

Sexuality Education in Australia in 2011

Anne Mitchell
Anthony Smith
Marina Carman
Marissa Schlichthorst
Jenny Walsh
Marian Pitts

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Jenny Walsh

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Australian Research Centre in Sex, Health & Society (ARCSHS)

La Trobe University

215 Franklin Street

Melbourne Victoria 3000

Australia

Telephone: (03) 9285 5382

Facsimile: (03) 9285 5220

Email: arcs@latrobe.edu.au

Website: www.latrobe.edu.au/arcs

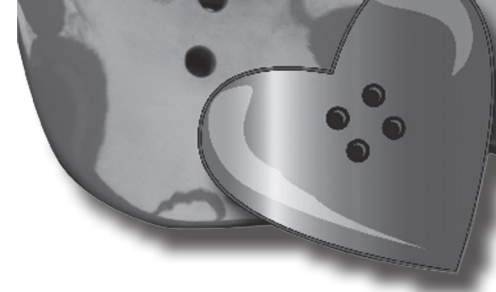
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1. Sexuality Education in Australian Schools



Sexuality education has been taught in Australian schools for over a century but for much of that time has been a controversial “add on” taking its place as a result of the advocacy and intervention of outside organisations. Schools have generally welcomed the involvement of outside bodies such as the Father and Son movement in the 1950s and 60s and, the more recent Family Life and Family Planning organisations, as having the expertise not available to teachers to deal with an important area of education that could also create moral panic. Many of the early debates around sexuality education for young people centred around the importance of moral instruction and the degree to which it could be balanced against scientific information.

In the middle of last century, for example, young people learnt about eggs and sperm and fertilisation but not about intercourse and orgasm; they were allowed to know about foetal growth and baby care but not about labour and childbirth (Sutton 1962; Father and Son 1968). Masturbation was definitely on the agenda, but not in relation to any scientific information in this case, but as evidence of moral degeneration that could be cured by judicious instruction in self-control (Family Life 1971).

The real explosion of the ‘who, what, how, and where’ of sexuality education took place in the later part of the twentieth century and paralleled world-wide changes such as the introduction of the oral contraceptive pill, the so-called ‘sexual revolution’, and the resultant blurring of boundaries between public and private worlds. It happened alongside the growth of the World Health Organization (WHO) and the emergence of the new discipline of health promotion, in response to ever-rising rates of teenage pregnancy in the Western world and new global configurations of dangerous sexually transmissible diseases (STIs). Medical and scientific information with less of a moral flavour became central to health promotion and disease prevention and enabled sexuality education to find a legitimate place in the school curriculum within the health and physical education domain. Teachers trained in this area were now considered to be qualified and appropriate to teach sexuality education and all young Australians were entitled to learn about this important area of adolescent development. This is what curriculum guidelines and policy documentation all over Australia now decree.

If there is public debate and controversy over the area in the 21st century it is more likely to be about the perception that this area of education is not mandatory and that many young people are missing out. This indicates that the value of comprehensive sexuality education in schools is no longer a matter of debate. While young people attend school they present an opportunity for education that will not be there at a later stage when they are out of school and more difficult to reach. The core business of schools is education, and teachers are generally well trained to research their content area, plan effective programs, deliver them in innovative ways and assess and report on the learning of individual students. Research shows us that Australian secondary students see school programs as one of their most useful sources of information about sexual health and relationships (Smith et al, 2009).

What is comprehensive sexuality education?

Good sexuality education is far more than just imparting knowledge and making sure young people have factual information if we are to prepare them for safe and enjoyable adult sexual lives (SEICUS, 2004). The cognitive development of young people throughout adolescence means that they are progressively less ready to accept what their parents' views on what is right or wrong. At this life stage, they prepare for adulthood by canvassing the views of many others, especially peers, in order to develop a personal ethic and make sound decisions for themselves. The World Health Organisation (1998) has set a broad agenda of the life skills needed for young people to maintain their sexual health.

These are the ability to:

- make sound decisions about relationships and sexual intercourse and stand up for those decisions
- deal with pressures for unwanted sex or drug use
- recognise a situation which may turn risky or violent
- know how and where to ask for help and support
- know how to negotiate protected sex and other forms of safe sex when ready for sexual relationships

This broader agenda for sexuality education is generally endorsed by education authorities in Australia and enshrined in curriculum guidelines. Nevertheless it is clearly not consistently taught to all Australian young people.

The evidence that sexuality education works is now very strong. In December 2009 the United Nations Educational, Scientific, and Cultural Organisation (UNESCO) released the final version of their *International Guidelines on Sexuality Education*. The guidelines are in two parts and the first covers the evidence-base for this work with a review of 87 program evaluations that the authors deemed comparable and that had documented demonstrated effects on the sexual behaviour of participants. An additional 11 studies of abstinence only school programs were analysed separately.

Of the 87 core projects from all over the world, more than a third were found to delay the initiation of intercourse, about a third decreased the frequency of intercourse, more than a third decreased the number of sexual partners, and nearly all studies demonstrated an increase in knowledge. There was very strong evidence that more than one third of the programs increased condom or contraceptive use and that more than half reduced sexual risk taking. The abstinence only programs however, were less successful with only two showing any evidence of delaying sexual intercourse or reducing the frequency of sex, and one reducing the number of sexual partners. It is clear that sexuality education, if it is carried out in particular ways, can make a difference to the safety and wellbeing of young people.

While the programs reviewed in the UNESCO report were generally focussed on HIV prevention, the evidence drawn from this meta-evaluation is used in the second part of the guidelines to distil five elements of best practice that are highly relevant in the Australian context:

- Implement programs that include at least 12 or more sessions
- Include sequential sessions over several years
- Select capable and motivated educators to implement the curriculum
- Provide quality training to educators
- Provide ongoing management, supervision and oversight

These are the key elements that are commonly found to accompany measurable improvement in student knowledge and behaviour, and the ones that most deserve attention and advocacy to preserve an area of education which is often contested, neglected or under threat.

The first two elements are connected and are probably the most challenging for those working in a school setting because they are about time allocation. **Good programs require at least 12 sessions and need to be sequential over several years.** It is well established that young people go through puberty at varying rates and that they become sexually active at different times (Sandfort et al. 1998; Davis, P & Lay-Yee, R.1999; Rissell et al, 2003; Smith et al.2009) Covering this range of needs takes time and persistence but is important if young people are to have access to education when they most need it and to be engaged in continuously building on previous learning.

Time is a major consideration for Australian schools which often struggle to meet the needs of their diverse student populations within an ever more crowded curriculum, driven by parent anxiety and political pressure. Sexuality education can be seen as a “soft option”, a non-core subject which can easily be discarded to make way for other things. In a recent survey of Australian sexuality education teachers (Smith, 2011) time was cited by 65% as a major barrier to delivering good programs in all states and territories.

The second two elements of best practice identified by UNESCO concern teachers. Essential to the conduct of best practice sexuality education are **capable and motivated teachers who receive quality training.** Australian teachers themselves identify the lack of training as an issue with 16% saying they had no training whatsoever in teaching sexuality education and large numbers of teachers saying they needed assistance to teach a range of sensitive topics (Smith, 2011). This is an area which has only been recently researched in Australia and one which will fall under increasing scrutiny as the Australian Curriculum for this area comes on board. It will be discussed more fully later in this report.

The final element of best practice identified by the UNESCO Guidelines is outside the classroom and focuses on **the importance of the support and supervision by school leaders.** A whole school commitment to the values that privilege sexuality education as essential for young people requires strong and committed leadership. This is particularly so in relation to the pressures of time already discussed. It cannot be just the work of one passionate teacher who may face criticism from outside sources.

The support of school leadership implies a particular priority being given to sexuality education. In Australia there has been considerable work done on developing a whole school approach to sexuality education and on defining the elements essential for such an approach. The national *Talking Sexual Health Policy Framework* (ANCAHRD,1999) suggested five key interlocking components in which discussion of relevant issues and research are reinforced by the provision of strategic advice.

These are:

- Taking a whole school approach - Developing partnerships
- Acknowledging that young people are sexual beings
- Acknowledging and catering for the diversity of all students
- Providing an appropriate and comprehensive curriculum context
- Acknowledging the professional development needs of the school community (including parents)

Other specific state and territory programs have also explored ways of implementing a whole schools approach. Examples include the SHARE program in South Australia and the Whole School Sexuality Education program in Victoria. Evaluations of both these programs (Dyson & Fox, 2006; Dyson, 2007) pointed to the important role played by the support of school leaders if this relatively ambitious agenda is to be implemented. Nevertheless, programs which have tried to implement such an approach have had only modest success and examples of good practice are relatively few. Few Australian school principals have had any training in this area or are willing to prioritise it in the face of the many demands for their attention.

Partnerships

Despite its incontrovertible value to young people, sexuality education in Australia has not enjoyed the same level of support from the federal education authority, as have the areas of drug education and mental health. In addition, despite the best efforts of bureaucrats at a state level, it is usually only poorly resourced within education departments. In 2004 a mapping exercise to document HIV prevention programs in all states and territories (ARCSHS, 2004) reviewed provision of sexuality education in secondary schools. It found that while State/territory education departments are responsible for the delivery of sexuality education in government schools, they frequently work in some form of partnership, usually incorporating financial support, with health departments and services.

Examples of this kind of partnership in action, with funding coming from the state/territory health departments, over the last decade include:

- The three year pilot of the Sexual Health and Relationships Education (SHARE) project run by SHINE SA and based around the locally developed resource *Teach It Like It Is*.
- The piloting in Tasmania of the *Pride and Prejudice* project to teach about homophobia.
- The development of a series of resources for use in Western Australian schools, the major one being the prep to year 10 classroom materials *Growing and Developing Healthy Relationships*.
- A longstanding *Sexual Health In Schools* partnership between health and education personnel in NSW initially to implement the *Talking Sexual Health* materials with teacher training and subsequently to develop the area in a variety of ways including a website for teachers.
- The development of the *Catching On* suite of resources and programs in Victoria.

