

PROJECT REPORT



Sexual Health Education

in New South Wales Schools

Student Needs Assessment

October 2018



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1. ACRONYM

ARIA	Accessibility/Remoteness Index of Australia
BBV	Blood Borne Virus
FGD	Focus Group Discussion
FPNSW	Family Planning NSW
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
NAPLAN	National Assessment Program – Literacy And Numeracy
NSW	New South Wales
PICF	Participant Information and Consent Form
SERAP	State Education Research Applications Process
STI	Sexually Transmissible Infection
UNESCO	United Nations Educational, Scientific and Cultural Organisation

2. EXECUTIVE SUMMARY

The project involved completion of a literature review and conducting a needs assessment survey of young people in years 8-12 attending secondary schools in New South Wales. A total of 1,839 valid responses were received from young people all over the state.

Key findings:

- Classes taught by PDHPE teachers were the primary way students learnt about sexuality and sexual health at school. For most respondents, school was their primary source of relationships and sexual health information, particularly in relation to puberty, pregnancy and reproduction, STIs, contraception and safe sex.
- Students' comments suggested they saw relationships and sexuality education as an important part of their education, articulating both positive experiences as well as areas for improvement.
- Some students identified gaps in content that they are interested in learning about and some are currently receiving little or no information about in school PDHPE programs, which has negatively impacted on their levels of satisfaction with the sexual health education they have received. These topics include gender identity, same sex attraction and sexual identity, the influence of pornography and media representations of sex, as well as aspects of forming and sustaining relationships such as sexual feelings and desires, respectful relationships, communication, consent and sexual decision making.
- Social media was students' main source of information for topics that were not as commonly covered in schools, such as gender identity, same sex attraction and sexual identity, sexual feelings and desires and the influence of pornography and media representations of sex.
- Some students would like more up to date resources and activities to engage in these topics at school. They would particularly value learning experiences that give them opportunities to hear about the life experiences of other people, including young people, and discuss how issues of relationships, sexuality and sexual health affect them.
- Students recognise a need for resources and classroom activities to reflect diversity in gender and sexuality so that they will be relevant to all students. This is particularly true for students who identify as gender diverse and for students seeking information about same sex attraction and gender diversity.
- Several of the topics students identified as gaps in content that they were interested in learning about were also identified by teachers of sexual health education in Stage 1 of the Sexual Health in Schools project as topics for which appropriate training and resources were needed in order to introduce these topics into their classrooms and address them adequately. These topics include gender identity, same sex attraction and sexual identity, the influence of pornography and media representations of sex and the influence of social media in relationships.

The following recommendations are made in response to an analysis of student experiences as reported within this study, considered within the wider context of sexual health education in New South Wales schools.

1. **Publish the Results of the Student Needs Assessment and the Teachers Needs Analysis** to highlight the identified gaps in relationships, sexuality and sexual health education in NSW schools and the need for ongoing professional learning and resources for teachers to deliver education to meet the PDHPE curriculum.
2. **Promote the use of sex positive teaching strategies**, which present balanced information about positive and negative aspects of sexuality and use a holistic, evidence based and inclusive approach that is non-judgemental and promotes respect and consent.
3. **Family Planning NSW to provide professional development to teachers** to build their knowledge and confidence in areas identified by students that some schools are not adequately addressing, such as respectful relationships, communication, consent and sexual decision making; the influence of pornography and media representations of sex; STI treatment and testing; sexual feelings and desires; gender identity, same sex attraction and sexual identity.
4. **Incorporate teaching of health literacy into sexual health education programs.** Include information about the importance of building students' health literacy to support good sexual health, such as how to access sexual health services (eg: STI testing), how to obtain a Medicare card, questions to ask during a consultation with a clinician and ways to find accurate and reliable sources of information online and in the community. This can be incorporated into teacher professional development programs.
5. **Develop current resources to support teaching and learning.** Accurate and up to date resources and activities support student engagement and effective learning. Revised and/or new resources should consider the features that students have identified as making resources meaningful and relevant for them:
 - Use inclusive language and images to reflect diversity in types of relationships, gender identities, sexual orientations, cultures and perspectives
 - Incorporate personal stories that young people can relate to and show the impact of sexual health issues on people's lives and relationships
 - Use video, images and online formats to make resources easy to access

3. BACKGROUND

The NSW Sexual Health in Schools Project was a collaboration between Family Planning NSW, NSW Ministry of Health and NSW Department of Education proposing an inclusive, sex-positive, holistic approach to sexual health education. The aim of this multi-stage project was to assess the current sexual health education delivered in New South Wales (NSW) secondary schools and to determine what type of resources and professional development programs will best support teachers, principals and deputy principals to deliver effective and relevant sexual health education. This project will explore sexuality and sexual health education as it has been delivered within the Personal Development, Health and Physical Education (PDHPE) curriculum and student health, safety and wellbeing programs; and contribute to the implementation of the NSW Sexual Health Promotion Framework. Student health, safety and wellbeing programs are those which are delivered in addition to syllabus content and may include sexual health components, such as the *Crossroads* program delivered to Year 11 and 12 students in NSW government schools (replaced by *Life Ready* from 2019) or other student wellbeing programs. The first stage of the project involved exploring the needs of teachers, principals and deputy principals in relation to providing sexual health education in schools (). The Sexual Health Education in NSW Schools – Student Needs Assessment was the second stage of the project.

A needs assessment was conducted among secondary school students to find out about their experiences of receiving sexual health education in schools, their preferred methods of receiving sexual health education, and additional topics they felt should be covered. Several methods were utilised to capture the views of young people in years 8 to 12, strengthened by a focus group discussion and qualitative components in the survey. This aimed to provide a picture of young people's perception of the sexual health education currently provided in NSW secondary schools and to provide a range of suggestions for future resources and additional support to satisfy any unmet needs.

4. AIM AND PURPOSE

The overall aim of this second stage of the project was to explore the experiences, needs and opinions of young people in years 8 to 12 across NSW in relation to sexual health education that is provided to them as part of PDHPE curriculum or student health, safety and wellbeing programs.

5. METHODOLOGY

The project involved a mixed-method needs assessment including a literature review, cross-sectional paper-based and web-based survey of young people in school years 8-12, and a focus group discussion with young people of the same school age from 2016 to 2017. This was a state-wide project – all public secondary schools in NSW were invited to participate by conducting the survey within their school, and online surveys were open to all young people in years 8-12 residing in NSW (metropolitan, rural and remote). The online surveys were open to students from all schools in NSW, including government and non-government schools. Surveys were constructed to capture young people's perspectives on the current sexual health education provided in their schools and to identify the unmet needs and preferences of young people to inform the development of future resources. Focus group discussion and qualitative survey questions were used to gain a deeper understanding of young people's experiences of school-based sexual health education and to identify the topics and resource types preferred by young people

Research Questions

- Do young people believe that the current sexual health education, as it is delivered in their schools, meets their needs?
- Are there any particular content areas that young people would like more information about?
- What are the preferred information resources for young people?

Recruitment

Recruitment through schools

An invitation with information about the project was sent to all government secondary schools in NSW requesting them to participate. Upon receipt of the school's expression of interest, the researchers contacted the school to discuss processes for gaining consent from students and their parents or guardians (for students younger than 18) to participate. Schools were given the opportunity to select web-based or paper-based format. Participating schools were provided with participant information and consent forms (PICFs) for students in years 8 to 12 and their parents/guardians, survey material and instructions for conducting the survey. The survey was completed by students during school time, on school premises. There were no incentives provided for those students answering the survey via school recruitment.

One focus group was conducted with additional PICFs provided to students and parents. Signed consent forms were collected prior to the focus group discussion held at the school and within school hours. This was conducted by Family Planning NSW staff, and was audio-recorded.

6. LITERATURE REVIEW

A literature review (Appendix 1) of national and international literature was undertaken to identify evidence needs and opinions of secondary school students in regard to their sexual health education at school and their access to information concerning relationships, sexuality and sexual health.

Findings from the literature review included:

- Young people place high value on their sexuality education received at school. (2)
- The amount of sexual health education that students receive varies widely.(3)
- Many students receive little or no information concerning non-heteronormative relationships and gender diversity. (4)
- Young people reported receiving insufficient education concerning contraceptives, sexual practices and relationships.(5)
- Online sources, including social media and social networking sites, are important portals of information for Australian youth regarding sexual health education, particularly for topics not included in their sexual health education at school.(6)
- Reliability of content, anonymity and easy access are amongst the main contributing factors for the popularity of the internet with young people as a source of information.(7)
- Using communications technology to disseminate sexual health information can be effective with young people, including SMS messaging and online platforms including social media. Young people respond to (and often share with peers) engaging, positive, and relevant messages. Messages should be informative, short, engaging, and from a credible source in order to be most effective.(8)

7. IMPLEMENTATION

Table 1. Survey responses by recruitment method

	Via Social Media	Via Schools	VIA FPNSW Client Base	Total
Survey Hits	1,848	160	157	2,165
Valid responses*	1,526	157	156	1,839
% Valid Resources	83%	98%	99%	89%

* Respondents not in school, not residing in NSW, who did not consent or closed the survey after the demographics questions, were excluded.

Invitations for schools to participate were sent to all principals of NSW secondary schools (government) in February 2017. 15 schools indicated their interest and were given the invitation letters and PICFs to be distributed to the students and their parents. From the 15 interested schools, 4 schools returned completed student surveys along with signed consent forms from parents and students. A total of 157 valid responses were received via schools recruitment.

The project encountered challenges in recruitment such as some surveys were returned without parents' consent forms and one batch of surveys apparently completed but misplaced by the school personnel. Several schools who did not participate stated this was because they did not have available staff to coordinate participation and that competing priorities would not allow time to make the necessary arrangements requiring the survey to be completed during class time under test conditions. Some principals opted to distribute the information after major school events such as the National Assessment Program – Numeracy and Literacy (NAPLAN), which impacted on coordinating teachers' workloads and inability to distribute and return information within the required timeframe. Principals also reported difficulties in engaging parents to return signed permission forms, which they indicated was an ongoing problem for most school related activities requiring signed permission forms from parents. Four of the schools who initially agreed to participate cited low literacy of parents as a reason for withdrawal, stating that the parents and some of the students (including one school with a majority of parents who were recent migrants from non-English speaking backgrounds) were not returning permission forms and that at least some of them had said they did not understand, or had misinterpreted, the explanatory information provided. This was referring to the three pages of text attached to the parent and student consent forms, which contained all of the information about participating in the survey, as approved through the ethics approval process. Whilst project officers did recommend that schools could hold an information session to explain the study and requirements in person to parents and guardians to overcome some of the literacy barriers, only one school that we are aware of used this strategy for recruitment, resulting in student participation. Of the schools who did participate, it was voluntary for students so only a proportion of eligible students returned consent forms.

Online recruitment commenced from July to November 2017. Regular social media posts were used across Facebook, Instagram and Twitter but the main focus was 10 specific Facebook advertisements. The social media campaign reached 155,185 individuals: 59% female, 41% male and 1% unknown. Of these, 79% were aged 13 to 17 and 21% were aged 18. Through targeted advertising by age and location (metropolitan, rural and remote NSW), a total of 1,848 young people responded to the surveys. The survey had an engagement rate of 1.23% with a total 1,526 respondents meeting the eligibility criteria.

An email inviting participation was sent to Family Planning NSW clients within the survey's age bracket who had previously consented to being contacted about upcoming research or events. It was sent to 2,209 recipients; 40.9% opened it, and 7.7% clicked on the survey link provided. A total of 156 eligible responses were included in the study.

One focus group discussion was conducted in a secondary school in the central coast region, involving 13 female students from years 9 and 10. The project was intended to conduct at least 6 focus groups with a representative from all year levels. Due to the lack of parent engagement and difficulty in securing parents' consent, only one focus group was facilitated. Another two focus groups had been arranged to take place, but schools cancelled at short notice directly before they were due to take place due to staff changes and illness and advised that they did not have time to postpone to another date within the approved project period.

8. RESULTS

Demographics

A total of 1,839 surveys were included in the analysis. The majority of respondents were female (68%), followed by male (28%). 3% identified as transgender or gender diverse. Whilst responses were received from people aged 10-25, respondents who met the eligibility criteria ranged from 12 to 22 years, with an average age of 16 (SD 1.39). Respondents were spread across years 8 to 12, although year 12 students had the greatest representation at 39%, with similar sized groups for years 9-11 (16-22%) and the smallest number from year 8 at 7%. The majority of respondents were from co-educational/mixed gender secondary schools (79%), and 61% were from government-funded schools. 60% of the students who answered the survey were from a major city in NSW, 26% were from an inner regional area, and 15% were from an outer regional and/or remote area, which is slightly higher representation than state proportions of outer regional, remote and very remote populations in NSW. 6.5% identified as Aboriginal and or Torres Strait Islander, which is also slightly higher than the state proportion of 4.8% of NSW 12-24 year olds being Aboriginal and/or Torres Strait Islander. 89% were born in Australia, which is a higher proportion than the state proportion of 12-24 year olds, so the data cannot be generalized based on birthplace or cultural and linguistic background of participants. (Refer to Table 2)

Results — Demographics

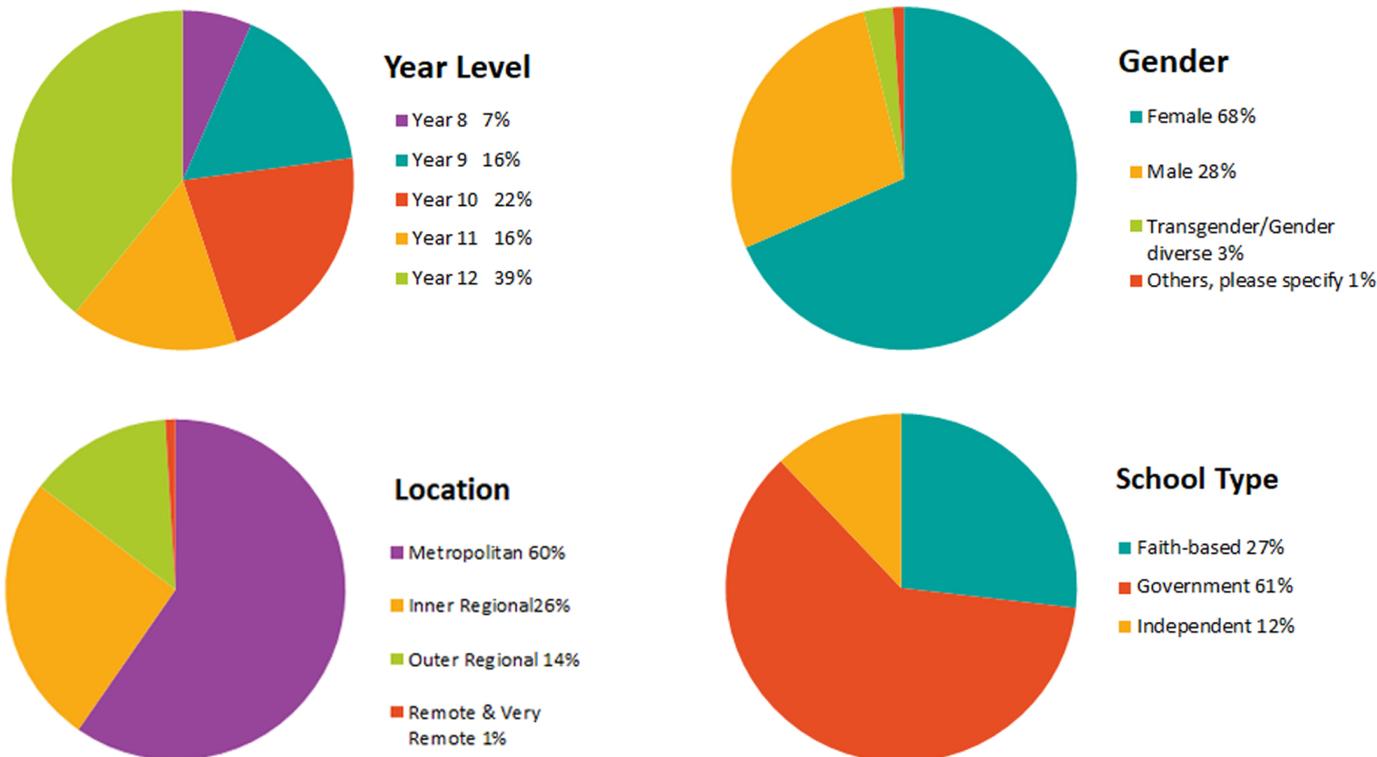


Table 2. Demographic distribution

	N*	%	
Gender			
Female	1257	68.4	
Male	512	27.8	
Transgender/Gender diverse	50	2.7	
Others, please specify	19	1	
Age(years)			
Mean Age: 16.10 (SD 1.39)			
	10	2	0.1
	12	6	0.3
	13	39	2.1
	14	193	10.5
	15	366	19.9
	16	449	24.4
	17	526	28.6
	18	244	13.3
	19	4	0.2
	20	2	0.1
	21	3	0.2
	22	3	0.2
	24	1	0.1
	25	1	0.1
Year Level			
Year 8	120	6.5	
Year 9	300	16.3	
Year 10	404	22	
Year 11	291	15.8	
Year 12	719	39.1	
Were you born in Australia?			
Yes	1,634	88.9	
No	156	8.4	
Not stated	49	2.7	
Do you identify as Aboriginal or Torres Strait Islander?			
No	1,667	90.6	
Yes - Aboriginal	109	5.9	
Yes - both Aboriginal and Torres Strait Islander	10	0.5	
Yes - Torres Strait Islander	1	0.1	

* As questions were optional, frequencies may not total 1839.

	N*	%
School type by gender		
Co-educational / mixed-gender	1,457	79.2
For boys only	129	7
For girls only	249	13.5
School type		
Faith-based	450	24.5
Government	1,026	55.8
Independent	202	11
ARIA Classification		
Major Cities of Australia	931	59.7
Inner Regional Australia	401	25.7
Outer Regional Australia	213	13.7
Remote Australia	8	0.5
Very Remote Australia	7	0.4

*As questions were optional, frequencies may not total 1839.

Students’ satisfaction with their current sexual health education

Approximately two-thirds of respondents (43.1% agree & 24.5% totally agree) reported that the sexual health education they received in school increased their knowledge. A slightly lower proportion (58%) reported that it helped to prepare them for healthy decision making and approximately half (51%) stated that it debunked and clarified myths and answered their questions. (Table 3)

Effect of relationships, sexuality & sexual health education on students

Increased knowledge 68%



Helped prepare for healthy decision making 58%



Clarified myths and answered questions 51%

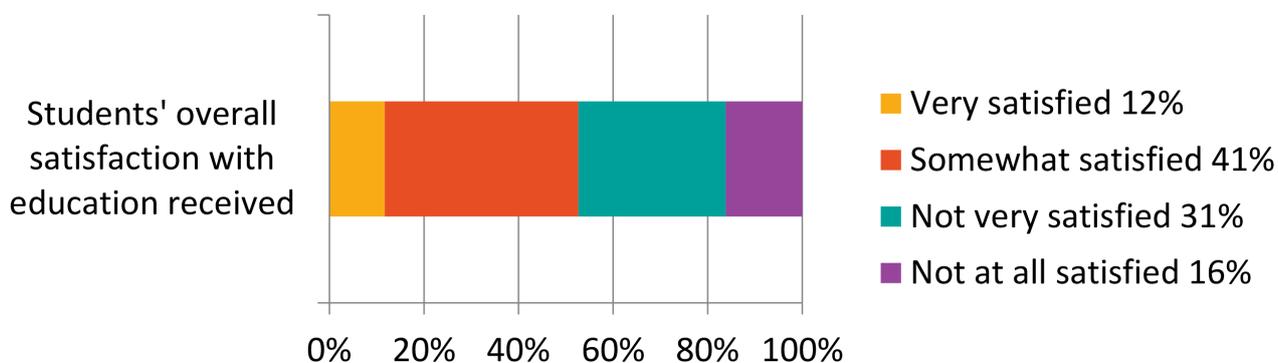


Table 3. Overall effect of 'relationships, sexuality and sexual health education' provided in school (%)*					
	Totally disagree	Somewhat disagree	Undecided	Somewhat agree	Totally agree
Increased your knowledge of the topics?	10.5%	12.3%	9.7%	43.1%	24.5%
Helped to prepare you for healthy decision making?	11.9%	15.7%	11.9%	37.4%	20.6%
Debunked and clarified myths and answered questions	17.1%	17%	14.8%	33%	18.1%

*As questions were optional, percentages may not total 100%

Around half of the students were satisfied on the whole with the education they received. When asked how satisfied they were with the sexual health education provided in school, just over half responded positively, with 11.7% very satisfied and 41% were satisfied, 31.2% were not very satisfied, and 16.2% were not at all satisfied. When asked to elaborate on the reasons for their responses in the survey, students showed a range of positive and negative experiences, such as:

Results: Students' satisfaction with their sexual education



Students' satisfaction with their current sexual health education

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I personally feel like we deeply benefited from the year 11 seminar and it should be an opportunity all year 11 students receive, without it I wouldn't be practising safe sex

My school gave little information as possible, they were very vague and didn't answer my questions



- *“At my school we received extensive talks and discussions that well covered the topics necessary and at the appropriate times we needed them. We received PDHPE sexual education and had an outside educator during years 9 and 11 that really made it more comfortable to discuss with others and helped with relevant issues. I personally feel like we deeply benefited from the year 11 seminar and it should be an opportunity all year 11 students receive, without it I wouldn't be practising safe sex.” (female, Year 12, 16 y/o)*
- *“Because it's gives us the life skills and facts about how to deal with these sorts of situations and circumstances.” (female, Year 9, 15 y/o)*
- *“Even though we did learn about sex, the atmosphere was still a bit awkward and conservative. The unit also brushed over some subjects, or did not reach them at all, such as gender and sexual identity, which are very much needed in schools today.” (female, Year 9, 15y/o)*
- *“Decently satisfied because it was very vigorous with certain topics however with other information such as gender neutral and LGBTQI+ , it lacked/wasn't there” (male, 17y/o , year 11)*
- *“I am in Year 9, I'm sure many people in my year will be sexually active soon. However, we still haven't received any sexual education. Because of this, the chances of unsafe sex and maybe pregnancy are much higher. People, especially at my age, need to be informed properly, Also, we have not had any discussion on same sex ed, or on gender identity, which I believe we need.” (male, 16 y/o. year 10)*
- *“Just extremely outdated. We spent 5 lessons on something that can impact your entire life and is an integral part of a health relationship which has so many diversity which we barely touched based with “ (male, 16 y/o, year 12)*
- *“My school gave little information as possible, they were very vague and didn't answer my questions. “ (female, Year 10, 16 y/o)*

Amount of sexual health information provided

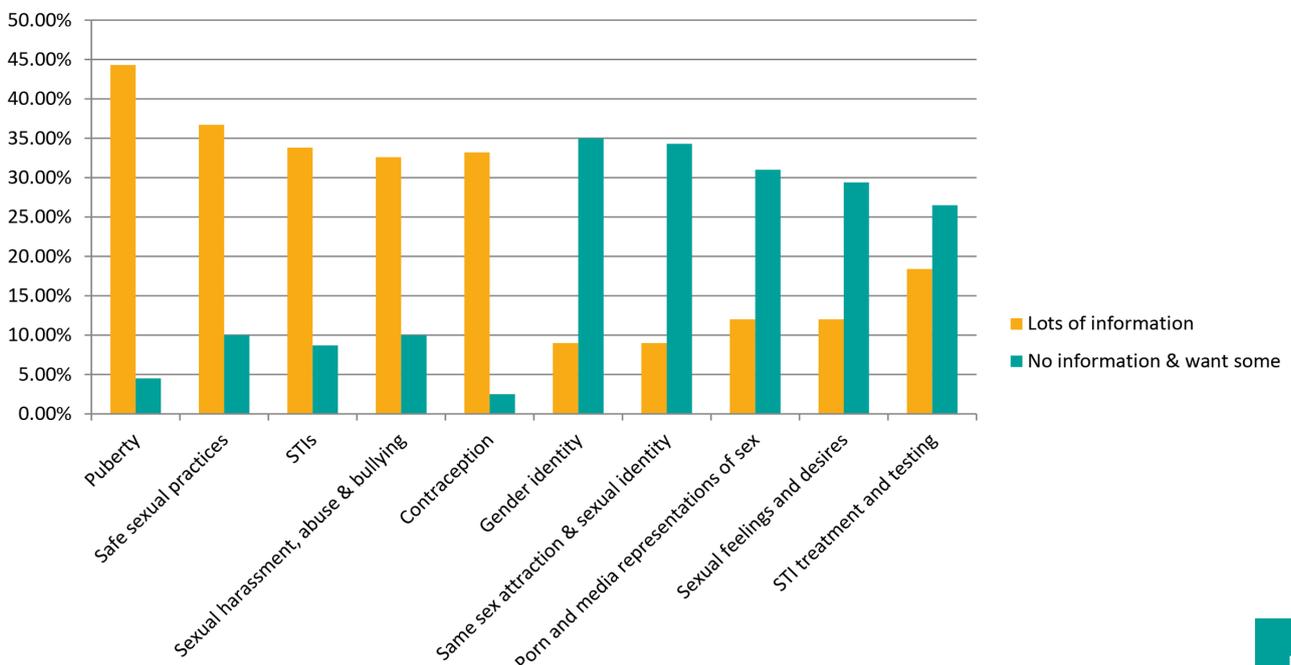
When asked about the amount of information they received at school on relationships, sexuality and sexual health education, the topics most highly rated by students as receiving ‘lots of’ information were ‘puberty and changes during adolescence’ (44.3%), ‘safe sexual practices’ (36.7%), ‘STIs’ (33.8%), ‘contraception’ (33.2%) and ‘sexual harassment, abuse and bullying’ (32.6%). Despite this, 24-30% of students still wanted more information, indicating possible reasons why students may seek further information online. The one exception to this was contraception, where only 14% said they wanted more information however the related topic of reproductive health was still highly ranked as an area where students wanted more information (Table 4).

