

YOUNG PEOPLE'S PERCEPTIONS OF SEXUALITY AND RELATIONSHIPS EDUCATION IN QUEENSLAND SCHOOLS

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ABSTRACT

The Australian Research Centre for Sex, Health and Society (2009) reported a rise in the number of students becoming sexually active at a younger age. Statistics show the rate of people contracting Sexually Transmitted Infections have increased in Australia, with reported numbers of Chlamydia quadrupling in the last ten years, with 80% of reported cases being 15-19 years old.

Education is fundamental in providing good sexual health care. However research suggests that too few of our youth, particularly those in rural areas, are provided with Sexuality and Relationships Education (SRE) deemed adequate to support future adult sexual health and wellbeing. In the past there has been no mandated framework or program for SRE in Australian schools. However Queensland State and National Government health strategies have identified young people as a priority target population for the prevention and management of youth sexual health and wellbeing. These initiatives have provided the impetus for this study.

The study aimed to gain insight into young people's perceptions of SRE as the end users in Queensland State, Catholic and Independent schools. It examined their views about the efficacy of the SRE they received and whether it informed them in today's society. They responded to questions about the content and delivery of SRE, as well as how pertinent it was of current issues youth are exposed to in society.

The study, centred in a regional city in Queensland, involved a sample of 110 people between the ages of 18 and 21. Of this sample, 87.3% of participants were schooled in rural or regional areas in the state. Participants completed a confidential, anonymous survey, consisting of a range of multiple choice and short answer questions. The survey required participants to reflect on their past schooling experiences and report their perceptions of their SRE courses. Results were analysed using quantitative, descriptive analysis.

Results show similarities from respondents who attended State and Independent schools in relation to the SRE program. In general, young people said education was age appropriate and presented current issues, however 68% maintained that improvements could be made in terms of content and the delivery of the subject. Suggestions for improvements were made by respondents.

With the implementation of the National Curriculum over the next couple of years, we conclude that State, Catholic and Independent schools in Queensland, in particular rural and regional areas, should use this opportunity to improve the content and delivery of SRE. Comprehensive SRE in schools needs to encompass learning that is functional, beneficial and practical for end users, in order to inform their choices and experiences.

INTRODUCTION AND BACKGROUND

Sexuality and Relationships Education (SRE) encompasses a range of named programmes, often reflective of political, social or religious sensitivity (United Nations Education, Scientific and Cultural Organisation [UNESCO], 2007). A universal, conventional name ceases to exist, and terms such as Sex Ed, life skills education, family life education and relationships education are in essence programmes with similar aims. Until recently, SRE focused on human reproduction and sexual organs (Marshall, 1996), but lacked the teaching of emotions, relationships and sexual health. Today however, it is essentially considered a lifelong process of acquiring information, building respect for self and for others, and forming attitudes and ideologies about topics such as identity, relationships, reproduction, sexual health and intimacy (National Guidelines Task Force, 2004; Harrison, 2000; Avert, 2011). It should also contextualise issues and develop students' situational skills, such as communication, respect, decision making, negotiation, and withstanding peer pressure, in order to provide them with a comprehensive and effective education (Australian Research Centre in Sex, Health and Society [ARCSHS], 1999; Schaalma, Abraham, Gillmore & Kok, 2004; Avert, 2011). Some people however, contend that SRE in Australian schools, particularly those in rural and regional areas of Queensland, is superficial and insufficient for their intended audience (Australian Broadcasting Corporation [ABC], 2010; YMCA Queensland Youth Parliament, 2009; Milburn, 2006; Somerville, 1996; Jenkins & McLaren, 2003).

The ARCSHS (1999) indicate five key components for establishing and delivering comprehensive and effective SRE, underscored by diversity, social justice and creating safe and supportive environments. The ARCSHS (1999) also maintain the necessity of being reflective of current research and societal trends, in order to embrace knowledge and skills from an impartial and objective view, open to scrutiny and discussion. Being informed by current trends and particular cultures, for example, rural, regional or urban, aids in understanding implications and effects on youth (ARCSHS, 1999; Somerville, 1996); these can align with public health goals such as the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy* (Queensland Health, 2005). In multicultural societal contexts like Australia's, Avert (2011) also maintains this education must be culturally sensitive.