These partnerships meet shared goals as health authorities recognise that schools are by far the most suitable places to deliver sexual health messages to young people, and education authorities are thus able to encourage spending in a relatively resource-poor field.

Other, generally less formal, partnerships exist across Australia with outside organisations which assist in a variety of ways ranging from in service training for teachers, to sending agency personnel into schools to assist in carrying out sexuality education. Local Family Planning organisations or their equivalent are used this way, as are local community health services, and other community based organisations. Examples of such agencies include AIDS and Hepatitis C Councils, youth services, gay and lesbian advocacy services, aboriginal health services and some disability support organisations. All such services have the potential to add value to school programs as long as it remains clear that teachers have the major responsibility for planning and delivering programs and are the only ones who can assess student achievement.

Who teaches sexuality education in Australian schools?

There are no specific qualifications or restrictions which apply to who can teach sexuality education in schools. The regulations covering how teacher qualifications are recognised in Australia are administered on a state and territory level – by a teacher's institute, teacher's registration board or the Education department.

Only two states (Victoria and New South Wales) outline specific qualification requirements for teachers who will specialise in health and physical education (and only NSW specifically mentions sexual health in this context). This means that any teacher who is qualified in any field and registered could potentially teach sexuality education.

Overall, it is up to individual schools to assign teachers to courses which cover sexuality education. In most cases in Australia, teachers of sexuality education are drawn predominantly from the disciplines of physical education, home economics and science (Commonwealth Schools Commission 1987; Anderson and Rosenthal 1995, Smith, 2011), or conscripts from other disciplines such as sociology and English, or school chaplains and counsellors. Particularly in primary schools, this area of the curriculum is sometimes given to school nurses who are qualified in health training but do not have any education training, or to other outside health personnel or bodies such as Family Planning organisations.

Curriculum and policy context

At the highest level, what is taught in schools in Australia is regulated by a national curriculum set through the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA). This body has set Statements of Learning in English, Science, Mathematics, Civics and Citizenship, Information and Communication Technologies. These Statements and their Professional Elaborations are used by state and territory departments or curriculum authorities to guide the future development of relevant curriculum documents. While issues relevant to sexuality can be incorporated in subjects such as Science, English and Civics and Citizenship, it is the field of Health and Physical Education within which most sexuality education takes place. No national curriculum currently exists in this area.

However, the federal government has recently endorsed national curriculum reform in this field. The Australian Curriculum, Assessment and Reporting Authority released a new draft Senior Secondary Australian Curriculum for English, Mathematics, Science and History in early 2010. A national Health and Physical Education curriculum was later announced as being undertaken as part of phase three of the national curriculum development plan (MCEETYA, 2010).

Within the national context as it currently exists, all states and territories have the responsibility of developing local curriculum frameworks. Where, how and to what degree sexuality education is included varies substantially between jurisdictions. In most states and territories, content related to sexuality education is compulsory until Year 10, mostly within 'personal development, health and physical education' as a key or essential learning area. While some content appears in the primary school curriculum, the majority of curriculum related explicitly to sexuality appears in the secondary school context. Similarly, in year 11 and 12 it is more difficult to mandate key learnings and elective studies take over. NSW has approached this problem by mandating the *Crossroads* program for all year 11 and 12 students. Sexual health is a component of this program. Other states and territories have not mandated sexuality education at year 11 and 12.

The following table was developed as part of an investigation of teacher training carried out at the Australian Research Centre In Sex, Health and Society (ARCSHS) in 2010. It is based on a desk review of the curriculum framework in the eight Australian states and territories. This review was conducted predominantly over the internet, where information was freely available on the sites of the designated national and state/territory curriculum authorities. In each case, a curriculum framework was available, which outlined the curriculum or key learning areas for subject areas at each level of secondary school (Years 7-12). Policies and regulations which influence teacher education and registration were also investigated. This was conducted through an internet-based desk review of the bodies in each Australian state/territory which perform the key functions in this area.



Table 1: State and territory curriculum on sexuality education

Curriculum body	Curriculum	Is it compulsory?	Where does it appear?
ACT Department of Education and Training Board of Senior Secondary Studies	Curriculum Framework establishes Essential Learning Achievements	Not specifically.	Essential Learning Achievements for Adolescence include knowledge of discrimination based on sexuality, human sexuality, negotiation and positive relationships.
Board of Studies (NSW)	Curriculum Framework outlines syllabuses and learning outcomes	Personal Development, Health and Physical Education identified as a mandatory key learning area for Year 7-10.	Personal Development, Health and Physical Education Syllabus. Includes positive relationships, sexual relationships and diversity of sexuality.
Department of Education and Training, NT	Curriculum Framework establishes Essential Learnings	Health and Physical Education is compulsory until Year 10.	Health and Physical Education includes sexual identity, positive relationships, sexual development, self-management skills, sexual diversity.
Queensland Studies Authority	Curriculum and Reporting Framework establishes Essential Learnings at each Year level	Health and Physical Education is compulsory until Year 10 but Essential Learnings only explicitly include sexual health at Year 10.	Health and Physical Education includes sexual health. At HSC Level, Health Education (sexual health) and Community and Social Studies (relationships).
South Australia Curriculum Standards and Accountability Framework	Essential Learnings for Middle Years and Senior Years	Health and Physical Education is compulsory until Year 10.	Essential Learnings in Health and Physical Education include safe sexual behaviour, skills in negotiating sexual rights, sexual identity and positive relationships.
Department of Education, Tasmania	Sets Curriculum and Standards	Health and Wellbeing is compulsory to Year 10.	Health and Wellbeing syllabus includes sexual and reproductive health, sexual identity, positive relationships.
Victorian Curriculum Advisory Authority	Victoria Essential Learning Standards	Victorian Government Schools Reference Guide identifies sexuality education as compulsory for all government schools from Prep to Grade 10.	Sexuality education falls in the Health and Physical Education Domain, and the Interpersonal Development domain (e.g. respectful relationships). Also some content in the Science Domain.
Curriculum Council of Western Australia	Curriculum Framework consists of Learning Statements which outline Learning Outcomes	Health and Physical Education is compulsory until Year 10.	Learning Statement on Health and Physical Education includes sexuality, sexual health, reproductive health, relationship skills. Content is extended at HSC in Health Studies

All curriculum guidelines are broad brush documents which are designed to guide the planning of teachers who put together programs in individual schools. In some states, further guidance is provided to schools. For example, the Victorian Government Schools Reference Guide outlines best-practice in sexuality education. (Department of Education and Early Childhood Development, Section 3.17.2) Teachers also rely on resources produced by state/territory governments or available from commercial sources. The Ansell Sex Ed clearinghouse <http://www.ansellsex-ed.org.au/> is a recently developed national source of materials to support program development in schools across Australia. The product of a partnership between Ansell and The Australian Research Centre In Sex, Health & Society at La Trobe University, the clearinghouse is moderated by an experienced sexuality education teacher and invites teachers to share resources and ideas for classroom practice. This site currently has over 1000 active members from all states and territories.

Assessment of student performance in sexuality education is generally not monitored or collected systematically and the major accountability is to parents in the form of health and physical education student reports. Parents tend not to experience the same interest or anxiety about this area of education as they might about numeracy and literacy, and are unlikely to advocate strongly for change. It is a difficult area for teachers to monitor and assess and there are few tools to assist in this process, given that the learning is commonly experiential and the classes are discussion based. In the lead up to a national curriculum the Australian Council for Educational research is looking at the possibility of developing assessment tools specifically for sexuality education.

While there is a great lack of clarity about what Australian young people are being taught, there is also a great deal of research to assist us in understanding this area and to begin to build up a picture of where reform may be needed. This report looks at recent research on the sexual knowledge and behaviours of schools students, on sexuality education teachers and what they are teaching, and on sexuality education teacher training in Australia to begin this process.





2. Australian Secondary Students and Sexual Health

In Australia over the last two decades we have had access to data collected at five yearly intervals from young people in schools about their sexual health. While rates of STI infection and teenage pregnancies might be seen as traditional markers of the success or otherwise of school sexuality education programs, they are very broad indeed and distant from the educational experience. School programs alone cannot be held accountable for the sexual health of young people who are subject to a plethora of influences in their personal and social worlds. In this context, the regular Secondary Students and Sexual Health survey data is more useful in establishing a profile of the young people participating in sexuality education classes in Australia today. The survey, which was last administered in 2008, samples year 10 students, who are the most likely, as middle school students, to have been recent recipients of sexuality education, and year 12 students, who are the most sexually active. The survey has been conducted at five yearly intervals (six yearly between 2002 and 2008) since 1992 and is also able to provide insights into change over time.

The study uses a representative random sample based on Australian Bureau of Statistics data on the school population and so can be seen to represent young people in all schools and systems across the country. The survey collects data in the areas of knowledge, sexual experience, condom use, feelings about sex (including unwanted sex), sexual attraction, contraception, alcohol use and sex, and sources of information about sex. The full report of the most recent administration of the survey is available on line <http://www.latrobe.edu.au/arcshts/downloads/arcshts-research-publications/secondary-students-and-sexual-health-2008.pdf>

Knowledge

The data tell us that knowledge about STIs and their transmission has been relatively poor in all the years the survey has been administered. This is in spite of the fact that basic information on these diseases is one of the most likely areas for teachers to have covered (Smith, 2011). It may be that the relevance of potential STI infection is not high for young people and knowledge is not well retained. HIV knowledge alone has remained relatively high over the years perhaps because of the reinforced messages in popular culture.