Despite receiving ‘some’ information around certain topics, one in three students still indicated they wanted more on caring and respectful relationships, communication, consent and sexual decision-making, reproductive health pregnancy, babies and birth, Blood Borne Viruses (BBVs), social pressures and peer influence regarding sex and sexting and media (Table 4). Focus group participants also shared a desire to learn more about relationships, saying that “*they don’t really discuss emotions, like within relationships....they won’t talk about the feelings and emotions that could be more relatable to students and will help them engage in learning more..*” and “*That it’s comfortable to talk, like to talk about sex to our parents because like, I go home and I can’t even say anything about it.*”

Other topics identified by respondents in free text responses and the focus group as important to learn at school were on sexual stereotypes (and how to break them), emotional well-being with sexual health, abuse and how to deal with sexual assault/ sexual harassment.

The topics with the highest reporting that no information was received at all from any source were ‘STI treatment and testing’ and ‘influence of pornography and media representations of sex’, with 21% of students reporting no information received for both topics. 16% reported not receiving information about **BBVs** and there were also 10-12% of students who received no information about sexual feelings and desires, gender identity and same sex attraction and sexual identity (Table 5).

Overall satisfaction with sexual health education at school



One area where students indicated that information received at school was insufficient was about the LGBTI community. This is reflected in comments such as, “more information for LGBT+ people, My teacher couldn’t even tell us how to have safe lesbian sex” (female, 18 y/o, Year 12) and “to teach tolerance, most people who don’t identify with the sex assigned to them at birth are very cruelly taunted by their peers who don’t understand them....I had to learn about my sexuality from the internet, Before then I felt like I was broken and that something was wrong with me” (female, 15 y/o, Year 10). Similarly, focus group participants also identified this as an area where little or no information was received at school, and feeling unable to talk to parents about these issues, prompting them to find details online instead, stating “I’m like stuck to the internet looking at research [about same sex attraction] because school doesn’t teach enough, and you’re really unable to talk to parents, because you know, they’re just, it’s just a no-go zone.”

I had to learn about my sexuality from the internet, Before then I felt like I was broken and that something was wrong with me



Whilst all schools are required to teach the NSW PDHPE syllabus, some survey respondents perceived that the topics and amount of information covered were influenced by their school philosophy or religious affiliation. This was illustrated in several open-ended survey responses, such as: “I feel as if many Catholic schools aren’t informing us enough about the topic. They will not go into in depth conversations and often swerve questions they do not want to answer. This leaves us in the dark and uninformed.” “Catholic independent schools need more inclusive sex ed”, and “Independent private schools should be obligated to teach sexual health and relationships.” Despite this, there were also many students from faith-based and independent schools who indicated that their experience of sexual health education had been positive.

Table 4. Amount of information provided in school (%)*

	I received <u>lots of</u> information on this topic	I received <u>some</u> information on this topic but <u>want more</u>	I <u>did not</u> receive information on this topic but <u>want some</u>	I <u>did not</u> receive information on this topic and <u>don't want any</u>	Unsure/ I don't know
Caring and respectful relationships	27.5%	34.9%	9.9%	2.0%	2.4%
Communication, consent and sexual decision-making	27.4%	31.9%	11.5%	2.2%	2.0%
Puberty and physical, social and emotional changes during adolescence	44.3%	24.6%	4.5%	1.3%	1.4%
Sexual harassment, abuse and bullying (including online bullying)	32.6%	30.1%	10.1%	1.5%	1.6%
Reproductive health, pregnancy, babies, birth	29.9%	31.9%	10.7%	1.7%	2.2%
Gender identity	8.9%	16.2%	34.6%	13%	4.3%
Same sex attraction and sexual identity	9.2%	17.3%	34.3%	11%	3.4%
STIs (sexually transmissible infections)	33.8	29.5%	8.7%	1.7%	1.6%
BBVs (blood borne viruses i.e. Hepatitis or HIV)	19%	28.2%	21%	3.9%	3.5%
Social pressures and peer influence regarding sex	25.1%	28.9%	16.2%	3.1%	2.4%
Sexting and social media	27.7%	28.5%	12.3%	4.9%	2.0%
Sexual feelings and desires	12.5%	20.7%	29.4%	9.0%	3.7%
Contraception (i.e. the pill, injections, implant)	33.2%	13.8%	2.5%	2.5%	2.0%
Safe sexual practices (i.e. condom use)	36.7%	25%	10.1%	2.0%	2.0%
STI treatment and testing	18.4%	23.9%	26.5%	3.8%	2.8%
Influence of pornography and media representations of sex	12.3%	18.1%	31%	10%	4.3%

Highest number of responses in **bold**

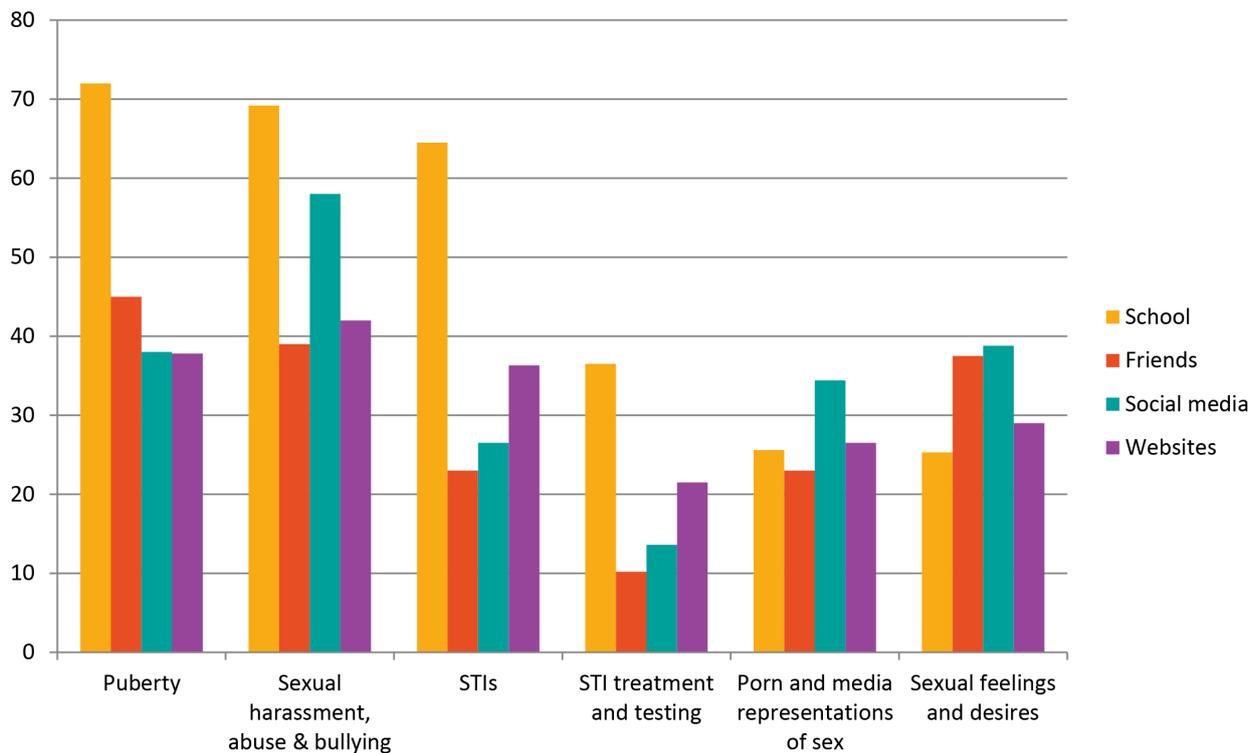
Sources of information

Respondents identified school, social media, parents and friends as their most common sources of information on relationships and sexual health (Table 5). Only 36% of respondents identified school as sources for information on STI testing and treatment with 21% of students identifying pornography and representations of sex as topics they do not currently get any information on.

Parents were the next source of information, after schools on the topics of ‘puberty and physical, social and emotional changes during adolescence’ and ‘reproductive health, pregnancy, babies, birth’. Friends were the second most identified source for ‘caring and respectful relationships’.

Social media was the most common source of information for topics on ‘gender identity’, ‘same sex attraction and sexual identity’, ‘sexual feelings and desires’ and ‘influence of pornography and media representations of sex’. Social media was also the second highest identified source on topics on ‘communication, consent and sexual decision –making’, ‘social pressures and peer influence regarding sex’, and ‘sexting and social media’.

Sources of information on relationships, sexuality and sexual health



Additional sources of information that students used, as noted in the open-ended questions, included podcasts, other adults, YouTube videos, and advertising in public places. For example:

- *“I listen to a lot of podcasts and professional discussions/debates on nearly all of the aforementioned issues. All of my knowledge of gender identity/same sex attraction was sourced from the internet.”* (female, Year 10, online survey)
- *“Sexual activity with same sex and gender diverse people. We learn absolutely nothing about this in school, and it is important to know because a lot of young people identify as LGBT+ and due to a lack of reliable information have to turn to online websites (which is what I’ve had to do) just to get any information about it.”* (gender diverse, Year 12, online survey)
- *“From other adults present in my life besides my parents and teachers at school, they asked about.”* (gender diverse, Year 12, online survey)
- *“With consent, the police have visited our school and explained it a bit.”* (male, Year 11, online survey)
- *“I get information regarding sexual health topics off posters and ads in public places. Many can be found in public toilet stalls, they inform you of many different subjects that include facts and websites.”* (female, Year 10, online survey)



I get information regarding sexual health topics off posters and ads in public places

Sexual activity with same sex and gender diverse people. We learn absolutely nothing about this in school

Table 5. Sources of information on relationships, sexuality and sexual health (%)

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Caring and respectful relationships	34.9%	34.5%	54.1%	56.1%	49.6%	35.4%	51.5%	19.4%	22.2%	10.1%	2.8%
Communication, consent and sexual decision-making	28.3%	25.2%	40.6%	44.7%	47.9%	36.5%	56.2%	19.0%	15.8%	8.5%	3.0%
Puberty and physical, social and emotional changes during adolescence	30.0%	29.1%	48.3%	44.8%	37.7%	37.8%	71.8%	24.5%	19.6%	5.8%	2.6%
Sexual harassment, abuse and bullying (including online bullying)	40.1%	33.7%	38.3%	39.0%	58.0%	42.2%	69.2%	13.9%	17.6%	6.7%	3.8%
Reproductive health, pregnancy, babies, birth	26.9%	26.6%	42.0%	31.9%	34.6%	38.7%	65.6%	22.9%	14.7%	5.4%	4.5%
Gender identity	34.4%	29.1%	18.3%	35.9%	55.5%	32.8%	28.1%	8.4%	12.9%	7.7%	11.8%
Same sex attraction and sexual identity	41.9%	36.4%	21.0%	42.0%	58.6%	34.9%	29.1%	8.6%	14.4%	6.8%	10.3%

Highest number of responses in **bold**

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
STIs (sexually transmissible infections)	13.6%	11.9%	20.6%	23.2%	26.5%	36.3%	64.8%	26.9%	10.1%	3.8%	4.8%
BBVs (blood borne viruses)	8.3%	6.9%	13.6%	10.4%	13.0%	24.7%	50.1%	19.2%	5.8%	2.6%	15.7%
Social pressures and peer influence regarding sex	25.9%	25.7%	23.4%	38.3%	40.0%	23.7%	52.5%	9.6%	8.0%	3.9%	7.2%
Sexting and social media	24.6%	21.6%	19.2%	38.3%	48.2%	25.7%	53.8%	7.7%	7.6%	4.4%	5.3%
Sexual feelings and desires	32.2%	34.4%	11.7%	37.5%	38.8%	29.0%	25.3%	6.5%	10.9%	4.8%	11.9%
Contraception (e.g. the pill, injection, implant)	16.4%	15.3%	30.5%	31.0%	26.0%	31.2%	53.0%	28.3%	8.4%	3.5%	5.5%
Safe sexual health practices (e.g. condom use)	17.1%	17.4%	28.9%	29.9%	29.4%	29.9%	60.5%	23.3%	8.8%	3.5%	4.7%
STI treatment and testing	7.6%	6.0%	10.9%	10.2%	13.6%	21.5%	36.5%	24.7%	5.0%	2.7%	21.0%
Influence of pornography and media representations of sex	21.3%	20.2%	10.6%	23.1%	34.4%	26.5%	25.6%	6.1%	8.3%	4.6%	21.0%

Highest number of responses in **bold**

Sexual health education provider

The majority of respondents identified their PDHPE teacher as the provider of relationships, sexuality and sexual health education, with 69% stating that their regular PDHPE teacher provided this information regularly or sometimes. The next most common providers at school were speakers from outside the school (42%), followed by a year advisor/wellbeing staff member (28%) or another teacher (26%), with a smaller proportion getting information from a peer educator (another young person) or school counsellor. Social workers, school nurses and support staff were either rarely or never identified as providers of sexual health education. (Table 6)

This was also consistent with the students attending the focus group, who stated that they received the bulk of their sexual health education from their regular PDHPE teacher during class time and they were happy with that arrangement, saying *“It’s usually the PDHPE teachers”* (FGD participant).

When asked how likely they were to talk to staff about relationships, sexuality and sexual health education outside regular classes, more than half (61%) of survey respondents answered that this was unlikely. The reasons for this stemmed from their concerns about privacy, embarrassment and the ease with which they could find information for themselves online, reflected in statements such as the following:

- *“Due to the fact that they can report things”* (male, year 12, online survey)
- *“Extremely unlikely, as basically all questions can be answered by a google search without the need for awkwardness like that.”* (male, Year 10, online survey)
- *“It would feel very uncomfortable because I feel like they would judge me, or it might impact on my marks.”* (female, year 11, online survey)



“Extremely unlikely, as basically all questions can be answered by a google search without the need for awkwardness like that.”

When asked who they would prefer to provide this education, 62% preferred their PDHPE teacher, followed by an outside speaker (41%) and a peer educator (34%). Some of the reasons provided in the survey and the focus groups reflected students' desire to speak to people who would maintain confidentiality, people with credibility stemming from their knowledge and experience, and peer educators were mainly nominated for their ability to empathize with the perspective of a young person, seen in comments such as:

- *“A PDHPE teacher as well as a counsellor would be able to provide me with very formal sort of information, and they'd know a lot more about that stuff because of their training so I'd trust them the most. I would also prefer to speak to another young person because they'd be easier to talk to because they'd be around the same age as me probably so that way I can be comfortable while talking to them.” (female, Year 12, online survey)*
- *“I'd prefer to learn from someone I don't see often, to avoid feeling confronted by these issues constantly when I see them.” (female, Year 12, online survey)*
- *“Someone outside of school/someone I don't come into contact with often (e.g. school nurse) allow me to ask more specific questions because knowing I won't see them very often will make it less embarrassing. (gender diverse, Year 12, online survey)*
- *“Peer educator would hopefully understand our positions and would give us help with situations that we would be likely to be in.” (male, Year 10, online survey)*



A PDHPE teacher as well as a counsellor would be able to provide me with very formal sort of information, ... so I'd trust them

Table 6. Resource person for 'relationships, sexuality and sexual health education' (%)*

Respondents were asked how often these persons provide information on 'relationships, sexuality and sexual health education'

	Regularly	Sometimes	Never	I don't know
Regular PDHPE teacher	26.2%	42.8%	7.0%	3.4%
Another teacher	2.3%	23.8%	43.6%	9.2%
Year Advisor/ Wellbeing staff member	3.7%	23.9%	43.3%	7.7%
Social worker	2.6%	10.2%	45.4%	20.4%
School counsellor	4.0%	16.0%	37.8%	20.6%
Someone from outside my school (outside speaker)	5.9%	35.9%	27.4%	9.5%
School nurse	1.0%	4.8%	55.5%	16.9%
Support staff (such as Aboriginal education officer, teacher assistant, etc.)	1.2%	6.1%	49.7%	21.6%
Peer educator (another young person)	8.0%	17.6%	38.7%	14.2%

*As questions were optional, percentages may not total 100%

Highest number of responses in **bold**

Focus group participants stated they would prefer younger teachers, "...because older teachers, they stick to normal sex. But now, if you get a younger teacher, they're more of our generation, they're more of like, mixing up a relationship, doing different things, not just an average person living an average life.'

Sexual health education resources

Resources used and preferred by survey respondents included online videos (YouTube) (35.2%), educational videos (34.8%) and websites (33.4%). Thirty-six per cent reported that phone apps or social media were not used as a resource at school but they would like it to be, along with a visit from a nurse (43%), theatre in education (33%) and peer based education (34%). (Table 7)

FGD participants further shared that the material provided at school was not sufficient: *“It was a couple of lessons, but it wasn’t very thorough, I mean it was just the videos and the worksheets and we were pretty much done.”* Others commented that the videos or DVDs used in classes were often outdated: *“the teacher was talking about AIDS and they referred to a video that was in the 90’s or something... The teacher was saying how out of date it was, and he was trying to correct things that were wrong in the video... it wasn’t very effective.”* The FGD also voiced a desire for learning sessions and resources to be more interactive, with students sharing that *“practical things would be better... writing notes and everything, it doesn’t really get in your head”*. They also echoed the survey respondents’ indication that they would appreciate a visit from a nurse or health professional to discuss sexual health with a person who has current knowledge and experience, saying, *“Just getting them to come in and talk about the issue...not like watching a video about someone that could be off a script, that you’re actually talking to one on one about a person that’s actually had the issue.”*

Table 7. Activities and resources used during relationships, sexuality and sexual health education in school (%)*

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I did not like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Interactive learning activities (i.e. Discussion, role plays, scenarios)	22.2%	11.2%	26%	12.9%
Educational videos or DVDs	34.8%	19.7%	12.5%	5.1%
Websites	33.4%	14.1%	17%	7.0%
Phone apps or social media	13.5%	5.0%	35.9%	17.8%
Online videos, YouTube	35.2%	8.0%	21.3%	7.6%
Books	14.1%	12%	20.4%	25.4%
Printed information (i.e. posters, brochures)	24.5%	13.6%	18.5%	15.4%
Theatre in Education (TIE) performances around sexual health themes	9.5%	4.9%	33.1%	24.4%
A visit from a nurse or other health professional	11.3%	3.4%	42.6%	14.7%
Peer based education	17.0%	5.5%	34.3%	14.6%

*As questions were optional, percentages may not total 100%

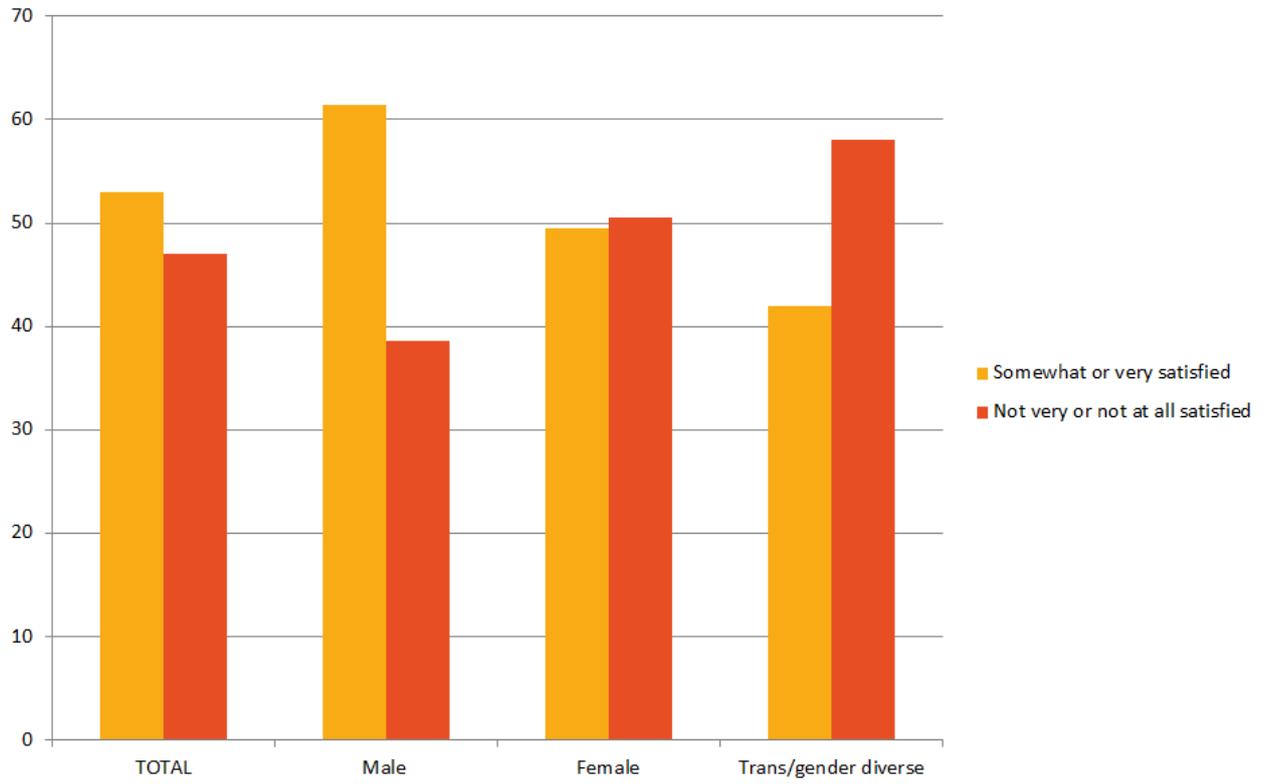
Summary of results by demographic characteristics

Survey responses were cross-tabulated by gender (male, female, gender diverse), year level (8 to 12), ARIA classification (metropolitan, inner regional, and outer regional/rural/remote), and school type. Statistically significant differences are reported below.