Acknowledging that young people are sexual beings is a first step in understanding the importance of SRE during adolescence. This period is a crucial time for sexual

development, when young people begin to experience affection, an interest in relationships and a level of peer pressure, all of which have the potential to lead to precarious sexual behaviours (Mitchell & Walsh, 2009; Skinner & Hickey, 2003). Without appropriate education, this age of experimentation has the potential to lead to unsafe sexual practices which might instigate health risks, such as Sexually Transmitted Infections (STIs), unintended pregnancy, and emotional disturbances. Statistics show the rate of people contracting STIs has increased in Australia, with reported numbers of Chlamydia quadrupling in the last ten years; 80% of reported cases occurring in 15-19 year olds (Stancombe Research and Planning, 2009; Australian Government, 2010).

While fertility rates of 15-19 year olds have decreased since the 1970s, Queensland has remained consistently higher than the national average (Australian Bureau of Statistics [ABS], 2005; ABS, 2010, Coory, 2002 cited in Family Planning Queensland [FPQ], 2006). Young people in rural areas are reported to be particularly at risk, with higher rates of teenage pregnancy compared to urban areas (Quine et al., 2003; Women's Health Queensland Wide, 2009; Somerville, 1996). Queensland Indigenous mothers, aged 15-19, recorded a fertility rate of 100 per 1000 compared to 27 per 1000 in non-Indigenous mothers (ABS, 2010).

Education is fundamental for providing good sexual health care (Coates, 2005). Research suggests that too few Australian youth, especially those in rural and regional areas, are provided with SRE deemed adequate to support their sexual health and welfare (UNESCO, 2007; Warr & Hillier, 1997; Quine et al., 2003), particularly since they engage in sexual activities at younger ages (Smith, Agius, Mitchell, Barrett, & Pitts, 2009). Access to a range of sexualised material on the internet and through the media, such as pornography, movies, magazines, advertisements and television shows, where often the content is not accurate or realistic and maybe misleading (The Mercury, 2010), also poses challenges. Bronwyn McCahon, editor of *Dolly*, states: "...they're too embarrassed to ask their teachers, friends and parents" (as cited in Millburn, 2006, para. 21). This leaves them in a potentially risky situation.

Children's rights must also be considered in the controversial issue of children and sexuality. The United Nations Committee on the Rights of the Child, outlined in their 1989 convention that governments are key stakeholders in ensuring children are able to protect themselves as they explore their sexuality (Mitchell & Walsh, 2009; Child Rights Information Network, 2009). Brennan (2007) maintains that this can be achieved through SRE. Withholding or failing to provide adequate SRE that addresses and contextualises these issues and resultant problems in society, may leave young people susceptible to misconceptions which make them vulnerable and susceptible to coercion, abuse, exploitation, unintended pregnancy, and STIs (UNESCO, 2009; Brennan, 2007).

SRE IN THE SCHOOL CURRICULUM

The 4th National Survey of Australian Secondary Students conducted by the ARCSHS, revealed that students considered school SRE as one of their top three sources of trusted information for sex, relationships and sexual health (Smith et al., 2009). While there is no mandated framework or program for SRE in Australian schools, Queensland State and National Government health strategies such as the *Second National Sexually Transmissible Infections Strategy 2010 – 2013* (Department of Health and Ageing, 2010), *Health Protection Strategic Directions 2010 – 2013* (Queensland Health, 2010) and *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy* (Queensland Health, 2005) identify young people as a priority and target population for the prevention and management of youth sexual health and wellbeing. In Australia, how much or how little SRE is taught in schools is at the discretion of each individual school. This has resulted in a range of quantity and quality of SRE between schools (Milburn, 2006; Williams, 2010 cited in ABC, 2010; Mitchell & Walsh, 2009). Although SRE topics are embedded in various Key Learning Areas in Queensland curricula, it is most commonly implemented within the HPE, SOSE and Science curricula (FPQ, 2008a).

When implemented into schools, SRE has the potential to provide students with knowledge and opportunities for discussion about sex, sexuality, sexual development, sexual health, interpersonal relationships, reproduction, emotions, decision making and values (FPQ, 2008b; FPQ, 2008c; Blake & Procter, 2000; Brennan, 2007). However, arguments arise centred on points such as the already crowded school curriculum, and the view that SRE is not the job of the teacher but of the parent. Nonetheless, a recent poll revealed that 82% of parents/carers were in favour of SRE in schools (Galaxy Research, 2008). While parents play an important role in teaching their children about sexuality and relationships (Phillips, cited in *The Mercury*, 2010), ARCSHS (1999) suggests that parents aren't always knowledgeable or comfortable speaking about it to their children. School programs can therefore assist and promote initiation and persistence of discussion between parents (or caregivers) with their children at home, in order to foster healthy parent-child relationships. For students from diverse cultural and linguistic backgrounds, school based SRE might represent the only reliable and trusted source of information (ARCSHS, 1999).

