Let's Talk About Sex: Young People's views on sex and sexual health information in Australia

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Acknowledgements

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About AYAC and YEAH

Australian Youth Affairs Coalition

The Australian Youth Affairs Coalition (AYAC) is Australia's voice representing young people (12-25 years) and the sector that supports them. We undertake a range of activities including advocacy, research and policy development, youth sector development, and youth engagement.

In all of our work we aim to:

- Represent the rights and interests of young people, and the sector which supports them, at national and international levels
- Promote the wellbeing of young Australians
- Advance the participation of young people in the community
- Support best practice in youth participation
- Offer policy advice to government and other organisations on issues that affect young people and the youth sector
- Take a leadership role within the youth sector
- Encourage and support coordination and cooperation within the sector

AYAC is funded by the Australian Youth Forum initiative on behalf of the Department of Education Employment and Workplace Relations.

For more information please visit www.ayac.org.au

Youth Empowerment Against HIV/AIDS

Youth Empowerment Against HIV/AIDS (YEAH) is an Australian youth-driven health promotion organisation supporting young people to take control of their sexual health.

YEAH runs three main programs funded by the Commonwealth Government that empower young people aged 15-29, and those who work with young people, to lead and take action in preventing the spread of HIV and other Sexually Transmitted Infections (STIs):

1. **Agents of YEAH -** A sexual health peer education, training, and leadership program currently operating peer education training and the delivery of workshops in VIC, QLD, NT, SA and WA. New peer education teams are in development in the ACT, far north Queensland and NSW.
2. **Red Aware Events -** Supporting young people to run their own sexual health awareness events in their local communities.
3. **Resources -** Providing educational tools and materials to support young people and those who work with them to improve sexual health knowledge and awareness.

YEAH supports policy and peer-based programs that put young people's leadership at the center of Australia's national response to youth sexual health.

For more information please visit www.redaware.org.au.

YEAH and AYAC acknowledge the traditional owners of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to their elders both past and present.

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Report Synopsis

Australia's young people are facing a sexual health crisis of epidemic scale, with 75% of all Sexually Transmitted Infections (STIs) in Australia occurring amongst young people, and a 20% increase in the rate of STIs diagnosed amongst people aged 15-29 in the past three years. AYAC and YEAH believe that there is an urgent need to develop an understanding of where young people access information on sexual health they deem relevant, accurate and trustworthy.

The *Let's Talk About Sex: National Youth Survey* was a joint partnership between AYAC and YEAH to ensure a national consultation process with young Australians aged 15-29 regarding their opinions, experiences and needs around access to sexual health information and education.

In total there were 1,219 responses to the online survey, with an even demographic spread across all states and territories across Australia.

The results of the survey clearly show that, although the clinical, scientific and anatomical approach to sexual health often experienced in the classroom is not satisfactorily meeting the needs of young people, a consistent approach to sex and sexual health information in Australian schools is overwhelmingly supported and expected, with no respondents saying that sexual health should not be taught within schools.

More than 80% of young people support lessons about sex and sexual health information to be the same in every Australian school, with supporting statements focusing on the *'right of every student to sexual health education'* and the need for *'a basic standards and incremental age appropriate sexual health content within all schools covering every topic'*.[i] The strong support from young people is backed up by the first *National Survey of Australian Secondary Teachers of Sexuality Education*, in which 94% of teachers surveyed said they believed that sexuality education should be part of the national curriculum.[ii]

Young people responding to the survey clearly showed the need for consistency in the content and delivery of sex and sexual health information within schools. Young people are seeking more information about the complexities of their lived sexual health and development experiences by wanting to access more information about healthy relationships, how to better access youth health services, and sexuality and sexual diversity.

There is also strong evidence from young people wanting teachers to engage external agencies to support and complement the delivery of sexual health education in the classroom, with an emphasis on peer education. The survey showed that young people most preferred sexual health peer educators (i.e. trained young people, 68%) and sexual health educators from community organisations (68%) to deliver sex education in schools. Whereas only 32% agreed that Health and Physical

Education teachers were a preferred choice. These results are echoed in the findings of the 2010 survey of Australian teachers who taught sexual health education.[iii]

Survey respondents highlighted that they wanted a spectrum of topics covered within the school curriculum. The research highlighted that a majority of teachers identified that they needed some assistance with one third of 30 sexuality topics while 16% no formal training in sexuality education and a majority relied on in-service training that was a one-off or of short duration.

