but like, not having all the guys in there, that was so good. You could really take stuff in and talk about stuff without feeling embarrassed or anything (Sally Year 9).

Secondly they did not have to encounter the sexual harassment and bullying so often characterised by interactions during health and sexuality classes (Ollis, 2007).

Molly: The guys saying something, you’re bad or a slut or you can’t play sport for shit, give me the ball (Year 10).

Hannah ...It was great to have some girly girl time. I loved the yoga. And you could talk about everything as we did have sessions with Kim and we could talk about a lot of things that you can’t talk about in front of guys. Like the pill and sex...we do sex Ed with guys and they just laugh lots. Laughter. On the weekend I rooted her. That was good (Year 10).

This type of sexual aggression is a constant backdrop for girls and not well recognised in schools. It is often ignored and at times condoned as part of ‘boys will be boys’. As Rivers et al., (2007) point out it remains a ‘pervasive ideology’ that underpins bullying in schools. The use of sexuality is one of the most powerful weapons that students can use against each other (Hillier et al., 2005; Duncan 2005; Rivers et al., 2007).

In addition the boys were not present to ‘show off’ and denigrate the content that was important to the girls.

Zoe: The boys are so immature about it. You can talk so much more freely. Because if it was just girls, and you do have the boys making smart arse comments. Way better (Year 9).

Georgia: You weren’t always with the boys so you weren’t always constantly shown off and like more comfortable (Year 10).

Caitlin: The boys don’t want to talk to them or talk about their issues rather they are concerned with making it all a laugh (Year 10).

The limited sex education provided in this secondary school is characteristic of the traditional focus on ‘girls’ business’, such as menstruation, contraception, reproduction and birth, found in most school-based programs (Harrison et al., 1997). Combined with the fact that many
boys are not use to talking about feelings these two factors may go some way in explaining the behaviour of the boys and point to the need for more relevant and up and up to date curriculum.

**Relevant and up to date curriculum**

Interestingly the young women generally made little reference to the personnel taking the program (with the exception of one guest speaker) but rather referred to differences in the methods of teaching and the content covered between their traditional health education classes and the classes conducted as part of the project.

As the following comments illustrate health education had not been a positive or relevant subject for the girls.

Claire: Health Ed is just shit. Health Ed is the worst class.

Interviewer: So tell me about that.

Grace: I hate health. It is just like nothing of interest. You learn stuff that is important and everything but it doesn’t grab my interest. I sit in class doing nothing. The issues are important but the projects and the task, it is just boring. Like “Make a PowerPoint presentation on why smoking is bad!”

Claire: It’s the way it is taught. The topics are sometimes good. The topics are sometimes important. Like, smoking is bad. But you are not interacting with them they just sit there and talk and try and get you to do stuff. You don’t care enough about it you’re not into it so why would you bother doing it to your best ability when you hate it. It is an important thing about stuff you have to learn but!

(Conversation with Year 9 group)

There was also a level at which the needs of the girls were not being met in health education prior to the program. On the one hand they felt they had covered the reproductive parts in primary school when it didn’t seem that relevant and were again presented with this information in high school however, without the complete picture. Kelsey argues that they talk about sex but ‘you don’t talk about what actually happens’.

Daisy: Before we were practically learning about body parts and that’s not as good.

Lucy: You kind of go in on the surface.

Kelsey: You don’t talk about what actually happens. I didn’t want to know in primary school. I thought that coming to high school if the guy and girl got close they would have a baby so. *Laughter* I was like oh no. Yeah, see. And you know it is not just like after nine months a baby pops out. It’s like what happens during those nine months, and how the baby forms and everything. Not that I really want to know that. *Laughter*

Danni: Rather than just learning about boobs, and penis and vaginas. It’s like we already learnt it in primary school.

Zoë: Then when you learn about it its like ok. ‘Cause just knowing the body parts I still thought that, like. You got to actually learn like what happens, and why. Not just I have a vagina, well I know what is it.