Opponents of SRE maintain however, that it undermines family values, endorses homosexuality, encourages adolescent sexual activity and is overall immoral (Gourlay, 1996; Mendelsohn, 1983; Epstein & Johnson, 1998). Conversely, supporters of SRE have viewed the programs as a "solution to a series of complex, persistent and multi-faceted social problems" (Gourlay, 1996, p. 39). Research suggests that comprehensive and effective SRE in schools can positively contribute to students' lives, by fostering awareness, delaying the onset of sexual activity and increasing adoption of safer sexual practices, resulting in youths' protection of potentially harmful effects such as Sexually Transmitted Infections, unplanned pregnancy and

sexual abuse (Family Planning Queensland (FPQ), 2008b; Gourlay, 1996; UNESCO, 2007; Senderowitz & Kirby, 2006).

Determining the effectiveness of SRE in schools is not, however, a simple task. Teachers are held accountable when students fail English or Mathematics for example, but who is held accountable for poor results in SRE where outcomes reflect unplanned pregnancy, sexual assault or STIs? The absence of a mandated framework does not provide quality assurance, which may put young people's sexual health and welfare at risk. It also suggests that end users of SRE might be able to provide curriculum planners with useful information in relation to the perceived effectiveness of the curriculum they received at school.

AIMS AND RATIONALE

The study aimed to find out students' perceptions and opinions about the content and delivery of SRE in Queensland schools, in particular perceptions of students in rural and regional areas. Students are the end users of SRE in schools. Therefore, it was considered essential that they were the focus of the research in order to provide insight into their perceptions of the programs they were exposed to.

Issues of interest included: a) whether students thought SRE addressed issues faced by youth currently in society; and b) whether they thought the program they experienced was successful in providing them with comprehensive SRE or whether gaps existed for improvements. It was also important to group responses according to school sectors to see if differences exist between State, Catholic and Independent schools, and to ascertain if there were notable patterns of perceptions between participants. It was anticipated that by aiming the survey at a sample of post-school individuals aged between 18 and 21, perceptions of school SRE would reflect some experience of issues related to the aims of SRE, and hence responses would be perhaps more grounded on actual rather than inferred or projected needs.

METHODS

In order to ascertain students' perceptions of SRE in Queensland schools, a non-invasive survey was constructed with a combination of multiple choice and short answer questions (Appendix A). Ethical approval was obtained from James Cook University prior to commencing research. The survey was taken up by 110 post school individual volunteers between the ages of 18 and 21 from James Cook University and Brothers Leagues Club Townsville. The survey instrument included demographic information and questions based on their perceptions of elements of pedagogy as well as the content of the SRE programs they received at school. A number of open ended questions were also included for participants to express their opinions or make any further comments. All survey analyses were then executed using the PASW program (IBM SPSS Inc, 2010).

RESULTS

The demographic characteristics of the 110 participants who completed the survey instrument are presented in Table 1. Respondents from State and Catholic schools were predominantly female, whereas those from Independent schools were predominantly male. The majority of respondents in each schooling sector were schooled in North Queensland; 66% of respondents attended state schools, 79.5% attended Catholic schools and 53.8% attended Independent schools. Only 12.7% of all respondents were from metropolitan areas (metropolitan and south around the Gold Coast region), while the rest were schooled in rural and regional schools. Results highlight the importance of attending to rural and regional education, which Mitchell and Walsh (2009) stress is an educational priority.