Students do not generally see themselves as at risk of STI infection. Predictably, in 2008 students who were sexually active were more likely to believe they were at increased risk of becoming infected with an STI, although this relationship was significant for young women only. Students also rightly associated higher numbers of sexual partners with increased risk of infection. Sexually active students who reported '3 or more' sexual partners in the past year were more likely than those with fewer sexual partners to feel they were at greater risk of becoming infected with STIs (26% vs. 6%). Nevertheless this is a small perception of risk and did not greatly influence condom use.

In spite of relatively poor knowledge of STIs, knowledge of Chlamydia improved in 2008 (perhaps as a result of federal and state education campaigns) and other areas of knowledge were becoming stronger. Students were relatively well-informed about the asymptomatic nature of many infections. The overwhelming majority of students knew that both men (91%) and women (90%) could still pass on a sexually transmitted infection without having any obvious symptoms, and a larger majority also knew that HIV was an infection not confined to gay men and injecting drug users only (84%). Fewer students were aware that always using condoms does not offer complete protection from all STIs (76%), that apart from HIV not all STIs could be cured (60%), that cold sores and genital herpes can be caused by the same virus (60%), that Chlamydia can lead to sterility amongst women (55%). A minority of students were aware that Chlamydia affects both men and women (47%).

Knowledge questions regarding the Human Papilloma Virus (HPV) were asked for the first time in the 2008 survey because of the general availability of the HPV vaccine. Across most of the HPV items, student knowledge of HPV was poor with, in most cases, the majority of students stating they were unsure of the correct answers to knowledge items. On most of the HPV knowledge items, young women demonstrated better knowledge than young men.

Nevertheless, this lack of knowledge was surprising because the large majority of young women surveyed (86%) reported being vaccinated for cervical cancer, and had presumably been given some information at the time. There was a small degree of uncertainty surrounding the vaccination, with 3% of young women and 12% of young men unsure whether they had been vaccinated for cervical cancer. Of those women who had not been vaccinated or were unsure whether they had, the majority (59%) said they would want to be vaccinated for cervical cancer in the future.

Compared to student knowledge regarding STIs and HIV, knowledge of hepatitis was poor, and is probably not well established as part of the curriculum. Only 59% knew that Hepatitis B was sexually transmissible and many were confused about vaccination for Hepatitis A, B and C, wrongly believing they were vaccinated for C when no vaccine exists. Students were most knowledgeable in relation to hepatitis B vaccination and the risk injecting drugs poses in terms of hepatitis C infection. Of the students surveyed, almost three quarters knew that people who inject drugs are at greater risk of hepatitis C infection and that a vaccination is available for hepatitis B.

There is ongoing debate about the degree to which young people in schools need detailed and scientific knowledge of a range of STIs and blood-borne viruses, although projects of this sort have traditionally been favoured by sexuality education teachers (Smith, 2011). It is essential however that young people know:

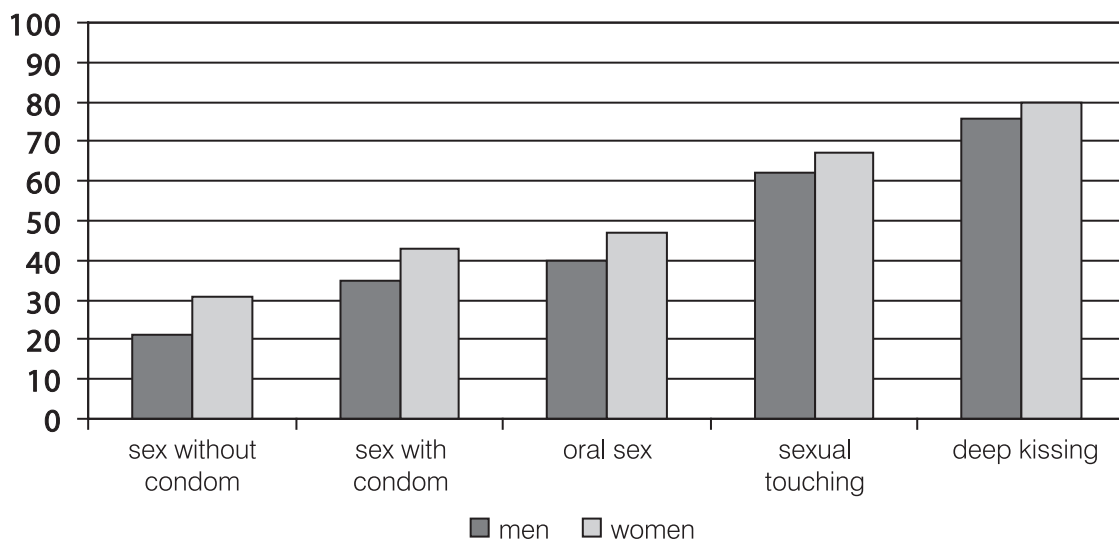
- that they can acquire an STI through particular kinds of sexual behaviour,
- what symptoms they might experience,
- that symptoms may not always accompany an STI,
- that testing and treatment are simple for many (but not all) STIs,
- that untreated STIs have health consequences,
- where and when to get tested regularly after commencing sexual activity.

School programs need to at the very least focus on these most basic elements of sexual health care.

Sexual experience

Australian young people in schools are generally sexually experienced and need their sexuality education to take account of their lives here and now, rather than preparing them for some future possibility. In 2008 most students (78%) had experienced some form of sexual activity, with students in year 12 more likely than those in year 10 to be sexually experienced (88% vs. 70%). Over three quarters of the sample had experienced deep kissing, approximately two thirds sexual touching and just fewer than half the sample had experienced oral sex. Although sexual intercourse was the least common of the sexual activities, nonetheless 2 in 5 students reported having sex with a condom and over one quarter without a condom the last time they had sex. There were marked differences in sexual activity by year level, with year 12 students significantly more likely to have experienced the range of sexual practices.

Figure 1. Sexual Experience



Over one quarter of those in year 10 and more than half of the year 12 students surveyed reported ever having sexual intercourse. A greater proportion of young women compared to young men had experienced sexual intercourse although these differences were not statistically significant. In 2008 young women in year 12 were the most likely to report sexual intercourse. Although most (52%) sexually active students reported having one sexual partner in the past year, a significant proportion (45%) of students reported having sex with more than one person.

Oral sex has increased in importance in the repertoire of students over the time these surveys have been carried out and is now a sexual practice of the majority of secondary students. It therefore now must be included in the curriculum. While half the sample of students who had ever had oral sex (92%) reported oral sex with only one person in the previous year, a comparable proportion had multiple (2 or more) oral sex partners (42%). As was the case with sexual intercourse, more young men (43%) than young women (21%) had oral sex with '3 or more' people in the past year, with young men in year 12 reporting the highest rate (51%) of multiple partner ('3 or more people') oral sex. The majority of students surveyed (56%) had experienced oral sex but not intercourse with one person in the previous year. Young men (28%) were more likely than young women (12%) to have had oral sex but not intercourse in the past year with '3 or more' people.

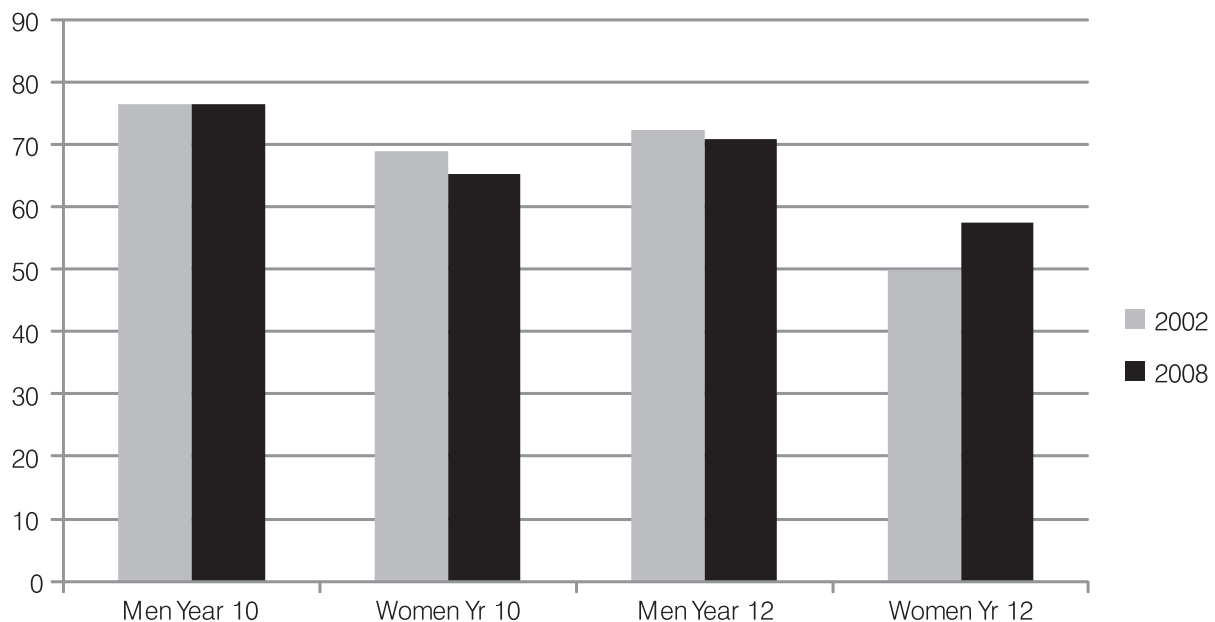
Notable here too is the smaller but significant number of students (22%) who had not had any sexual experience. Education which caters for the majority of students must ensure the behaviour of the sexually inactive students is also validated and their education needs met.