(Conversation between Year 9 girls)

The experience of these girls is a common one because of a belief that students are too young to be given access to particular sexuality information or unable to understand concepts. Hay’s (2001) important research with grade six students clearly demonstrated that without
providing the complete picture students only get part of the information and end up thinking as Kelsey did, that you only need to be near a boy to get pregnant.

In comparison their experience of the content and delivery of this pilot program provided them with relevant and informative information in an engaging way.

Claire: We weren’t learning about stuff that we didn’t want to learn about. We actually learnt about stuff that we know really effects us. It was like asking questions about things that we wanted to know, not getting told something we already know or don’t want to know. Like girls, stuff I don’t know, stuff you want to know. It was the kind of health that is not just like these are the body parts, it was more about questions about how you feel and why you feel that way. What can we do about it and about friendships, if you are having a tough time and what can we do about it and stuff (Year 9).

Georgia: … it wasn’t just some old person in there talking about something that we could block out because we don’t care, I reckon everyone in the classroom paid attention to it, yeah. It was something new and we wanted to know what it was about. It was good (Year 10).

Elisa: This is more like we are actually in reality now. Like you, it was a completely different way to learn ‘cause you can’t put it into practice really cause you live with everyone so here it was more of a reality.

Stephanie: It was really good. It was us girls talking about girl issues like being pregnant and teens and self-esteem (Year 10).

Elisa: It was more confronting (Year 10).

Belle: Talking about self-esteem and more open. We all connected everything had to do with real life issues (Year 10).

Elisa: We talked about how you feel about your weight and stuff (Year 10).

Georgia: We didn’t feel we had to compete. We were all the same. You know (Year 10).

Grace: I loved it. Yeah but you got a lot more out of it than if it was just health class. It was worthwhile doing and you learned a lot and learned about yourself too (Year 9).

These girls did not want to be talked at, which was their experience of their previous health education classes. They wanted to be engaged in the learning. They wanted to do the talking. They expressed the importance of the relevance of what they were doing to ‘real life issues’, their own lives and health decisions. Consistent with other similar research the girls talked positively about being given the opportunity to talk and make sense of their social worlds (Martino et al., 2005). For these girls boring meant gathering information that has little to do with their current health status or concerns and regurgitating it onto a power point presentation, a common teaching and learning strategy. They were also very aware of the contradiction of being told one thing (smoking is bad) yet knowing that their teacher smokes. The girls experience provides some important insights about how we might conduct our health education lessons to engage the students.

In addition the girls were animated when talking about the relevance and engaging nature of the sexuality education content covered in the program Yet, the content covered is most definitely material that should form part of any secondary school health education curriculum (http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/).

Molly: Relationships, yeah like what age is good to be having sex, and should you be having sex with older people.

Hannah: I was surprised that heaps of people didn’t know the age we are meant to be having sex with different people.
Genie: That was like me. I didn’t know it was illegal.
Molly: Everyone was like, oh I didn’t know that and it was good to know because they could have been doing something illegal or something.
Shelly: Like say a 13-year had sex with a 16 year old it would be illegal because it is not 2 years.
Molly: I think that most people just thought 16 I can have sex. It is sort of like you have to actually think about and is it something that I actually want to do.
Shelly: Every 13 year old roots a 16 year old. And there are so many other risks than just that, diseases and stuff that you can catch like easily as.
Hannah: Heaps of people were like, you just give head to this but you could catch diseases. People thought it was only through sex and stuff.

(Conversation between Year 10)

The importance of the trusted teacher

Much of the sexuality aspects of the program were conducted by the regional women’s health service yet when asked if they would know where to go in the community if they had a health related issue it was not the community agencies they referred to. As the following comments illustrate, the students clearly felt that it was the school-based personnel such as teacher, counselor and school nurse (in that order) they would go to if they had a problem. Even with some prompting the girls felt most comfortable with the trusted human resources within their school.