A majority of young people responding to the survey stated a preference for a *little bit older age group* versus less than 5% preferred much older. In addition around a quarter of teachers believe that students do not feel comfortable to discuss sexual matters with teachers, and a quarter of schools already adopt a team taught approach, or engage external agencies to deliver sexual health education.

This report supports the partnership approach in the delivery and implementation of sexual health education.

Young people access sex and sexual health information from a range of sources both in and outside of school so an appropriate strategy to address sex and sexual health education for young people must include a cross-sector approach that reflects the vast array of places where young people go to for information on sex and sexual health in addition to the overwhelming support for sexual health to be delivered in all Australian schools.

The report highlights the value of consulting with young people as experts in their own experience and as a key stakeholder group in the development and implementation of sexual health policy and education.

Recommendations

This report aims to ensure young people have the opportunity to access accurate, youth-friendly, and inclusive sex education. We endorse the following recommendations to further sex and sexual health education in Australia.

Youth health policy

1. Recognise sexual health as a critical area of health and development for the wellbeing of young Australians.
2. Ensure government place young people as central to any STI prevention strategy.
3. Recognise and incorporate into relevant sexual health strategy, policy and services the diverse sources where young people access sex and sexual health information.

Sex education in the curriculum

4. Provide a universal and inclusive approach to youth sexual health education in Australia.
5. Ensure the inclusion of age-appropriate and incremental sexual health content within and across the Health and Physical Education in the Australian Curriculum from Years 5 to 12.
6. Ensure sex education in schools covers a cross-section of all topics that includes healthy relationships, anatomy and reproduction, safe sex/STIs, sex/pleasure, accessing youth health services and HIV/AIDS.
7. Ensure sexual health content within the National Health and Physical Education Curriculum is based on and addresses each aspect of the World Health Organisation's definition of sexual health:

> *Sexual health is a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.*[iv]

8. Implement key recommendations and priority action areas as listed within the *Second National Sexually Transmissible Infections Strategy 2010-2013* into the Australian Curriculum framework for sexual health in the Australian Curriculum.
9. Ensure sex education is respectful and inclusive of young people who are Same Sex Attracted and Sex and Gender Diverse.

Delivering sex education in partnership

10. Ensure schools are resourced to adopt a collaborative approach to delivering sex education that includes sexual health peer educators and youth/community sexual health educators to support teachers.
11. Recognise that young people prefer someone 'a little bit older' to teach them about sex education.
12. Recognise and incorporate the evidence and identified need from both young people and teachers to engage external agencies to support the delivery of better sexual health education.

Incorporating student voice

13. Ensure the voices and opinions of young people are reflected within sexual health education and sexual health policy in Australia.
14. Ensure ongoing opportunities for direct input from young people in the development process of the sexual health education within the Australian Curriculum in consultation with AYAC, YEAH and other relevant youth organisations.

Resourcing sex education

15. Develop a national register of recommended resources and external services for teachers across Australia to improve delivery of school sexual health education in consultation with AYAC, YEAH and other relevant youth organisations.
16. Government to work in partnership with AYAC and YEAH to implement good practice guidelines for engaging peer and youth sector education programs within the Australian Curriculum and schools.

Sex Education beyond the school context

17. Develop an awareness campaign to ensure young people are aware of reliable and accurate sources of information online and via youth and community health services.
18. Ensure young people have access to sex and sexual health information outside of school on all topics but especially on 'Sex and Pleasure' and 'Sexuality'.

AYAC and YEAH look forward to working with the Australian Government and relevant organisations to ensure that within and outside of schools there are clear and definitive guidelines for the inclusion of comprehensive, youth friendly and age appropriate sexual health and development information.

Introduction

Sexual health and development is a primary part of every person's life, yet Australia currently lacks the policy and investment to ensure that all young Australians have consistent access to the basic knowledge, support and life skills necessary to ensure that their sexual development does not lead to physical and mental harm. Young people are the best experts on their own experience, and their voices are key to understanding what works and what gaps must be addressed in sexual health education in Australia today.