Condom Use

Since this survey has been conducted in Australian schools, condom use increased initially and then remained relatively stable, although inconsistent. The increase probably reflected their more ready availability of condoms in supermarkets and vending machines sparked by the HIV epidemic. Of the sexually active students half reported 'always' using condoms when they had sex in the previous year. A considerable proportion (43%) of sexually active students reported they only used condoms 'sometimes' when they had sex, and a small (7%) but nonetheless notable proportion 'never' used condoms when they had sex in the previous year. There were significant differences in consistency of condom use by year level and gender. Figure 2 shows condom use at most recent sex by year and gender for the last two surveys.

Students in year 10 (57%) were more likely than those in year 12 (47%) and young men (61%) were more likely than young women (46%) to 'always' use condoms when they had sex in the previous year. This indicates condoms are probably used primarily as contraception as older students are more likely to be using other methods such as the contraceptive pill.

Figure 2: Condom use at most recent sex



Inconsistent condom use can also be part of a riskier behaviour profile for some students. Those who were more sexually active, in terms of number of partners (3 or more), were significantly less likely to report 'always' using a condom when they had sex in the past year compared with those who had fewer sexual partners (42% vs. 54%). These risk-takers are also part of every class group and require particular attention. However, before they had sex, a surprising number of students were likely to discuss using a condom (70%), avoiding pregnancy (56%) and how to gain sexual pleasure without having intercourse (34%), indicating increased confidence in the territory.

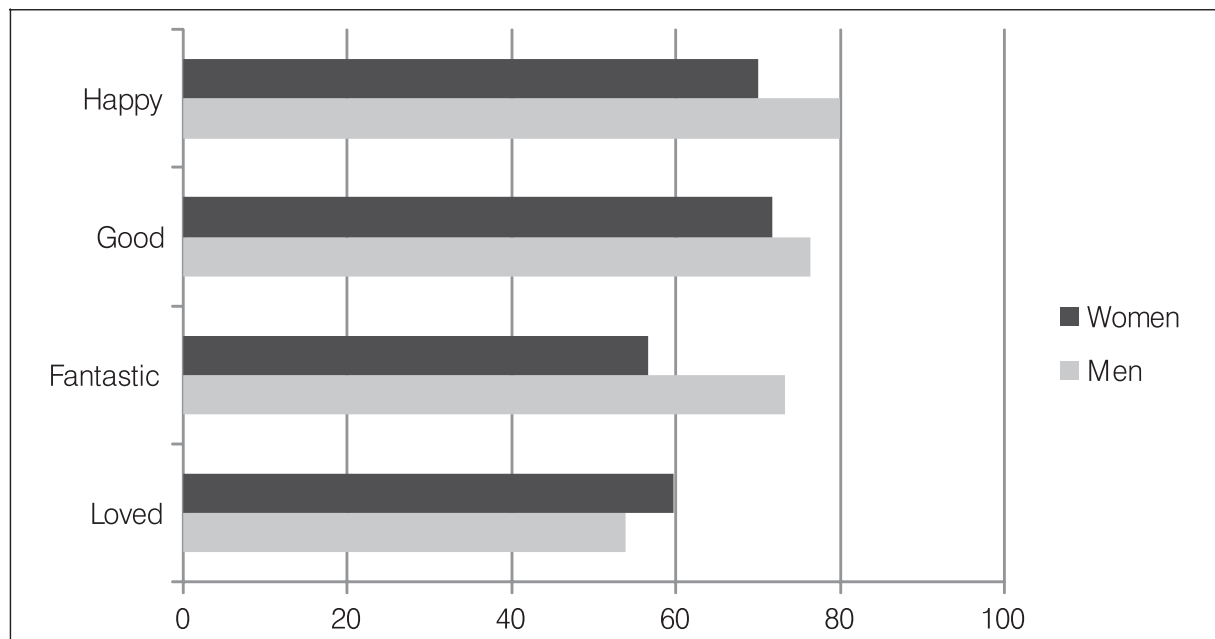
Contraception

Teaching about avoiding unwanted pregnancy is part of the core curriculum in any sexuality education program, with the most effective strategy being abstinence. As abstinence is not practised by the majority of Australian students, a range of other methods needs to be explored. At their last sexual encounter, sexually active students most commonly used a condom (68%) and/or the contraceptive pill (50%), showing a good awareness of effective contraception. Nevertheless, approximately 1 in 10 sexually active students reported using the withdrawal method at the last sexual encounter and very small number used no contraception at all.

Feelings about sex

Given the risks documented in this research, it is tempting for school programs to approach the sexual behaviour of young people with a degree of negativity. Sexual behaviour and relationships are a central and pleasurable aspect of the lives of these students and this area of teaching and exploring can be easily sidestepped by teachers as one of the more challenging areas (Smith, 2011). It is important to note that the majority of sexually active students are enjoying sexual behaviour, much of it within a steady relationship. The most recent sexual encounter for 60% of the sexually active survey participants was with their current steady girlfriend or boyfriend, with a smaller proportion (28%) reporting their last sexual partner was someone they had known for a while but not had sex with before. Approximately 1 in 10 students had sex with someone they had not met before the last time they had sex, with young men more likely to have sex with someone they had not met before (21% vs. 8%).

Figure 3: Positive feelings after last sexual encounter



As can be seen from figure 3, students expressed positive feelings after their last sexual encounter. More than one third of sexually active students reported that they felt 'extremely' good (40%), happy (42%), fantastic (38%) or loved (36%) after their last sexual encounter. In contrast, relatively small proportions of students reported feeling 'extremely' used (9%), regretful (7%), worried (7%), upset (4%) or guilty (3%) the last time they had sex. Young women, however, were less likely than young men to express consistently positive feelings after sex.

Unwanted sex

Nevertheless, a concerning finding in 2008 was that just under one third of the sample reported experiencing unwanted sex. Young women were more likely than young men to have experienced sex when they did not want to (38% vs. 19%). There were no differences in rates of unwanted sex by year level. Students cited being too drunk (17%) or pressure from their partner (18%) as the most common reasons for having sex when they did not want to.

The majority of students surveyed (80%) reported that they had drunk alcohol. Year 12 students were more likely to drink alcohol (90%) than their year 10 counterparts (71%) and when they commonly consumed large quantities of alcohol. Given that most drinking occurs on a social occasion it is inevitable that these rates of drinking will impact on the sexual behaviour and safety of the young people involved. Skills to manage their social world, including peer pressure to use alcohol and engage in sex must still be a central part of any program and the two issues of sex and substance use must be addressed together.

Sexual attraction

The considerable majority (91%) of the sample reported sexual attraction exclusively to people of the opposite sex. Of the 9% of students who did not report an exclusive heterosexual attraction, a small proportion (1%) reported being attracted exclusively to people of the same sex, more (6%) were attracted to people of both sexes and approximately 2% were unsure about their sexual attraction. There were no significant differences in sexual attraction across year level or gender.

Although the large majority of students reported a sexual partner of the opposite sex at the last sexual encounter, a considerable proportion of students (5%) had sex the last time with someone of the same sex. Young men (8%) were more likely to have had sex with someone of the same sex compared with women (4%), but the difference was not statistically significant.

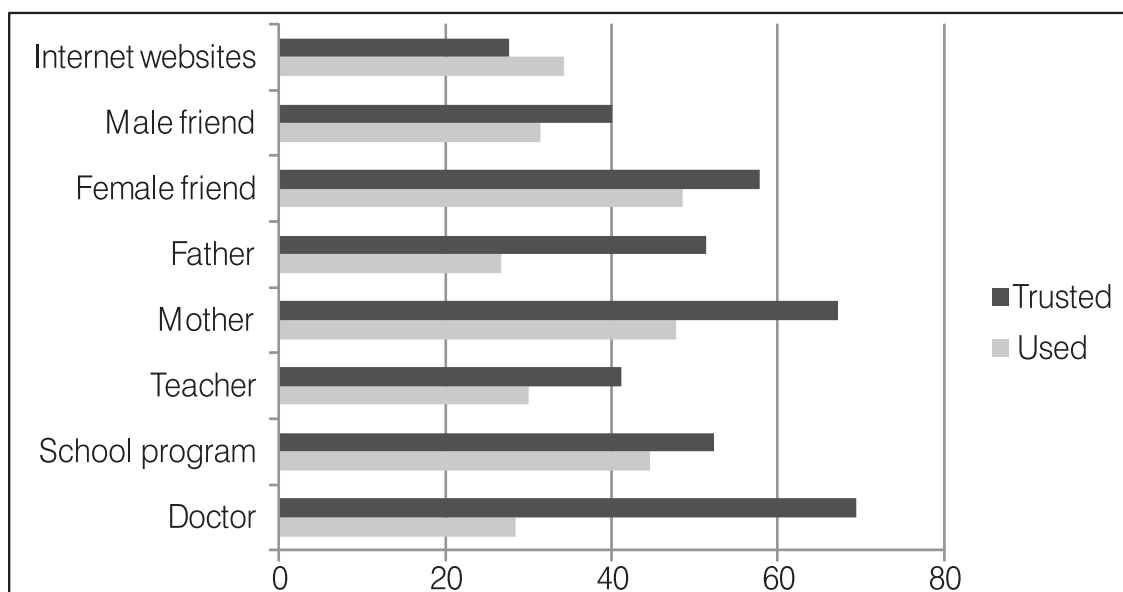
This group of same sex attracted students has been shown consistently to constitute up to 11% of any school population (Hillier, 1996; Smith, 2002; Smith, 2009). Hillier and her colleagues found that they were generally more sexually active than their heterosexual peers, more likely to engage in sexual risk taking with partners of both sexes and have a higher rate of pregnancy and STI infection. Accompanied by this finding, is the degree to which the educational needs of these young people are being neglected by school and family (Hillier, 2010). Those sources of information which rank highest in authority for all young people (Smith, 2009) are not readily available to same sex attracted students who are driven to seek information about themselves and their relationships through less trusted sources such as the media and the internet (Hillier, 2010).