Table 1: Respondent (N=110) demographic characteristics

		School					
		State		Catholic		Independent	
		N	N %	N	N %	N	N %
Gender	Male	13	24.5	11	25.0	9	69.2
	Female	40	75.5	33	75.0	4	30.8
Age	18	5	9.4	6	13.6	1	7.7
	19	12	22.6	9	20.5	5	38.5
	20	15	28.3	11	25.0	3	23.1
	21	21	39.6	18	40.9	4	30.8
Qld District	Far North	8	15.1	3	6.8	0	.0
	North	35	66.0	35	79.5	7	53.8
	North West	0	.0	1	2.3	0	.0
	Central	4	7.5	2	4.5	0	.0
	Metropolitan	3	5.7	3	6.8	5	38.5
	South	2	3.8	0	.0	1	7.7
	South West	1	1.9	0	.0	0	.0

Respondents were asked a series of questions (Appendix A) regarding their experiences of the content and delivery of SRE in the classroom. The results from the content questions are summarised in Table 2, and include questions about whether there was a range of options presented for making informed choices (Question 6), whether they felt the information provided was age appropriate (Question 11) and whether salient or appropriate issues were presented (Question 7). Results from the questions about the delivery and process of teaching SRE, including a question about how regularly students had opportunities for discussing social and moral issues (Question 9) and how comfortable they felt asking the teacher questions (Question 8), are summarised in Table 3.

Table 2: Content of SRE programs by school sector

		School		
		State	Catholic	Independent
		N %	N %	N %
Range of Options for Choices	Yes	79.2	36.4	76.9
	No	20.8	63.6	23.1
Age Appropriate Information	Yes	83.0	45.5	84.6
	No	17.0	54.5	15.4
Appropriate Issues	Yes	75.5	38.6	76.9
	No	24.5	61.4	23.1

Respondents from State and Independent schools predominantly felt that they were provided with a range of options for making informed choices, age appropriate information and appropriate issues (Table 2). Respondents from Catholic schools, however, do not follow this pattern.

Table 3: Delivery and teaching of SRE by school sector

		School		
		State	Catholic	Independent
		N %	N %	N %
Opportunities for Discussion	Always	26.4	4.5	53.8
	Sometimes	32.1	38.6	23.1
	Seldom	13.2	36.4	7.7
	Never	28.3	20.5	15.4
Comfortable Asking the Teacher Questions	Always	3.8	.0	15.4
	Most times	20.8	22.7	15.4
	Sometimes	22.6	22.7	15.4
	Seldom	20.8	27.3	23.1
	Never	32.1	27.3	30.8

Most respondents from Independent schools also reported that they *Always* or *Sometimes* had opportunities for discussion of social and moral issues. *Sometimes* and *Seldom* were the most common response for those who attended Catholic schools, while the majority of responders selected *Sometimes* or *Always*. State schools responses indicate that the majority of respondents were comfortable asking the teacher questions at least sometimes or more frequently. Regardless of school sector attended, most respondents were not very comfortable asking the teacher questions. The reasons they cited for this included: biased teacher views, uncomfortable relationship with the teacher and an awkward and uncomfortable classroom environment.

Respondents were also asked how often they recall the knowledge learned from their school SRE courses (Question 10). This question aimed to determine whether this knowledge was used in practical situations. The survey also contained a section at the end for suggested improvements. The response rate for this last question was 74.5%, in which 68.1% mentioned improvements they felt necessary and 6.4% stated

that no change was needed. A range of improvements were suggested by the respondents. These are tabulated into themes: content (more current issues including homosexuality and a wider range of information provided), perspectives presented, delivery (younger and outside sourced facilitators, frequency where education starts earlier and continues throughout high school, resources including question box and opportunities for discussions), learning environment, student input to program and no change needed. The results for both questions are summarised in Table 4. Results show that regardless of school sector, very few individuals *Always* call upon prior learning. The majority of those who attended Independent schools elected that they *Sometimes* think about it, however, since the sample size for this group is very small (N=14) results might not be representative of the population attending Independent schools. Most respondents from State schools elected *Sometimes* to *Seldom*, and those from Catholic schools, *Seldom* to *Never*.

Table 4: Recollection of learned material, usefulness of SRE received and improvements for the future by school sector attended

		School		
		State	Catholic	Independent
		N %	N %	N %
Frequency of responders who recalled prior SRE learning	Always	7.5	.0	.0
	Sometimes	37.7	31.8	61.5
	Seldom	30.2	29.5	23.1
	Never	24.5	38.6	15.4
Frequency of suggested improvement SRE themes	Content	30.2	27.3	15.4
	Perspectives presented	.0	27.3	7.7
	Delivery	28.4	20.4	15.4
	Learning environment	5.7	2.3	.0
	Student input to program	1.9	2.3	.0
	No change needed	3.8	2.3	30.8
	No response	30.2	18.2	30.8