Results by gender

- Male students were generally satisfied with the relationships and sexuality education they received in school (61%), and approximately half of female students were (49.5%). 58% of gender diverse students were not satisfied with the sexual health education they received. (Appendix 2.1.8)
- Seventy per cent of gender diverse students answered that they do not receive information on gender identity, same sex attraction and sexual identity, but would want some. Male respondents indicated this need at around 20%, and females at 39%. Furthermore, 40% of gender diverse respondents indicated they did not receive information on sexual feelings and desires, STI treatment and testing, and influence of pornography and media representation of sex, but wanted this. Male respondents' answers on these topics ranged from 19 to 24%, whilst females were in a higher range, from 30 to 34%. (Appendix 2.1.5)
- Gender diverse respondents tended to indicate social media as their main source of information, particularly in finding information about relationships, puberty and changes during adolescence, with over 70% of gender diverse students nominating social media as their main sources of information, whilst students identifying as male or female nominated school as their main source of information for most topics. (Appendix 2.1.1)
- All students nominated social media as their main source of information about 'gender identity' and about 'same sex attraction and sexual identity', but this was differentiated when analysing by gender, with 42% of males and 60% and 65% respectively for females using social media for these two topics. Gender diverse students use social media as their primary source of information on these topics in much greater proportion at 84%. These two topics also had 70% of gender diverse students reporting that they did not receive information and want some, where only 20-22% of males and 38-39% of females had this response. (Appendix Tables 2.1.1 & 2.1.5)
- Gender diverse students indicated that resources such as websites were not used during school education but they would like this (32%); males answered this at 14%, females at 18%. Phone apps were identified by 52% of gender diverse students, 28% of males, and 38% of females as desirable sources of information. (Appendix 2.1.6)

Overall student satisfaction with relationships, sexuality and sexual health education provided at school: Results by gender:



Results by school year

- In terms of levels of satisfaction with the sexual education they received in school, Year 8 students were the least satisfied (67.6%) and Year 9 students the most satisfied (64.7%). Years 10 and 11 were generally satisfied, at 54.6% and 59.8% respectively, while 54% of the Year 12 students indicated they were not satisfied. (Appendix 2.2.8)
- More Year 8 students reported not getting information on several topics including STIs (14.2%), BBVs (25%), sexual feelings and desires (13.3%) contraception (14.2%), STI treatment and testing (32.5%) and influence of pornography and media representations of sex (24.2%).
- Year 12 students' did not identify school as the main source of information, compared to other year levels. They have indicated social media as their leading source in terms sexting and social media and sexual feelings and desires. They also indicated health professionals as their lead source of information for STI treatment and testing (34.2%) and second most likely source for contraception 39% (after school, 47%). (Appendix 2.2.1)

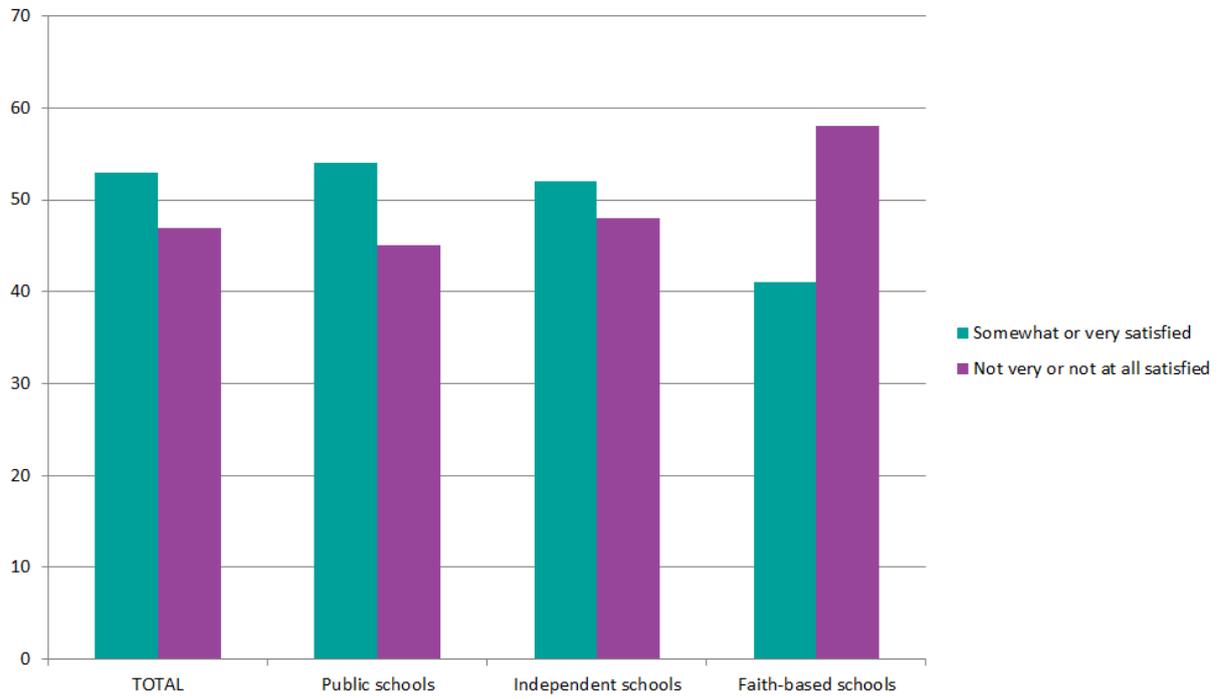
Results by ARIA classification

- The majority of survey responses reflected similar trends when compared to the overall results. However, one significant difference was seen among students' sources of information, whereby health professionals were commonly identified by students in the outer regional and remote areas as their third source, after identifying school and social media as their most frequent sources of information. (Appendix 2.3.1)

Results by type of school

- When comparing the results of students who indicated they were from faith-based schools to others, (Appendix 2.4) many topics showed only small differences between school types. Yet there were some variations in the information sources and amount of information provided for some specific topics, Students from faith-based schools had lower rates of information provided about gender identity (16%), same sex attraction and sexual identity (15%), and sexual feelings and desires (14%) in comparison to government and independent schools, and were more likely to seek information on these topics from social media (Appendix 2.4.1).
- More students from faith-based schools indicated not receiving but wanting information on some topics, most notably for safe sexual practices (condom use) (19%), contraception (23%) and same sex attraction and sexual identity (42%) (Appendix 2.4.5). However, there is a limitation in that the survey data collection did not distinguish between students who attended faith-based independent schools and other faith-based schools, as detailed in the limitations section of this paper.
- There were no significant differences found between students enrolled in a boys, girls or mixed gender secondary school. (Appendix 2.5)

Overall student satisfaction with relationships, sexuality and sexual health education provided at school: Results by school type:



9. DISCUSSION

Findings from the surveys and focus group discussion suggest that the relationships, sexuality and sexual health education provided to secondary school students via the PDHPE curriculum or student health, safety and wellbeing programs is considered as significant by the students but the results have revealed several gaps and areas for improvement.

Information Source

School is the leading source of information for the majority of information on relationships, sexuality and sexual health. This was consistent across all year levels, students' gender, school affiliation and ARIA classification. This finding aligns with Brown, Sorenson and Hildebrand (2011) stating that young people report school as the most trusted source of information. In the National Survey of Australian Secondary Students and Sexual Health, 43% of the students also nominated the school as their source of information (2). Furthermore, the school has been identified as a key setting for the successful implementation of health promotion strategies, including sexual health issues (9). These findings highlight the huge role and responsibility the school has on young people when it comes to sexual health education.

The data also showed that social media is the second most common source of information in terms of gender identity, sexual feelings and desires and influence of pornography and media representations of sex. Gender diverse students and students from faith-based schools also consult social media for information on gender identity, same sex attraction and sexual identity, sexual feelings and desires. It has been documented that social media and social network sites are able to engage young people and these can become opportunities to provide accurate and relevant sexual health information (6). Students in this study reported using social media as it was immediate and current (ie: recently created and updated), easy to access online and often sites and groups in social media were created by and for people with experience in dealing with the given topic. For example, social media groups for young gay or lesbian people featured opportunities to read about the recent experiences of young gay or lesbian people and engage in discussion with them or others in the group about that and how they are dealing with its impact in their lives whilst maintaining a degree of anonymity online.

However, one study showed that although social media is a common source, young people (16 – 29 years) do not feel comfortable with relying on social media alone and still prefer traditional sources such as websites, health professionals and school. Hence, young people are aware that information on sex, and sexual health needs to be more reliable, which confirms the school's significant role in the provision of sex education. It is worth noting that the more senior students, particularly Year 12, were more likely to use social media and sources other than school to get information. This may indicate students gradually becoming more independent in seeking out information to meet their own specific needs and interests as they mature and gain more experience in relationships, including intimate relationships as students become sexually active. This reinforces the need for educators in schools to model information seeking behaviours to support students to find accurate and reliable sources of information in preparation for leaving school and adulthood.

Parents and friends were the next commonly identified information source, which aligns with other studies (5). Health professionals were also identified as a key source of information, especially by students living in the outer regional and remote areas of NSW. The role of health professionals, especially in the rural areas, was also identified by the study, *Writing Themselves In* (3), wherein they are respected by young people and thus should be trained to take sexual histories in a non-judgmental manner in order to gain trust from young people (10). This gap should be addressed as young people, especially located in the outer regional, rural and remote areas, turn to health professionals for sexual health information.

Sexual Health Education Provider

The PDHPE teacher is the most commonly identified resource person who provides information on relationships, sexuality and sexual health education. This is consistent with the 5th National Survey of Australian Secondary Students and Sexual Health, in which students reported that 80% of their sexual health education at school took place within PDHPE programs (2). The PDHPE teacher was also the preferred provider of sexual health education by the survey respondents. This shows that students rely on their PDHPE teachers to provide information and clarify any questions they might have on sexuality and sexual health. In a review on whether teacher training in sexuality education in Australia is sufficient or not, it was found that there were no formal pre-service teacher training courses offered in tertiary training institutions at the time and if they were offered, it was not comprehensive and was taught in a very limited timeframe(11). This led to reliance on in-service training provided by external organisations which were not specialized on specific topics (as opposed to holistic) and was very varied. (11) Another study mentioned that for effective delivery of sexual health education, teachers need to be committed, confident and competent in teaching these topics.(9) Thus, if students consistently identify their PDHPE teacher as the main provider of sexual health education, these teachers should receive appropriate and consistent training, making them confident and competent sexual health information providers.

The outside speaker was the next most commonly identified provider of sexual health education and was favored by some as they had credibility in their level of current knowledge on sexual health topics and speaking with an outsider removes the awkwardness of having to discuss these topics with someone students see every day in school. Peer educators were also liked due to being closer in age to students and therefore being seen as more relatable and approachable compared to older teachers. Both government and non-government schools have policies and other guidance documents available to outline best practice for engaging guest speakers.

Gaps in Sexual Health Education

Schools seem to be providing good coverage of some topics, with students stating (Table 5) that they received a lot of information on puberty and changes during adolescence, reproductive health, sexual harassment, abuse and bullying, STIs, contraception, sexting and social media and safe sexual practices. Apart from puberty and reproductive health, the high rating of these latter topics may indicate there is still a focus in current sex education programs on the potentially negative outcomes of sexual behaviour such as abuse, unintended pregnancy, infections and sharing of sexual images without consent. Student comments in the survey and focus group confirmed this to some extent, indicating a need to ensure that educators are familiar with holistic and sex positive ways of communicating key messages and present programs that also present positive and life enhancing aspects of sexuality. Evidence indicates that this approach leads to more effective sexual health education, such as described in approached advocated for by UNESCO, who define sexuality education as an 'age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information' (12) (17).

Students identified several topics which they did receive information on but wanted more, including the social aspects of sexuality such as respectful relationships, communication, sexual feelings and desires, social pressures and peer influence. This is similar to the findings of Helmer et al wherein students were more interested in relationships and emotional skills and not just the facts on the physical aspects of sex. (13). It was reported that young people who have gained social and communication skills dealing with sex and relationships are less likely to engage in risky sexual behavior(14). Thus, this identified gap is highly relevant and needs to be addressed.

In relation to STIs, students also requested more information about STI testing and treatment and about blood borne viruses, to supplement the information they are receiving generally about STIs.

Gender identity, same sex attraction and sexual identity and LGBTI sexual health topics and concerns were areas wherein students either currently don't get information, or if they do, would like to receive more. This was a common concern, particularly among gender diverse students and those enrolled in faith-based schools. School was also not the lead source on these topics, with students getting information primarily from social media, but also friends, television and websites instead. Current policies regarding school sexuality education in different Australian states reveal many barriers for LGBTI students (15). This can result in these students being more vulnerable in terms of their risk of negative sexual health outcomes as well as mental health issues related to feelings of exclusion, discrimination and bullying. Therefore, high quality sexuality education that is inclusive for LGBTI students is beneficial for these students as well as the wider school community (15) in presenting sexual and gender diversity as a normal and accepted part of sexual development, expression and identity. The needs analysis of teachers preceding this study also identified this topic as an area of need in terms of resources and skill development for teachers, so strategies such as professional learning opportunities, along with the availability of current, accurate and inclusive resources could support schools to incorporate this information more comprehensively in New South Wales schools.

These topics are compatible with the existing NSW PDHPE K-6 and Year 7-10 syllabus, which provides scope to teach it within the content areas of respectful relationships, appreciation of diversity, adopting healthy lifestyles for prevention of disease and sexual health, as well as skills in communication and decision making.

In April 2018 the new NSW PDHPE K-10 syllabus was release, which will be phased in for primary and secondary schools during 2019-2020. It also provides scope for these emerging topics identified by students as gaps in sexual health content to be included in classroom sessions. For example, discussion of pornography and media representations of sex has been included as an example that teachers may use in discussions with students such as in topics about respectful relationships, media influences on body image and online safety. Whilst it is only an example of content, it is not mandatory for any education sector or school, however, by inclusion, it does recognise the importance of these concepts, which schools may adopt in regular lessons, wellbeing time or other broader initiatives such as parent information sessions.

The new syllabus also has a greater focus on the development of health literacy, appearing as one of the five Propositions underpinning the whole syllabus. Strategies and recommendations in this report, such as modelling health seeking behaviors, are also compatible with the NSW Youth Health Framework 2017- 2024 (16) published by NSW Health. Educators should be supported to model information seeking behaviours to show students how and where to find accurate, reliable and culturally appropriate sources of information online and in their communities that they can consult to meet their needs over time. Young people also need to learn how to negotiate the health system to seek advice and treatment from health professionals, with and understanding of how to get a Medicare card, how to make appointments (such as for STI testing) and questions to ask during a consultation. Building students' health literacy is vital as it provides specific knowledge and skills to support young people to access sexual health services and information, which can result in better health outcomes.

10. LIMITATIONS

The main limitation of the survey was that findings were self-reported via a predominantly online survey. The social media campaign used to reach young people led to recruitment of 83% of the valid responses. As respondents were already users of social media, this may have influenced data to some degree in the extent to which respondents utilize social media and other online sources for seeking information.

The student's needs assessment was initially conducted through school recruitment; however school participation was lower than expected. Whilst the vast majority of schools who did not respond did not provide a reason, those who gave a reason for non-participation or withdrawal indicated difficulties finding staff with time to coordinate participation and anticipated or actual difficulties securing parental consent, as discussed in the demographic section above. Furthermore, several schools expressed their interest in conducting focus group discussions with their students, however due to coordination challenges and time restriction, only one focus group was successfully conducted.

Findings from the survey may not be representative of the entire NSW secondary student population in terms of age and gender. 68% of the respondents were female, which may be in part due to using Family Planning NSW's online network for recruitment, where the majority of followers were female. Coeducational schools who participated also indicated that girls had a higher degree of interest in participating in the study than boys. The school year level distribution was also not evenly distributed as there were more respondents from Year 10 and Year 12.

CALD representation was also not achieved. This may be due to taboos associated with sexuality, and socio-cultural norms which may prevent young people from answering surveys on sexual health education (17, 18). Another reason for low CALD participation may be because of the demographic question asking about country of birth rather than other possible indicators of cultural background that may have provided a better indicator of diversity, such as languages other than English spoken at home. As described in the Demographic section above, a third reason may be a linguistic barrier stemming from the dense language used on the three information pages attached to consent forms, which is likely to have discouraged students and parents/carers with low literacy or lower English language skills to read and sign. However, the school type, ARIA classification and percentage of Aboriginal and Torres Strait students had similar distribution patterns as reported by the Australian Bureau of Statistics(19).

A further limitation is the classification of students by school type as government, independent or faith-based. The survey gave students the option to self-nominate from one of these three categories, However independent schools also include some schools which are faith-based, so the data for independent and faith-based schools will not be an accurate representation of the status quo for these school types. The survey also did not ask for any specific religion for faith-based schools so we cannot determine to what extent results may vary between schools depending on their beliefs.

11. CONCLUSION AND RECOMMENDATIONS

The youth needs analysis highlights that schools are one of the primary sources of information for relationships, sexuality and sexual health education. Students are seeking to develop practical knowledge and skills to support their decision making in sexual health and have identified areas within the PDHPE curriculum that some schools are not adequately addressing. Teachers play a vital role in providing accurate and trusted information to enable students to explain, contextualize and think critically about information they are exposed to via pornography and other media and support them in developing respectful, healthy relationships.

The teachers needs analysis conducted in 2015 (1) identified that teachers are seeking professional development to build their skills and confidence to deliver areas of the PDHPE curriculum such as the influence of pornography and media representation of sex and sexual and gender diversity. The youth needs analysis results mirror these findings, as students identified the same areas and others that are not adequately being addressed to meet their learning needs.

The following recommendations are made in response to an analysis of student experiences as reported within this study, considered within the wider context of sexual health education in New South Wales schools.

- 1. Publish the results of the Student Needs Assessment and the Teachers Needs Analysis** to highlight the identified gaps in relationships, sexuality and sexual health education in NSW schools and the need for ongoing professional learning and resources to teachers to deliver education to meet the PDHPE curriculum.
- 2. Promote the use of sex positive teaching strategies**, which present balanced information about positive and negative aspects of sexuality and use a holistic, evidence based and inclusive approach that is non-judgemental and promotes respect and consent (20).
- 3. Family Planning NSW to provide professional development to teachers** to build their knowledge and confidence in areas identified by students that some schools are not adequately addressing, such as:
 - respectful relationships
 - communication, consent and sexual decision making
 - Influence of pornography and media representations of sex
 - STI treatment and testing
 - sexual feelings and desires
 - gender identity
 - same sex attraction and sexual identity

Educators working with young people may need to be supported to build their knowledge and skills in providing sex positive, current and accurate information and learning experiences for students. Teachers are the first priority as the main educators working in schools. Other people providing sexual health information to young people could also benefit, such as health professionals in rural and regional areas who are involved in educating youth in order to provide sex positive and youth friendly services.

4. Incorporate teaching of health literacy into sexual health education programs. Include information about the importance of building students' health literacy to support good sexual health, such as how to access sexual health services (eg: STI testing), how to obtain a Medicare card, questions to ask during a consultation with a clinician and ways to find accurate and reliable sources of information online and in the community. This can be incorporated into teacher professional development programs.

5. Develop current resources to support teaching and learning. Accurate and up to date resources and activities support student engagement and effective learning.

Revised and/or new resources should consider the features that students have identified as making resources meaningful and relevant for them:

- Use inclusive language and images to reflect diversity in types of relationships, gender identities, sexual orientations, cultures and perspectives
- Incorporate personal stories that young people can relate to and show the impact of sexual health issues on people's lives and relationships
- Use video, images and online formats to make resources easy to access

12. REFERENCES

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APPENDIX 1: Literature Review

This literature review seeks to summarise current literature relating to young people's experience of sexual health education in schools. The search criteria looked at sexual health education as a broad content area, including the interrelated topics of relationships, sexuality, reproductive and sexual health. This mirrors the range of topics encompassed in sexuality and sexual health education in New South Wales (NSW) schools.

Following an overview of where sexual health education is placed within the NSW secondary school curriculum, research is drawn from a range of studies conducted in Australia and countries with similar education systems. The studies selected have investigated young people's perspective of sexual health education experienced at school, highlighting the ways in which young people currently learn and engage with content about relationships, sexuality and sexual health. Some specific areas of need and interest have been identified by young people. The paper concludes with a summary of findings and recommendations drawn from the literature.

This information will be used to support the analysis of the student needs assessment being conducted as part of the *Sexual Health Education in NSW Schools – Student Needs Assessment* project. Project findings will be used to inform the development and review of resources and professional development for teachers of sexual health education in New South Wales secondary schools.

Sexual Health Education in NSW Schools: Current Status

In NSW secondary schools, content about relationships, sexuality and sexual health is a part of the compulsory curriculum. It is included in the Personal Development, Health and Physical Education (PDHPE) Year 7-10 Syllabus (Board of Studies NSW, 2003), predominantly within Strand 1: Self and relationships, and in Strand 3: Individual and community health, and incorporates the skills of communicating, decision-making, interacting, planning and problem-solving. For students with special education needs, particularly those students with intellectual disability, sexual health content is included in the Life Skills component of the PDHPE Year 7-10 syllabus, linked to outcomes LS1 – LS7, which includes developing caring and respectful relationships, LS10 – LS17, covering individual and community health and LS21-LS26 covering community safety. Year 11 and 12 students in NSW government schools also participate in the mandatory *Crossroads* program to promote health, safety and wellbeing, wherein relevant topics include sexuality and sexual health, personal identity and relationships.

NSW Department of Education advocates for the teaching of relationships, sexuality and sexual health using a comprehensive approach. Their fact sheet *Sexuality and sexual health education in NSW government schools* (NSW Department of Education, 2017) details the importance of sexuality and sexual health education in schools to ensure young Australians are able to learn about their bodies, emotions, and relationships from a reliable, safe, and trusted source.

They highlight the importance of sexuality education and its role in reducing misinformation, strengthening positive values and attitudes, improving perceptions, and promoting communication. The document states that effective sexuality and sexual health education can result in young people abstaining from or delaying sexual relations, participating in less unprotected sexual activity, and lowering the number of sexual partners they have.

This aligns with current evidence about effective strategies for teaching comprehensive sexual health education, such as is provided in UNESCO's *International Technical Guidance on Sexuality Education* (2018).

Despite its inclusion in the curriculum and support for teaching it, schools in NSW deliver relationships, sexuality and sexual health education using a range of different strategies and the actual content taught varies considerably between schools, as is the case throughout Australian schools (Smith, Schlichthorst, Mitchell, Walsh, Lyons, Blackman, & Pitts, 2011). Due to the sensitive nature of the material, parents have the right to withdraw their children from particular sessions that they do not wish their children to participate in. Teachers in government schools are also advised to review the content, teaching strategies, resources and approaches of their programs, 'to ensure it is appropriate to the development, experiences and cultural values of their students' (NSW Department of Education, 2017, p.5) and take into consideration the 'age, maturity, cultural background, sexuality, gender, sex, health and other characteristics of students' (p.7). Non-government schools are able to develop their own curriculum to meet the needs of their students, community and overall school philosophy, which may include religious dimensions for faith-based schools. In a 2015 survey of NSW teachers and principals, some teachers identified that a lack of current and accessible resources impacts on their ability to deliver sexual health education to the extent that they would like to, whilst others reported that a lack of knowledge and confidence in teaching some sexual health content inhibits their teaching of it (Family Planning NSW, 2015). This is likely to be another reason why students' experiences of sexual health education in NSW schools still vary widely.