In the most recent survey of same sex attracted young people in Australia 44% rated their school sexuality education as not useful at all, 40% rated it partially useful with only 5% rating it as really useful and seeing that it met their needs. The recently conducted teachers' survey provided further evidence that this is a significant problem across Australia and one which the teachers also recognise needs more training and resources attached to it, if it is to be remedied (Smith, 2011).

Sources of information

The findings on sources of information used by young people regarding sexual health highlight the importance of sexuality education programs in schools. For young men, school programs were the most used source of information (48.5%), and these programs were rated as trustworthy by 52.2%. The next most used sources were mothers, fathers and male friends, also highly trusted. Young women were most likely to use mothers (62.1%) and female friends (62.8%) as sources of information, with high rates of trust. However, school programs were still a key source of information for them (48.8%). This clearly points to the ongoing need to maintain and improve sexuality education in schools to support the sexual health and wellbeing of young Australians.

Figure 4: Sources of information that are used and trusted



Conclusion

The regularly conducted survey of secondary students and sexual health provides an ongoing resource to monitor the sexual worlds of young people in Australian classrooms. It is now one of the benchmark indicators in the national Sexually Transmissible Infections Strategy (Commonwealth of Australia, 2010). Its capacity to flag emerging issues as well as to document change over time makes it an essential tool in the development of sexuality education curriculum. The rapid changes illustrated by these data present challenges to sexuality education programs as they attempt to remain dynamic and relevant. The data also provide schools and teachers with clear and up-to-date guidance about where education is most needed. Using research as a guide to best practice education needs to be promoted and encouraged.



3. Pre-service teacher training in Sexuality Education

Introduction

Teacher training is an important component of effective sexuality education in schools identified in both the UNESCO Report (2010) and by Australian teachers themselves (Smith, 2011). However, few studies have been published worldwide assessing the extent and content of pre-service teacher training in this area. No such research has been published assessing training for prospective teachers in Australia.

This chapter presents the findings of a 2010 study carried out by the Australian Research Centre In Sex Health and Society aiming to bridge this research gap. The study assessed the availability of training in sexuality education within pre-service teacher training in Australia, the extent to which it is compulsory or optional, and the content and depth of the curriculum.

Effectiveness of teachers as educators

International as well as Australian literature indicates that the effectiveness of school-based sexuality education programs is largely dependent on the skills, preparedness and comfort of teachers. (Buston et al 2002; Harrison and Hay 1997; Schlaama et al 2004) Successful programs drawing on these skills include features such as research-based planning, a student-focus following an assessment of their needs, and attention to creating a safe 'climate' in the classroom setting. (National Children's Bureau UK 2005) A Canadian study by McCall et al. (1999) reported that both parents and students would prefer teachers to use more interactive teaching methods (e.g. role-plays, small group discussions) as opposed to the teacher-centred methods that are commonly applied, and confidence to use such methods requires skills development. In fact, teachers' use of skill-based education strategies has been found to be mitigated by their comfort level and confidence in teaching sexual health topics (Cohen et al 2001), again an issue for teacher training.

Factors which have been shown to impact on teachers' willingness and confidence to teach sexuality education include the amount of teacher training, the 'fit' with existing curricula, senior management support, and experience in using interactive teaching methods, (Buston et al, 2002). In addition, Alldred, et al. (2003) identified key barriers as: the status or importance of sex education at the school, the provision of funding and teaching resources available to the teachers; and the perceived pressures caused by anxiety to teach this sensitive and sometimes controversial subject. Cohen et al. (2001) identified two of the most important barriers to teachers' willingness to teach sex education as anticipated negative reactions from parents and the amount of training they had received in sexual health. Their findings are supported by Brennan and Stewart (2006) in their Australian study of sexuality education teachers in primary school, and are also borne out by the more recent survey of secondary sexuality education teachers (Smith, 2011) in which a majority of participants identified these areas as a problem.

Teachers themselves indicate in several studies that they do not always feel adequately prepared to teach sexuality education. (McKay et al. 1999; Smith, 2011))

Role of teacher training

It is obvious that teachers who have been well trained can better overcome common barriers and challenges in the implementation of sexuality education at school level and can help to make sexuality education at school more effective. (Sinkinson 2009) Yet, very little is currently known about the pre- or in-service training delivered by Australian universities and colleges of education to prospective teachers of sexuality education. When evaluating the provision of in-service teacher training in sexuality education Wight and Buston (2003) found it to be effective for improving teaching quality. However, this sort of training is often not consistently available, or consists of one-off sessions with little follow-up. One Australian study found that even in the broader area of health education, half of teachers had attended a small amount of professional development during their careers and only 15% reported any ongoing professional development. (Rosenthal et al. 2000). This has not changed over the last decade as the majority of the 2011 sample of teachers (Smith) relied heavily for training on in-service one off sessions of short duration and with a specific focus rather than being generalist training.

Pre-service teacher training provided by universities and colleges offers an important opportunity to build a foundation for high quality and effective sexuality education in schools. The lack of research addressing this issue, internationally and in Australia, is therefore of concern. The study reported here aimed to fill this research gap.

The study

The methodology utilised in determining what is being taught in pre-service training courses nationally included a two-phase desk review of information on courses readily available in the public domain followed by a brief survey conducted with key contacts at each institution. Overall, 40 out of 45 institutions identified as relevant participated in the survey.

The study was restricted to pre-service courses for secondary teaching– Bachelor of Education or Teaching, alone or combined with other degrees, and Graduate Diplomas of Education or Teaching. Postgraduate courses were only been included if they are coursework rather than research-based (i.e. masters degrees were only included when they are part of the essential course structure as pre-service training for graduates). Inclusion was defined as curriculum which addressed sexual development, sexual diversity, sexual relationships and sexual decision-making. Some courses also touched on professional issues related to sexuality – e.g. child protection responsibilities or addressing diversity in learning needs, including those of same-sex-attracted youth. However, the primary focus of the study was content which prepares teachers to undertake sexuality education.

What training do teachers receive?

The regulations covering how teacher qualifications are recognised in Australia are administered on a state and territory level by various authorities. This process is somewhat linked to teacher training in that the bodies which register teachers in each state/territory mostly also review and approve/accredit appropriate courses delivered by tertiary institutions in their state/territory. While some differences exist across jurisdictions, it is generally standard for teachers to have completed a four-year undergraduate education course, or a one/two-year postgraduate education course.

Table 2: Teacher registration and accreditation of pre-service training courses

State/Territory	Teacher registration body	Functions
ACT	ACT Department of Education and Training employs teachers based on set criteria	<ul style="list-style-type: none"> • No registration system • No pre-service course accreditation (although NSW does 'approve' programs in the ACT)
NSW	New South Wales Institute of Teachers	<ul style="list-style-type: none"> • 'Accredits' teachers based on professional standards • Approves pre-service courses 'relevant to accreditation'
NT	Teachers' Registration Board of the Northern Territory	<ul style="list-style-type: none"> • Registers teachers • Approves pre-service courses
Queensland	Queensland College of Teachers	<ul style="list-style-type: none"> • Registers teachers • Approves pre-service courses
SA	Teachers' Registration Board of South Australia	<ul style="list-style-type: none"> • Registers teachers • Approves pre-service courses
Tasmania	Teachers' Registration Board of Tasmania	<ul style="list-style-type: none"> • Registers teachers • Determines if pre-service courses meet requirements for registration
Victoria	Victorian Institute of Teaching	<ul style="list-style-type: none"> • Registers teachers • Approves pre-service courses
WA	Western Australian College of Teaching	<ul style="list-style-type: none"> • Registers teachers • Approves pre-service courses

Note: ACT = Australian Capital Territory; NSW = New South Wales; SA = South Australia; WA = Western Australia

It is up to each tertiary institution providing teacher training to decide whether and to what degree sexuality education is included in pre-service training curriculum. While local state and territory curriculum frameworks are likely to influence training content, there is no formal mechanism by which this occurs. There is also limited pressure on training institutions to provide sexuality education as there is no formal requirement that this be part of a qualification in the health and physical education domain or even that teachers of sexuality education be specialists in health and physical education.

Curriculum within pre-service teacher training

Overall, the desk review found that 45 institutions were providing 201 courses of pre-service teacher training nationally. The geographic spread across states and territories is outlined in Table 3.

Table 3: Summary of institutions and courses providing pre-service teacher training

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Institutions	2	15	1	8	4	1	9	5	45
Courses	9	65	5	31	19	4	41	27	201

Through cross-validation between the survey and the search results from university handbooks it was found that eight out of the 45 (17.8%) institutions had no inclusion of sexuality education anywhere in their curriculum. These were located in New South Wales (3), Queensland (2), Western Australia (2) and Victoria (1).

Table 4 provides a summary of inclusion within each course – either as a core units or electives – across all states and territories nationally. Only 9% of courses nationally had *substantial* inclusion, 27.8% had *basic* inclusion and 10% had *general* inclusion. Of interest is that almost half (47.8%) of these courses had *no inclusion* of sexuality education. In those institutions which offered sexuality education, the majority of courses offered only a few hours of course time.

Table 4: Summary of inclusion of sexuality education across courses

	Substantial inclusion	Basic inclusion	General inclusion	No inclusion	Did not participate	Total
ACT	0	1	0	7	1	9
NSW	7	6	4	47	1	65
NT	0	4	0	1	0	5
QLD	0	11	3	15	2	31
SA	5	8	2	4	0	19
TAS	0	1	0	3	0	4
VIC	5	20	10	6	0	41
WA	1	5	0	14	7	27
	18	56	20	96	11	201

Within the 94 courses which offered substantial, basic or general inclusion of sexuality education, 74 units were taught which covered this content. The majority offered this content within units as part of the Health and Physical Education curriculum – either within a specialist Bachelor degree focussing on health and physical education (37.8%) or as a major/minor within a general Bachelor degree (59.5%). Sexuality education is covered less often in Graduate Diploma or Masters courses (12.2%), most likely due to additional curriculum pressures associated with a shorter course.