In regards to suggested improvements, those who attended Independent schools reported the highest rate of *No change needed* for the SRE program, and had lower scores for changes compared to the other sectors. Content and delivery/teaching were the major areas for improvements from those attending State schools; they also registered the highest need for change in learning environments. Those who attended Catholic schools showed that content and perspectives presented were most pressing areas for improvement, closely followed by the need for improving the *Delivery* of SRE. Overall comments about the content included the need for SRE to: “*be updated based on the trends... and subcultures popular at the time*” (male, 21 years old, South region, State school); “*talk about a wider range of issues including sexuality and abortions instead of always focusing on heterosexual issues*” (male, 18 years old, Metropolitan region, Independent school), “*cater for all groups of people not just the mainstream... being gay, there wasn’t a lot of resources*” (male, 21 years old, Metropolitan region, State school); “*not be so narrow and deal with all situations*” (female, 20 years old, North region, Catholic school).

Analyses of variances (ANOVAs) were performed to determine whether there were significant differences between the views of respondents from the different school sectors for the various questions. A significant difference was found in responses that rated school as the most important source of information about sexuality and relationships, ($F(2, 109) = 6.0, p < 0.05$), with participants from Independent schools rating it the highest, and participants from Catholic schools rating it the lowest. Ratings from respondents from State and Independent schools were above the national averages which saw school SRE as the fourth most trusted source of information, but the third most used (ARCSHS, 2009) while ratings of those from Catholic schools matched national averages.

The most significant differences between the three school sectors resulted from questions designed to gauge whether SRE was age appropriate ($F(2, 109) = 10.1, p = 0.01$), dealt with current, appropriate issues ($F(2, 109) = 8.6, p = 0.01$), and provided options for making informed choices ($F(2, 109) = 12.0, p = 0.01$). Each of these questions presented a consistent pattern of response in the results, with respondents from State and Independent schools having a higher percentage of *Yes* answers, and those from Catholic schools having a higher percentage of *No* answers to all three questions. A significant difference was also found between the three school sectors for Question 9, which asked how often they were provided with opportunities to discuss these issues, ($F(2, 109) = 3.7, p < 0.05$). Respondents from the Independent sector had the highest ratings, that is *Always* and *Sometimes*, followed by those from the State sector, with lowest ratings from those who attended Catholic schools.

DISCUSSION

The study aimed to find out what young people, aged 18 to 21, thought of the SRE they received in Queensland schools. As the end users of SRE, their perceptions reflected how the programs presented and addressed issues that young people are faced with in society today. Notwithstanding some limitations which may have impacted on the representativeness of the results, results showed that there is room for improvement in the content and delivery of SRE in schools, particularly in relation to classroom environment, facilitators and the relevance of information presented.

It is acknowledged that using participants aged 18 to 21 may have led to incomplete recollection of their SRE at school which may have biased their responses. Alternatively, this absence of recollection could indicate deficiencies in the SRE, where the information presented did not have a big enough impact or was not beneficial or practical. Another factor which could influence results is respondents' personal religious beliefs. Factors including pre-marital sex, homosexuality, contraception and abortion are not acceptable within some belief systems and religions. Being aware of these limitations suggests that further research needs to be conducted to tease out more fully respondents' views, perhaps through a mixed-methods, qualitative and quantitative two-phase project.

Despite the possible limitations of the study it is still noteworthy that most respondents stated that they were reluctant to ask the teacher questions about SRE, a sensitive topic. Reasons cited for this included unsuitable and uncomfortable relationships with teachers and other students in the class, which therefore made them feel more uncomfortable and embarrassed than would be inherent in the subject matter in question. “[SRE] wasn’t comfortable... had to ask [questions] in front of everyone” (female, 19 years old, North region, Catholic school); “fear of ridicule from other students” (female, 21 years old, North region, Catholic school); “small town, everyone knows each other” (female, 21 years old, North region, Catholic school). Using a question box as a resource was a suggestion made by several respondents in the survey, which may have helped to create a more comfortable discussion environment. They proposed that students could write “anonymous questions, put questions in a box” (female, 20 years old, Far North region, State school), which “the teacher then answered to the class, it was really good” (female, 21 years old, North region, Catholic). This could also allow teachers to acquire relevant information for appropriate answers by preparing and researching the topics under discussion. If this strategy had been in place in more classrooms, students may have had more sensitive questions answered; questions that they felt too embarrassed to ask. Results here might have therefore been more positive in relation to this question.