The *Let's Talk About Sex: National Youth Survey* – a joint initiative of AYAC and YEAH - set out to discover how and where young people access sexual health information – whether it comes from schools and community organisations, or mainly from friends, pornography or the internet, as well as what young people need in sexual health education, and who is best placed to deliver that education.

With STIs amongst young people at epidemic rates, the survey called on all Australian young people aged 15-29 years to help build an accurate picture of the current state of sexual health education.

The development, testing and implementation of the survey methodology were supported by ongoing consultation with an expert reference group of sexual health researchers, teachers, youth sector workers and young people.

'Sexual health' comprises a lot more than just disease, safe sex or reproduction. It also involves healthy relationships, sexuality and development, consent and pleasure. Creating opportunities for young people to shape the type of sexual health information to which they want access, is an important step towards self-determination and young people taking control of their sexual health.

This report aims to clearly outline the views and experiences of young people accessing information about sex and sexual health both within and outside of school education. It also provides a review of the literature and innovative practice case studies to provide a context to the consultation findings. The key findings in this report will chart a way forward to ensure that all young people - regardless of sexuality, ethnicity or geographical location – can access reliable youth-friendly, relevant and inclusive sexual health information.

We hope this report becomes a catalyst for all elected Ministers, Members of Parliament, Government representatives and their advisors, especially those within the areas of Health, Education and Youth Affairs, to ensure the engagement of young people in ongoing consultations as the development and implementation of the Australian Curriculum and the review and implementation of the National Blood Born Viruses and STI Strategy (BBVS) continues through 2012 and beyond.

Background Context

The implementation of the National STI Strategy 2010 - 2013

The Second National Sexually Transmissible Infections Strategy 2010-2013 identifies young people as a high priority group due to the disproportionate burden of 75% of STIs occurring amongst those aged 15-29 years.[v] The Government recognises the importance of working with all young people who are sexually active and supports youth peer education and social marketing as recognised and effective tools to engage with young people about STIs, including HIV.

The *National Secondary Schools Survey of Sexual Health and HIV*, found that over 'one quarter of Year 10 students and over half of Year 12 students have had sexual intercourse.'[vi]

'Increasing young people's knowledge of STIs including through improved delivery of age-appropriate education within the school curriculum' is listed as one of the six objectives of the Second National STI Strategy to be measured by the 'Proportion of secondary school students giving correct answers to STI knowledge questions' as the indicator.[vii]

Key recommendations and priority actions in health promotion and prevention listed in the Second National STI Strategy include:

- **Young people (section 6.1.1):**
  The fourth National Secondary Schools Health Survey[viii] indicates that there are gaps in secondary students' knowledge, attitudes and behaviour about sexual matters that could compromise their health and wellbeing in the short and long term. Sex education in schools is a highly effective strategy for decreasing sexual risk taking in young people[ix]. Sex education as part of a range of health promotion activities is therefore supported. A national curriculum is currently being developed in Australia, and any new developments in sex education will be formulated as part of this development process. Ongoing and enhanced sex education within schools as an integral part of the school curriculum is strongly recommended.
- **Priority actions in health promotion and prevention (section 6.1.5):**[x]
  - Foster a partnership approach with federal, state and territory education departments to ensure a national education teaching and assessment framework that supports implementation of a comprehensive approach to age-appropriate sexuality and sex education;
  - Develop and implement targeted prevention and health promotion programs for high priority groups building on past and current work;
  - Support the professional development of a health promotion workforce in this area.

As the Government embarks on the mid-term review of the suite of BBVS Strategies, AYAC and YEAH recommends that the Department of Health and Ageing actively

works with the Australian Curriculum, Assessment and Reporting Authority (ACARA) on the development of the National Health and Physical Education Curriculum in 2012 to implement 'a national education teaching and assessment framework that supports implementation of a comprehensive approach to age-appropriate sexuality and sex education'[xi]. We urge the Department of Health and Ageing to leverage its community stakeholders with expertise in the design and delivery of youth sexual health education and health promotion to be actively involved in the process of implementing this critical priority action area of the Second National STI Strategy.