Daisy: We would probably go to Mandy. The first person I would think of would be to go to the school counselor or Kim, who is the nurse probably.
Interviewer: What about in your community, you know how you have had these people come and speak to you, would you know where to go?
Daisy: Oh yeah, you would go I don’t know, maybe to one of the speakers,
Lucy: Police station.
Kelsey: You should go and talk to someone.
Danni: Like some of the people like in Sale. Like some of those people you would probably go to them too. If you really had a serious problem, like yeah.
Kelsey: But when you think about it, I feel more comfortable talking to someone from the school because you can just talk to them whenever, like you don’t have to organise a time.
Lucy: People wouldn’t, like then they would know and you would be like, oh, I can’t look at them now they know.
Kelsey: Not really though, because you only tell people that you really trust about it.

(Year 9 conversation)

In this dialogue the girls are conscious that they ‘should go and talk to someone’ yet the issues of trust, privacy and access are a reality for the young women. Trust and disclosure are important issues for girls at this age (Lees 1996; Glover et al., 1998; Rivers et al., 2007). Connected to this was a sense of respect from teachers. A number commented on a change in how teachers treated them once they were in year ten saying things such as, ‘I love the teachers this year cause they teach you differently. They treat you with more respect (Georgia YearTen).’
One of the aims of the project was to increase the girls’ access to their local and regional agencies. This is particularly important in isolated communities. It is a common belief amongst schools that outside agencies provide the most appropriate way to cover the more sensitive aspects of health education. This is because teachers often feel uncomfortable with the content and lack professional training in the delivery (ANCHARD, 2000; Ollis, 2007). The use of outside agencies to address sensitive issues such as sexuality, drug education and mental health presents an obvious answer to their concerns. However, the most current advice maintains that although the use of outside agencies may be useful to support programs and teachers in particular, the most appropriate person to teach these issues is a well-trained health education teacher (ANCHARD, 2000; DET, 2007).

Young people want information on sensitive issues such as sexuality in health education classrooms because they trust the information they receive from teachers (Hillier et al., 1996; Smith et al., 2003). This raises questions regarding the sustainability of a program such as this that relies predominately on outside agencies for its delivery.

Conclusion: Implications for practice
The data from these focus groups has provided some rich insights into the girls’ experience of the project in its pilot phases. However, it is important to be clear that the data is but a small picture of the impact in one school, at one particular time, with one particular cohort of students. The documented effectiveness of the pilot is situational and should not be seen as necessarily indicative of the ‘real world’ beyond the intervention context. Further analysis of the impact in other settings is necessary to make judgments that go beyond the researched environment.

For this cohort of adolescent girls the opportunity to participate in a girls-only program facilitated getting to know each other without the boys’ sexual innuendo and their trivialising of the girls’ health interest and concerns. It was not the intention of this paper to discuss the impact of the program on the girls’ participation in the physical activity component of the program. This is the focus of a forthcoming paper. However it is important to note that not having the boys in the program provided the girls with the freedom to discuss sensitive issues as part of the health component and was instrumental in enabling their comfort in participating without embarrassment.

The ability to get to know others, build positive relationships and reduce bullying and victimisation has promise as an intervention to assist young women to feel as though they belong and are on an equal footing with others. The devastating affects of bullying are now well known and as the impact of cyber-bullying becomes evident approaches such as these have the capacity to develop strategies to deal with the issue (Stacey, 2008).

The material on body image, the importance of diversity and developing a positive sense of self was the aspect of the project that the girls remembered most of all. Phrases such as ‘love your self’; ‘be comfortable in your skin’, ‘respect yourself’ and ‘be yourself and have a ball’ were examples of the discourses used by the girls. In many ways this relates to the building of positive relationships. The idea of the collective notion of social esteem (Rivers et al., 2007) may assist in finding a way to move beyond the individualistic notion of self esteem referred to by many of the girls to one that draws on a greater understanding of power and the construction of gender. It could be a useful and accessible concept to assist girls to understand the power inherent in ideas and constructions of gender. Finding ways to assist
students to understand the complexity of gender and power has been shown to be very difficult (Ollis, 2007).