Table 5: Courses containing units which include sexuality education

	General Bachelor degree	Specialist Bachelor degree*	Graduate diploma or coursework Masters	Total
Compulsory/core	22	21	3	46
Elective/specialisation	22	0	6	28
Total	44	21	9	74

* *Health and physical education.*

Of the 74 units available nationally, 46 were compulsory or core units (62.2%) and 28 (37.8%) were electives or available to those students specialising in health and physical education. However, of the compulsory/core units over half (54.3%) had basic inclusion, 26.1% had general inclusion and only 19.6% included substantial curriculum on sexuality education. Even within the elective/specialist units, 6.5% had substantial inclusion, 82.1% had basic inclusion and 7.1% had general inclusion.

Table 6: Units which include sexuality education

	Substantial	Basic	General	Total
Compulsory/core	9	25	12	46
Elective/specialisation	3	23	2	28
Total	12	48	14	74

When available unit descriptions were analysed, it became clear that substantial or basic inclusion of content related to sexuality education was mostly taught within the context of other subjects, examples of which include: health, personal development and well-being; health promotion in schools; personal development, health and physical education curriculum or method; decision-making and risk; healthy relationships; family and community studies; contemporary issues for young people; or diversity.

Basic or general inclusion of sexuality education was most often taught within the context of the following broader subjects: teaching and learning methods; adolescent development; studies of society; ethics and values; and social and professional contexts.

Overall, only four available units (5.4%) included the term sexuality in the title. In only 14 units (18.9%) is sexuality included in the course description available through the faculty handbook or website. In all of these cases, the unit is an elective or part of a specialist degree.

Eleven phone interviews conducted with particularly interested institutions provided some additional findings. Many respondents commented that whether content related to sexuality education is offered, and the quality of this content, is largely dependent on the expertise and interest of staff within the Faculty. In some cases, Faculty staff will approach outside organisations (e.g. family planning organisations) or academics at other institutions to provide lectures/training on a guest basis. These respondents tended to express the view that sexuality education is an important topic to include within pre-service teacher training, but that in many cases it is not included at all. However, others included additional comments with their surveys which stated that while inclusion is necessary, there are many competing demands for topics to be included in teaching training and there is limited course time in which to do this.

In-Service Education

The study reported here did not include any review of in-service programs which are offered to teachers of sexuality education in all states and territories. These may be offered by education departments, health departments or by outside organisations such as Family Planning Organisations, SHINE SA and Concord Training Services in WA, and by some tertiary institutions. These are an invaluable resource for teachers new to the subject (particularly if they have been “conscripted”) and more experienced teachers seeking new ideas, access to the latest research and skills to include emerging issues such as “sexting” and the impact of pornography on young people. They range in length from hour long updates to short courses of several days and are generally well-used. The major barrier to more extensive use of such courses is the almost universal difficulty of teacher release and the need to prioritise resources for this purpose at the school level. This is another difficulty created by the relatively low profile of this subject in most schools.

Conclusion

Making available appropriate pre-service training for all those like to teach sexuality education needs to become a priority. It is common in Australia for teachers with a variety of qualifications to be called upon to teach sexuality education (Smith, 2011) and that this may mean that they have had little, if any, training. Teacher training courses appear to include sexuality on an ad hoc basis with great discrepancies evident between courses and between state and territories. At the same time there is a lack of formal mechanisms to encourage tertiary training institutions to include sexuality education in pre-service teacher training courses. This may require the provision of incentives and mechanisms for sharing what currently exists in order to encourage more students to skill up in this area as part of their pre-service teacher training.

Overall, the establishment of a mandated national curriculum in the area of Health and Physical Education which explicitly includes sexuality education would increase pressure on pre-service training institutions to cover sexuality education, and increase its profile and status as a teaching area. This appears to be the ideal way forward in trying to iron out some of the difficulties and discrepancies. It is important however that caution is exercised in attempting to establish a minimum of pre-service training and practicum experience for teaching in this field. Consideration would need to be given to the very many skilled if not qualified teachers currently in the workforce who have developed their expertise on the job and are indispensable mentors to others. To make such a regulatory initiative work a form of “grandfathering” would need to be introduced for current teachers as well as the assurance of the availability of adequate pre-service training across the country

Meanwhile it would appear to be worthwhile to encourage and support those educators at various tertiary institutions who are already providing significant and quality course content related to sexuality. If this base of expertise can be identified then it could be drawn upon to develop or make available courses on a cross-campus basis during semester or as an intensive summer school. At a minimum and short-term, resources and support material could be provided to key Faculty staff for distribution to student teachers. This material may assist in increasing the uptake of elective courses, essays/projects within a broader course, or any cross-campus courses or summer schools developed.

It is also important to recognise here the role that in-service training currently plays in updating and resourcing sexuality education teachers. A focus on pre-service training to the detriment of encouraging and resourcing in-service education would be counter-productive. In-servicing teachers will be a valuable and necessary part of maintaining a qualified and competent workforce in an ongoing way.



4. Secondary Teachers of Sexuality Education: In a school near you

Background

Despite the fact that we have in Australia a longstanding data set on secondary students and their sexual health we know relatively little of what they are taught in school and what their experiences of sexuality education are like. We also know little about *who* teaches sexuality education in Australian schools and *what* and *how* it is taught.

In a small window on the content of sexuality education courses across Australia, over 3000 same sex attracted young people taking part in a 2010 survey (Hillier, 2010) nominated key messages they had been given in their sexuality education classes. The strongest messages were the factual and scientific ones such as “How the body changes at puberty” (88%), “How humans mate and reproduce” and “About protecting against sexual dangers (STDs, pregnancy)” (both at 85%). However many of these young people also received messages in their sexuality education about the more social aspects of the subject - “About sexual rights and responsibilities” (60%), “About creating healthy and good relationships” (58%) and “About making your own choices on sexual issues” (58%). “That males don’t have to be ‘manly’ and females don’t have to be ‘girly’” (27%), “That experimenting with sexualities and pleasure is okay” (27%), and “That homophobia is wrong” (17%) were less commonly taught. These findings indicate that quite conservative messages emphasising heterosexual sex and danger are the norm in most Australian schools and that a far smaller number provide messages inclusive of same sex attracted and gender questioning young people.

ARCSHS, recently conducted a survey of secondary teachers of sexuality education in 2010, funded by the DoHA. This survey included nearly 300 secondary school teachers from every jurisdiction in Australia including government, independent and Catholic secondary schools. Two different sampling strategies were used for data collection. The first method used a representative random sample on the school population. This sample was based on the Australian Bureau of Statistics data. Schools were randomly selected with a probability proportional to size of the target population. The smaller states and territories were over-sampled to improve the precision of the results derived for those states and territories. For the second sample, a snowball sampling technique was used, in which teachers were directly invited to participate in the survey. Teachers were contacted by using mailing lists of the State Departments of Education and Family Planning Australia as well as topical websites such as the Ansell Sex Ed website. An invitation to take part in the survey was forwarded by email and posted on relevant websites. Both samples were similar in their responses and 157 were accessed via the random sample and 171 were from the snowball sample.

Table 7: Participation from each state and territory

	Merged data weighted %
Australian Capital Territory	4.9
New South Wales	23.2
Northern territory	1.7
Queensland	3.1
South Australia	3.3
Tasmania	11.6
Victoria	24.9
Western Australia	6.6
Unspecified	20.8

As can be seen from figure Table 7, about half of respondents were from Victoria (25%) and New South Wales (23%). Tasmania was represented by 12% of the teachers in the database. Queensland (3%), South Australia (3%) and Western Australia (7%) had disappointingly low responses considering their population size. A relatively large number of respondents (49 respondents or 22%) decided not to reveal their state. Some of these were respondents who did not fully complete the survey. The majority of teachers also came from government schools (55%). The remaining teachers were almost evenly distributed across independent and Catholic schools. Four out of five teachers in the sample taught at co-educational schools while 16% of teachers worked in girls-only schools. Only six teachers were from boys-only schools. Regarding their regional distribution, most respondents were either from a capital city (45%) or regional town (38%). As can be expected, schools from remote or rural areas were in the minority (17%). Based on the number of student enrolments the sample was split into thirds and the schools were categorised as small (up to 680 students), medium (between 680 and 1000 students) and large (over 1000 students) secondary schools. A little more than a fifth of the respondents did not identify their school characteristics.

While it is not clear whether or not this is a representative sample of teachers it is the first time in Australia we have been able to build up any picture of who is teaching the subject and what they are teaching. A full report of this survey is available on http://www.latrobe.edu.au/__data/assets/pdf_file/0018/135450/SexEducationinAustSecondarySchools2010-1-5-2011.pdf

Who teaches sexuality education?

The vast majority of sexual health teachers in Australia are female Health and Physical Education teachers, although they also come from the areas of Science, SOSE/Humanities, English, and Home Economics. They are aged between 20 to 39 and deliver their own programs without the help of external organisations. They are largely dependent on in-service training, with 16% of them having had no pre-service training in the area. The majority of them assess their teaching against curriculum standards, although one third of them do not and some were not clear about whether or not there were assessment criteria.

Most of them feel that that sexuality education should start in primary school and cover topics such as relationships and feelings, names and functions of body parts and reproduction, indicating strongly that they see most sexuality education beginning too late for their students. However they are generally satisfied with what they do teach (91% somewhat or very satisfied) and the support they receive from their school (81% somewhat or very satisfied). They are less satisfied with the availability of training, resources and external support networks when teaching sexuality education.

Most teachers (51%) believe in the value of sexuality education but see it as being more effective in increasing knowledge and understanding than in teaching young people about exploring and clarifying feelings, values and attitudes, developing and strengthening skills and promoting and sustaining risk-reducing behaviour. It must be of some concern that the areas of most importance in the sexuality education curriculum are the ones in which the teachers have least confidence.