Many respondents stated that they would have preferred and felt more comfortable with younger teachers, “she was an older teacher, who had very strong views, you felt like you were being judged” (female, 21 years old, North region, Independent school). On the issue of younger teachers, other respondents commented that “it was awkward with old and plain ones” (male, 20 years old, North region, State school) and “younger teachers are easy to relate to” (male, 21 years old, Far North region, Catholic school). Many respondents also commented that they would have liked SRE to be facilitated by outsourced professionals, such as those from community health organisations. Respondents suggested that the program could be improved by having, “guest speakers” (male, 20 years old, North region, State school), to reduce the embarrassment, so that it is “not such a personal thing with teachers... [because] they see you every day” (female, 20 years old, North region, State school). Those who stated their school SRE was comprehensive mentioned that it was facilitated by “an expert with a contemporary view” (female, 20, Metropolitan region, Independent school), and that an “objective outsider was far better... Family Planning came and was very up to date with local area issues” (female, 21 years old, Far North region, Catholic school). This supports prior findings (ARCSHS, 1999) which suggest that although young people trust information from professionals, they are less likely to access them voluntarily.

In recent times, teachers have spoken out about being undertrained and under resourced for teaching SRE (Limkin, 2011; La Trobe University, 2011; The Mercury, 2010; Pow, 2011), which may be impacting upon their self-efficacy to teach subject content and also evident in their delivery of the subject matter. This inference is derived from respondents’ comments about improvements for SRE. They highlighted a need to improve the delivery of SRE with different facilitators and

resources: “[I] didn’t really think the teachers would provide the best answers” (female, 20 years old, North region, Catholic school), perhaps because “the teacher had to be careful with what they said, it [SRE] wasn’t real-life” (male, 19 years old, North region, Catholic school), or “they [the teacher] did not have the depth of knowledge” (male, 21 years old, North region, Catholic school) and “the teacher did not know anything on the subject” (male, 21 years old, Metropolitan region, State school). While FPQ run education services and provide resources which aim to support teachers in developing and implementing SRE in the classroom (FPQ, 2008b; FPQ, 2011), little information is available on how tertiary institutions address the training of pre-service teachers for this sensitive but important area. La Trobe University (2009; 2011) have found that teacher professional development and training, or lack of, may impact teachers’ ability to conduct valuable discussions of sensitive issues within SRE. They identified that issues exist where teachers often feel at-risk when teaching the subject matter, due to fear of possible oppositional community reactions. The results however, did not show consistencies between the three sectors, as students in Independent schools were provided with more opportunities to discuss these issues compared to those in Catholic schools who were provided with the least.

Mitchell and Walsh (2009) explain that while religious schools work in accordance to State Health frameworks, interpretation is made so the education reflects their religious or cultural ethos. Since most respondents were from the Northern area of Queensland, the Catholic Diocese of Townsville’s (CDT) guidelines for SRE (CDT, n.d.) were examined. These showed areas that may have prevented schools from discussing particular current trends and issues, such as pre-marital sex, abortion, homosexuality and contraception in light of Catholicism and its doctrines (Smith et al., 2009). Principle five and six of the guidelines however, state that “Education in human sexuality must be related to the age and developmental level of young people... (and) must take sensitive account of the social and cultural context in which it occurs” (CDT, n.d., p. 4). Results from this study however, do not reflect these precepts. “They were unrealistic about the age in which people start having sex” (female, 19 years old, North region, Catholic school); “It [SRE] had a heavy religious perspective that didn’t encompass real world situations, it provided information but in useless contexts” (female, 21 years old, Central region, Catholic school). In response to how comfortable she felt asking the teacher questions, one participant noted “my teacher, during the one sex-ed lesson we had, swore our class to secrecy and permitted us to ask her questions” (female, 21 years old, North region, Catholic school). She further stated in the improvements section that “a great deal of shift in policy and religious standpoints needs to occur in the Catholic Church first and foremost... because it [SRE] was impractical, irrelevant and out-of-touch with contemporary teenagers”.

While such a recollection was more typical from some of those who attended Catholic schools, regardless of school sector, most participants did not often recall their prior school learning of SRE. “I hardly remember it, ... it was very quick and broad” (female, 21 years old, North region, Catholic school). As outlined earlier, many students rated their school as an important source for SRE and believed it was age appropriate and addressed current issues. This raises the question, why are

individuals not calling upon this information to make informed decisions? On the whole, participants mostly stated that they did not always recall SRE information. This might explain for high STI and pregnancy rates in Queensland, for as Rimkin (2011) maintains it is most likely to be due to lack of materials in schools for comprehensive SRE. As some of the participants have not attended school for almost five years, it is possible that in the interim SRE may have changed across schools and indeed differences between school sectors may have been eliminated. Health policies and frameworks have been updated; therefore ongoing research is needed to see what students currently in schools think of SRE.

