



## STATEMENT OF PRINCIPLE

- Young people need accurate, age-appropriate sexual health education before they become sexually active so they have the tools to make informed decisions about sexual relationships.
- Sexual health education should be available to all children and young people regardless of culture, disability or sexual orientation.
- Young people from marginalised communities are the priority for sexual health education as research shows they are at greater risk of unplanned pregnancy and STIs.
- Sexual health education does not encourage earlier or riskier sexual activity. It helps people make informed decisions.

## DATA

*Evidence suggests that ignorance about sex increases a young person's chance of becoming a teenaged parent.* – Williams and Davidson. Improving adolescent sexual and reproductive health. *Sexual Health*. 2004 1: 95-105.

## What is sexual health education?

Contemporary sexual health education goes beyond a 'birds and the bees' explanation of the mechanics of sexual reproduction. Its focus is on relationships and its aim is to increase the confidence and ability of young people to make informed decisions about their health.

Young people learn about respect, negotiation and trust, including how to trust their own feelings about whether a relationship is or isn't 'right' for them

Within this relationship-centred framework young people are taught:

- How their bodies work
- How bodies change (puberty)
- Sexual reproduction and sexual activities
- Sexual diversity
- Discrimination
- Contraception and prevention of sexually transmissible infections and HIV
- Prevention of sexual violence

## **Priority populations: sexual health education needs and disadvantage**

FPNSW recognises that there are populations of young people who are particularly vulnerable to sexually transmissible infections, unplanned pregnancy, violence and abuse. These include:

- Aboriginal and Torres Strait Islander young people
- Young people with a disability
- Same-sex attracted young people
- Young people from culturally and/or linguistically diverse backgrounds.

Increased vulnerability is caused by complex social and cultural factors rather than any individual behaviour of people belonging to these groups. Reversing the negative effects of disadvantage on sexual and reproductive health is concerned with broad social change in addition to changing the risk behaviours of individuals.

Sexual health education provides the information about reducing risk within a framework of relationships and sexual rights, which emphasise the individual's right to control and enjoy his or her body, and to respect the rights of others to do likewise. The balance between rights and responsibility in the sexual rights discourse is relevant both to vulnerable people and to potential abusers. ➡



← continued from page one

## **Sexual health education and age**

- Sexual health education is a life long process. It needs to start at primary or pre-primary age and continue to mid-high school and beyond.
- Content needs to be age-appropriate and include the social contexts of sex, sexuality reproduction and bodily development.
- Information about sexual diversity and same-sex attraction should be included appropriately at all levels.

## **Ages and stages**

School-based sexual health education is divided into three stages:

**Early childhood** - foundations for healthy relationships

**Mid childhood** - enhancing healthy relationships

**Early adolescence** - healthy relationships and sexual health.

*In early childhood* the focus is on knowing the correct names of body parts and privacy and personal safety issues (such as 'no' feelings about inappropriate touch). The structure of families, interpersonal skills such as expressing friendship, love and affection, and recognising personal responsibility for health are included.

*In mid childhood* there is a focus on personal identity, which includes interpersonal relationships, and health choices, the body, values and changes. Students are prepared for the changes brought about by puberty, including the social and emotion changes, and myths are dispelled. The school should provide a positive environment free from discrimination or prejudice, including homophobia.

*In early adolescence* sexually transmissible infections, sexuality and sexual health are addressed in a context of discussions of choice, diversity and the relationships between knowledge and action.

## **Equity issues in schools**

### **Gender stereotyping**

Sexual health education should not reinforce negative gender stereotypes, such as that men have uncontrollable sexual desires and that women need to learn to control male sexual aggression.

FPNSW supports sexual health education that encourages students to establish a vocabulary to express their desires, negotiate pleasure and minimise risk.

## **Sexual health education in faith-based schools**

All young people have a right to accurate, non-judgmental information about sex and sexuality and to the tools to protect themselves from sexually transmissible infections (STIs) and unplanned pregnancy. All schools, including faith-based schools, have a responsibility to provide students with this information.

Faith based schools may choose to supplement sexual health education with values-based information about the way that their particular faith situates sexuality. Faith-based values should be clearly identified as such, rather than as universal moral truths.

No educational institution should condone discrimination against people of different faiths or same sex attracted people. Information about contraception, abortion and avoidance of STIs should be evidence-based and not exaggerate the risks of these practices or inflate contraceptive failure rates.

## **Students from culturally and linguistically diverse (CALD) backgrounds**

Students from particular CALD backgrounds may have different expectation relating to gender-based norms and public discussion of sexuality. Strategies need to be applied to ensure that these student receive sexual health education that provides accurate information, does not reinforce negative gender stereotypes but which is sensitive to the cultural backgrounds and expectations of student. Dividing classes into gender-based groups is one strategy to facilitate this.