The program raises a number of sustainability issues that will need to be addressed if the program is to be continued and develop. It is clear that school based health education programs need to be updated to mainstream the issues that are covered as an intervention. The biomedical and factual approach described by the girls in this school is characteristic of many health education curricula found in Victorian secondary schools. If schools are to provide the approaches that engaged the young women then teachers will require professional development. Available research suggests that professional development is necessary to upgrade the skills and knowledge for the delivery of effective teaching and learning approaches in health education (Health Canada, 1994; Harrison et al., 1996; ANCHARD, 1999; McKay, et al., 1999; Warwick et al., 2001; Ollis, 2003; 2007). Teachers also need ongoing support to develop the skills and confidence to address some of the more sensitive issues that the girls’ clearly found relevant to their lives (Mierers et al., 2004; Ollis, 2007).

Related to this is the ongoing use of community agencies to deliver school-based programs. Once support is withdrawn from schools and programs they cease or change to reflect the level of support and skill and experience of the teachers and facilitators (Ollis, 2007). This is also important as the data clearly showed that it was the health teacher, school nurse and councilor they would go to for help. Issues of trust and confidentiality were crucial. Therefore there is a need for a model that capacity builds within the school. These models are generally very resource intensive but without building the capacity of the teachers to take the program it not likely to be sustained. This is particularly important in an isolated community such as this. It may be that greater exploration of the role of the school nurse as the connecting factor in forging partnerships with the community and providing access for the girls needs to be done. All schools have access to a school nurse and it may be an important element in the sustainability of the program.

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Appendix

Focus group questions for secondary college 29/02/08

What’s the best thing about school?
What’s the worse thing about school?
How do you find the teachers?
Is it easy to work in class?

What do you remember from the project?
If I asked you what was the most important thing you learnt, what would it be?
What did you like about participating in the program?
What didn’t you like about the program?
What do you understand about why the school was involved in the project?
In terms of the health education part of the program (when the guest speakers came in), do you remember any of the activities?
Did you like it being covered by guest speakers?
Do you know where the speakers were from?
Would you know where to go to get health information or deal with a health issue if it arose?
Are there any other issues that you would have liked to cover in the program?
Have you covered any of these issues in health education at school?
What issues do you think teenage girls should learn about?
Has the program made you feel different about your body or your health?
What messages do you think the program has been trying to give you?
Has the program had any impact on your behavior?

In the following situations you are to consider what you would be thinking, what you would be feeling and what you think you might do in the situation.

You are a keen netballer and have made it into the interschool team along with your close friend Mandy. As you are walking down the corridor you overhear several of the girls from the team say that Mandy is too slow and needs to lose some weight and shouldn’t be in the team.

What are you thinking?
What are you feeling?
What will you do?

On Saturday night you and your friends go down to the park to hang out. Your best friend Katie started drinking and seems pretty drunk. A group of boys form the football club up. Katie is very keen on one of the boys who are well known for trying to get sex whenever he can. He asks Katie to go for a walk with him.

What are you thinking?
What are you feeling?

What will you do?

Maxine a very good friend has been very unhappy lately and missing a lot of school. She used to be the happy one, captain of the softball team and everyone’s friend. You walk home with her after softball training and she tells you she tells you she thinks she is a lesbian.

What are you thinking?

What are you feeling?

What will you do?

Maxine a very good friend has been very unhappy lately and missing a lot of school. She used to be the happy one, captain of the softball team and everyone’s friend. You walk home with her after softball training and she tells you she tells you that her boyfriend has been hitting her.

What are you thinking?

What are you feeling?

What will you do?

What would your perfect school be like?