The Development of the National Curriculum

The development of the Health and Physical Education learning area within the Australian Curriculum in 2012 represents a unique opportunity to – for the first time - institute a minimum standard and national approach for sex and sexual health education for all Australian school students. The Health and Physical Education Curriculum is described as 'uniquely positioned to provide opportunities for students to adopt lifelong healthy, active living. The knowledge, understanding and skills taught through the Health and Physical Education curriculum provide a foundation for students to enhance their own and others' health and wellbeing in ever-changing contexts.' [xii] However, it is concerning that the *Draft Shape of the Australian Curriculum: Health and Physical Education*[xiii] did not identify any specific references to the inclusion of sexual health within the aims, structure, organisation, scope or sequence of the proposed National Health and Physical Education curriculum.

ACARA undertakes extensive consultation for each area of the Australian Curriculum, however the number of young people who are able to be part of these consultations is minimal in comparison to other stakeholder groups. The preliminary results of the *Let's Talk About Sex: National Youth Survey* were completed in time to ensure the voices of young Australians could be part of the consultation on the *Draft Shape of the Australian Curriculum: Health and Physical Education* and will be a significant step to including young people's needs within the curriculum development process.

We hope this process will be a catalyst for ACARA to review the evidence shown and act upon the strong alignment around content and style of delivery of sexual health information that both young people and Australian school teachers want delivered and accessible in Australian schools.

The final Shape paper will inform the writers of the Health and Physical Education Curriculum and it is our recommendation that the Australian Government and ACARA recognise sexual health as a critical area of health and development relevant to the wellbeing of all young Australians and ensure the inclusion of age-appropriate and incremental sexual health content within and across the National Health and Physical Education Curriculum from Years 5 to 12.

Methodology

YEAH (Youth Empowerment Against HIV/AIDS) and AYAC (Australian Youth Affairs Coalition) conducted a joint national survey to determine an evidence base for the opinions of young people on sexual health education. The aim in undertaking this research was to consult directly with young people and build a picture of young people's opinions on sexual health education delivered both wihtin and outside of school based education. We invited young people to take part in current debates on the following questions:

- Where do young people currently access information about sex and sexual health?
- Where should sex education be provided and what topics should be covered?
- Who is best placed to deliver sexual health education in and outside of schools?

As the first step in undertaking consultation, AYAC and YEAH established an expert reference group who were frequently consulted throughout the development of the project. They advised on the survey's aims, methods, development and design, sampling strategy, online format, testing and promotion. The reference group provided advice throughout the process through teleconference meetings and ongoing email and telephone communication. In order to get a balanced range of perspectives we ensured the reference group comprised young people, youth sexual health educators, school sexual health educations and academics who specialised in this area and who were from a range of institutions across several states and territories.

After initial exploration of the aim of the project, a national online survey was adopted as the primary method for consulting young people across Australia.

The survey design comprised 13 questions that measured both qualitative and quantitative responses from young people across Australia. The survey was completely anonymous and made available online via Fluid Surveys.

The survey design included demographic questions to identify particular groups within the survey sample including Aboriginal and Torres Strait Islander, Disability, GLBTIQ and regional/rural locations. Appropriate testing of the survey was undertaken with young people to ensure the language and flow of the survey matched the target audience. Reference group members assisted with the cognitative and literacy testing of survey questions through facilitated focus groups.

The reference group advised that the survey should be incentivised. Survey respondents were given the opportunity to enter the draw to win an iPad, however, this opportunity was only offered on completion of the survey to ensure that respondents answered all of the questions asked. All participants who chose to enter the draw were asked to provide a contact details. Their personal information was kept strictly confidential and the anonymity of responses was protected in the aggregation and analysis of the survey data. In addition access to the survey results and data strictly controlled.

Promotion of the survey utilised AYAC and YEAH's extensive networks throughout Australia and was supported by suggestions from reference group members.

As part of the internal ethical considerations for this project, particular care was taken to ensure young people were provided with a comprehensive list of contact information for relevant youth sexual health, mental health and support services on the "thank you" page after submitting the survey in the event that filling the survey raised any issues for respondents.

Data from the survey was analysed and workshopped by AYAC and YEAH. The process provided a summary of results and key emergent issues to inform the recommendations and further work in this area.

