



# Sexual health education today: towards a national curriculum?

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**T**he sexual development of young people is a critical part of their growing and may be seen by them to be the most important aspect of their lives throughout adolescence. Young people today know more about sexual matters than the generations before them and have ready access to an almost unlimited range of information whenever they require it. In addition, young people in the 21st century are more sexually active at an earlier age than were previous generations. Over the last 40 years, the average age of first intercourse has dropped from 18 for men and 19 for women to 16 for both men and women (Rissell, 2003).

It is self evident that we live in an increasingly sexualised society and the issue of whether or not a young person will have their innocence destroyed by sexual health education in school is no longer worth asking. Indeed, a more critical question is around the degree to which we can allow young people to struggle to make sense of messages around them without the assistance of a sophisticated, authoritative and comprehensive sexual health education program provided as a routine part of their education.

## Team approach

We need to think in terms of a team delivering sex education to young people. On that team are the media, the internet, peers, teachers, parents

and healthcare providers. We know that some members of this team will provide less reliable information than others so we must ensure that the more reliable members of the team – teachers, parents and healthcare providers are supported and strengthened in this role. Clearly school programs provide the best infrastructure for these team members to work together (Dyson, 2008)

Research shows us that Australian secondary students see school programs as their most useful source of information about sexual health and relationships (Smith *et al.*, 2003). Despite this, sexual health education in Australian secondary schools is at present inconsistent and ad hoc and has been so for many years. This is not to suggest

that there is no will to establish consistent provision. All states and territories have key learning areas within their health and physical education frameworks which designate age appropriate sequencing and learning outcomes in relationship and sexual health education for students in primary and secondary school level to Year 10. In relation to years 11 and 12 it becomes more difficult to mandate key learnings and elective studies take over. Nevertheless this is not an insurmountable barrier to provision as New South Wales, for example, has the well-established Crossroads Program incorporating sexual health education.

## State-based programs

Within the relevant state/territory guidelines, many schools now conduct excellent comprehensive programs. Models of best practice of this kind are not difficult to find all over Australia. We do know how to do this well. However, states and territories acknowledge that often, at the level of the individual school, leadership, staff interest and willingness, professional skills of teachers, available resources and demands of the crowded curriculum can mean that the mandated learning outcomes are met in only very limited ways, if at all. They may be limited to the “easy” areas such details on STIs or human reproduction that can be

### About the authors

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covered in biology programs. This approach means no attention is paid to skills development, managing relationships, drug and alcohol use and sexual coercion all of which are more relevant to achieving optimum sexual health outcomes. In a state the size of Tasmania, some sort of moderation process across all schools is possible. This is much more difficult in the larger states/territories where accountability is largely through reporting to parents who may not all be strong advocates for the area.

### Religion and culture

Catholic, Muslim and other independent schools also work to these state level frameworks but interpret them in ways relevant to their religious or cultural ethos and deliver sexual health education, as in government schools, inconsistently or not at all. Much needed resources and programs for young people with special needs such as those from some cultural backgrounds, indigenous young people and students with learning difficulties are scarce and localised. We do not at present have a coordinated mechanism for sharing.

### Sex education training

Those who teach in this area, despite its challenges and sensitivities, frequently have little or no training to do so. They may have been trained in institutions where no training for this area exists or trained as physical education teachers in courses that pay scant attention to sexual health. Frequently, they are conscripts from other disciplines such as SOSE and English, or school chaplains and counsellors who are committed and talented but remain untrained.

Very commonly, this area of the curriculum is left to school nurses without education training or to other outside health personnel or bodies such as family planning organisations.

In primary schools it is uncommon for classroom teachers to cover this area of the curriculum, making it a stand alone unintegrated part of primary education. While outside bodies, particularly at a local level, can play an important part in sexual health learning, programs need committed leadership within the school and a trained teacher developing this work to manage the inevitable challenges.

### A national curriculum?

Sexual health education has not enjoyed the support of Commonwealth education authorities, as have the areas of drug education and mental health. In addition, it is usually only poorly valued and resourced within education departments at the state/territory level. Where teaching resources and other initiatives have been undertaken to strengthen this area they have been largely funded by health authorities.

A decade ago, the Commonwealth Department of Health and Ageing funded



Anne Mitchell, left, and Jenny Walsh

a national framework for sexual health education. *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and Blood-borne Viruses in Secondary Schools* (ANCAHRD, 1999) was endorsed by all states and territories, and was subsequently supported by a professional development manual, classroom resources and a parents' booklet. All states and territories, except Queensland, took up the offer of train-the-trainer projects as part of the implementation of these materials, which are still used in all states/territories in conjunction with a range of local resources. Both the professional development program and the classroom resource have been evaluated and found to be effective (Ollis, 2007).