The NSW Ministry of Health also advocates for ongoing comprehensive sexual health education in NSW schools through a number of current initiatives, strategies and frameworks. For example, the NSW STI Strategy 2016-2020 (NSW Ministry of Health, 2016) includes a focus on sexual health in schools as one of their major areas of work to provide professional development and support for teachers and pre-service teachers in ways to deliver effective sexuality education, in addition to maintaining the current curriculum in schools. Similarly, the NSW Youth Health Framework 2017-2024 (NSW Ministry of Health, 2017) also advocates for age appropriate sexuality education for all young people, and supporting young people's health literacy to aid them in being partners in their own health care.

Summary of research: Young people's experience of sexual health education in school

The 5th National Survey of Australian Secondary Students and Sexual Health (Mitchell, Patrick, Heywood, Blackman & Pitts, 2014) was a large national survey of Australian school students asking them questions about a range of aspects of sexual health including their experiences of sexual health education. It reported that 10.4% of the students surveyed had not received any sexual health education at school, with another 3.6% unsure of whether they had or not. Whilst 42.7% of students reported that school programs were a significant source of sexual health information, students also gather sexual health information from a variety of other sources, with the top three being internet websites (43.6%), female friends (41.4%) and their mother (36.4%). More importantly, almost half (47.8%) of respondents reported that their sexuality and relationship education was only somewhat relevant. Comments from the survey respondents in the qualitative data revealed students both praising and criticising their experiences of sexual health education, Mitchell et al. (2014) state that young people place high value on their sexuality education received at school and have an awareness that it is extremely relevant to their lives, going on to recommend listening to the voices of students themselves, and allowing them to direct sexual health education to aid in improving future educational programs. Criticisms from the young people cited lack of details, unenthusiastic teachers, no information concerning non-heteronormative relationships, and generally insufficient education concerning contraceptives, sexual practices and relationships.

Another recent survey of Australian young people aged 15-25 years (Adam, Schippers, Schmidt, Modderman, Slattery, Estoesta, Murray, Hearnshaw, Murphy & de Wit, 2017) asked about their sexual health and behaviours as well as sources of sexual health information. The study respondents considered that sexual health education in school increased their knowledge (78.7%). They also described gaps in their school education, with many noting that they never learnt about the topics of sexual practices (57.9%), sexual and gender diversity (54.8%), and their first sexual encounter (70.4%) in class. Adam et al. (2017) also reported that 34.5% of participants had made contact with a general practitioner or nurse in relation to their sexual health in the 12 months preceding the survey. With only 9.9% reporting awareness of sexual health information websites, and even fewer (4.3%) having contact with sexual health clinics, it could be concluded that participants rely almost completely on their secondary school education as their source of sexual health information well into early adulthood.

Meldrum, Liamputtong and Wollersheim's study (2016) focused on young Muslim women living in Melbourne, and their sexual health. They found that the women's sexual health education at school varied greatly depending on their specific school, higher education received, and personal relationships with maternal figures. Women attending Islamic affiliated schools reported receiving no sexual health education, whilst those at secular schools received similar education to non-Muslim students. However, due to their small sample size of only 11 participants the authors struggled to find consistent experiences, with participants both appreciating and disapproving of their sexual health education, and mixed involvement with health care professionals outside of a school setting.

Brown, Sorenson and Hildebrand's study (2012) of marginalised Western Australian young people's perspective on their sexual health education found that young people reported school as the most trusted source of information. A focus on the content, teaching methods and style of delivery is brought to the forefront, with young people emphasising the need for trust and a safe environment for effective delivery of sexual health education. They noted a preference for informal and peer-based programs, such as those using peer educators. One of the key drawbacks for the participants was disengagement from school leading to a lack of opportunities for sexual health education. This therefore highlighted the importance of community based agencies and programs, such as youth services, as playing a significant role in providing access to sexual health promotion and education for at risk young people, particularly those not attending school.

MacPhail and McKay (2016) conducted a systematic review of social determinants of sexual health in Aboriginal and Torres Strait Islander adolescents, finding that an inability to access reliable information, and disengaging from school early were both correlated with having more sex earlier, and unintended teenage pregnancy. They suggest that issues and behaviours placing young Aboriginal and Torres Strait Islander people at risk of poorer sexual health outcomes could be addressed by peer education programs and education programs that are community developed and led to ensure they are culturally appropriate and relevant. However they also indicated that there was a need for such education programs to be rigorously evaluated and for further research to better understand how sexual norms are experienced by Aboriginal and Torres Strait Islander young people in order to better identify risks and protective factors for good sexual health in these communities.

Hillier and Mitchell (2008) found that same-sex attracted young people gained the majority of their education regarding gay and lesbian relationships from the internet (66.5%), and other same-sex-attracted peers (64.5%) rather than from school (19%). In contrast, the same students learnt about heterosexual relationships from school (86%), family (69%) and heterosexual peers (81%). Similar figures were found regarding safe sexual practices for gay and lesbian sex with 24% of same-sex-attracted students learning about sexual safety for homosexual couples at school. In striking contrast, 93% learnt about heterosexual safe sex at school or through the media (68%). Most significantly, 40% of respondents claimed that their sexual health education at school was 'not useful at all' with another forty percent believing it was only partly useful, mainly attributed to the perceived lack of information that was relevant to their needs.

A Canadian study of high school students and young adults (Charest, Kleinplatz & Lund, 2016) also found that young lesbian, gay, bisexual, transgender, queer + (LGBTQ+) people were more likely to get their sexual health information from the internet whilst their heterosexual peers were more likely to get it from school. They addressed the need for more comprehensive sexual health education for youth outside heteronormative categories, such as Lesbian, Gay, Bisexual, Transgender, Queer and/or Intersex students. The authors found that heterosexual students were significantly more confident in their sexual practices and health knowledge compared to the LGBTQ+ students. They found that young LGBTQ+ people are likely to be less confident than their heterosexual peers in their knowledge about sexual health and in dealing with sexual assault and practicing safer sex (Charest et al, 2016). It was also found that tertiary education may play a role in age of sexual debut, likelihood of STI testing, and number of sexual partners. This is significant as it reinforces the message that those students who receive more sexual education are likely to make different choices later in life in comparison to those who receive little or no sexual health education, such as emphasised by UNESCO (2018). However, the authors (Charest et al., 2016) recommend further research is needed into the applicability of all their findings to adolescents as their largely tertiary student sample may skew results and limit generalisability.

Similarly, a New Zealand based study by McAllum (2014) recounts bisexual female participants' experiences of sexual health education in high school, highlighting the level of bisexual erasure occurring. McAllum (2014) details one instance in which a participant was told bisexuality is 'just semantics' when a student asked about it in relation to gay, lesbian and straight orientations. Similarly, McAllum (2014) found that many respondents' sexual health education lacked any mention of bisexuality, and was unhelpful, confusing, and pushing them towards heteroconformity. One participant highlighted the helpfulness of sexual health education regarding any possible relationship she may have with a male, including how to use contraceptives and avoid STIs, but complained that the other side of her sexuality was ignored.

With an estimated 11% of Australians considering themselves as part of the LGBTI community (Department of Health and Ageing, 2012), the above-mentioned research highlights the claims that non-heteronormative young adults are not receiving comprehensive sexuality education relevant to their lifestyle within Australia. It is worth noting that the NSW Department of Education had published some resources for teachers about sexual and gender diversity in 2016, including a fact sheet on the Department's Teaching Sexual Health website and teaching resources on the Crossroads website. However these resources have been removed from those websites since November 2016 as they are under review and had not yet been replaced at the time of completing this report

Findings and recommendations from the literature

The World Health Organisation (2006) defines 'sexual health' as:

'A state of physical, mental, and social wellbeing in relation to sexuality. It 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.'

Giordano and Ross (2012) are critical of current Australian educational standards for the topic of sexual health, stating that they fail to address all aspects of the World Health Organisation's definition, instead focusing on parts of the definition deemed suitable for young people by government bodies. Research conducted by the Australian Research Centre in Sex, Health & Society (Smith et al, 2011) stated that students across Australia are being taught an inconsistent and encumbered curriculum that is amplifying the ethical and religious ethos of each school, and being taught by teachers who report that they are inadequately trained and lack the support needed to understand and help their students. Giordano and Ross' (2012) respondents found that factual information concerning abortions, the pleasure of sexual behaviour/activity, and the (negative) impact of technology on sexuality and relationships are amongst the most commonly topics not being taught. Giordano and Ross (2012) believe that lack of time, limited information, untrained staff, unengaging content, misinformation, and a lack of quality resources are factors which are further hampering the issue nationwide. Lastly, the authors identified that young people actively search for sexual health information when their school education fails to answer all questions, with around half turning to their parents and others to youth services.

The importance of more comprehensive, inclusive and varied sexuality education becomes apparent when reviewing these studies, and further research concerning specific areas of focus from the perspective of Australian youth would further strengthen the cause for broadening the range of topics covered in sexual health education classes and how they are taught. In response to these findings, several recommendations have been made by young people to better provide comprehensive and inclusive sexual health education.

One such paper (Gleeson, Kearney, Leung & Brislane, 2015) suggests that changes need be made to current sexual health education to include more information about respectful relationships. Considering Smith et al. (2011) reported that 85.4% of teachers already cover the topic of sexual abuse, an appropriate expansion of the topic to include more information and skills for building the positive aspects of relationships, with a view to reducing relationship- and gender-based violence, could be beneficial to students.

A study conducted by Fava and Bay-Cheng (2013) highlights the importance of sex positive sexual health education for school students and young adults to ensure sex negativity and shaming is not occurring. They advocate for ensuring that discussions about unintended pregnancy, sexually transmissible infections (STIs), and sexual activity in general, are not receiving strong negative connotations, particularly as this negatively affects students who may have already experienced these issues. The authors stress the importance of sex positive and non-judgmental education, especially for students who have been sexually abused or assaulted, or those who may be in unhealthy relationships. The authors also recommend more trauma-informed training for teachers to prevent isolating and retraumatizing victims of physical and sexual abuse.

Three studies investigated young people's views on some of the positive aspects of technology and how it could be used to provide sexual health education messages. Evers, Albury, Byron and Crawford (2013) found that online social media and social networking sites are important portals of information for Australian youth regarding sexual health education. The authors highlight the need for clear, accessible, easily understood, and reliable information throughout these online spaces, citing anonymity and easy access as the main contributing factors for its popularity. Similarly, Evers et al. (2013) describe the importance of humour in portraying and disseminating sexual health messages in an online space. They go on to claim that the more humorous the information, the more likely it is to be shared and remembered as young people learn more effectively through peer-to-peer sharing than from an adult. Selkie, Benson and Moreno (2013) conducted focus groups with youth in the United States of America to gain insight from young people into the ways in which social media could be utilised to disseminate sexual health information. The authors found that youth look for confidentiality, reliability, and, when possible, embarrassment free sexual health resources in an attempt to gather credible sexual health information. Similarly, a study by Attwood, Barker, Boynton and Hancock (2015) claims that the media, and sexual advice columns, are important influencers in sexual decision making and their influence should not be discounted as minimal. They go on to state that many people, including young adults, turn to these resources for information, despite the lack of accuracy and relevance at times.

It is also important to consider other recommendations concerning the dissemination of sexual health education using technology, which could enable more young adults to access reliable and engaging information. Gold, Lim, Hellard and Keogh (2010) found that using SMS text messaging to promote sexual health information enabled young people to fully engage. However, they noted that long, boring, and repetitive messages were oftentimes ignored, with only engaging, positive, and relevant messages being highly regarded and shared amongst friends. The study also found that from a quantitative perspective, there was a significant increase in knowledge after the messages had been received. The authors suggest ensuring informative messages are short, engaging, and credible, in order to be most effective.

In conjunction with the abovementioned issues, it is important to further explore specific parts of sexual health education which are being overlooked, or which schools may be unable or unwilling to teach due to political sensitivities. The literature reviewed shows young people have experienced an emphasis in Australian school based sexual health education on safe sex, the science of reproduction, the potential dangers of sexual activity and abuse and (to a lesser extent) contraception (Adam et al, 2017; Giordano & Ross, 2012, Hillier & Mitchell, 2008; Meldrum et al, 2016; Mitchell et al, 2014; Smith et al, 2011). Young people identified a need to learn about a range of other topics that could contribute to achieving the NSW Department of Education's goal to 'equip children and young people with the knowledge, skills and values to have safe, fulfilling and enjoyable relationships and to make responsible and safe choices that promote and protect their own health, safety and wellbeing and that of others' (NSW Department of Education, 2017, p.1). This includes delving into the specifics of the impact of cultural differences, understanding and including diversity in sex, gender and sexual orientation, skills for building positive and respectful relationships and addressing emerging challenges for sexual health linked to the widespread use of technology.

Australian and international research highlighting the importance of sexual health education in schools must be considered when discussing its efficacy, reliability, and consistency. Students showed an awareness of the need to focus on how sexual health education is taught and improvements to teachers' skills, broadening the curriculum, and making the content more inclusive of diversity as imperative to improved learning. The above suggestions on utilising technology to reach young people in positive ways may also be relevant to Australian sexual health education and the way in which it is taught and delivered in schools. It is clear that effective sexual health education in schools has great potential to support positive sexual health outcomes for young people as they move into adulthood. Further research on the link between school programs and student-initiated searches for sexual health information using technology and other sources may provide valuable insight for educators. Ongoing data to show the impact of the implementation of any of these recommended changes would also provide valuable information to evaluate the relative effectiveness of new strategies and/or resources utilised in response to students' identified needs.

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APPENDIX 2: DATA TABLES

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Appendix 2.1 Cross-tabulation by Respondents' Gender

2.1.1 Responses to "Where do you get your information about the following sexual health topics?"

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Caring and respectful relationships											
Female	38.2%	38.3%	55.8%	58.9%	52.9%	34.3%	51.8%	21.1%	25.8%	7.6%	2.4%
Male	27.5%	25.8%	52.5%	49.2%	39.5%	36.3%	53.1%	14.8%	13.5%	15.0%	3.5%
Gender diverse	34.0%	34.0%	42.0%	72.0%	74.0%	58.0%	32.0%	28.0%	26.0%	18.0%	2.0%
Communication, consent and sexual decision-making											
Female	30.4%	27.8%	42.1%	46.9%	50.3%	36.8%	56.3%	21.1%	18.3%	6.8%	2.9%
Male	23.4%	19.7%	38.1%	39.5%	39.5%	33.2%	58.6%	14.1%	9.2%	10.7%	3.1%
Gender diverse	28.0%	18.0%	34.0%	52.0%	72.0%	62.0%	36.0%	20.0%	22.0%	22.0%	2.0%
Puberty and physical, social and emotional changes during adolescence											
Female	32.2%	32.6%	53.0%	47.7%	39.1%	39.1%	73.7%	26.6%	23.0%	4.5%	2.2%
Male	25.2%	22.3%	38.7%	37.9%	31.4%	33.0%	69.1%	19.9%	11.1%	7.8%	3.3%
Gender diverse	24.0%	16.0%	38.0%	46.0%	66.0%	56.0%	58.0%	22.0%	24.0%	12.0%	2.0%
Sexual harassment, abuse and bullying (including online bullying)											
Female	43.1%	38.5%	39.7%	39.9%	61.0%	42.6%	70.0%	15.2%	20.4%	6.1%	3.6%
Male	33.0%	22.5%	34.6%	35.2%	49.0%	39.5%	68.4%	10.9%	11.1%	6.4%	4.3%
Gender diverse	40.0%	32.0%	46.0%	64.0%	78.0%	60.0%	64.0%	10.0%	18.0%	18.0%	0.0%
Reproductive health, pregnancy, babies, birth											
Female	28.0%	29.1%	45.3%	33.6%	36.8%	39.9%	65.6%	26.6%	16.4%	4.5%	4.2%
Male	24.2%	21.5%	33.6%	26.6%	26.6%	35.7%	66.2%	13.1%	9.4%	6.6%	5.1%
Gender diverse	28.0%	22.0%	54.0%	52.0%	62.0%	40.0%	66.0%	34.0%	30.0%	12.0%	0.0%

- Figures shaded in grey = not significant.

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic	
Gender identity												
Female	37.8%	33.3%	19.4%	38.4%	59.9%	33.8%	27.8%	9.0%	14.7%	6.6%	10.5%	
Male	27.5%	20.9%	17.2%	28.3%	42.4%	28.9%	31.8%	7.0%	8.6%	8.8%	15.8%	
Gender diverse	26.0%	16.0%	8.0%	60.0%	84.0%	54.0%	6.0%	10.0%	14.0%	16.0%	0.0%	
Same sex attraction and sexual identity												
Female	46.8%	42.0%	21.9%	44.7%	64.5%	36.1%	28.2%	9.0%	16.1%	5.4%	8.8%	
Male	32.0%	25.0%	20.7%	34.0%	42.4%	30.5%	34.2%	8.2%	10.2%	8.8%	14.1%	
Gender diverse	30.0%	22.0%	12.0%	68.0%	84.0%	56.0%	8.0%	8.0%	18.0%	0.0%	2.0%	
STIs												
Female	14.0%	12.7%	21.2%	24.3%	27.5%	37.9%	65.7%	30.4%	11.3%	3.3%	4.5%	
Male	13.1%	9.6%	18.9%	19.5%	22.1%	32.0%	62.9%	18.8%	6.3%	4.1%	3.9%	
Gender diverse	16.0%	16.0%	30.0%	36.0%	50.0%	46.0%	74.0%	28.0%	22.0%	14.0%	8.0%	
BBVs												
Female	7.6%	6.8%	13.7%	9.5%	12.7%	24.3%	50.8%	21.6%	5.9%	2.0%	16.4%	
Male	9.6%	6.4%	14.1%	10.9%	12.5%	25.0%	49.8%	13.9%	5.3%	3.3%	12.5%	
Gender diverse	14.0%	14.0%	14.0%	18.0%	30.0%	36.0%	46.0%	20.0%	12.0%	6.0%	30.0%	
Social pressures and peer influence regarding sex												
Female	29.0%	29.9%	25.1%	39.9%	42.7%	24.2%	53.3%	10.3%	8.7%	3.0%	7.2%	
Male	18.6%	16.4%	18.9%	35.0%	31.8%	21.5%	52.1%	9.0%	5.9%	5.7%	6.3%	
Gender diverse	28.0%	18.0%	30.0%	42.0%	56.0%	36.0%	44.0%	0.0%	10.0%	8.0%	16.0%	
Sexting and social media												
Female	27.4%	25.9%	20.4%	41.4%	51.5%	25.9%	54.3%	8.4%	8.8%	4.0%	6.0%	
Male	18.8%	13.1%	16.2%	31.8%	40.2%	24.4%	52.9%	6.8%	4.1%	5.3%	3.3%	
Gender diverse	16.0%	8.0%	22.0%	32.0%	54.0%	32.0%	48.0%	0.0%	8.0%	6.0%	8.0%	
Sexual feelings and desires												
Female	35.7%	39.1%	10.4%	39.0%	41.2%	28.2%	21.1%	6.5%	12.3%	3.9%	1.0%	
Male	24.0%	23.6%	14.3%	33.8%	31.3%	29.5%	36.3%	6.8%	6.3%	6.1%	1.4%	
Gender diverse	34.0%	32.0%	18.0%	44.0%	60.0%	48.0%	22.0%	2.0%	22.0%	10.0%	4.0%	

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Contraception											
Female	16.3%	16.4%	34.4%	34.4%	27.1%	32.9%	52.7%	34.9%	9.5%	3.2%	4.8%
Male	16.4%	12.7%	20.3%	23.6%	21.9%	25.6%	52.9%	12.3%	5.3%	3.7%	7.6%
Gender diverse	18.0%	12.0%	42.0%	30.0%	44.0%	48.0%	66.0%	30.0%	12.0%	8.0%	2.0%
Safe sexual health practices											
Female	18.3%	19.0%	31.1%	31.3%	29.9%	30.5%	61.3%	26.7%	9.9%	2.8%	5.1%
Male	14.1%	13.5%	23.4%	26.2%	25.4%	27.3%	59.2%	15.2%	5.7%	4.1%	3.5%
Gender diverse	24.0%	22.0%	40.0%	42.0%	62.0%	42.0%	64.0%	24.0%	16.0%	18.0%	4.0%
STI treatment and testing											
Female	7.9%	6.8%	11.6%	9.8%	12.7%	20.6%	34.5%	28.3%	5.3%	2.1%	21.2%
Male	7.2%	4.7%	9.0%	11.7%	13.7%	22.1%	41.4%	17.0%	4.1%	3.5%	16.0%
Gender diverse	6.0%	2.0%	14.0%	10.0%	34.0%	40.0%	42.0%	20.0%	10.0%	4.0%	28.0%
Influence of pornography and media representations of sex											
Female	22.7%	22.1%	9.8%	22.8%	36.2%	24.6%	23.9%	6.2%	9.0%	3.9%	20.8%
Male	18.6%	16.6%	12.9%	24.6%	28.3%	30.7%	31.4%	5.9%	6.6%	5.9%	13.9%
Gender diverse	18.0%	10.0%	10.0%	22.0%	52.0%	32.0%	8.0%	4.0%	10.0%	8.0%	28.0%

- Figures shaded in grey = not significant.

2.1.2 Resource person for 'relationships, sexuality and sexual health education' (%)

	Regularly	Sometimes	Never	I don't know	P
Regular PDHPE teacher					
Female	24.3%	46.6%	6.6%	3.7%	.000
Male	30.5%	33.8%	8.0%	2.1%	
Gender diverse	36.0%	42.0%	6.0%	4.0%	
Another teacher					
Female	2.3%	24.0%	45.8%	8.8%	.000
Male	2.0%	23.8%	38.1%	9.4%	
Gender diverse	6.0%	22.0%	54.0%	6.0%	
Year Advisor/ Wellbeing staff member					
Female	3.6%	23.8%	46.4%	6.9%	.000
Male	3.7%	25.2%	35.9%	8.0%	
Gender diverse	8.0%	18.0%	46.0%	16.0%	
Social worker					
Female	2.3%	10.3%	47.7%	20.6%	.002
Male	3.1%	10.2%	41.4%	18.0%	
Gender diverse	6.0%	12.0%	32.0%	38.0%	
School counsellor					
Female	3.7%	16.6%	39.6%	20.6%	.015
Male	4.7%	14.3%	34.8%	19.1%	
Gender diverse	2.0%	24.0%	32.0%	28.0%	
Someone from outside my school (outside speaker)					
Female	6.3%	35.7%	29.9%	8.9%	.003
Male	5.5%	35.7%	21.7%	10.2%	
Gender diverse	2.0%	48.0%	24.0%	14.0%	
School nurse					
Female	0.6%	5.3%	58.7%	15.9%	.000
Male	2.1%	3.7%	48.4%	18.2%	
Gender diverse	2.0%	8.0%	54.0%	24.0%	

Support staff (such as Aboriginal education officer, teacher assistant, etc.)					.000
Female	1.0%	6.2%	53.3%	20.4%	
Male	1.4%	6.8%	41.6%	22.9%	
Gender diverse	6.0%	0.0%	50.0%	34.0%	
Peer educator (another young person)					.005
Female	8.4%	17.6%	40.9%	13.8%	
Male	6.8%	17.6%	34.6%	13.7%	
Gender diverse	8.0%	22.0%	36.0%	22.0%	

2.1.3 Likelihood of talking to staff at school about 'relationships, sexuality and sexual health' (%)

	Very likely	Somewhat likely	Unlikely
Female	5.1%	12.8%	62.6%
Male	4.7%	10.0%	59.0%
Gender diverse	4.0%	18.0%	68.0%

2.1.4 Preferred provider of 'relationships, sexuality and sexual health education.' (%)

	Regular PDHPE teacher	Another teacher	School nurse	Social worker	School counsellor	Year Advisor/ Well-being staff member	Someone from outside of my school (outside speaker)	Support staff (such as Aboriginal Education Officer, teacher assistant, etc.)	Peer educator (another young person)
Female	62.1%	17.9%	10.7%	11.1%	24.0%	24.7%	43.8%	3.1%	36.8%
Male	58.6%	19.9%	10.0%	11.1%	20.9%	22.9%	34.4%	3.9%	27.7%
Gender diverse	64.0%	16.0%	16.0%	28.0%	18.0%	30.0%	44.0%	6.0%	42.0%
p	.458	.794	.685	.005	.501	.270	.004	.770	.003

- Figures shaded in grey = not significant.