To further inform the needs of young people with regards to sexual health education, three case studies were undertaken showcasing innovative practice in the delivery of youth focused sexual health information. As well as the data from the survey, a review of relevant literature on sex and sexual health education and young people was conducted.

As a result of AYAC and YEAH's ongoing commitment to the inclusion of young people, young people have been involved at all levels of the development and delivery of this research.

Let's Talk About Sex survey key findings

The survey respondents

In total, 1219 young people from across all Australian states and territories answered the online survey. Not all questions were compulsory.

Location

Survey respondents were represented from all states and territories across Australia. The proportions from each location are consistent with population distribution across Australia.

Response	Chart	Percentage	Count
QLD		14%	175
NSW		32%	384
ACT		5%	62
VIC		26%	314
SA		6%	76
WA		9%	114
NT		5%	57
TAS		3%	37
	Total Responses		1219

Figure 1: Q3. Which state/territory are you currently based?

Age

The age of people completing the survey ranged from 15 to 29 years, with a higher proportion of 18-24 year olds taking part. This should be kept in mind when considering the levels of young people's exposure to sexual health education in school, as it could be up to eight years since some respondents attended school. However many young people in the older age group were able to critically reflect on their exposure to sexual health education in the class room, and how this has subsequently affected their sexual health and sexual identity.

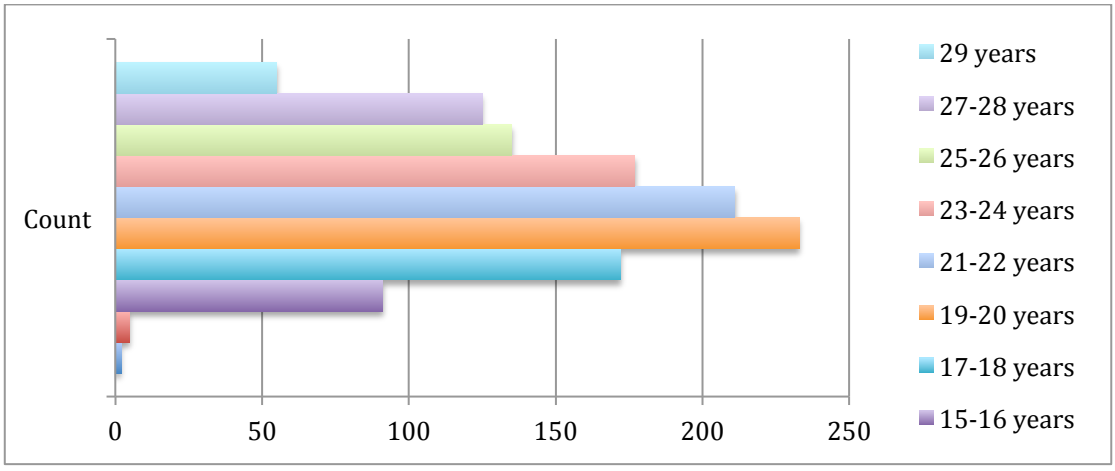

Figure 2: Age ranges

Diversity and gender

There was a diverse spread of responses from young people who identified with a range of backgrounds, sexuality or locations. There was a high number of young people that chose to identify as gay/ lesbian/ bisexual/ transgender/ queer/ intersex (31%). This proportion is around three times higher than the general population.

Response	Chart	Percentage
Aboriginal or Torres Strait Islander		3%
Person with a disability		4%
Culturally and Linguistically Diverse		9%
From a regional/rural area		20%
Gay/Lesbian/Bisexual/Transgender/Queer/Intersex		31%
Other, please specify:		3%
None of the above		42%
I prefer not to say		3%

Figure 3 Q4: Do you identify as any of the following

Respondents were broadly representative of males and females, and included Aboriginal young people, and young people from culturally and linguistically diverse communities.

Where do young people get informed about sex and sex education?

Young people were asked to identify where they had received sexual health information in the past. The options ranged from formal inclusion in the school curriculum, sexual health clinics, through to informal channels such as friends and family, and broader community messages such as TV and movies.

The most common sources of information were the Internet (85%), friends (76%), magazines (72%), school (69%), TV/movies (67%) parent/guardian (65%), sexual health clinics/ community health services (65%) and porn (64%).