Cecelia Gore, Director of Education for Family Planning Queensland explains that generally professionals in the health sector push for *what* is taught within SRE, and professionals in the education sector are more focused on *how* it is taught, or the pedagogy of how learning is supported (personal communication, June 24, 2011). When questioned about what improvements could be made to SRE, respondents listed more improvements for *what* (content and perspectives presented) should be taught, rather than *how* (pedagogy, delivery and learning environment). This may have been a limitation of the survey instrument which prevented respondents from listing improvements to both concepts of SRE. It is, however, important to consider both *what* and *how* when developing and implementing programs into schools as highlighted by the high proportion of respondents who offered suggestions for improvements; a quarter of all respondents from Catholic and State schools. Those from the Independent sector numbered only 14 which might not be representative of the population. While the percentages were only low, student input to programs not only encourages a whole school approach (ARCSHS, 1999), but could help teachers and curriculum developers to develop valuable learning experiences that addresses the needs of students and provide students with information that they want to learn (Courier Mail, 2009; Gourlay, 2006 cited in ARCSHS, 1999). This is essential particularly as we see the National Curriculum, including Science and HPE, due to be phased into Australian schools over the next few years (Australian Curriculum, Assessment and Reporting Authority, 2009). The high response rate from those advocating for improvements, shows that teachers and program developers need to consider the views of past end-users of SRE in schools, in order to ameliorate current program gaps and to generate comprehensive SRE in schools in the future.

IMPLICATIONS AND FUTURE DIRECTIONS

Providing students with comprehensive SRE will help to prevent abuse and early onset of sexual activity, as well as promote awareness of sexual health and health in general. The following suggestions have been made by participants in order to provide future directions for the improvement of current SRE in Queensland rural, regional and metropolitan schools of all sectors. Creating a safe and supportive environment is a vital element in Queensland classrooms, regardless of subject or content matter (Queensland College of Teachers, 2007). Including a question box into lessons would provide students the opportunity to ask anonymous questions on a sensitive or embarrassing topic, that may otherwise go unanswered or be answered

incorrectly. This strategy could also help to establish a classroom environment where students feel more comfortable discussing sensitive, social and moral issues. In order for these sensitive issues to be discussed in a comfortable environment with reduced embarrassment, teachers need to be in touch with youth, subcultures and societal trends. Teacher training and professional development also needs to take place. As SRE is incorporated across the curriculum in most schools, all teachers should be trained both in the content and pedagogy. While training programs exist through organisations like FPQ (2007; 2011), University institutions should incorporate aspects of training into their pre-service teacher programs to better prepare upcoming teachers. This way, teachers that pursue rural and remote teaching service after graduation will be equipped with the knowledge to provide students in these regions with quality education.

Student recollection and impact of SRE could be improved if SRE was presented as a separate subject or program on a weekly or regular basis, which covered all aspects including anatomy, morals, STIs and healthy relationships to name a few. The consistency of the subject would help to highlight the importance of sexuality and relationships and prompt students to call upon prior learning in real life situations. This education would also benefit greatly from student input as they are the end users. The program should reflect issues they are exposed to in society, and provide them with objective information. If religious viewpoints are necessary, then these should be also included as an alternative viewpoint.

While moderation takes place to ensure schools have balanced curricula and assessment, no body moderates SRE programs across the state. This is disadvantaging students as there is no moderating process in order to align programs between the State, Catholic and Independent school sectors, as well as across all geographic areas. This may not be the most practical strategy for SRE at this point in time, however teacher training and student input to programs can be used to improve programs to ensure all students have equitable access to comprehensive SRE. As Peter Scales (as cited in Mendelsohn, 1983) urges:

“Let us charge the schools with exposing children to the widest range of views possible, for their decisions will be made in an increasingly complex world that ignorance will not make simpler, only more dangerous. Let us have the courage to confront our own hypocrisy and guilt about sex, love and morality. The greatest gift we give to coming generations is the freedom to think, to inquire and to choose” (p. 92).

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