2.1.5 Amount of information provided in school (%)

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Caring and respectful relationships					
Female	26.17%	37.07%	10.82%	1.67%	2.3%
Male	31.84%	27.93%	7.62%	2.73%	2.1%
Gender diverse	0.22%	0.54%	0.12%	2.0%	6.0%
Communication, consent and sexual decision-making					
Female	25.86%	33.73%	12.57%	2.30%	1.8%
Male	33.01%	25.59%	8.01%	2.00%	2.0%
Gender diverse	16.00%	52.00%	22.0%	0.0%	2.0%
Puberty and physical, social and emotional changes during adolescence					
Female	45.03%	25.30%	4.4%	1.4%	1.0%
Male	42.58%	22.27%	4.5%	1.0%	1.4%
Gender diverse	50.00%	32.00%	8.0%	2.0%	6.0%
Sexual harassment, abuse and bullying (including online bullying)					
Female	31.26%	31.82%	11.46%	1.70%	1.3%
Male	37.11%	24.41%	6.45%	1.00%	2.0%
Gender diverse	22.00%	52.0%	16.0%	2.00%	4.0%
Reproductive health, pregnancy, babies, birth					
Female	29.59%	33.02%	11.30%	1.60%	2.0%
Male	29.30%	28.71%	9.96%	1.60%	1.8%
Gender diverse	44.0%	32.0%	4.0%	4.00%	6.0%
Gender identity					
Female	7.32%	15.99%	39.22%	11.14%	4.1%
Male	12.5%	18.16%	20.12%	17.97%	4.3%
Gender diverse	10.0%	6.0%	70.0%	2.0%	4.0%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Same sex attraction and sexual identity					
Female	8.11%	17.66%	37.95%	9.79%	2.9%
Male	11.72%	17.97%	22.07%	14.26%	3.9%
Gender diverse	10.00%	6.0%	70.0%	2.0%	4.0%
STIs (sexually transmissible infections)					
Female	32.6%	32.1%	8.9%	1.7%	1.3%
Male	36.1%	22.9%	8.0%	1.6%	1.8%
Gender diverse	42.0%	40.0%	10.0%	0.0%	4.0%
BBVs (blood borne viruses i.e. Hepatitis or HIV)					
Female	18.10%	30.15%	21.48%	3.60%	3.3%
Male	20.50%	22.46%	20.31%	3.50%	3.9%
Gender diverse	24.00%	36.0%	20.0%	10.00%	4.0%
Social pressures and peer influence regarding sex					
Female	24.90%	29.51%	17.18%	3.10%	2.5%
Male	26.40%	25.98%	13.67%	10.60%	2.0%
Gender diverse	18.00%	46.00%	18.0%	8.0%	2.0%
Sexting and social media					
Female	26.9%	29.8%	13.5%	5.1%	1.4%
Male	30.9%	23.8%	9.6%	3.7%	2.7%
Gender diverse	20.0%	46.0%	12.0%	10.0%	6.0%
Sexual feelings and desires					
Female	10.2%	20.1%	33.2%	9.1%	3.6%
Male	18.0%	22.5%	19.5%	7.0%	3.7%
Gender diverse	10.0%	20.0%	40.0%	22.0%	4.0%
Contraception (i.e. the pill, injections, implant)					
Female	33.3%	25.1%	14.9%	2.2%	1.2%
Male	32.2%	20.5%	11.5%	3.1%	3.1%
Gender diverse	42.0%	34.0%	14.0%	2.0%	2.0%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Safe sexual practices (i.e. condom use)					
Female	36.40%	26.81%	9.80%	2.00%	1.8%
Male	36.33%	20.31%	11.00%	1.60%	2.0%
Gender diverse	50.00%	30.0%	10.00%	0.00%	2.0%
STI treatment and testing					
Female	16.79%	26.50%	29.44%	3.18%	2.8%
Male	22.85%	23.05%	18.55%	3.71%	2.5%
Gender diverse	14.00%	24.0%	40.0%	12.00%	2.0%
Influence of pornography and media representations of sex					
Female	10.98%	17.50%	33.9%	10.00%	4.4%
Male	15.82%	19.53%	23.6%	8.40%	3.1%
Gender diverse	10.00%	18.00%	40.00%	22.00%	10.00%

- Figures shaded in grey = not significant.

2.1.6 Activities and resources used during 'relationships, sexuality and sexual health education in school (%)

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Interactive learning activities (i.e. Discussion, role plays, scenarios)				
Female	22.4%	11.3%	26.0%	13.4%
Male	21.9%	10.9%	24.8%	11.5%
Gender diverse	26.0%	14.0%	42.0%	10.0%
Educational videos or DVDs				
Female	35.0%	19.6%	13.5%	4.8%
Male	34.8%	18.9%	10.0%	5.3%
Gender diverse	36.0%	32.0%		8.0%
Websites				
Female	34.0%	14.2%	17.7%	6.4%
Male	31.6%	13.7%	14.3%	7.8%
Gender diverse	36.0%	20.0%	32.0%	12.0%
Phone apps or social media				
Female	11.8%	4.6%	38.7%	18.1%
Male	17.0%	5.9%	28.1%	16.8%
Gender diverse	24.0%	4.0%	52.0%	18.0%
Online videos, YouTube				
Female	34.3%	7.2%	23.4%	8.0%
Male	35.7%	9.2%	16.8%	6.6%
Gender diverse	56.0%	16.0%	18.0%	2.0%

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Books				
Female	13.4%	12.3%	22.4%	25.1%
Male	15.8%	10.9%	15.8%	25.4%
Gender diverse	16.0%	14.0%	26.0%	32.0%
Printed information (i.e. posters, brochures)				
Female	26.3%	12.5%	20.0%	14.6%
Male	20.7%	16.0%	13.5%	17.2%
Gender diverse	20.0%	16.0%	34.0%	20.0%
Theatre in Education (TIE) performances around sexual health themes				
Female	9.3%	4.4%	36.6%	22.4%
Male	10.7%	6.1%	23.6%	27.7%
Gender diverse	6.0%	6.0%	46.0%	38.0%
A visit from a nurse or other health professional				
Female	10.3%	2.7%	46.8%	12.8%
Male	12.7%	5.1%	32.0%	19.1%
Gender diverse	20.0%	4.0%	50.0%	18.0%
Peer based education				
Female	15.8%	5.7%	36.4%	14.3%
Male	19.7%	4.9%	29.1%	14.1%
Gender diverse	16.0%	6.0%	48.0%	22.0%

2.1.7 Overall effect 'relationships, sexuality and sexual health' education provided in your school (%)

	Totally agree	Somewhat agree	Undecided	Somewhat disagree	Totally disagree	P
Increased knowledge						
Female	15.8%	31.3%	7.1%	9.3%	7.1%	.012
Male	20.5%	27.5%	5.7%	6.3%	6.8%	
Gender diverse	12.0%	28.0%	10.0%	16.0%	20.0%	
Healthy Decision Making						
Female	14.0%	25.9%	9.1%	11.5%	9.9%	.016
Male	16.2%	25.4%	6.8%	8.8%	9.4%	
Gender diverse	2.0%	38.0%	6.0%	20.0%	20.0%	
Debunked Myths						
Female	11.9%	23.0%	11.5%	12.5%	11.7%	.019
Male	15.0%	23.2%	7.4%	9.8%	11.3%	
Gender diverse	4.0%	26.0%	12.0%	18.0%	26.0%	

2.1.8 Overall satisfaction on 'relationships, sexuality and sexual health education provided in school' (%)

	Very satisfied	Satisfied	Not very satisfied	Not at all satisfied	P
<i>Female</i>	10.8%	38.7%	33.8%	16.7%	0.003
<i>Male</i>	14.9%	46.5%	25.4%	13.2%	
<i>Gender diverse</i>	4.7%	37.2%	30.2%	27.9%	

Appendix 2.2 Cross-tabulation by Respondents' Year Level

2.2.1 Sources of information on relationships, sexuality and sexual health (%)

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Caring and respectful relationships											
Year 8	35.0%	38.3%	50.0%	49.2%	43.3%	29.2%	56.7%	13.3%	23.3%	9.2%	4.2%
Year 9	34.3%	35.7%	53.7%	49.7%	46.0%	34.0%	64.3%	11.0%	18.7%	9.3%	1.3%
Year 10	33.4%	32.2%	56.4%	53.7%	47.5%	35.4%	58.9%	22.3%	20.0%	10.4%	2.5%
Year 11	32.6%	33.7%	60.1%	52.6%	52.9%	29.9%	53.6%	17.2%	23.4%	13.1%	3.4%
Year 12	37.0%	35.2%	51.3%	63.1%	52.3%	39.5%	40.2%	23.4%	24.5%	9.2%	3.1%
Communication, consent and sexual decision-making											
Year 8	26.7%	25.0%	42.5%	39.2%	41.7%	32.5%	50.8%	8.3%	15.8%	9.2%	5.8%
Year 9	25.0%	23.7%	38.0%	35.7%	34.3%	28.7%	64.7%	14.0%	10.3%	8.7%	2.3%
Year 10	30.7%	27.0%	46.3%	46.8%	43.6%	34.7%	61.4%	18.6%	12.6%	8.4%	2.2%
Year 11	26.8%	25.4%	40.9%	43.6%	50.5%	35.4%	64.3%	19.2%	15.8%	12.7%	1.7%
Year 12	29.2%	24.9%	38.2%	49.0%	56.1%	42.1%	47.7%	23.2%	19.9%	6.7%	3.8%
Puberty and physical, social and emotional changes during adolescence											
Year 8	26.7%	25.8%	46.7%	45.8%	38.3%	34.2%	66.7%	16.7%	18.3%	6.7%	2.5%
Year 9	24.3%	23.3%	50.3%	38.7%	30.3%	28.7%	77.0%	20.7%	13.7%	8.0%	0.7%
Year 10	32.7%	31.2%	54.2%	46.5%	39.1%	36.9%	76.7%	24.3%	16.8%	4.0%	1.2%
Year 11	28.2%	26.8%	49.1%	43.0%	39.9%	38.5%	73.9%	23.4%	22.3%	9.3%	4.5%
Year 12	32.3%	32.1%	44.1%	47.3%	39.2%	42.7%	67.0%	28.2%	22.9%	4.3%	3.5%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Sexual harassment, abuse and bullying (including online bullying)											
Year 8	40.0%	26.7%	42.5%	40.0%	47.5%	40.0%	62.5%	8.3%	20.0%	10.0%	6.7%
Year 9	33.7%	30.0%	44.3%	35.0%	48.3%	36.3%	75.3%	11.3%	13.7%	6.3%	2.7%
Year 10	41.1%	35.4%	43.3%	38.9%	56.4%	42.1%	73.3%	15.6%	17.6%	6.7%	2.2%
Year 11	38.1%	32.3%	35.7%	38.1%	63.2%	44.3%	72.2%	16.8%	16.5%	8.9%	2.7%
Year 12	43.3%	36.3%	33.4%	41.2%	62.9%	44.5%	64.7%	13.8%	19.5%	5.4%	4.9%
Reproductive health, pregnancy, babies, birth											
Year 8	23.3%	24.2%	42.5%	25.8%	30.0%	37.6%	72.3%	19.8%	11.1%	5.0%	7.5%
Year 9	24.3%	25.3%	40.3%	28.3%	26.7%	39.9%	69.8%	23.4%	14.4%	8.2%	4.0%
Year 10	31.2%	28.0%	48.5%	30.9%	35.4%	45.1%	59.4%	30.0%	17.9%	4.5%	2.0%
Year 11	22.0%	23.7%	43.6%	32.0%	36.1%	30.0%	58.3%	13.3%	14.2%	7.5%	5.2%
Year 12	28.1%	28.1%	38.5%	35.0%	37.8%	28.0%	70.7%	13.7%	12.3%	5.0%	5.1%
Gender identity											
Year 8	32.5%	30.8%	25.8%	35.8%	43.3%	33.3%	35.0%	10.0%	15.8%	10.8%	15.0%
Year 9	31.7%	27.3%	22.0%	30.3%	41.7%	28.3%	44.0%	7.7%	11.7%	7.0%	11.3%
Year 10	34.4%	27.7%	21.3%	35.4%	52.7%	34.9%	28.5%	9.2%	11.6%	6.2%	11.1%
Year 11	32.3%	25.8%	18.9%	34.0%	56.7%	29.9%	26.8%	10.3%	11.0%	11.0%	12.0%
Year 12	36.9%	31.8%	13.8%	39.6%	64.5%	34.9%	20.6%	7.2%	14.3%	7.0%	11.7%
Same sex attraction and sexual identity											
Year 8	35.0%	27.5%	23.3%	35.0%	45.0%	26.7%	28.3%	5.8%	11.7%	9.2%	15.8%
Year 9	38.3%	33.3%	23.3%	34.7%	47.0%	30.7%	43.7%	6.7%	13.0%	7.0%	8.7%
Year 10	39.4%	35.1%	24.5%	45.5%	55.0%	35.6%	30.7%	9.7%	13.4%	6.2%	10.1%
Year 11	42.3%	35.1%	22.7%	41.2%	59.5%	34.0%	28.5%	9.6%	15.1%	11.3%	11.0%
Year 12	45.9%	40.5%	17.2%	44.8%	67.7%	38.1%	22.5%	9.0%	15.6%	4.9%	9.7%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
STIs											
Year 8	10.0%	11.7%	17.5%	15.8%	14.2%	19.2%	46.7%	11.7%	8.3%	3.3%	14.2%
Year 9	9.7%	8.7%	17.3%	16.7%	18.3%	28.7%	66.0%	13.3%	8.0%	3.3%	4.7%
Year 10	17.6%	17.1%	25.0%	26.7%	29.2%	33.2%	71.3%	21.8%	9.7%	5.0%	1.7%
Year 11	13.7%	11.3%	20.6%	25.8%	29.9%	37.1%	75.6%	27.1%	10.3%	5.5%	3.8%
Year 12	13.8%	10.6%	20.2%	24.2%	29.2%	43.9%	59.5%	38.0%	11.4%	2.8%	4.6%
BBVs											
Year 8	5.8%	5.0%	13.3%	7.5%	6.7%	11.7%	33.3%	10.0%	3.3%	3.3%	25.0%
Year 9	6.3%	6.7%	15.3%	8.3%	10.0%	19.3%	52.3%	10.0%	5.0%	2.0%	11.7%
Year 10	9.7%	9.4%	18.1%	13.4%	13.4%	26.0%	57.9%	16.1%	5.7%	2.2%	13.4%
Year 11	8.6%	5.8%	10.3%	10.7%	15.5%	23.4%	54.0%	21.0%	5.8%	3.8%	15.1%
Year 12	8.8%	6.3%	12.0%	9.2%	14.2%	29.2%	46.0%	25.9%	6.7%	2.4%	17.4%
Social pressures and peer influence regarding sex											
Year 8	15.0%	17.5%	24.2%	29.2%	30.0%	17.5%	40.8%	6.7%	5.8%	6.7%	9.2%
Year 9	19.3%	20.7%	22.0%	29.7%	29.0%	21.0%	59.0%	6.7%	8.0%	4.7%	5.0%
Year 10	24.3%	23.8%	30.0%	37.1%	34.9%	24.8%	59.2%	9.9%	6.9%	3.2%	5.9%
Year 11	27.1%	26.1%	22.0%	43.3%	50.2%	20.3%	59.5%	11.0%	7.6%	4.1%	6.5%
Year 12	31.2%	30.2%	21.0%	42.4%	45.1%	26.7%	45.3%	10.7%	9.2%	3.5%	8.8%
Sexting and social media											
Year 8	22.5%	16.7%	23.3%	29.2%	41.7%	21.7%	47.5%	5.8%	6.7%	7.5%	23.3%
Year 9	20.7%	17.3%	18.3%	32.3%	40.3%	24.7%	55.7%	7.0%	5.7%	2.3%	27.7%
Year 10	23.8%	22.5%	24.8%	37.4%	45.5%	28.0%	61.6%	8.9%	4.2%	3.7%	30.0%
Year 11	25.8%	22.0%	16.5%	39.9%	52.9%	24.7%	61.9%	9.3%	5.2%	6.9%	31.3%
Year 12	26.7%	23.8%	17.0%	42.4%	52.4%	26.0%	46.6%	7.1%	3.3%	6.3%	37.6%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Sexual feelings and desires											
Year 8	23.3%	22.5%	11.7%	32.5%	26.7%	23.3%	25.0%	5.0%	10.0%	5.0%	13.3%
Year 9	27.7%	29.3%	14.7%	31.3%	32.0%	22.7%	38.3%	5.0%	7.7%	6.0%	8.7%
Year 10	30.0%	32.7%	15.1%	37.1%	38.1%	28.2%	30.2%	7.4%	9.9%	3.7%	14.1%
Year 11	31.3%	35.7%	10.0%	38.5%	43.0%	25.8%	28.2%	7.2%	12.4%	6.5%	11.3%
Year 12	37.6%	39.2%	9.5%	40.9%	42.6%	34.6%	16.1%	6.7%	12.4%	4.2%	12.0%
Contraception											
Year 8	14.2%	13.3%	24.2%	18.3%	21.7%	19.2%	29.2%	7.5%	6.7%	5.0%	14.2%
Year 9	15.0%	15.7%	26.7%	21.3%	21.3%	20.0%	57.7%	14.0%	8.3%	4.7%	7.0%
Year 10	19.1%	19.6%	31.7%	29.2%	28.7%	33.2%	61.6%	22.3%	7.4%	2.5%	3.0%
Year 11	12.7%	11.7%	33.7%	33.7%	29.2%	29.9%	59.5%	34.7%	9.6%	3.8%	7.2%
Year 12	17.4%	14.6%	31.2%	37.3%	26.1%	37.6%	47.6%	38.7%	8.9%	3.1%	4.3%
Safe sexual health practices											
Year 8	17.5%	15.0%	19.2%	29.7%	22.5%	19.2%	42.5%	8.3%	9.2%	2.5%	7.5%
Year 9	12.0%	14.0%	24.7%	33.7%	20.3%	20.7%	61.7%	14.3%	7.7%	4.0%	6.0%
Year 10	19.3%	20.8%	32.2%	33.1%	30.2%	31.4%	63.9%	18.6%	8.9%	3.2%	4.7%
Year 11	16.5%	17.2%	31.6%	24.2%	33.3%	28.2%	69.4%	22.7%	7.9%	4.1%	3.4%
Year 12	18.4%	17.5%	29.3%	21.7%	32.4%	35.5%	57.6%	32.7%	9.6%	3.3%	4.2%
STI treatment and testing											
Year 8	5.0%	5.0%	10.8%	6.7%	12.5%	11.7%	19.2%	7.5%	2.5%	2.5%	32.5%
Year 9	4.7%	4.7%	10.0%	6.3%	10.0%	15.0%	46.3%	13.0%	4.7%	2.0%	17.0%
Year 10	8.7%	7.2%	11.6%	9.9%	17.6%	21.8%	44.6%	20.0%	5.7%	2.0%	19.1%
Year 11	9.3%	6.9%	11.3%	13.7%	14.8%	24.1%	41.6%	27.1%	6.2%	5.8%	17.9%
Year 12	7.9%	5.7%	10.6%	11.3%	12.8%	24.8%	28.8%	34.2%	4.7%	2.1%	20.4%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Influence of pornography and media representations of sex											
Year 8	15.8%	15.8%	10.8%	22.5%	24.2%	15.8%	19.2%	5.8%	8.3%	4.2%	24.2%
Year 9	19.0%	18.7%	10.7%	23.3%	30.0%	23.0%	33.0%	5.7%	6.3%	5.3%	15.7%
Year 10	20.8%	21.0%	15.6%	21.8%	33.2%	28.2%	29.7%	7.2%	8.2%	3.5%	18.6%
Year 11	20.3%	18.6%	10.3%	24.4%	35.7%	29.2%	29.6%	8.6%	8.6%	6.2%	14.4%
Year 12	23.9%	21.8%	7.9%	23.5%	38.2%	27.8%	19.7%	4.7%	9.2%	4.5%	21.6%

2.2.2 Resource person for 'relationships, sexuality and sexual health education' (%)

	Regularly	Sometimes	Never	I don't know	P
Regular PDHPE teacher					
Year 8	25.8%	32.5%	5.0%	5.0%	.000
Year 9	36.3%	35.3%	4.0%	1.3%	
Year 10	30.4%	44.3%	4.2%	1.0%	
Year 11	30.9%	47.1%	7.9%	3.4%	
Year 12	17.7%	45.2%	9.7%	5.4%	
Another teacher					
Year 8	.8%	20.8%	33.3%	13.3%	.000
Year 9	3.7%	29.7%	31.7%	10.7%	
Year 10	1.7%	24.3%	45.8%	8.4%	
Year 11	3.4%	25.1%	46.7%	12.7%	
Year 12	1.8%	21.3%	47.7%	6.8%	
Year Advisor/ Wellbeing staff member					
Year 8	2.5%	23.3%	34.2%	7.5%	.000
Year 9	6.3%	25.7%	33.3%	9.7%	
Year 10	3.0%	26.0%	43.8%	7.4%	
Year 11	2.4%	24.7%	50.2%	10.3%	
Year 12	3.8%	21.7%	46.2%	5.8%	
Social worker					
Year 8	1.7%	6.7%	44.2%	15.8%	.023
Year 9	2.7%	11.0%	39.7%	21.7%	
Year 10	2.5%	11.4%	45.5%	20.3%	
Year 11	2.1%	12.7%	51.2%	22.0%	
Year 12	3.1%	8.9%	45.5%	20.2%	
School counsellor					
Year 8	3.3%	11.7%	36.7%	15.8%	.005
Year 9	5.3%	15.7%	32.3%	21.3%	

	Regularly	Sometimes	Never	I don't know	P
School counsellor					
Year 10	4.0%	16.3%	39.4%	20.5%	
Year 11	2.4%	16.2%	45.0%	24.4%	
Year 12	4.2%	16.8%	36.6%	19.6%	
Someone from outside my school (outside speaker)					
Year 8	7.5%	16.7%	30.0%	14.2%	.000
Year 9	5.0%	29.7%	28.7%	12.3%	
Year 10	6.4%	36.4%	27.5%	9.4%	
Year 11	5.5%	42.6%	30.6%	9.3%	
Year 12	6.0%	38.5%	25.2%	7.8%	
School nurse					
Year 8	0.8%	1.7%	48.3%	17.5%	.003
Year 9	1.7%	5.3%	49.3%	18.3%	
Year 10	1.2%	6.2%	53.5%	18.3%	
Year 11	1.0%	3.4%	65.6%	17.5%	
Year 12	0.7%	5.0%	56.5%	15.0%	
Support staff (such as Aboriginal education officer, teacher assistant, etc.)					
Year 8	0.0%	5.0%	45.8%	17.5%	.006
Year 9	1.7%	5.3%	45.7%	22.3%	
Year 10	1.0%	6.2%	51.0%	22.0%	
Year 11	2.4%	9.6%	52.9%	22.7%	
Year 12	0.8%	5.3%	50.2%	21.1%	
Peer educator (another young person)					
Year 8	3.3%	15.0%	34.2%	15.8%	.000
Year 9	11.3%	17.7%	28.7%	17.0%	
Year 10	6.9%	21.0%	38.4%	13.6%	
Year 11	7.9%	18.6%	43.0%	18.2%	
Year 12	8.1%	15.7%	42.3%	11.4%	