State health departments have also funded local resources to be developed within the *Talking Sexual Health* guidelines. These include *Growing and Developing Healthy Relationships* in WA, *Catching On* in Victoria and the *Sexual Health and Relationships Education (SHARE)* materials in SA.

All other state and territory education departments also use and value the partnership between education and health authorities to resource and develop this area. Nowhere is this more evident than at the federal level where the Department of Health and Ageing has also funded La Trobe University to carry out the five-yearly data collection on secondary students and sexual health upon which all new curriculum development and sexual health education initiatives depend. This data collection, which has been carried out in 1992 (Dunne *et al.*, 1993), 1997 (Lindsay *et al.*, 1998), 2002 (Smith *et al.*, 2003) and has just been completed again in 2008, provides an excellent and comprehensive blueprint for future action in this area and is also useful in evaluating current and future

educational interventions.

Comparisons between states and territories in this national data set do not show that the issues for young people are vastly different across the country.

The data regularly show that about half of all young people are sexually active while still at school and that alcohol use, access to condoms, peer pressure, violence and negotiation are key issues for sexual safety. These are not the stuff of information provision but of comprehensive education programs run by skilled and well-trained educators. The step that remains to be taken is to bring this area into the territory of the federal education authorities and have them form at least an equal partnership with those in health. Much greater legitimacy and security would be given to the area were we to have a national curriculum based around the holistic WHO definition of sexual health:

*“sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality, it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.* ([http://www.who.int/reproductive-health/gender/sexual\\_health.html](http://www.who.int/reproductive-health/gender/sexual_health.html)).

The most recent Council of Australian Governments Meeting (COAG, Communique, 29th November 2008, Canberra) agreed to press forward with a scheme to improve health and education and training outcomes. National Partnerships payments will be awarded to States which ‘deliver on nationally significant reforms’.

Sexuality education could easily be included in the first round, which prioritises

- ◆ Preventative health;
- ◆ Quality teaching;
- ◆ Low SES school communities; and
- ◆ Indigenous health.

## Rights of the child

The UN Committee on the Rights of the Child (which Australia ratified) states that governments have the responsibility to “ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality.” (UN Convention of the Rights on the Child 1989). This requires that governments guarantee the rights of young people to health, life, and education by providing them comprehensive sexuality education in primary and secondary schools that is accurate and objective, and free of prejudice and discrimination.

There is increasing acceptance of the value of a national curriculum to strengthen areas in which we believe all young Australians are entitled to a basic mandated level of learning wherever their schooling takes place.

The area of sexual health and access to comprehensive education to prepare young people for this all important area of their life would seem a basic human right which should have been on the national agenda long ago.

Sexual health education has always been a more difficult area for governments and individual schools to show leadership than are other areas of education and a national curriculum would remove some of this uncertainty and risk. Nevertheless it will always be politically contentious and subject to public criticism from some quarters. Political caution has been one of the biggest factors inhibiting the development of this area to match other areas of health education, and Australian young people and their families are paying a high price for that caution.

The time is right to take this issue to the next level and ensure that we, as educators, are supported in doing our part to assist young people to negotiate an increasingly sexualised world.

## References

Australian National Council on AIDS, Hepatitis C and Related Diseases (1999) *Talking Sexual health: A National Framework for Education about HIV/ AIDS, STIs and Blood-Borne Viruses in Secondary Schools*. Canberra: Commonwealth Department of Health and Family Services.

Dunne M, Donald M, Lucke J, Nilsson R, Raphael B. National HIV/AIDS Evaluation HIV Risk and Sexual Behaviour Survey in Australian Secondary Schools Final report. Canberra:

Commonwealth Department of Health and Community Services; 1993.

Dyson, S (2008) *Catching On Everywhere: Part 1 Program planning literature review*.


Victorian Department of Education and Early Childhood Development.

Lindsay J, Smith A, Rosenthal D. (1998) National Survey of secondary Students HIV/AIDS and Sexual Health 1997. Melbourne: National Centre in HIV Social research: Program in General/ Youth Population, Centre for the Study of Sexually Transmissible Diseases.

Ollis, D (2007) *Finding a way forward: Affirming gender and sexual diversity in health and sexuality education*. PhD Thesis, La Trobe University, Melbourne.

Rissel, C, Richters, J, Grulich, A, de Visser, R & Smith, A. (2003) ‘Sex in Australia: First experiences of vaginal intercourse and oral sex amongst a representative sample of adults *Australian and New Zealand Journal of Public Health*, vol. 27: 2 pp 131-137.

Smith A, Agius P, Dyson S, Mitchell A, Pitts M. (2003) Secondary Students and Sexual Health 2002: Report of the findings from the 3rd National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health. research Report. Melbourne: La Trobe University

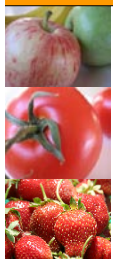


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