

**RELATIONSHIPS AND SEXUAL HEALTH EDUCATION FOR YOUNG  
PEOPLE: HOW HEALTH AND EDUCATION MUST WORK TOGETHER.**

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## Introduction

This paper provides information on the background, achievements and some challenges of the *share*<sup>1</sup> project in South Australia. The paper will explain how the *share* project is a whole school approach that models health and education working together to improve the relationships and sexual health of young people.

## Background

*share* stands for **sexual health and relationships education**. The *share* project is one of a number of collaborative strategies negotiated between the Department of Education and Children's Services and SHine SA (Sexual Health information networking and education South Australia) and documented in memorandum of operational agreement between these two agencies. SHine SA is a non government health organisation. The *share* project is funded by the Department of Health and is implemented by SHine SA. It involves government secondary schools and is scheduled to run from 2003 – 2005.

The aim of *share* is to improve the sexual health, wellbeing and safety of young people in South Australia. Evidence of the need can be found in the following statistics.

- South Australia (and Australia) has one of the highest rates of teenage pregnancy, birth and abortion rates in the developed world (other than the USA). In SA the teenage pregnancy rate for 2002 was 43.5 per 1,000. Teenagers account for 23.6% of all abortions in SA (Chan, Scott, Nguyen, Green 2002).
- Young people in SA (under 25 age group) have the highest rates of sexually transmitted infections, particularly chlamydia, herpes and genital warts as compared to those in other age groups (Epidemiological report No 14, Clinic 275 2002).
- Discrimination and harassment based on gender and sexuality is a key issue for young people in schools. Between 8 and 11% of year 10 and 12 students do not identify as exclusively heterosexual. 46% of same-sex attracted young people had been abused because of their perceived sexuality, with 70% of abuse occurring in school by other students and 3% by teachers (Hillier, Dempsey, Harrison, Matthews & Rosenthal 1998).
- Violence and abuse are significant issues for young people. Sexual assault is more prevalent among young people under the age of 25 years (Australian Institute of Criminology, 2002).
- The average age of first vaginal intercourse in Australia is 16 years of age. The majority of young people in years 10 and 12 were sexually active in some way (Smith A, Agius P, Dyson S, Mitchell A and Pitts M 2002).

There is a strong correlation between multiple disadvantage (including educational disadvantage) and predictors for sexual risk taking and personal safety. Because of the interrelated nature of health issues for young people (sexuality, alcohol and drug use, mental health) it is hoped that *share* will also positively influence other health outcomes for young people and contribute to the aims of other school programs such as *beyondblue*, MindMatters and the National Drug Strategy.

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<sup>1</sup> The South Australian *share* project is called **share**: respect, health & life. This should not be confused with another SHARE program in Scotland called Sexual Health and Relationships: Safe, Happy and Responsible.

While most schools have implemented some sexuality-related education in different parts of the curriculum (usually health and physical education) this has usually been of limited duration and primarily offered to years 8 and 9. It also has often taken a biological approach (focussing on body changes or pregnancy and diseases) rather than using a comprehensive values, knowledge and skills based approach to relationships and sexual health.

Research with parents, teachers and students conducted by SHine SA (2000) showed support for more sexual health education in schools.

### **Description of the *share* project**

The *share* model was developed after extensive consultation and review of literature on successful health promotion and in particular sexual health and relationships programs in schools. A major study conducted by Ollis (1996) identified five key elements for comprehensive sexual health education programs in schools. These are:

- taking a whole school approach and 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 and training needs of the school community.

*share* incorporates all these elements. In particular it takes a whole school approach in recognition that there needs to be continuity and support for health of young people at school both inside and outside of the classroom and at home. Strategies were developed in consultation with parents, teachers and students to involve all parts of the school community in the *share* project.

### **Why health and education must work together**

Research in the area of health and education over the last 20 years has produced a significant body of evidence about the relationship between a young person's health, their educational outcomes and the influence that school can have on both. "Schools have been the subject of much continuing controversy about their purposes, responsibilities and effects on young people. It has been estimated that young people spend close to half their waking hours in school and inevitably their experience of school has the potential for positive and negative impact on later life. Schools are probably the only point of close to universal access to young people at a time during which both emotional problems and behaviours with long-lasting harmful effects on health are emerging."

<<http://www.rch.org.au/gatehouseproject/project/theresearch/index.cfm>>.

The development of the Ottawa Charter for Health Promotion in 1986 led those in health promotion to think about school sites as places of health promotion. The five priority areas for action as described in the Ottawa Charter are:

- build health public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills
- re-orient health services.