What is taught and when

A list of 30 sexuality education topics was provided as possible areas which might be taught in the sexuality education classroom. All these topics were more likely to be taught than not, indicating that the programs that exist are wide-ranging and comprehensive. It was not, however, possible to assess the weighting of these topics or the depth to which they were taught. Factual topics (sexually transmissible diseases, HIV/AIDS, safe sex practices, reproduction and birth control methods) as well as social aspects (managing peer influence, relationships and feelings, alcohol and decision-making, sexual activity and decision-making, and dealing with emotions) were among the most frequently taught topics. In addition, abstinence from intercourse until ready is also an integral part of today's sexuality education. The pleasure of sexual behaviour/activity was taught by less than 50% of respondents and this may suggest that programs focus more strongly on negative outcomes of sexual behaviour rather than on the positives. However teachers did indicate that they would like to see included in the teaching curriculum topics on same-sex attraction, pleasure, communication and negotiation skills, sexual decision-making, respectful relationships and contraception.

Most of the teaching took place in years 9 and 10 of secondary school, with the exception of puberty, reproduction and body image, which were covered earlier. Hardly any sexuality education took place in years 11 and 12 and many teachers spent little time teaching sexuality education (between 1 and 5 hours within a school year and year level)

Barriers and Challenges

Over half of the teachers in the sample gave time constraints or the belief that it was not part of curriculum as reasons for not covering a sexuality education topic. Just under 50% of teachers said that they were careful about the topics they taught because of possible adverse community reactions. About a fifth of the teachers also named a lack of support in either training, resources or by management/policy as a reason for not teaching a topic. The majority of teachers said that they needed some assistance with up to a third of the 30 sexuality education topics listed in the survey. Not surprisingly, the topics for which assistance was most needed were the more sensitive topics (eg. sexual abuse, same-sex attraction) and topics that have recently grown in importance (impact of communication technology and media). As topics became more personal (e.g. discussing behaviour, emotions and feelings) teachers felt a greater need for support with teaching strategies whereas for topics involving mostly factual information teachers wished for more teaching material.

A whole school approach

While a whole school approach begins with good policy at the school level, around a quarter of teachers in the survey were unsure whether or not their school had a policy on sexuality education and 12% of teachers said they followed no policy for teaching in this area. Only 43% of teachers followed a policy which promoted a whole school approach. The strongest influence on the content of sexuality education programs came from the faculty/curriculum area. For the majority of teachers, external factors such as higher authorities, parents and the media had no influence or only little influence on the content of sexuality education.

Opportunities for improvement

When asked about what they saw as areas for improvement there was general support for greater mandating of sexuality education, more: up-to-date teaching materials (including the availability of online/interactive activities), more time allocated to sex education to enable all of the important content to be covered, having clear guidelines on teaching content and approach, and, finally, more accessible professional development and training.

Conclusion

It would appear that at the individual school level, teachers are generally doing a good job and covering a wide range of topics. However, limitations in training and therefore the confidence and skills of teachers, the lack of availability of up-to-date resources and the demands of the crowded curriculum can mean that the mandated learning outcomes are met in only very limited ways. All these factors will tend to push teachers towards the 'safer' curriculum areas such as STIs or human reproduction, both of which could be covered in biology programs. Topics such as managing relationships, drug and alcohol use and sexual coercion all of which are more relevant to achieving optimum sexual health outcomes, may be receiving scant attention.

Also of concern is the lack of male teachers attracted to the area. Men have an important role to play as teachers of both young men and women in sexuality education and also have an opportunity to model appropriate male attitudes and behaviours in ways that challenge and extend the thinking of our young people.

6. What resources are teachers using?

Resources which offer lesson plans or ideas for developing lessons are critical to the subject of sexuality education. There are no standard “textbooks” as such for this subject and so the usual cost of resourcing lessons cannot be passed on to students as part of their book list. In addition it is a subject where the variety of techniques teachers must employ to encourage students to discuss and reflect on their social worlds is demanding and requires creativity. There are a limited number of government funded resources to support this teaching in schools and many more available commercially. Government funded resources are valued if they are available free of charge because this teaching area in particular is generally resourced poorly.

Most teachers use an eclectic range of resources to develop their own programs, including a number of lesson plans they have devised themselves or seen others doing. Many of these activities are never captured for broader use and attempts by the moderator of the Ansell Sex Ed clearinghouse to have teachers contribute such resources to the site have been largely unsuccessful. Teachers also on occasions use other forms of enrichment such as guest speakers, theatre performances or excursions to local health services as a basis for student learning.

In the recent survey of sexuality education teachers, participants were given an opportunity to nominate the resources they currently used from a list provided for them (Smith, 2011). They could choose as many as applicable and were also able to specify additional resources that they used. The most commonly used teaching resources by teachers in the sample were Websites (80%), DVD's (74%), and the *Talking Sexual Health* material (62%). Least popular in teaching sexuality education was the use of Interactive Whiteboards. Only 11% of teachers indicated using this resource in their teaching although this may be the result of the paucity of appropriate material for this relatively new medium.

Table 8: Teaching resources used by teachers of sex education

	n	%
Websites	177	79.9
DVDs	163	73.8
Talking Sexual Health	136	61.7
Family Planning materials such as Teach It Like It Is	101	45.9
State curriculum package (e.g. Catching On, Growing and Developing Healthy Relationships)	86	38.7
CD ROMs	47	21.4
Interactive Whiteboard resources	25	11.2
Other	42	18.8
Total	777	351.5

Note: Due to multiple response options percentages may not add up to 100%.

It is not clear from this study, how or to what extent, these resources are used and the high number of users of websites and DVDs may reflect the degree to which students themselves are sent to these resources for personal study and to complete projects.

Currently in Australia the main teaching resources in use are as follows:

Talking Sexual Health is a suite of materials prepared in 1999 to 2002 by ARCSHS and funded by DoHA.

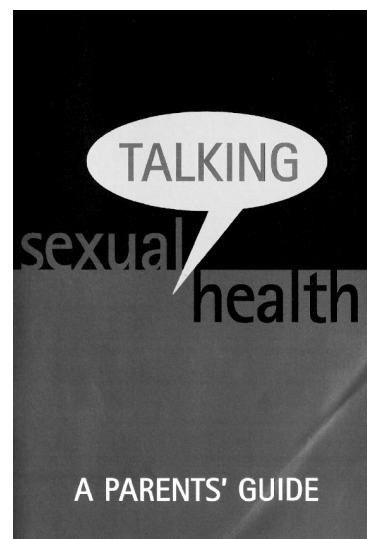
The package originally consisted of a policy framework, *Talking Sexual Health: National Framework for Education about STIs, HIV/AIDS and Blood-Borne Viruses in Secondary Schools* (1999) which had the approval of education departments in all states and territories, although never formally became policy in any of them.

The framework was supported by a professional development package, *Talking Sexual Health: Professional Development resource for Teachers* (2000), which contained activities and program outlines for training teachers, health personnel working in schools, and parents. Both these resources now are out of print.

A further resource, *Talking Sexual Health: A teaching and Learning resource* (2001), provided classroom materials for year 9 and 10 sexuality education classes focussing on a social model of sexual health. This has been the most widely distributed and well-used component of the package and is still available for download on: <http://www.public.health.wa.gov.au/cproot/815/2/Talking%20Sexual%20Health.pdf>

The final component of the package was *Talking Sexual Health: A Parents' Guide* (1999), is designed to inform parents of the rationale behind school based initiatives and to encourage their involvement in the sexual health education of their children. This resource was widely distributed through schools and through the DoHA publications unit.

The *Talking Sexual Health* materials were widely used in NSW, Victoria, Northern Territory and Tasmania and, to a lesser extent, in the other states and territories and still appear to be the most widely used resources. As they are over a decade old now they are badly in need of revision and updating and a project to do this for the classroom resource has recently been funded, again by DoHA.



The parents' resource has now been superseded by the recently released, and available on line *Talk Soon, Talk Often: A guide to parents talking to their kids about sex* funded by the Western Australian Department of Health. This resource can be accessed on: http://www.public.health.wa.gov.au/cproot/4011/2/HP11643_Talk%20Soon%20_Talk_Often%20_Guide.pdf

Most state government departments have released resources for teaching the subject in accordance with their local curriculum. The most comprehensive of these is the Western Australian Health Department's *Growing and Developing Healthy Relationships* which was released in 2002 and has recently been moved to an interactive website <http://www.gdhr.wa.gov.au/>.

This resource, or series of resources, provides teaching materials for preschool to year 12 classes and has been well-used throughout Western Australia as well as in other states and territories.

The Victorian Department of Education and Early Childhood Development released its *Catching On* classroom resource for years 9 and 10 in 2004 with funding from the Victorian Health Department. This has been well used in Victoria and has formed the basis of a suite of further resources show-cased on the *Catching on-line* website: <http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/>

In 2011 *Catching On Early* for prep to year 6 was released and is currently being implemented in Victoria. This year also the original year 9 and 10 resource is being updated and a new companion resource for years 7 and 8 added to it.

The New South Wales Department of Education and Communities currently has a *Sexual Health in Schools* Project in partnership with the New South Wales Department of Health. This project makes classroom materials and lesson plans available with other resources on its website: http://www.curriculumsupport.education.nsw.gov.au/sexual_health/index.htm

Family Planning and other external organisations have also developed resources for schools. SHINE SA released its resource, *Teach It Like It Is*, in 2003 as part of its Sexual Health And Relationships Education (SHARE) project and this resource continues to be used in South Australian schools at years 8 to 11.

Family Planning Queensland have produced a number of classroom resources which are commercially available and have been purchased and used by schools across Australia.