2.2.3 Likelihood of talking to staff at school about 'relationships, sexuality and sexual health' (%)

	Very likely	Somewhat likely	Unlikely
Year 8	1.7%	9.2%	56.7%
Year 9	5.7%	9.3%	59.7%
Year 10	3.5%	16.1%	59.9%
Year 11	4.8%	10.3%	74.6%
Year 12	6.0%	12.4%	59.1%

2.2.4 Preferred provider of 'relationships, sexuality and sexual health education.' (%)

	Regular PDHPE teacher	Another teacher	School nurse	Social worker	School counsellor	Year Advisor/ Well-being staff member	Someone from outside of my school (outside speaker)	Support staff (such as Aboriginal Education Officer, teacher assistant, etc.)	Peer educator (another young person)
Year 8	57.5%	14.2%	9.2%	6.7%	15.8%	20.8%	30.0%	7.5%	32.5%
Year 9	65.7%	19.3%	10.7%	11.7%	22.7%	29.3%	32.0%	4.3%	32.7%
Year 10	66.1%	18.1%	10.6%	10.9%	22.8%	24.3%	40.6%	2.7%	31.9%
Year 11	68.0%	19.9%	11.3%	10.7%	21.6%	25.1%	48.1%	4.5%	38.5%
Year 12	54.2%	18.2%	10.6%	13.1%	25.0%	22.4%	44.2%	2.4%	34.9%
P	.000	.833	.971	.395	.221	.261	.000	.052	.497

Figures shaded in grey = not significant

2.2.5 Amount of information provided in school (%)

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Caring and respectful relationships					
Year 8	24.2%	28.3%	5.8%	2.5%	3.3%
Year 9	35.7%	31.7%	3.7%	2.0%	2.3%
Year 10	32.4%	35.6%	5.0%	.5%	2.0%
Year 11	33.7%	38.1%	12.4%	2.7%	2.7%
Year 12	19.3%	35.6%	15.0%	2.5%	2.5%
Communication, consent and sexual decision-making					
Year 8	10.0%	28.3%	14.2%	3.3%	5.0%
Year 9	35.7%	26.0%	7.7%	2.7%	2.3%
Year 10	28.5%	32.7%	9.7%	1.0%	1.5%
Year 11	38.1%	32.6%	12.4%	1.7%	1.7%
Year 12	21.7%	34.5%	13.4%	2.6%	1.7%
Puberty and physical, social and emotional changes during adolescence					
Year 8	33.3%	18.3%	4.2%	2.5%	3.3%
Year 9	48.0%	21.3%	3.0%	1.7%	2.0%
Year 10	47.5%	22.0%	2.5%	1.2%	.5%
Year 11	54.0%	24.7%	6.9%	1.0%	1.4%
Year 12	38.7%	28.7%	5.1%	1.1%	1.3%
Sexual harassment, abuse and bullying (including online bullying)					
Year 8	17.5%	30.8%	6.7%	4.2%	2.5%
Year 9	37.0%	26.7%	7.7%	2.0%	2.3%
Year 10	34.4%	28.0%	11.1%	.7%	.2%
Year 11	40.9%	31.3%	11.7%	1.7%	2.1%
Year 12	29.1%	32.0%	10.6%	1.3%	1.8%

		I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Reproductive health, pregnancy, babies, birth						
	Year 8	12.5%	28.3%	15.0%	3.3%	5.8%
	Year 9	32.0%	28.7%	10.3%	1.7%	2.0%
	Year 10	30.0%	31.7%	9.4%	1.7%	1.2%
	Year 11	40.2%	31.3%	13.1%	2.4%	2.7%
	Year 12	27.8%	34.2%	9.9%	1.3%	1.8%
Gender identity						
	Year 8	4.2%	7.5%	35.8%	12.5%	5.8%
	Year 9	12.0%	21.3%	23.7%	10.3%	6.0%
	Year 10	8.2%	20.3%	31.9%	12.6%	3.2%
	Year 11	13.7%	18.6%	36.1%	13.4%	7.6%
	Year 12	6.7%	12.1%	40.1%	14.2%	2.5%
Same sex attraction and sexual identity						
	Year 8	4.2%	9.2%	33.3%	11.7%	6.7%
	Year 9	12.0%	22.0%	23.3%	11.7%	4.7%
	Year 10	8.7%	18.3%	32.7%	10.6%	3.0%
	Year 11	13.1%	19.9%	38.8%	11.3%	4.1%
	Year 12	7.6%	15.3%	38.1%	10.6%	2.1%
STIs (sexually transmissible infections)						
	Year 8	13.3%	21.7%	19.2%	4.2%	5.0%
	Year 9	39.3%	22.0%	6.7%	2.7%	2.7%
	Year 10	37.6%	25.2%	8.9%	1.0%	.5%
	Year 11	40.9%	35.4%	7.2%	1.7%	1.7%
	Year 12	30.0%	33.9%	8.3%	1.3%	1.3%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
BBVs (blood borne viruses i.e. Hepatitis or HIV)					
Year 8	9.2%	18.3%	18.3%	5.8%	5.8%
Year 9	22.7%	21.3%	25.1%	6.0%	3.7%
Year 10	22.5%	27.5%	21.0%	3.0%	2.0%
Year 11	20.6%	31.3%	25.0%	4.5%	7.2%
Year 12	16.6%	31.8%	19.0%	2.9%	2.5%
Social pressures and peer influence regarding sex					
Year 8	7.5%	27.2%	23.3%	5.8%	5.8%
Year 9	29.0%	30.6%	13.7%	2.3%	2.3%
Year 10	28.2%	31.2%	14.6%	2.2%	1.5%
Year 11	33.3%	22.5%	15.8%	2.7%	3.8%
Year 12	21.1%	27.3%	17.1%	3.6%	1.8%
Sexting and social media					
Year 8	16.7%	24.2%	10.1%	5.0%	4.2%
Year 9	26.3%	26.3%	11.3%	6.0%	2.7%
Year 10	29.0%	29.7%	13.9%	4.0%	1.7%
Year 11	43.3%	28.5%	15.0%	2.7%	1.4%
Year 12	23.2%	29.6%	11.7%	5.8%	1.8%
Sexual feelings and desires					
Year 8	6.7%	12.5%	30.8%	9.2%	5.8%
Year 9	15.0%	25.0%	21.3%	9.0%	2.3%
Year 10	12.1%	23.0%	27.0%	8.4%	3.2%
Year 11	18.9%	24.7%	27.1%	10.0%	5.5%
Year 12	10.0%	17.1%	35.0%	8.8%	3.5%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Contraception (i.e. the pill, injections, implant)					
Year 8	11.7%	14.2%	24.2%	8.3%	5.8%
Year 9	36.0%	19.0%	12.3%	4.0%	2.7%
Year 10	39.6%	20.8%	10.4%	1.0%	1.2%
Year 11	37.5%	30.2%	13.7%	2.4%	2.1%
Year 12	30.2%	27.0%	14.7%	1.5%	1.3%
Safe sexual practices (i.e. condom use)					
Year 8	13.3%	25.0%	17.5%	4.2%	5.0%
Year 9	37.3%	20.7%	10.7%	2.7%	2.3%
Year 10	39.1%	21.5%	9.9%	1.5%	2.0%
Year 11	46.4%	29.2%	8.9%	1.7%	1.4%
Year 12	35.0%	27.1%	9.3%	1.5%	1.4%
STI treatment and testing					
Year 8	3.3%	14.2%	34.2%	6.7%	5.8%
Year 9	24.0%	21.0%	19.3%	6.7%	3.0%
Year 10	21.5%	24.0%	22.5%	3.2%	2.5%
Year 11	26.5%	30.6%	24.1%	3.8%	1.7%
Year 12	13.5%	24.1%	31.6%	2.4%	2.9%
Influence of pornography and media representations of sex					
Year 8	4.2%	19.6%	30.8%	14.2%	3.5%
Year 9	13.0%	23.0%	26.0%	10.3%	6.2%
Year 10	12.4%	16.0%	30.0%	8.2%	3.8%
Year 11	21.0%	10.0%	25.8%	11.7%	6.7%
Year 12	9.6%	20.0%	36.0%	9.5%	4.0%

2.2.6 Activities and resources used during 'relationships, sexuality and sexual health education in school (%)

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Interactive learning activities (i.e. Discussion, role plays, scenarios)				
Year 8	10.8%	6.7%	29.2%	14.2%
Year 9	23.0%	10.3%	26.7%	11.0%
Year 10	20.5%	11.1%	27.0%	12.1%
Year 11	27.5%	16.2%	21.0%	17.5%
Year 12	22.5%	10.4%	26.8%	12.1%
Educational videos or DVDs				
Year 8	20.0%	20.0%	12.5%	7.5%
Year 9	37.3%	14.7%	13.0%	4.3%
Year 10	34.4%	16.1%	14.1%	6.4%
Year 11	42.3%	21.3%	11.0%	7.2%
Year 12	33.2%	23.4%	12.0%	3.3%
Websites				
Year 8	19.2%	11.7%	21.7%	6.7%
Year 9	33.0%	14.3%	17.0%	4.7%
Year 10	33.9%	15.6%	14.4%	5.7%
Year 11	43.3%	15.1%	14.4%	10.0%
Year 12	31.7%	13.4%	18.6%	7.5%
Phone apps or social media				
Year 8	9.2%	3.3%	36.7%	10.0%
Year 9	15.3%	5.0%	32.3%	16.0%
Year 10	13.1%	5.2%	35.9%	17.3%
Year 11	17.9%	9.3%	31.6%	24.1%
Year 12	11.7%	3.5%	39.1%	17.8%

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Online videos, YouTube				
Year 8	20.8%	9.2%	20.8%	8.3%
Year 9	38.7%	8.3%	16.3%	5.3%
Year 10	38.4%	5.9%	19.6%	7.2%
Year 11	40.5%	12.4%	16.8%	13.4%
Year 12	32.0%	7.1%	26.3%	6.3%
Books				
Year 8	7.5%	5.8%	27.5%	19.2%
Year 9	15.7%	9.3%	19.3%	25.0%
Year 10	11.1%	10.9%	21.0%	27.2%
Year 11	17.2%	17.5%	18.2%	29.6%
Year 12	14.9%	12.4%	20.4%	24.1%
Printed information (i.e. posters, brochures)				
Year 8	14.2%	6.7%	20.0%	20.8%
Year 9	24.0%	9.3%	18.7%	16.7%
Year 10	18.3%	15.3%	21.3%	16.1%
Year 11	30.2%	17.5%	15.8%	17.9%
Year 12	27.3%	13.9%	17.9%	12.8%
Theatre in Education (TIE) performances around sexual health themes				
Year 8	5.8%	4.2%	30.0%	19.2%
Year 9	11.3%	4.0%	32.3%	21.3%
Year 10	8.2%	3.7%	35.6%	23.3%
Year 11	12.7%	9.6%	33.0%	28.2%
Year 12	9.0%	4.0%	32.4%	25.9%

A visit from a nurse or other health professional				
Year 8	1.7%	1.7%	40.8%	15.0%
Year 9	11.3%	3.0%	38.0%	17.0%
Year 10	8.9%	2.2%	46.3%	13.1%
Year 11	16.5%	7.2%	40.5%	17.9%
Year 12	12.0%	2.9%	43.5%	13.5%
Peer based education				
Year 8	10.8%	3.3%	30.0%	15.0%
Year 9	19.0%	5.7%	30.3%	14.3%
Year 10	15.6%	4.7%	35.9%	13.6%
Year 11	22.7%	7.2%	30.9%	20.3%
Year 12	15.7%	5.4%	37.1%	12.9%

2.2.7 Overall effect 'relationships, sexuality and sexual health' education provided in your school (%)

	Totally agree	Somewhat agree	Undecided	Somewhat disagree	Totally disagree	P
Increased knowledge						
Year 8	10.8%	22.5%	5.8%	13.3%	4.2%	0.000
Year 9	25.0%	23.3%	2.3%	7.3%	8.0%	
Year 10	17.3%	31.4%	7.4%	6.9%	6.2%	
Year 11	16.2%	38.8%	10.7%	6.9%	8.2%	
Year 12	15.0%	29.8%	6.8%	10.0%	7.9%	
Healthy Decision Making						
Year 8	11.7%	15.0%	9.2%	12.5%	8.3%	0.000
Year 9	20.3%	24.0%	5.7%	6.7%	9.3%	
Year 10	17.3%	28.7%	8.9%	7.9%	6.4%	
Year 11	14.8%	32.6%	11.0%	10.3%	11.7%	
Year 12	10.4%	24.8%	7.8%	14.5%	12.0%	
Debunked Myths						
Year 8	10.0%	12.5%	9.2%	10.0%	15.0%	0.000
Year 9	17.3%	21.7%	7.3%	7.7%	11.7%	
Year 10	13.1%	25.7%	10.4%	11.9%	8.2%	
Year 11	13.1%	30.6%	15.5%	11.0%	10.3%	
Year 12	10.6%	20.9%	9.6%	14.3%	14.3%	

2.2.8 Overall satisfaction on 'relationships, sexuality and sexual health education provided in school' (%)

	Not at all satisfied	Not very satisfied	Satisfied	Very satisfied	P
Year 8	23.5%	44.1%	25%	7.4%	0
Year 9	11.6%	23.7%	45.5%	19.2%	
Year 10	12.1%	33.2%	41.8%	12.9%	
Year 11	13.2%	26.9%	49.6%	10.3%	
Year 12	20.7%	33.3%	36.9%	9.2%	

Appendix 2.3 Cross-tabulation by Respondents' Accessibility/Remoteness Index of Australia (ARIA)

2.3.1 Sources of information on relationships, sexuality and sexual health (%)

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Caring and respectful relationships											
Metropolitan	36.6%	35.9%	55.3%	56.7%	50.9%	38.6%	53.5%	19.9%	21.5%	10.1%	2.7%
Inner Regional	36.7%	36.7%	56.9%	60.6%	52.6%	34.4%	54.6%	19.7%	23.4%	7.5%	2.5%
Outer Regional & Remote	33.8%	35.1%	60.1%	54.8%	52.6%	32.9%	55.3%	23.7%	27.2%	14.5%	3.1%
Communication, consent and sexual decision-making											
Metropolitan	29.8%	26.9%	40.9%	45.9%	49.8%	40.2%	58.0%	19.4%	16.4%	8.4%	3.1%
Inner Regional	28.9%	25.4%	42.1%	45.9%	48.4%	35.2%	58.9%	19.2%	12.0%	9.0%	3.2%
Outer Regional & Remote	25.9%	24.6%	48.7%	48.7%	48.7%	29.4%	64.9%	28.1%	18.9%	10.5%	2.2%
Puberty and physical, social and emotional changes during adolescence											
Metropolitan	31.9%	30.0%	47.5%	44.3%	37.6%	39.7%	75.6%	25.7%	19.2%	5.8%	2.7%
Inner Regional	33.2%	32.9%	54.1%	48.9%	41.6%	40.6%	70.8%	23.7%	19.5%	5.5%	3.0%
Outer Regional & Remote	28.1%	30.7%	53.9%	50.9%	42.1%	33.8%	75.9%	31.1%	25.9%	10.1%	2.6%
Sexual harassment, abuse and bullying (including online bullying)											
Metropolitan	42.3%	35.8%	38.3%	39.1%	59.7%	44.6%	71.5%	12.9%	18.0%	5.8%	4.0%
Inner Regional	38.7%	33.2%	40.4%	40.1%	59.9%	41.1%	71.1%	15.5%	15.7%	7.5%	3.7%
Outer Regional & Remote	41.2%	35.1%	46.9%	46.1%	57.5%	41.2%	74.6%	20.6%	24.1%	10.5%	3.9%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Reproductive health, pregnancy, babies, birth											
Metropolitan	27.5%	27.5%	41.1%	31.5%	34.8%	43.1%	68.6%	23.8%	15.1%	4.9%	4.6%
Inner Regional	29.2%	29.2%	44.1%	32.9%	34.9%	35.9%	67.8%	24.2%	13.2%	6.2%	5.2%
Outer Regional & Remote	27.2%	26.3%	53.1%	37.3%	40.8%	36.8%	65.8%	29.4%	20.2%	9.2%	4.4%
Gender identity											
Metropolitan	36.1%	30.6%	16.2%	37.5%	58.5%	35.7%	27.4%	7.7%	13.1%	7.6%	11.5%
Inner Regional	36.9%	33.4%	22.7%	40.6%	56.1%	33.7%	34.4%	9.2%	15.2%	8.0%	13.5%
Outer Regional & Remote	36.8%	29.8%	28.1%	31.6%	51.8%	29.4%	35.1%	15.4%	13.2%	9.2%	14.0%
Same sex attraction and sexual identity											
Metropolitan	44.9%	39.5%	21.4%	44.7%	61.8%	39.1%	29.2%	8.6%	15.6%	7.0%	10.1%
Inner Regional	41.4%	36.4%	22.4%	42.1%	58.4%	31.4%	32.9%	8.7%	13.0%	6.5%	11.2%
Outer Regional & Remote	44.7%	36.0%	29.8%	40.4%	57.5%	32.0%	36.8%	14.5%	16.7%	8.8%	10.5%
STIs											
Metropolitan	13.4%	11.1%	19.9%	24.0%	26.3%	38.1%	67.3%	28.5%	10.8%	3.9%	5.4%
Inner Regional	16.0%	15.0%	22.4%	25.4%	25.4%	34.9%	68.1%	24.7%	7.2%	4.2%	3.2%
Outer Regional & Remote	16.2%	13.6%	28.9%	24.1%	33.3%	35.1%	66.2%	33.8%	13.2%	3.9%	5.3%
BBVs											
Metropolitan	8.4%	7.0%	14.0%	10.5%	14.0%	27.9%	51.8%	20.2%	6.3%	2.7%	18.3%
Inner Regional	9.2%	8.7%	16.7%	9.7%	10.7%	25.2%	50.6%	19.0%	5.0%	2.7%	20.0%
Outer Regional & Remote	8.3%	5.3%	17.1%	11.0%	16.2%	16.7%	55.7%	22.4%	6.6%	3.1%	16.7%
Social pressures and peer influence regarding sex											
Metropolitan	29.1%	27.9%	22.8%	40.0%	41.8%	26.4%	53.6%	9.5%	8.2%	4.0%	7.1%
Inner Regional	24.7%	24.9%	25.9%	38.9%	40.1%	20.9%	55.9%	9.0%	8.2%	4.2%	8.2%
Outer Regional & Remote	25.0%	26.3%	28.9%	40.8%	44.3%	23.7%	58.8%	17.1%	10.5%	4.8%	7.5%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Social pressures and peer influence regarding sex											
Metropolitan	29.1%	27.9%	22.8%	40.0%	41.8%	26.4%	53.6%	9.5%	8.2%	4.0%	7.1%
Inner Regional	24.7%	24.9%	25.9%	38.9%	40.1%	20.9%	55.9%	9.0%	8.2%	4.2%	8.2%
Outer Regional & Remote	25.0%	26.3%	28.9%	40.8%	44.3%	23.7%	58.8%	17.1%	10.5%	4.8%	7.5%
Sexting and social media											
Metropolitan	27.3%	24.1%	19.2%	40.4%	49.9%	28.0%	53.8%	7.5%	8.3%	4.1%	5.7%
Inner Regional	23.2%	19.7%	22.2%	38.7%	50.1%	25.7%	59.9%	7.5%	7.0%	5.2%	6.2%
Outer Regional & Remote	24.6%	21.9%	25.0%	42.5%	49.6%	24.6%	60.5%	13.6%	9.2%	6.6%	6.1%
Sexual feelings and desires											
Metropolitan	36.1%	37.7%	11.4%	40.0%	41.2%	32.4%	25.0%	5.8%	11.9%	5.2%	11.9%
Inner Regional	30.4%	33.2%	13.2%	36.7%	35.9%	25.4%	26.7%	6.5%	10.5%	4.2%	16.5%
Outer Regional & Remote	32.0%	35.1%	16.2%	39.9%	41.2%	28.5%	33.8%	12.7%	11.8%	5.3%	14.5%
Contraception											
Metropolitan	17.7%	15.6%	29.2%	30.9%	26.7%	33.0%	54.7%	28.7%	9.0%	3.4%	6.8%
Inner Regional	16.0%	15.7%	30.4%	34.2%	25.9%	30.2%	57.4%	28.4%	7.2%	4.2%	6.0%
Outer Regional & Remote	18.0%	16.2%	41.2%	36.8%	28.9%	29.8%	53.9%	36.4%	11.8%	4.8%	5.7%
Safe sexual health practices											
Metropolitan	18.5%	18.9%	27.5%	30.3%	30.4%	33.1%	63.7%	23.8%	9.8%	3.8%	4.9%
Inner Regional	16.7%	15.5%	33.2%	30.7%	27.2%	29.2%	63.1%	24.4%	7.5%	3.7%	5.0%
Outer Regional & Remote	16.7%	15.8%	37.3%	31.1%	34.6%	25.0%	64.9%	32.5%	11.0%	3.9%	4.8%
STI treatment and testing											
Metropolitan	7.3%	5.8%	11.4%	10.1%	12.8%	22.6%	38.0%	25.1%	5.2%	3.0%	22.0%
Inner Regional	8.7%	7.0%	10.7%	10.2%	14.7%	20.9%	38.2%	25.7%	3.2%	4.0%	22.2%
Outer Regional & Remote	7.9%	5.3%	14.9%	13.2%	13.2%	21.9%	40.4%	29.4%	7.5%	1.8%	18.9%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Influence of pornography and media representations of sex											
Metropolitan	23.0%	22.6%	11.2%	25.0%	37.3%	28.6%	25.2%	5.7%	8.8%	5.6%	21.6%
Inner Regional	19.7%	18.5%	12.7%	23.9%	34.7%	26.7%	28.9%	6.5%	7.5%	5.0%	20.4%
Outer Regional & Remote	26.8%	23.2%	12.7%	21.9%	32.5%	25.4%	32.9%	11.0%	9.6%	4.4%	21.5%

- Figures shaded in grey = not significant.