In 1994 the Australian Health Promoting Schools Association was formed and an interpretation of how the Ottawa Charter priorities for action could work in schools was developed. The Health Promoting School model describes three areas of influence on the health and wellbeing of young people within schools. The areas are:

- the curriculum, teaching and learning
- the school's organisation, ethos and environment
- relationships the school makes with its local community.

This has necessitated a shift in the thinking about how we teach and what a teacher's (and school's) core business is. Teacher training and development has often focused on expertise amongst teachers to teach the learning areas, but there is a subtle and very important difference between a teacher thinking they are becoming an expert mathematics teacher, for example, rather than an expert teacher. In addition to developing learning area expertise, an expert teacher will:

- be aware of the social, emotional, physical, mental and spiritual needs of young people
- be aware of the importance of school environment and school policies and practice
- ensure educational opportunities are maximised for all students.

The shift in thinking about schools as health promoting sites has necessarily and positively involved those in the area of health with the expertise in an extensive range of health issues such as drug use, mental health, nutrition, physical health, obesity, sexual health and child protection. It is impossible for teachers to have high levels of expertise in all of these areas. It is important that schools have up-to-date information and deliver relevant and effective education within a safe and supportive learning environment. It is the working of health and education together that has facilitated this happening much more effectively in the last 5 to 10 years. MindMatters and beyondblue are examples of current programs in schools where health and education have worked together to develop the program and continue to work together to support young people deal with a range of mental health issues.

As well as providing a safe, supportive and healthy learning environment for all students many young people will at some stage during their time at school have specific health needs which may impact on their education. Many of the health needs can not be managed by the school alone because they are beyond the role and expertise of teachers (particularly where medical expertise and management is required), therefore schools must develop partnerships with health services and organisations so they can maximise the educational opportunities for young people as they deal with health issues. Schools need to develop partnerships with local health services so the health services can support schools in fully understanding and keeping up-to-date with youth health issues, but also so young people are aware of and do not experience barriers when attempting to access a health service.

### **How are we working together in the *share* project**

The *share* project models health and education working together in a range of ways. The *share* project is funded by the Department of Health and is implemented by SHine SA in 15 government secondary schools. SHine SA is a non-government health organisation whose aim is to improve the sexual health of South Australians.

Four years ago SHine SA employed experienced health teachers to plan, implement and have some involvement in the evaluation of the *share* project. This was an acknowledgment that teachers with the sexual health expertise would be the most suitable workers to manage the project. The teachers needed to learn as much as they could about sexual health issues relevant to young people and research what makes effective sexual health education in schools.

As a specialist sexual health organisation SHine SA keeps up to date nationally and internationally with sexual health information and statistics via networks, publications and collaboration. The development of the classroom component for the project was able to incorporate up-to-date information yet also incorporate latest thinking in educational methodology. An initial condition of

schools participating in the project was that all teachers who deliver the *share* curriculum would receive professional development so teachers were also able to up date their knowledge and skills.

Probably the most significant area for health and education to work together in such a project is facilitating access for young people to health services within the community where their needs are beyond the role and expertise of teachers. Effective relationships and sexual health programs should be designed to empower young people with skills and knowledge that includes where to access health services and the confidence to do so. Personal advice or treatment for relationships and sexual health issues for young people, such as concerns with pubertal development, relationship problems, negotiating sex, contraception, sexually transmitted infections, teenage pregnancy, abortion, sexual identity, date rape, sexual coercion and sexual assault, are beyond the role of teachers work. Each of the *share* schools was committed to forming a student health and wellbeing team that was comprised of students, staff, parents and members of local health services.