There is a marked lack of resources available for specific groups with different needs in sexuality education. These groups include those from some specific religious and cultural backgrounds and those with disabilities. Ideally the needs of these groups should be integrated into mainstream resources but their challenging and complex nature means this is difficult. The needs of sexually and gender diverse young people have been integrated into a range of mainstream resources, showing that such an initiative is possible.

In this context a stand alone resource/program of particular note is the *Mooditj* program designed by Family Planning WA to deliver a 10 session sexual health program to indigenous young people between 10 -14 years of age. The program was funded by Healthway and produced in consultation with indigenous teachers and health workers. It uses a 'train the trainer' model to accredit program presenters who can then run groups in a community setting or adapt the program for school settings. This has been widely used in WA and NT and, to a lesser extent, in schools in other states and territories. It fills a gap which has been talked about for many years and not successfully met with other programs.

There are also a number of topic-specific resources produced for schools from time to time and distributed free of charge. The DVD *Chlamydia: The Secret Is Out* is an example of such a project funded by DoHA, produced by ARCSHS in 2009 and distributed to all schools in Australia. Requests for more diverse and plentiful teaching resources were a strong element emerging from the teachers' survey (Smith, 2011). This is particularly the case for teaching in the more sensitive areas such as junior primary school or around addressing topics such as same sex attraction, pornography and unwanted sex.

New technologies are poorly used to resource sexual health and have much greater potential to enhance teaching in the future. Funding resources that teachers can pick up and use with a small amount of preparation, keeping them updated and engaging and ensuring they are shared throughout Australia remain challenges for the future. Health departments will need to continue their role in partnership with education authorities to ensure these challenges are met.

6. Conclusion

This report marks a step forward in better understanding the terrain of sexuality education in Australian secondary schools. It collects together relevant research which can help to build up at least a partial picture of where we are and where we need to be. The research studies which form the basis of this report have the potential to be ongoing, expanded and tailored to continue a process of monitoring the effectiveness of education in this area over time.

The paucity of information about sexuality education in the primary school makes it impossible to consider whether or not Australian children are being well-prepared with age appropriate information and skills for what lies before them in puberty and the relationships so crucial in their adolescent years. This is an area which warrants further attention both in developing a research base and in expanding the availability of resources and training to primary classroom teachers.

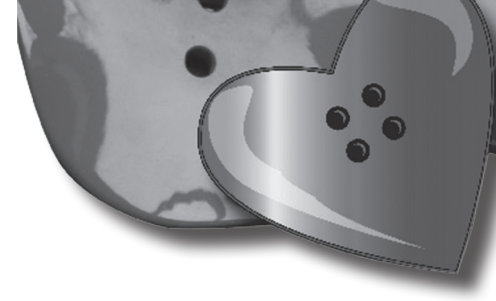
The move towards a national curriculum which incorporates the sexuality education area is a positive one. It responds to a nation-wide call from both health and education authorities for some consistency in sexual health messages for young people, and a more serious approach to mandating a minimum level of education. It has the potential not simply to determine national standards of best practice in content and pedagogy, but also to foster wider reforms. The development of national teaching materials and resources will make better use of funding for the area and is likely to lead to keeping them more up-to-date and responsive to national research.

National curriculum will certainly influence the accreditation of pre-service education and has the potential to provide an opportunity to monitor the quality and value of in service education if government authorities are prepared to play a role in the process. The new statutory authority, the Australia Institute for Teaching and School Leadership, may have a significant role to play here. The development of national assessment tools which enable teachers to bench-mark individual student progress and reflect on their own practice will be a challenging process also likely to flow from this initiative.

These will be real steps towards giving sexuality education a new legitimacy and to ensuring the right of all Australian young people to a minimum sexual health education irrespective of the school or system in which they are educated.



7. Recommendations



- The single biggest contribution to equitable provision of sexuality education for all Australian young people will potentially be made through a mandated national curriculum. This process has begun in Australia and should be encouraged and supported. All the recommendations below should be considered within this important framework for the future.
- A whole school approach to the area of sexuality education with the support of school leadership and clear policies to guide the process is best practice for the area but seldom achieved. This should be maintained as the gold standard and all work in this area build towards such an outcome in every school.
- As part of this approach consideration needs to be given to the vexed issue of teaching time and a minimum established across all jurisdictions.
- While teachers have the major responsibility for planning and delivering programs and are the only ones who can assess student achievement, partnerships between state/territory education departments health departments and other services are invaluable to this teaching area.
- They bring in additional expertise as well financial and in kind resources and should be fostered and sustained.
- The majority of teachers feel that sexuality education is delivered too late to be of value to their students. Sexuality education should start in primary school and cover topics such as relationships and feelings, names and functions of body parts and reproduction and other age appropriate issues to provide a sound foundation. This foundation should be built on sequentially throughout secondary school, including some capacity for “revision” in years 11 and 12.

Curriculum and classroom practice

- Sexuality education programs need to be planned in relation to the research which shows levels of sexual activity in particular age groups, including the increasing incidence and importance of oral sex. This means that curriculum must cater for young people who are sexually active and for risk takers in particular. Additionally such curriculum must also validate the behaviour and attitudes of the sexually inactive students in every classroom.
- Despite the risks documented in the research, there is nothing to be gained by approaching the sexual behaviour of young people with a degree of negativity. Sexual behaviour and relationships are a central and pleasurable aspect of the lives of these students and teaching safety in this context will be more effective and relevant to the students' experiences.
- As a minimum knowledge base for the prevention of STIs focus should be on the following issues. Young people should know;
 - that they can acquire an STI through particular kinds of sexual behaviour,
 - what symptoms they might experience,
 - that symptoms may not always accompany an STI,
 - that testing and treatment are simple for many (but not all) STIs,
 - that untreated STIs have health consequences,
 - where and when to get tested regularly after commencing sexual activity.

- The teaching of skills to young people to manage their social world, including peer pressure to use alcohol and engage in sex must be a central part of any program. Additionally the two issues of sex and substance use must be addressed together in the curriculum rather than separated as they often are.
- It is of concern that same sex attracted young people engage in more sexual risk taking with partners of both sexes, and have higher rates of pregnancies and STI infections, than other students. It is clear that their educational needs are commonly neglected by school and family. There is an ongoing need to encourage and improve the capacity of schools to cover this sensitive but important area.
- Resourcing an ongoing supply of up-to-date teaching materials (including the availability of online/ interactive activities) is an essential part of keeping this ever-changing area realistic and engaging, and a strong contribution that governments can make. The sharing on such resources Australia wide through such mechanisms as the Ansell clearinghouse should be strongly encouraged.

Student assessment and reporting

A project should be undertaken to standardise and enable assessment of student performance and reporting back to parents within the subject where sexuality education is taught. Currently it is a difficult area for teachers to monitor and assess and there are few tools to assist in this process, given that the learning is commonly experiential and the classes discussion based. In the lead up to a national curriculum the Australian Council for Educational research is looking at the possibility of developing assessment tools specifically for sexuality education and this project may warrant further consideration and extension.

Research

- Research and monitoring of this area has an important role to play in protecting programs and in ensuring they are effective. Resourcing such a process should not be overlooked in any future development of the area.
- This is particularly true of primary school sexuality education where much research is needed to encourage community support for their implementation.
- Schools and teachers need clear and up-to-date guidance about where education is most needed in an ongoing way. This is particularly so in relation to emerging issues such as those related to new technologies and new social practices.
- In this context the use of research as a guide to best practice education needs to be promoted and encouraged. The regularly conducted survey of secondary students and sexual health provides an ongoing resource to monitor the sexual worlds of young people in Australian classrooms, as well as to document change over time. This makes it an essential tool in the development of sexuality education curriculum.
- Pre-service teacher training provided by universities and colleges offers an important opportunity to build a foundation for high quality and effective sexuality education in schools. The lack of research addressing this issue in Australia, is an ongoing one which needs to be addressed.

Training and registration of teachers

- The establishment of a mandated national curriculum in the area of Health and Physical Education which explicitly includes sexuality education is strongly supported as the major means by which pressure can be placed on pre-service training institutions to cover sexuality education, and increase its profile and status as a teaching area. It may also act as a mechanism to establish minimum standards for teacher registration which is encouraged.
- It is important however that in moving towards a desirable minimum of pre-service training and practicum experience for teaching in this field caution is exercised and a staged process is planned. Consideration must be given to the very many skilled, if not qualified teachers, currently in the workforce who have developed their expertise on the job and are indispensable mentors to others. To make such a regulatory initiative work a form of “grandfathering” would need to be introduced for current teachers.
- The lack of formal mechanisms to encourage tertiary training institutions to include sexuality education in pre-service teacher training courses and the ad hoc nature of its current inclusion means there is inadequate provision for teacher training. Some form of incentives and mechanisms for sharing what currently exists in order to encourage more students to skill up in this area are recommended as short term and realistic measures to address the current deficit.
- Those educators at various tertiary institutions who are already providing significant and quality course content related to sexuality should be encouraged to extend and share their expertise to make available courses on a cross-campus basis during semester or as intensive summer schools.
- In-service training currently plays a major role in updating and resourcing practising sexuality education teachers. A focus on pre-service training to the detriment of encouraging and resourcing in-service education would be counter-productive. In-servicing teachers will be a valuable and necessary part of maintaining a qualified and competent workforce in an ongoing way and it must be expanded and strongly supported. Resources for teacher release to attend these programs are a valuable contribution to make to a better qualified workforce.
- That the vast majority of sexual health teachers in Australia are female is of concern and efforts need to be made to encourage more male teachers to take on this area of education. Men have an important role to play as teachers of both young men and women in sexuality education and also have an opportunity to model appropriate male attitudes and behaviours in ways that challenge and extend the thinking of our young people.
- Teacher training institutions and courses need to specifically encourage men to participate and to increase the comfort of men to teach in more sensitive areas.

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