2.3.2 Resource person for 'relationships, sexuality and sexual health education' (%)

	Regularly	Sometimes	Never	I don't know	P
Regular PDHPE teacher					
Metropolitan	27.8%	43.8%	6.9%	3.0%	0.000
Inner Regional	27.4%	42.6%	8.2%	3.2%	
Outer Regional & Remote	29.8%	45.2%	6.6%	4.4%	
Another teacher					
Metropolitan	2.6%	23.6%	45.8%	9.0%	0.000
Inner Regional	1.7%	27.4%	42.4%	9.0%	
Outer Regional & Remote	2.2%	30.7%	39.9%	13.6%	
Year Advisor/ Wellbeing staff member					
Metropolitan	4.0%	27.2%	42.9%	6.9%	0.000
Inner Regional	4.5%	23.2%	43.1%	9.0%	
Outer Regional & Remote	2.6%	23.7%	48.2%	11.4%	
Social worker					
Metropolitan	2.9%	9.5%	47.7%	20.8%	.000
Inner Regional	3.5%	12.2%	42.9%	21.9%	
Outer Regional & Remote	1.8%	12.7%	46.5%	24.6%	

School counsellor						
Metropolitan	4.5%	16.9%	39.4%	19.9%	.000	
Inner Regional	5.0%	17.0%	35.4%	22.7%		
Outer Regional & Remote	2.6%	19.3%	38.6%	25.0%		
Someone from outside my school (outside speaker)						
Metropolitan	5.5%	38.8%	28.0%	8.6%	.000	
Inner Regional	7.7%	35.7%	25.4%	11.5%		
Outer Regional & Remote	7.0%	34.6%	29.4%	14.9%		
School nurse						
Metropolitan	1.0%	5.2%	58.6%	15.9%	.000	
Inner Regional	1.0%	5.5%	54.4%	19.0%		
Outer Regional & Remote	1.8%	5.3%	54.4%	23.2%		
Support staff (such as Aboriginal education officer, teacher assistant, etc.)						
Metropolitan	1.0%	5.6%	54.9%	19.5%	.000	
Inner Regional	1.5%	8.0%	44.9%	25.9%		
Outer Regional & Remote	.9%	9.6%	46.5%	28.1%		
Peer educator (another young person)						
Metropolitan	8.4%	17.5%	42.5%	12.6%	.000	
Inner Regional	8.0%	21.9%	33.2%	17.5%		
Outer Regional & Remote	9.6%	18.0%	38.6%	18.0%		

2.3.3 Likelihood of talking to staff at school about 'relationships, sexuality and sexual health' (%)

	Very likely	Somewhat likely	Unlikely
Metropolitan	4.8%	13.0%	63.1%
Regional	5.5%	13.0%	62.3%
Remote	5.7%	11.8%	68.4%

2.3.4 Preferred provider of 'relationships, sexuality and sexual health education.'(%)

	Regular PDHPE teacher	Another teacher	School nurse	Social worker	School counsellor	Year Advisor/ Well-being staff member	Someone from outside of my school (outside speaker)	Support staff (such as Aboriginal Education Officer, teacher assistant, etc.)	Peer educator (another young person)
Metropolitan	62.1%	19.5%	10.6%	12.0%	25.6%	25.5%	44.5%	2.7%	34.9%
Regional	64.1%	20.2%	9.2%	11.7%	21.4%	25.7%	37.9%	3.5%	33.4%
Remote	71.1%	17.5%	16.7%	11.8%	23.2%	24.1%	39.0%	7.5%	36.8%
<i>P</i>	.000	.006	.021	.115	.048	.009	.001	.000	.370

2.3.5 Amount of information provided in school (%)

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Caring and respectful relationships					
Metropolitan	28.4%	36.8%	10.4%	1.5%	1.6%
Inner Regional	30.9%	32.4%	10.2%	2.5%	2.5%
Outer Regional & Remote	30.7%	37.3%	10.1%	3.1%	4.4%
Communication, consent and sexual decision-making					
Metropolitan	27.9%	34.0%	12.0%	1.9%	1.4%
Inner Regional	27.2%	33.2%	10.2%	2.7%	2.0%
Outer Regional & Remote	39.5%	24.6%	12.3%	1.8%	3.9%
Puberty and physical, social and emotional changes during adolescence					
Metropolitan	46.9%	25.6%	4.1%	.9%	1.0%
Inner Regional	45.4%	24.9%	4.0%	1.5%	1.2%
Outer Regional & Remote	44.7%	26.3%	6.1%	2.2%	3.1%
Sexual harassment, abuse and bullying (including online bullying)					
Metropolitan	33.8%	31.7%	10.2%	1.1%	1.3%
Inner Regional	33.7%	31.2%	10.0%	1.5%	.7%
Outer Regional & Remote	36.8%	31.1%	7.9%	2.6%	3.9%
Reproductive health, pregnancy, babies, birth					
Metropolitan	29.9%	35.2%	10.2%	1.5%	1.9%
Inner Regional	30.2%	31.9%	12.0%	1.5%	1.5%
Outer Regional & Remote	35.1%	31.6%	10.5%	2.6%	4.4%
Gender identity					
Metropolitan	9.0%	17.0%	36.9%	12.8%	3.0%
Inner Regional	9.2%	17.2%	34.7%	13.0%	4.7%
Outer Regional & Remote	11.4%	17.1%	31.6%	14.9%	7.9%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Same sex attraction and sexual identity					
Metropolitan	8.8%	18.8%	36.5%	10.5%	2.7%
Inner Regional	9.2%	19.2%	34.4%	10.0%	3.0%
Outer Regional & Remote	14.0%	18.4%	31.6%	13.6%	5.7%
STIs (sexually transmissible infections)					
Metropolitan	35.9%	29.6%	9.7%	1.7%	1.3%
Inner Regional	33.2%	30.2%	9.2%	2.2%	1.0%
Outer Regional & Remote	36.8%	31.6%	6.6%	2.2%	4.4%
BBVs (blood borne viruses i.e. Hepatitis or HIV)					
Metropolitan	19.4%	29.8%	21.9%	4.5%	2.6%
Inner Regional	19.7%	26.9%	22.7%	3.0%	4.5%
Outer Regional & Remote	21.1%	28.9%	18.4%	3.9%	8.3%
Social pressures and peer influence regarding sex					
Metropolitan	24.7%	31.0%	17.8%	3.2%	1.3%
Inner Regional	26.7%	28.2%	16.0%	2.2%	3.2%
Outer Regional & Remote	29.4%	31.6%	12.7%	4.8%	5.3%
Sexting and social media					
Metropolitan	26.9%	30.5%	13.6%	5.4%	1.5%
Inner Regional	32.2%	27.7%	10.2%	4.0%	2.2%
Outer Regional & Remote	33.3%	27.2%	14.0%	5.7%	3.5%
Sexual feelings and desires					
Metropolitan	12.0%	20.4%	32.9%	9.9%	2.6%
Inner Regional	11.5%	24.2%	27.9%	7.0%	5.2%
Outer Regional & Remote	19.3%	23.2%	26.8%	7.0%	6.1%
Contraception (i.e. the pill, injections, implant)					
Metropolitan	34.7%	25.1%	14.0%	2.4%	1.6%
Inner Regional	32.4%	24.9%	13.7%	2.2%	2.0%
Outer Regional & Remote	36.8%	24.6%	14.5%	3.5%	3.5%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Safe sexual practices (i.e. condom use)					
Metropolitan	38.5%	25.2%	10.5%	1.7%	1.6%
Inner Regional	35.9%	26.4%	11.0%	1.7%	1.7%
Outer Regional & Remote	40.8%	26.3%	9.6%	3.9%	3.5%
STI treatment and testing					
Metropolitan	18.0%	24.5%	28.0%	3.2%	3.0%
Inner Regional	16.5%	28.4%	26.4%	2.7%	2.5%
Outer Regional & Remote	26.8%	25.0%	21.5%	4.4%	4.4%
Influence of pornography and media representations of sex					
Metropolitan	10.8%	17.7%	35.2%	10.5%	3.1%
Inner Regional	14.0%	20.4%	27.2%	8.5%	5.5%
Outer Regional & Remote	18.4%	22.8%	25.9%	9.6%	6.1%

2.3.6 Activities and resources used during 'relationships, sexuality and sexual health education in school (%)

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was used not and I would not like it</u>
Interactive learning activities (i.e. Discussion, role plays, scenarios)				
Metropolitan	23.0%	11.5%	27.8%	12.8%
Inner Regional	23.9%	11.0%	23.4%	14.2%
Outer Regional & Remote	21.9%	14.0%	28.9%	14.0%
Educational videos or DVDs				
Metropolitan	35.3%	21.1%	12.9%	5.0%
Inner Regional	37.7%	19.2%	12.7%	3.2%
Outer Regional & Remote	40.4%	17.5%	14.0%	6.1%
Websites				
Metropolitan	35.0%	15.3%	16.6%	6.7%
Inner Regional	33.7%	12.7%	18.2%	7.0%
Outer Regional & Remote	38.2%	14.0%	19.3%	7.0%
Phone apps or social media				
Metropolitan	13.2%	4.5%	38.0%	18.9%
Inner Regional	12.5%	5.5%	36.9%	16.7%
Outer Regional & Remote	20.2%	6.1%	34.2%	17.5%
Online videos, YouTube				
Metropolitan	37.1%	8.5%	21.6%	7.5%
Inner Regional	36.9%	8.0%	19.7%	7.7%
Outer Regional & Remote	38.6%	7.5%	22.4%	9.6%
Books				
Metropolitan	14.7%	12.4%	19.2%	28.1%
Inner Regional	16.5%	12.0%	20.7%	23.7%
Outer Regional & Remote	14.9%	14.5%	28.5%	20.6%

Printed information (i.e. posters, brochures)				
Metropolitan	24.6%	14.4%	19.5%	16.2%
Inner Regional	24.4%	13.5%	19.0%	15.7%
Outer Regional & Remote	28.9%	11.8%	20.6%	16.2%
Theatre in Education (TIE) performances around sexual health themes				
Metropolitan	10.1%	5.4%	34.8%	24.3%
Inner Regional	9.7%	4.7%	33.4%	23.9%
Outer Regional & Remote	10.1%	5.7%	33.8%	27.2%
A visit from a nurse or other health professional				
Metropolitan	11.3%	3.3%	44.6%	15.6%
Inner Regional	12.2%	3.5%	42.9%	13.5%
Outer Regional & Remote	14.9%	6.1%	39.9%	16.7%
Peer based education				
Metropolitan	17.4%	5.0%	36.0%	15.6%
Inner Regional	18.2%	6.7%	31.7%	14.5%
Outer Regional & Remote	18.4%	7.0%	37.3%	14.0%

2.3.7 Overall effect 'relationships, sexuality and sexual health' education provided in your school (%)

	Totally agree	Somewhat agree	Undecided	Somewhat disagree	Totally disagree	P
Increased knowledge						
Metropolitan	20.0%	30.4%	6.4%	8.9%	6.7%	0.000
Inner Regional	16.5%	32.2%	5.7%	7.2%	8.0%	
Outer Regional & Remote	16.2%	31.6%	11.0%	10.1%	7.9%	
Healthy Decision Making						
Metropolitan	15.8%	26.2%	9.1%	12.0%	9.1%	0.000
Inner Regional	15.0%	27.9%	6.7%	8.7%	11.5%	
Outer Regional & Remote	13.6%	32.0%	10.1%	10.1%	10.1%	
Debunked Myths						
Metropolitan	13.4%	24.1%	10.5%	12.9%	11.5%	0.000
Inner Regional	14.2%	24.7%	8.7%	9.2%	13.0%	
Outer Regional & Remote	12.7%	27.6%	14.5%	10.5%	11.0%	

2.3.8 Overall satisfaction on 'relationships, sexuality and sexual health education provided in school' (%)

	Very satisfied	Satisfied	Not very satisfied	Not at all satisfied	P
Metropolitan	12.90%	41.00%	31.60%	14.50%	0
Inner Regional	9.60%	43.60%	29.60%	17.10%	
Outer Regional & Remote	11.90%	42.40%	30.30%	15.40%	

Appendix 2.4 Cross-tabulation by Respondents' School Funding

2.4.1 Sources of information on relationships, sexuality and sexual health (%)

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Caring and respectful relationships											
faith-based	38.2%	38.0%	55.6%	56.7%	47.6%	35.3%	44.9%	18.2%	21.6%	8.4%	1.6%
government	35.0%	33.9%	52.1%	57.5%	52.9%	37.6%	52.1%	21.1%	24.6%	9.8%	2.3%
independent	29.7%	31.2%	49.0%	56.4%	44.1%	39.1%	53.0%	21.8%	16.3%	9.9%	6.9%
Communication, consent and sexual decision-making											
faith-based	31.3%	29.8%	41.8%	48.7%	49.1%	39.3%	46.7%	17.6%	13.3%	6.7%	2.9%
government	28.2%	24.8%	40.3%	45.2%	50.4%	37.4%	56.6%	20.2%	17.7%	8.3%	3.3%
independent	25.2%	18.8%	37.6%	41.1%	44.1%	67.1%	60.4%	20.3%	14.4%	5.9%	2.5%
Puberty and physical, social and emotional changes during adolescence											
faith-based	30.0%	29.6%	49.1%	49.3%	36.4%	40.0%	70.4%	23.1%	18.9%	3.1%	2.4%
government	31.9%	30.5%	48.3%	46.6%	40.4%	38.6%	71.4%	26.3%	21.2%	5.5%	2.5%
independent	27.2%	25.7%	43.6%	37.1%	36.1%	37.6%	70.8%	21.8%	14.9%	5.4%	3.0%
Sexual harassment, abuse and bullying (including online bullying)											
faith-based	40.9%	34.2%	38.7%	38.4%	54.4%	45.1%	68.0%	11.6%	18.2%	5.6%	3.6%
government	43.4%	35.6%	38.2%	42.5%	61.9%	42.3%	68.2%	15.2%	19.3%	6.9%	3.1%
independent	30.2%	29.2%	34.7%	32.7%	55.9%	46.0%	66.3%	13.4%	10.9%	5.4%	7.4%
Reproductive health, pregnancy, babies, birth											
faith-based	28.2%	28.4%	41.3%	30.9%	33.1%	42.4%	58.9%	20.2%	12.9%	4.2%	3.6%
government	28.0%	27.4%	42.9%	33.7%	36.6%	38.5%	66.1%	26.2%	16.2%	5.4%	4.7%
independent	25.7%	25.2%	36.6%	30.2%	35.1%	43.1%	64.4%	18.3%	10.4%	4.5%	5.4%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Gender identity											
faith-based	38.9%	31.1%	16.0%	34.7%	57.1%	31.8%	16.0%	6.9%	11.3%	5.6%	11.3%
government	34.5%	29.4%	18.7%	38.2%	58.6%	34.8%	30.5%	9.3%	14.4%	8.1%	11.1%
independent	30.2%	25.7%	13.4%	33.2%	50.5%	35.1%	24.8%	5.0%	10.4%	5.9%	17.8%
Same sex attraction and sexual identity											
faith-based	45.8%	40.2%	18.0%	41.6%	61.1%	35.6%	15.1%	7.3%	12.0%	4.7%	9.1%
government	42.5%	37.0%	21.2%	44.2%	61.9%	36.9%	31.2%	9.5%	16.4%	6.6%	9.6%
independent	37.6%	32.2%	19.3%	40.1%	50.5%	34.2%	30.2%	5.9%	10.9%	6.9%	18.3%
STIs											
faith-based	14.9%	12.2%	18.2%	25.8%	26.4%	37.8%	58.0%	25.8%	8.7%	2.9%	5.3%
government	13.1%	12.2%	22.3%	23.2%	26.9%	36.9%	67.2%	29.6%	11.7%	3.9%	4.8%
independent	13.9%	8.9%	13.4%	18.8%	25.7%	37.6%	55.0%	20.8%	7.9%	2.5%	5.0%
BBVs											
faith-based	8.7%	6.0%	13.1%	9.6%	11.6%	26.4%	43.8%	18.0%	4.2%	.9%	18.2%
government	8.4%	8.0%	14.6%	11.0%	14.2%	25.0%	53.8%	20.9%	6.9%	3.0%	17.1%
independent	9.4%	5.9%	10.9%	7.9%	12.9%	27.7%	45.5%	20.3%	5.4%	1.5%	15.8%
Social pressures and peer influence regarding sex											
faith-based	28.2%	30.0%	24.9%	41.3%	38.0%	23.1%	43.1%	8.4%	7.3%	2.0%	8.9%
government	26.2%	25.8%	24.2%	38.7%	42.9%	25.0%	54.0%	10.7%	8.9%	4.6%	7.4%
independent	23.8%	20.8%	18.3%	37.1%	38.1%	25.7%	51.0%	8.4%	5.9%	3.0%	8.4%
Sexing and social media											
faith-based	28.2%	24.0%	19.1%	40.0%	48.9%	25.3%	49.1%	5.8%	7.1%	1.8%	4.0%
government	25.0%	22.9%	20.5%	40.0%	50.2%	26.2%	53.2%	8.9%	8.5%	5.2%	6.7%
independent	19.3%	16.3%	12.4%	32.2%	41.1%	29.7%	53.5%	7.4%	7.4%	5.0%	5.0%
Sexual feelings and desires											
faith-based	33.1%	36.4%	9.6%	39.1%	39.8%	29.1%	14.0%	6.4%	9.8%	3.6%	11.6%
government	34.0%	35.1%	12.3%	38.5%	40.6%	30.3%	26.8%	6.6%	12.2%	5.2%	13.7%

independent	31.2%	34.2%	11.4%	38.1%	33.7%	30.7%	25.2%	5.9%	8.4%	3.0%	12.9%
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	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Contraception											
faith-based	18.9%	19.3%	26.9%	33.8%	25.1%	31.6%	36.2%	26.0%	7.3%	2.7%	7.3%
government	16.7%	15.5%	32.8%	32.0%	28.3%	32.5%	57.7%	31.5%	9.5%	3.7%	5.4%
independent	12.9%	10.4%	23.8%	25.7%	21.8%	34.7%	50.5%	22.3%	6.4%	3.0%	6.9%
Safe sexual health practices											
faith-based	18.2%	20.2%	27.6%	34.0%	28.9%	28.7%	46.9%	20.9%	7.6%	2.2%	6.9%
government	18.4%	18.8%	30.4%	31.5%	32.2%	31.5%	63.9%	25.9%	10.3%	4.1%	4.3%
independent	12.4%	11.4%	23.3%	22.8%	22.8%	34.7%	56.4%	18.8%	5.9%	1.5%	5.4%
STI treatment and testing											
faith-based	6.2%	6.4%	9.6%	10.9%	13.8%	21.8%	25.6%	20.2%	3.8%	1.3%	23.8%
government	8.0%	6.1%	11.1%	10.1%	14.6%	22.1%	37.9%	28.8%	6.1%	2.6%	21.3%
independent	7.4%	5.0%	9.9%	10.4%	25.1	23.8%	35.6%	19.8%	3.0%	1.5%	20.8%
Influence of pornography and media representations of sex											
faith-based	20.2%	20.9%	10.0%	23.8%	33.3%	26.2%	22.9%	4.0%	6.7%	2.9%	20.9%
government	23.1%	21.5%	10.7%	24.4%	37.6%	27.2%	22.2%	6.4%	9.9%	4.7%	21.6%
independent	15.3%	14.9%	11.9%	20.8%	29.2%	27.7%	34.2%	6.9%	5.4%	4.5%	16.8%

2.4.2 Resource person for 'relationships, sexuality and sexual health education' (%)

	Regularly	Sometimes	Never	I don't know	P
Regular PDHPE teacher					
faith-based	16.9%	47.3%	7.3%	2.7%	.000
government	27.2%	41.9%	7.4%	3.6%	
independent	23.3%	41.6%	5.4%	2.5%	
Another teacher					
faith-based	0.9%	19.1%	46.2%	7.6%	.000
government	2.7%	25.1%	43.0%	9.1%	
independent	2.3%	23.8%	43.6%	9.2%	
Year Advisor/ Wellbeing staff member					
faith-based	2.7%	17.8%	46.2%	6.4%	.000
government	3.7%	26.7%	42.6%	7.0%	
independent	4.0%	21.8%	42.6%	4.0%	
Social worker					
faith-based	2.4%	7.1%	46.2%	17.8%	.000
government	2.6%	11.3%	44.9%	21.0%	
independent	2.5%	9.4%	45.0%	15.8%	
School counsellor					
faith-based	4.9%	17.6%	32.4%	18.4%	.000
government	2.7%	15.5%	41.3%	20.2%	
independent	5.9%	15.8%	32.7%	18.3%	
Someone from outside my school (outside speaker)					
faith-based	5.8%	34.9%	26.2%	6.7%	.000
government	5.8%	34.3%	29.6%	9.9%	
independent	4.0%	42.1%	21.3%	5.4%	
School nurse					
faith-based	0.4%	2.7%	54.9%	15.1%	.000
government	0.8%	5.7%	56.4%	16.7%	
independent	1.5%	7.4%	53.0%	10.4%	

Support staff (such as Aboriginal education officer, teacher assistant, etc.)					
faith-based	0.4%	3.6%	53.1%	16.7%	.000
government	1.1%	6.7%	49.7%	22.4%	
independent	1.5%	5.4%	47.0%	18.8%	
Peer educator (another young person)					
faith-based	8.7%	14.0%	39.8%	10.9%	.000
government	8.0%	18.8%	38.8%	14.3%	
independent	6.9%	16.8%	39.6%	9.4%	

2.4.3 Likelihood of talking to staff at school about 'relationships, sexuality and sexual health' (%)

	Very likely	Somewhat likely	Unlikely
faith-based	3.8%	10.2%	59.6%
government	5.9%	13.4%	60.1%
independent	3.5%	11.4%	56.9%

2.4.4 Preferred provider of 'relationships, sexuality and sexual health education.' (%)

	Regular PDHPE teacher	Another teacher	School nurse	Social worker	School counsellor	Year Advisor/ Well-being staff member	Someone from outside of my school (outside speaker)	Support staff (such as Aboriginal Education Officer, teacher assistant, etc.)	Peer educator (another young person)
faith-based	54.2%	14.0%	5.8%	9.6%	24.9%	20.4%	44.2%	1.8%	35.3%
government	61.0%	18.6%	10.7%	12.4%	22.1%	25.7%	40.1%	3.9%	35.3%
independent	59.4%	19.3%	15.3%	11.9%	22.8%	21.8%	38.6%	2.0%	24.8%
<i>P</i>	.000	.001	.000	.482	.716	.069	.423	.010	.026

2.4.5 Amount of information provided in school (%)

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Caring and respectful relationships					
faith-based	21.8%	36.2%	11.1%	2.2%	2.4%
government	26.8%	35.0%	10.2%	2.0%	2.2%
independent	23.8%	32.7%	8.9%	0.0%	2.0%
Communication, consent and sexual decision-making					
faith-based	18.9%	34.7%	13.6%	2.0%	1.6%
government	27.3%	31.5%	11.8%	2.3%	1.8%
independent	27.2%	28.2%	10.4%	0.5%	1.5%
Puberty and physical, social and emotional changes during adolescence					
faith-based	42.2%	23.8%	4.2%	1.1%	0.0%
government	42.9%	25.2%	5.0%	1.3%	1.6%
independent	41.1%	21.8%	3.0%	1.5%	1.0%
Sexual harassment, abuse and bullying (including online bullying)					
faith-based	28.7%	31.6%	9.3%	1.1%	1.1%
government	31.1%	29.5%	12.0%	1.8%	1.6%
independent	32.2%	28.2%	6.4%	1.0%	0.5%
Reproductive health, pregnancy, babies, birth					
faith-based	22.2%	33.3%	12.7%	1.6%	1.6%
government	30.1%	32.7%	9.9%	1.3%	2.1%
independent	25.7%	26.7%	14.9%	4.0%	0.5%
Gender identity					
faith-based	3.1%	9.1%	40.0%	16.4%	3.1%
government	9.8%	16.1%	35.5%	12.1%	3.6%
independent	7.9%	16.3%	29.2%	13.4%	5.0%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Same sex attraction and sexual identity					
faith-based	3.8%	10.2%	41.8%	13.1%	1.8%
government	10.1%	17.8%	33.9%	10.1%	3.1%
independent	7.9%	15.8%	27.7%	12.4%	4.5%
STIs (sexually transmissible infections)					
faith-based	24.2%	32.9%	11.8%	2.0%	1.3%
government	34.8%	29.3%	8.2%	1.7%	1.5%
independent	33.2%	23.8%	7.9%	2.0%	1.0%
BBVs (blood borne viruses i.e. Hepatitis or HIV)					
faith-based	14.4%	26.7%	24.9%	3.6%	2.2%
government	21.1%	29.6%	18.8%	4.0%	2.5%
independent	20.8%	25.2%	17.3%	4.0%	2.0%
Social pressures and peer influence regarding sex					
faith-based	19.3%	28.0%	20.0%	3.1%	0.9%
government	25.0%	28.8%	16.7%	3.2%	2.1%
independent	26.2%	26.7%	9.9%	1.5%	3.5%
Sexting and social media					
faith-based	23.1%	29.8%	11.8%	4.9%	1.3%
government	26.9%	28.5%	13.5%	4.8%	1.9%
independent	32.2%	22.8%	9.9%	4.0%	1.0%
Sexual feelings and desires					
faith-based	6.4%	17.1%	35.6%	9.3%	2.4%
government	12.8%	20.0%	29.6%	9.6%	3.5%
independent	12.4%	19.8%	24.8%	7.9%	3.5%
Contraception (i.e. the pill, injections, implant)					
faith-based	21.1%	20.9%	23.1%	4.4%	1.3%
government	21.1%	25.0%	11.1%	1.8%	1.9%

	independent	21.1%	24.3%	12.4%	1.0%	1.5%
		I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Safe sexual practices (i.e. condom use)						
faith-based		22.7%	24.7%	19.3%	3.1%	1.6%
government		39.8%	25.4%	7.2%	1.5%	1.7%
independent		33.7%	23.8%	8.4%	1.0%	1.5%
STI treatment and testing						
faith-based		10.7%	19.6%	34.4%	3.3%	2.0%
government		18.8%	25.3%	25.5%	3.4%	2.8%
independent		15.8%	17.8%	27.2%	5.0%	2.0%
Influence of pornography and media representations of sex						
faith-based		9.1%	17.6%	32.4%	8.2%	3.8%
government		11.5%	15.3%	34.0%	11.2%	3.4%
independent		13.4%	20.8%	23.8%	7.9%	4.0%