### **Summary of achievements of the project so far**

- Selection of 15 schools to trial the *share* model. Schools volunteered to be part of the project. 7 of these schools are in rural areas.
- 15 hours of professional development for over 300 teachers and some counsellors and chaplains. Almost half of these teachers had never previously received professional education in relationships and sexual health. A positive aspect of the first year was that half of these teachers were male, which is a much higher proportion than generally attends teacher training at SHine SA.
- A reported increase in confidence of teachers required to teach sexual health as a result of the professional education. While only 68% of teachers identified that they were confident to very confident to teach in this area before the training, 94% were confident to very confident after the training.
- Parent information evenings were held in all 15 schools. Feedback from these evenings indicated that parents who did attend (and numbers were variable across the schools) appreciated the opportunity to view all materials associated with the *share* project.
- Delivery of curriculum (15 lessons in years 8,9 and 10) to 5,229 students in 2003.
- Only 3% students were withdrawn from the *share* lessons (in line with the legislated right of parents for any program encompassing sex education) by parents responding with a NO to the consent form.
- Student feedback on the *share* lessons showed that 78.8 % rated the course overall as good or excellent. Only 6.1% of students thought the course was poor. Students also overwhelmingly said they found the classroom environment safe and supportive.
- Creation of student health and wellbeing teams in all 15 schools who started the process of looking at how to make schools more aware and supportive of sexual health issues.
- Review of the draft teacher training manual *Teach it like it is* which has now been released in a final form and is being used in many schools (both *share* and non-*share* schools) in South Australia.
- Completion of a literature review of effective sexual health education in schools. The literature review was commissioned by SHine SA and conducted by La Trobe University.

### **Challenges - political opposition to *share***

It is not possible to discuss the *share* project without reference to the sustained community and political opposition from a very small but vocal group of people. This was at it most intense in 2003

and primarily centred on concerns that the *share* program promotes homosexuality, does not promote abstinence until marriage and is too sexually explicit.

The opposition to *share* was not anticipated when the program was planned. Sexual health education has been part of the school curriculum in South Australia for many years and received extra attention with the onset of the HIV epidemic. The curriculum for *share* is not significantly different to what is currently being taught in many schools. *share* sought to enhance this education through sequencing the lessons over a three year period to allow for consolidation of learning outcomes, better teacher training and resourcing and more formal involvement of parents and the whole school community.

The opposition was from a small, vocal number of people from church groups, the Family First Party, the Festival of Light and the Right To Life. Public forums were held with those opposing the program making outrageous claims about the content of the program and processes used to introduce the program into school communities. On 4 April 2003 the Liberal Shadow Minister for Education Vickie Chapman put out the first of many media releases critical of the *share* project, including one that called the program child abuse.

In response to these issues SHine SA and DECS provided many briefings for concerned individuals and groups. This sought to counteract the inaccurate claims that were made about the program. The Minister for Education also put out a statement in support of the project and refuting some of the claims made about it.

The South Australian parliament was used to debate the *share* project with the Opposition Spokeswoman on Education finally putting a motion to withdraw the program on 4 December 2003. Many Labor members spoke in favour of the program, notably the Health and Education Ministers, as did the Greens member and an Independent, Bob Such. The Democrats have also been active supporters of the program although are not represented in the House of Assembly where the debate took place.

### **Why did this backlash take place?**

Irvine comments that ‘Sex education debates are not inherently incendiary; they are flare-ups which have been ignited’ (Irvine 2002 p145). The campaign against *share* is fuelled by the opportunity it creates for a media profile and for a broadening of a political constituency.

While organisations such as the Festival of Light have a long history of opposing comprehensive sex education, the establishment of a political party such as Family First and the decision by the Liberal Party to enter the debate signals the political gains that are perceived to be available either for the parties or for individuals.

The effect of this overt politicisation of the sexual health of young people can be seen in the discourse in the media. It is notable for the absence of the voices of young people, 5,500 of whom participated in the first year of the project. Their *share* parents are also not represented and instead the opponents portray themselves as ‘concerned parents’.

### **Conclusion**

In addition to managing the political challenges of the opposition to the project, there has also been challenges in implementing a statewide project in fifteen schools where there are competing priorities for time and resources. There have been factors that have been out of the control of the project staff, such as trained teachers leaving the schools, which have led to some schools not being

able to offer curriculum to every student as planned. The time available for key staff to establish partnerships with , or even gather information about , community health services has impacted on how well schools have managed this part of the project.

*share* provides an important opportunity to develop and evaluate a model of comprehensive school-based sexual health education that is based on the best available research. Our experience to date is that with the additional level of support and resources offered to schools through the *share* project more effective education of young people is possible. Certainly the feedback from students is that they have found the curriculum to be relevant and interesting. The impact evaluation being undertaken by La Trobe University, which is due to be completed in 2005, will seek to identify whether it is possible to demonstrate that improving school-based education is sufficient to lead to a reduction in risk-taking behaviour in young people and an overall improvement in their sexual health and wellbeing.

So while the Christian Right groups tried to stimulate panic and controversy they have also created an opportunity for more public talk of sex and provided a graphic illustration of the barriers that can exist for young people to access the education and services they need. Hopefully the consequences of this will be to strengthen community support for programs such as *share* and ensure that more schools take up the challenge of improving their approach to the sexual health of young people.

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