What are the implications of current research for teaching sexuality and sexual health education?

Implications for teaching and schools
The emergence of school health education programs as one of the most widely used sources of information on sexual health issues for secondary students is recognition of the excellent work of teachers in this area. In light of this finding, it is important that schools provide PDHPE programs that are comprehensive, up-to-date, inclusive, developmentally appropriate, and designed in ways which realistically reflect the behaviours and meet the needs of all young people in each school community.

It is clear that schools vary in their capacity to make judgments about what students need to know and in delivering on those perceptions. Listening to the voices of students and trusting in their sense of what is important is likely to be a useful strategy for improving our programs in the future.

This research points to the further complications of making assumptions about the sexual behaviours of same sex attracted, gender questioning young people (SSAGQ). Same sex attracted and gender questioning young people who had been abused fared worse on almost every indicator of health and wellbeing than those who had not. These young people who had been abused felt less safe at school, at home, on social occasions and at sporting events. On the positive side those same sex attracted and gender questioning young people who had been abused were more likely to have sought support from an individual or an organisation.

Despite ongoing concerns for the sexual wellbeing of young people, the vast majority of young people are confident in their decision-making around their sexual health. Those who are sexually active are, by and large, having sex that they enjoy and feel positive about. The majority of those who are not having intercourse are feeling comfortable and confident that this is what they want. This is clearly a strength of young people and one which should be recognised in a strengths based approach to sexuality education.

In terms of the school environment, more young people are disclosing to teachers and school welfare counsellors and more support is being given. The following messages guide planning and programming practices for PDHPE.
Relevant to all students
While knowledge about STIs and sexual health is an important and a necessary precursor to safe behaviour, knowledge needs to be presented in a social context which is relevant to all young people and the community in which they live.

Students need to be provided with opportunities to develop and refine the skills necessary to make responsible decisions relating to sexual behaviour. Teaching and learning about relationships and sexual health issues should be inclusive in relation to safe sex and relationships for all young people, including those who are same-sex attracted.

The most commonly reported missing topic in education programs was advice and education for members of the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) community.

There is strong evidence that schools are beginning to provide relevant sexuality education for same sex attracted young people, with the 14-17 year old group being significantly more likely to learn about homophobia and discrimination, gay and lesbian relationships and safe sex than the 18-21 year old group. This indicates change towards inclusive sex education, however it could still be improved.

Defining sexual activity
It is important that PDHPE programs are realistic in ensuring the way that sexual activity is defined and addressed aligns to the sexual experiences and understandings of the young people in the class.

Sexuality education should be inclusive off the broad continuum of sexual behaviours, including abstinence.

The wide range of sexual behaviours which may be experienced by students, and the emergence of oral sex as being more common, requires recognition. Programs need to place a greater emphasis on the transmission risks associated with oral sex and the other common sexual behaviours common amongst young people.

Address gender issues
Gender differences clearly emerge from this research and indicate that an approach which places health information in the broader context of the social interactions between young people and which assists them to appreciate and deconstruct the limitations of gender expectations and stereotypes is necessary.
Addressing discrimination
There are some clear calls to action that emerge from this data and the most important of these arises from the capacity to demonstrate for the first time that those SSAGQ young people who have been abused and discriminated against are doing worse than their peers who, often by remaining silent, have avoided violence and abuse.

Social connectedness and inclusion are vital pre-requisites for good mental health and a sense of wellbeing. It is unacceptable that preventable abuse is predisposing the young people who experience it to the health risks associated with high rates of drug and alcohol use and to increased self-mutilation, overdosing and other forms of self-harm, including suicide attempts.

This is a situation for which the whole community must take some responsibility and schools in particular where most of the abuse occurs. Actively addressing homophobia wherever it occurs, recognising it, naming it and reacting is the most important challenge arising out of this report.

Consider the impact of alcohol and other drug use
The way in which alcohol and drug use impacts on other behaviours such as condom use, safe sex practices and the experience of unwanted sex highlights the importance of dealing with adolescent health issues in a holistic manner.

These issues and contexts should not be taught in isolation, as the real-life context that students experience these issues is multi-faceted. These links need to be reiterated and addressed in both drug prevention and sexual health units of work.

Drug use clearly serves a number of important functions in the lives of SSAGQ young people and its use is more likely to be a coping mechanism of some kind than a choice.

There was a significant relationship between the experience of homophobic abuse and drug use and this relationship is reiterated in the stories of the young people.

Teachers also need to explore the concept of risk-taking and how it links to unsafe or risky sexual behaviours. The impact of marketing of particular kinds of alcoholic drinks to young people also needs to be dealt with in school PDHPE programs. The PDHPE Years 7-10 syllabus highlights the need for these links through the teacher notes included in the individual and community health strand.

Teaching Sexual Health website – NSW Department of Education, 2015
Creating links with community agencies

While schools are an important place for sexual health and drug and alcohol education programs for young people, health services and health planners also can play a role in supporting the work of schools. When planning the PDHPE program, schools may wish to consider the possibility of forming meaningful partnerships with local health personnel such as sexual health and HIV/AIDS health workers, alcohol and other drugs officers and school links with coordinators in the health promotion units of each Local Health District.

The Health Promotion within schools: a policy for the health system released by NSW Health outlines guidelines for effective partnerships between education and health and the development of school-based health promotion programs.

The Department’s Guidelines for engaging external providers in curriculum implementation provide support for school leaders and school communities that are considering the engagement of an external provider to support teaching and learning programs as part of PDHPE or Crossroads.

Through the review of literature and consultation that occurred during the development of these guidelines it was confirmed that there are considerable gains to be made from partnerships between health and education. Using a combination of health promotion strategies over time to achieve change is more effective than one-off interventions such as information sessions.

The increasing levels of condom use and other contraceptive use are indicative that health promotion messages for young people and effective school-based sexual health programs can contribute to behaviour change. Young people can make positive decisions about their sexual health if policies, programs and services are available to help them do so. They can also promote ways to access health services and draw the ties closer between health and education. Young people can make positive decisions about their sexual health if policies, programs and services are available to help them do so. They can also promote ways to access health services and draw the ties closer between health and education.