2.4.6 Activities and resources used during 'relationships, sexuality and sexual health education in school (%)

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Interactive learning activities (i.e. discussion, role plays, scenarios)				
faith-based	16.4%	7.6%	32.0%	11.1%
government	23.5%	11.8%	25.0%	12.4%
independent	21.8%	8.4%	22.8%	9.9%
Educational videos or DVDs				
faith-based	29.1%	16.7%	16.4%	4.9%
government	35.2%	21.2%	11.2%	4.3%
independent	26.7%	17.8%	13.9%	5.9%
Websites				
faith-based	31.6%	10.9%	19.8%	4.4%
government	31.6%	15.2%	17.0%	7.9%
independent	28.7%	13.9%	15.3%	4.0%
Phone apps or social media				
faith-based	9.3%	2.7%	36.2%	18.4%
government	12.5%	5.3%	37.3%	17.4%
independent	11.9%	3.0%	33.2%	16.3%
Online videos, YouTube				
faith-based	29.1%	5.8%	25.6%	5.8%
government	36.6%	8.0%	20.7%	7.2%
independent	26.2%	7.4%	22.3%	6.9%
Books				
faith-based	12.2%	10.7%	21.3%	22.9%
government	12.9%	11.8%	21.0%	26.0%
independent	15.3%	11.4%	16.3%	22.3%

Printed information (i.e. posters, brochures)				
faith-based	19.6%	10.7%	20.9%	16.4%
government	25.6%	14.3%	18.7%	13.4%
independent	17.8%	12.4%	15.3%	17.3%
Theatre in Education (TIE) performances around sexual health themes				
faith-based	8.0%	2.9%	36.4%	18.7%
government	9.2%	4.5%	34.1%	24.5%
independent	14.8%	3.5%	24.8%	26.2%

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
A visit from a nurse or other health professional				
faith-based	8.0%	2.2%	43.3%	13.1%
government	10.1%	2.8%	45.5%	13.3%
independent	13.4%	2.5%	31.7%	15.8%
Peer based education				
faith-based	15.1%	5.6%	33.6%	12.2%
government	15.7%	4.5%	36.3%	15.1%
independent	15.3%	3.5%	33.2%	10.4%

2.4.7 Overall effect 'relationships, sexuality and sexual health' education provided in your school (%)

	Totally agree	Somewhat agree	Undecided	Somewhat disagree	Totally disagree	P
Increased knowledge						
faith-based	11.8%	27.3%	6.0%	9.3%	10.4%	0.000
government	18.7%	29.2%	6.8%	8.6%	6.2%	
independent	10.4%	32.2%	3.5%	8.9%	6.9%	
Healthy Decision Making						
faith-based	11.8%	20.4%	8.0%	13.8%	10.9%	0.000
government	14.7%	27.2%	7.8%	10.0%	9.7%	
independent	9.9%	22.8%	8.4%	11.9%	8.9%	
Debunked Myths						
faith-based	8.4%	18.4%	9.1%	13.6%	15.3%	0.000
government	14.0%	22.5%	9.8%	12.1%	11.1%	
independent	9.4%	22.8%	9.4%	9.9%	10.4%	

2.4.8 Overall satisfaction on 'relationships, sexuality and sexual health education provided in school' (%)

	<i>Very satisfied</i>	<i>Satisfied</i>	<i>Not very satisfied</i>	<i>Not at all satisfied</i>	<i>P</i>
faith-based	6.80%	34.60%	34.90%	23.60%	0
government	12.30%	39.50%	32.40%	15.80%	
independent	14.40%	40.00%	33.60%	12.00%	

Appendix 2.4 Cross-tabulation by Respondents' School Gender Composition

2.5.1 Sources of information on relationships, sexuality and sexual health (%)

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Caring and respectful relationships											
Mixed gender	35.3%	34.9%	54.8%	56.7%	51.5%	35.7%	50.7%	20.9%	23.0%	10.2%	2.5%
For boys only	22.5%	19.4%	45.0%	40.3%	27.9%	32.6%	55.8%	10.1%	6.2%	15.5%	6.2%
For girls only	39.0%	40.2%	53.8%	60.6%	49.8%	35.3%	53.4%	14.9%	26.1%	6.8%	2.8%
Communication, consent and sexual decision-making											
Mixed gender	28.6%	24.9%	42.7%	45.0%	47.6%	35.8%	55.8%	20.1%	15.9%	9.2%	3.2%
For boys only	22.5%	17.1%	30.2%	31.8%	29.5%	27.1%	62.0%	14.0%	5.4%	8.5%	3.9%
For girls only	29.7%	31.3%	32.9%	49.8%	58.6%	45.4%	55.0%	15.3%	20.5%	4.4%	56
Puberty and physical, social and emotional changes during adolescence											
Mixed gender	30.7%	30.5%	50.4%	46.9%	39.9%	37.5%	70.5%	26.0%	20.9%	6.1%	2.6%
For boys only	20.2%	14.0%	35.7%	27.1%	17.8%	27.1%	72.9%	17.8%	7.8%	7.0%	3.9%
For girls only	30.5%	28.9%	42.2%	41.8%	35.3%	44.6%	78.7%	18.9%	18.1%	3.2%	1.6%
Sexual harassment, abuse and bullying (including online bullying)											
Mixed gender	40.3%	33.6%	40.0%	40.0%	58.2%	41.1%	68.2%	15.1%	18.5%	7.2%	3.9%
For boys only	24.8%	18.6%	31.8%	30.2%	44.2%	37.2%	73.6%	9.3%	9.3%	3.9%	3.1%
For girls only	46.6%	41.8%	31.3%	37.3%	64.3%	51.4%	72.7%	9.2%	16.5%	5.2%	2.8%
Reproductive health, pregnancy, babies, birth											
Mixed gender	28.3%	27.2%	44.5%	32.9%	35.8%	38.0%	64.6%	24.8%	15.4%	6.2%	4.3%
For boys only	13.2%	13.2%	24.0%	15.5%	15.5%	32.6%	69.8%	10.9%	9.3%	4.7%	3.9%
For girls only	25.3%	30.1%	36.9%	34.1%	38.2%	46.6%	69.1%	17.7%	12.9%	1.6%	5.6%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Gender identity											
Mixed gender	34.6%	29.4%	19.4%	35.3%	55.5%	32.2%	32.2%	9.7%	13.5%	8.6%	12.2%
For boys only	19.4%	16.3%	15.5%	24.0%	34.1%	23.3%	23.3%	3.1%	3.9%	4.7%	12.4%
For girls only	41.4%	34.5%	14.1%	45.4%	66.3%	41.8%	41.8%	3.6%	14.1%	4.4%	8.8%
Same sex attraction and sexual identity											
Mixed gender	42.3%	36.2%	22.8%	42.1%	59.2%	34.2%	30.0%	9.7%	15.1%	7.4%	10.3%
For boys only	20.2%	17.1%	16.3%	24.0%	32.6%	24.0%	36.4%	3.9%	7.0%	6.2%	13.2%
For girls only	50.6%	47.8%	13.3%	50.6%	68.7%	44.6%	20.1%	4.8%	14.1%	3.6%	8.4%
STIs											
Mixed gender	14.3%	12.5%	22.3%	24.2%	27.9%	35.4%	64.7%	28.1%	10.4%	4.0%	4.7%
For boys only	7.8%	4.7%	10.1%	8.5%	9.3%	32.6%	59.7%	14.0%	5.4%	3.9%	3.1%
For girls only	12.9%	11.6%	16.1%	24.9%	27.3%	43.4%	68.3%	26.1%	10.4%	2.4%	4.0%
BBVs											
Mixed gender	8.4%	6.9%	14.7%	11.2%	13.5%	24.3%	50.1%	20.1%	6.2%	2.9%	2.1%
For boys only	7.8%	6.2%	8.5%	5.4%	8.5%	23.3%	44.2%	11.6%	5.4%	2.3%	10.9%
For girls only	8.0%	6.8%	10.4%	6.0%	12.4%	28.5%	53.0%	18.5%	4.0%	.8%	0.4%
Social pressures and peer influence regarding sex											
Mixed gender	26.5%	26.1%	24.9%	38.4%	40.9%	23.1%	52.2%	10.0%	8.6%	4.3%	7.4%
For boys only	14.0%	11.6%	14.0%	27.1%	24.8%	22.5%	52.7%	5.4%	3.9%	3.9%	3.1%
For girls only	28.9%	30.5%	20.1%	43.4%	42.2%	28.1%	54.6%	9.6%	6.4%	1.6%	8.0%
Sexting and social media											
Mixed gender	25.4%	22.0%	20.6%	39.0%	48.7%	25.1%	54.0%	8.5%	8.2%	4.9%	5.6%
For boys only	14.7%	10.1%	10.1%	25.6%	29.5%	22.5%	51.2%	4.7%	3.1%	3.9%	3.1%
For girls only	24.9%	25.3%	15.7%	40.6%	55.0%	30.9%	53.8%	4.8%	6.4%	2.0%	4.0%
Sexual feelings and desires											
Mixed gender	32.7%	34.4%	12.6%	37.0%	39.3%	28.6%	25.2%	7.0%	11.4%	4.8%	12.5%
For boys only	17.8%	18.6%	13.2%	24.8%	22.5%	23.3%	41.1%	4.7%	4.7%	8.5%	4.7%
For girls only	36.9%	42.6%	6.4%	46.6%	44.6%	34.9%	17.7%	4.8%	11.2%	2.8%	12.0%
Contraception											
Mixed gender	16.5%	15.7%	32.5%	32.7%	26.9%	30.5%	52.4%	30.5%	9.2%	3.8%	5.5%
For boys only	10.9%	9.3%	13.2%	10.9%	15.5%	17.8%	54.3%	8.5%	3.1%	2.3%	6.2%

For girls only 18.1% 15.7% 27.7% 31.7% 26.9% 42.6% 55.4% 25.7% 6.8% 2.0% 5.2%

	TV	Movies	Parents	Friends	Social Media	Websites	School	Health professionals	Print media	Other sources	I don't currently get any information on this topic
Safe sexual health practices											
Mixed gender	17.3%	17.4%	31.4%	30.5%	30.9%	29.0%	59.7%	24.6%	9.4%	3.8%	5.0%
For boys only	10.1%	8.5%	15.5%	16.3%	14.7%	25.6%	61.2%	12.4%	3.1%	3.1%	0.8%
For girls only	19.7%	21.7%	21.3%	33.7%	28.5%	36.9%	64.7%	21.3%	8.0%	2.0%	4.4%
STI treatment and testing											
Mixed gender	8.2%	6.3%	12.0%	11.2%	14.1%	21.2%	35.5%	26.7%	5.3%	2.7%	20.2%
For boys only	4.7%	3.9%	5.4%	5.4%	8.5%	18.6%	50.4%	10.1%	2.3%	2.3%	10.1%
For girls only	5.6%	5.2%	7.2%	7.2%	13.7%	24.9%	34.5%	20.5%	4.8%	2.4%	24.1%
Influence of pornography and media representations of sex											
Mixed gender	21.8%	20.4%	11.4%	23.5%	34.7%	25.7%	25.0%	6.4%	8.8%	19.3%	19.3%
For boys only	15.5%	14.0%	8.5%	21.7%	21.7%	31.0%	39.5%	5.4%	6.2%	19.3%	9.3%
For girls only	20.9%	22.1%	6.8%	21.3%	39.0%	29.3%	21.7%	4.8%	6.8%	19.3%	22.9%

2.5.2 Resource person for 'relationships, sexuality and sexual health education' (%)

	Regularly	Sometimes	Never	I don't know	P
Regular PDHPE teacher					
Mixed gender	25.1%	42.6%	7.8%	3.6%	.000
For boys only	41.9%	26.4%	3.9%	2.3%	
For girls only	24.1%	53.0%	3.6%	2.4%	
Another teacher					
Mixed gender	2.4%	25.1%	41.2%	10.0%	.000
For boys only	4.7%	25.6%	31.0%	11.6%	
For girls only	2.3%	23.8%	43.6%	9.2%	
Year Advisor/ Wellbeing staff member					
Mixed gender	3.4%	24.3%	42.7%	8.0%	.000
For boys only	9.3%	24.8%	27.9%	10.1%	
For girls only	2.4%	20.5%	55.8%	4.0%	
Social worker					
Mixed gender	2.7%	11.2%	43.6%	21.0%	.001
For boys only	4.7%	7.0%	39.5%	39.5%	
For girls only	0.8%	6.4%	59.0%	16.9%	
School counsellor					
Mixed gender	3.6%	16.6%	37.3%	20.9%	.001
For boys only	10.1%	14.0%	31.0%	16.3%	
For girls only	2.4%	13.7%	45.4%	21.3%	
Someone from outside my school (outside speaker)					
Mixed gender	6.2%	35.3%	27.0%	9.9%	.015
For boys only	6.2%	39.5%	17.1%	10.1%	
For girls only	3.6%	37.8%	34.9%	.015	
School nurse					
Mixed gender	1.0%	5.1%	54.7%	17.2%	.002
For boys only	3.9%	2.3%	46.5%	19.4%	

For girls only	.0%	4.4%	65.1%	13.3%	
Support staff (such as Aboriginal education officer, teacher assistant, etc.)					
Mixed gender	1.2%	6.9%	47.8%	22.5%	.000
For boys only	3.9%	4.7%	45.0%	18.6%	
For girls only	.0%	2.4%	63.5%	17.3%	
Peer educator (another young person)					
Mixed gender	8.4%	18.3%	36.7%	15.0%	.000
For boys only	10.1%	16.3%	31.8%	14.0%	
For girls only	4.8%	14.9%	54.2%	8.8%	

2.5.3 Likelihood of talking to staff at school about 'relationships, sexuality and sexual health' (%)

	Very likely	Somewhat likely	Unlikely
Mixed gender	4.9%	12.4%	60.9%
For boys only	6.2%	8.5%	58.9%
For girls only	4.0%	12.0%	67.1%

2.5.4 Preferred provider of 'relationships, sexuality and sexual health education.' (%)

	Regular PDHPE teacher	Another teacher	School nurse	Social worker	School counsellor	Year Advisor/ Well-being staff member	Someone from outside of my school (outside speaker)	Support staff (such as Aboriginal Education Officer, teacher assistant, etc.)	Peer educator (another young person)
Mixed gender	60.9%	18.5%	10.6%	11.7%	22.8%	23.0%	39.9%	3.8%	33.6%
For boys only	57.4%	26.4%	10.9%	11.6%	25.6%	34.9%	30.2%	3.1%	26.4%
For girls only	64.7%	13.7%	10.4%	10.8%	22.5%	25.7%	53.4%	1.2%	42.2%
P	.508	.026	.830	.875	.904	.012	.000	.198	.012

2.5.5 Amount of information provided in school (%)

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Caring and respectful relationships					
Mixed-gender	26.6%	35.1%	9.2%	2.2%	2.6%
For boys only	36.4%	24.8%	9.3%	2.3%	3.9%
For girls only	28.1%	39.0%	14.5%	.8%	.4%
Communication, consent and sexual decision-making					
Mixed-gender	27.0%	31.0%	11.5%	2.5%	2.0%
For boys only	37.2%	24.8%	7.0%	1.6%	3.1%
For girls only	24.9%	41.0%	14.1%	1.2%	.8%
Puberty and physical, social and emotional changes during adolescence					
Mixed-gender	42.6%	25.4%	4.1%	1.4%	1.3%
For boys only	46.5%	20.9%	6.2%	.8%	3.1%
For girls only	52.6%	22.5%	5.6%	.8%	.4%
Sexual harassment, abuse and bullying (including online bullying)					
Mixed-gender	31.4%	30.4%	0.4%	1.4%	1.6%
For boys only	39.5%	25.6%	6.2%	0.8%	3.1%
For girls only	36.1%	30.9%	12.4%	2.4%	0.8%
Reproductive health, pregnancy, babies, birth					
Mixed-gender	29.4%	31.8%	10.4%	1.9%	2.1%
For boys only	34.9%	27.1%	7.8%	.8%	3.9%
For girls only	30.1%	35.7%	13.7%	1.6%	1.6%
Gender identity					
Mixed-gender	8.5%	15.1%	34.1%	13.7%	4.7%
For boys only	19.4%	27.1%	14.0%	10.1%	3.1%
For girls only	5.6%	16.9%	48.2%	10.4%	2.0%

	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
Same sex attraction and sexual identity					
Mixed-gender	8.9%	16.7%	33.6%	11.3%	3.6%
For boys only	15.5%	25.6%	19.4%	10.1%	4.7%
For girls only	8.0%	16.9%	46.6%	9.6%	1.2%
STIs (sexually transmissible infections)					
Mixed-gender	33.2%	29.2%	8.7%	1.6%	1.6%
For boys only	42.6%	17.8%	8.5%	2.3%	2.3%
For girls only	32.9%	37.3%	8.8%	2.0%	1.2%
BBVs (blood borne viruses i.e. Hepatitis or HIV)					
Mixed-gender	19.3%	26.8%	20.7%	4.2%	3.6%
For boys only	18.6%	23.3%	21.7%	5.4%	5.4%
For girls only	18.1%	39.0%	22.1%	1.6%	1.6%
Social pressures and peer influence regarding sex					
Mixed-gender	23.7%	29.2%	16.2%	3.2%	2.4%
For boys only	29.5%	27.1%	13.2%	.8%	3.9%
For girls only	31.3%	28.9%	17.7%	3.6%	1.2%
Sexting and social media					
Mixed-gender	27.6%	28.0%	12.5%	4.5%	2.1%
For boys only	29.5%	26.4%	7.8%	6.2%	4.7%
For girls only	27.7%	32.9%	14.1%	7.2%	0.0%
Sexual feelings and desires					
Mixed-gender	12.6%	20.2%	29.0%	8.4%	4.0%
For boys only	18.6%	27.9%	13.2%	10.1%	4.7%
For girls only	8.4%	20.1%	40.6%	12.0%	0.8%
Contraception (i.e. the pill, injections, implant)					
Mixed-gender	32.1%	23.6%	14.1%	2.5%	2.1%
For boys only	39.5%	17.8%	10.1%	3.9%	3.1%
For girls only	36.1%	29.3%	14.5%	1.6%	.4%
Safe sexual practices (i.e. condom use)					
Mixed-gender	35.8%	25.5%	9.3%	1.9%	2.0%
For boys only	41.9%	17.8%	11.6%	1.6%	3.9%

For girls only	39.8%	25.7%	14.1%	2.4%	.4%
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	I received lots of information on this topic	I received some information on this topic but want more	I did not receive information on this topic but want some	I did not receive information on this topic and don't want any	Unsure/ don't know
STI treatment and testing					
Mixed-gender	17.4%	24.7%	25.6%	3.8%	2.7%
For boys only	27.1%	23.3%	14.7%	6.2%	3.9%
For girls only	19.7%	19.7%	38.2%	2.4%	2.4%
Influence of pornography and media representations of sex					
Mixed-gender	12.6%	17.2%	30.1%	10.2%	4.5%
For boys only	14.0%	27.1%	22.5%	10.1%	3.9%
For girls only	9.6%	18.9%	41.4%	8.8%	2.8%

2.5.6 Activities and resources used during 'relationships, sexuality and sexual health education in school (%)

	<u>Yes, it was used and I liked it</u>	<u>Yes, it was used but I didn't like it</u>	<u>No, it was not used but I would like it</u>	<u>No, it was not used and I would not like it</u>
Interactive learning activities (i.e. Discussion, role plays, scenarios)				
Mixed-gender	20.9%	10.6%	26.3%	13.1%
For boys only	27.1%	10.9%	24.0%	12.4%
For girls only	26.9%	14.5%	26.1%	12.0%
Educational videos or DVDs				
Mixed-gender	34.0%	19.8%	11.9%	5.1%
For boys only	42.6%	13.2%	10.1%	6.2%
For girls only	35.3%	22.5%	17.3%	4.0%
Websites				
Mixed-gender	32.7%	13.8%	16.9%	7.1%
For boys only	38.8%	11.6%	15.5%	5.4%
For girls only	34.1%	17.7%	18.5%	7.2%
Phone apps or social media				
Mixed-gender	12.8%	5.2%	35.3%	17.7%
For boys only	23.3%	4.7%	27.9%	14.7%
For girls only	12.4%	4.0%	43.0%	20.5%
Online videos, YouTube				
Mixed-gender	35.3%	8.2%	20.0%	7.5%
For boys only	38.0%	8.5%	20.9%	3.9%
For girls only	32.5%	6.8%	28.9%	10.0%
Books				
Mixed-gender	13.7%	11.9%	20.5%	24.6%
For boys only	20.2%	10.1%	18.6%	20.9%
For girls only	13.3%	13.3%	21.3%	32.1%

Printed information (i.e. posters, brochures)				
Mixed-gender	24.5%	13.1%	18.3%	14.8%
For boys only	24.0%	16.3%	14.7%	16.3%
For girls only	24.1%	14.9%	22.5%	18.5%
Theatre in Education (TIE) performances around sexual health themes				
Mixed-gender	9.1%	4.5%	32.8%	24.1%
For boys only	14.7%	8.5%	21.7%	27.9%
For girls only	9.2%	5.2%	40.6%	24.5%
A visit from a nurse or other health professional				
Mixed-gender	10.4%	3.4%	42.3%	14.7%
For boys only	19.4%	5.4%	27.1%	20.2%
For girls only	11.6%	2.0%	52.2%	12.4%
Peer based education				
Mixed-gender	16.6%	5.0%	33.7%	14.9%
For boys only	24.8%	5.4%	28.7%	11.6%
For girls only	14.5%	8.4%	41.0%	14.5%

2.5.7 Overall effect 'relationships, sexuality and sexual health' education provided in your school (%)

	Totally agree	Somewhat agree	Undecided	Somewhat disagree	Totally disagree	P
Increased knowledge						
Mixed-gender	16.1%	29.9%	7.3%	8.1%	7.1%	0.000
For boys only	30.2%	20.9%	3.1%	7.0%	8.5%	
For girls only	16.5%	35.7%	4.4%	12.4%	8.4%	
Healthy Decision Making						
Mixed-gender	13.6%	26.7%	8.1%	10.2%	9.9%	0.000
For boys only	24.8%	20.2%	5.4%	8.5%	10.1%	
For girls only	13.7%	25.3%	10.8%	16.9%	10.8%	
Debunked Myths						
Mixed-gender	11.9%	22.2%	10.8%	12.3%	11.3%	0.000
For boys only	20.9%	24.8%	6.2%	7.0%	10.9%	
For girls only	12.9%	26.9%	9.6%	12.0%	16.1%	

2.5.8 Overall satisfaction on 'relationships, sexuality and sexual health education provided in school' (%)

	Very satisfied	Satisfied	Not very satisfied	Not at all satisfied	P
Mixed-gender	7.10%	28.30%	21.60%	11.50%	0
For boys only	18.60%	32.60%	10.90%	7.80%	
For girls only	8.80%	28.50%	28.50%	12.00%	