It is clear that young people access sexual health information from a large number of sources, from both formal and informal channels, and in a planned and unplanned way.

All sources (see Table 1) were accessed by at least a portion of respondents. While some sources of information are identified as more useful, it can be concluded that a large number of sources of information are needed in order to meet the diverse needs of young people. Each source presents different information in a different way and will be seen as useful by some young people.

Internet	85%
Friends	76%
Magazines	72%
School	69%
TV/Movies	67%
Parent/guardian	65%
Sexual health clinics/ community health services	65%
Porn	64%
University	51%
Youth Sector organisation websites	49%
Youth or Community Organisations	48%
Sibling	46%
Music festivals	42%
Youth Peer Education Program	36%
Other public events	35%
Other relative	28%
Faith based groups	23%

Table 1 Q5: Where have you found or been given information about sex and sexual health in the past?

Of the survey respondents who identified as GLBTIQ at Question 4 (See Diversity and gender) when they accessed sexual health information from school 69% felt excluded and 57% believed it was not relevant to them.

"There needs to be more information around safe sex for LGBTQI people in schools (not just heterosexual safe sex) and awareness of alternative sexualities and genders (asexuality, gender queer etc) - fostering a caring community of accepting young people."
- Survey respondent

More needs to be done to ensure that young people who identify as Same Sex Attracted and Sex and Gender Diverse feel included and empowered to get the information about sex and sexual health that they need. As highlighted in the response above, an inclusive approach to sex education will ultimately foster greater awareness and acceptance among all young people.

Sex Education in the National Curriculum

"Every student has a right to sexual health education, and there should be a basic standard within schools covering every topic"
- Survey respondent

There is no consistent national standard of what topics are included and how sex education is taught in schools across Australia. When asked, (Q6) *'Should lessons about sex and sexual health information be the same in every Australian school?'*, 80% of young people responding to this question answered 'Yes'.

The reasons young people gave for wanting sex education to be consistent in all schools included:

'Ignorance ain't bliss. Everyone should be well informed'

'I went to a [religious] school and was taught absolutely nothing'

'To cut out misinformation'

'A national curriculum for this would make it easier for teachers and students to access information and services'

'It is something that will apply to everyone at some stage in their life. Better to be equipped with the correct knowledge'
- Survey respondents

It was mandatory for all survey respondents to comment on why they believed lessons about sex and sexual health information should or should not be the same in every Australian school. The review of the written responses from the 20% of young people who answered 'No', revealed that 51% of this group commented that all schools should cover basic practical information on sexual health education, but also

went on to explain the need for information to have the flexibility to be tailored to the specific needs of students and the specific issues in their local area rather than 'the same' in every school. We recognise that curriculum guidelines are just that, a set of guidelines that provide teachers with a framework to adapt essential learning criteria into their lesson plans. Therefore we can conclude that approximately 90% of survey respondents believe sex and sexual health information is a critical learning area that must be included in the Australian school curriculum.

The reasons young people gave for not wanting sex education to be the same in all schools included:

> "*There should be a 'core' amount of the same information. Things like reproduction organs are standard human to human. The demographic of the school can see higher rates of teen pregnancy, so a higher impact of use of condoms would be necessary whereas some demographics are from notouriously 'rough' neighbour hoods then a higher teaching of respectful relationships should be encouraged."*
>
> - Survey respondent

> "*I think basic, practical information should stay the same but certain areas might need different information depending on the needs of the students."*
>
> - Survey respondent

The majority of respondents commented that sexual health education should have some basic components that are standardised across all schools, with the ability to adapt lessons and content to deliver progressive, age appropriate information taking into account specific needs of the school culture and community.

> *"There should be a variety of views available for every school - not just one line preached to all. That way kids can see and make choices for themselves, and not just believe or accept whatever they are taught at the time"*
>
> - Survey respondent

> "*Students should have access to the same information but it should also be able to be tailored depending on the type of school i.e.: co-ed, all girls, all male."*
>
> - Survey respondent

> "*A school's lessons should adapt to the changing environment - for example, if there is a specific sexting 'problem' at a school then perhaps a lesson or two should focus on openly discussing this in particular. In this way, the school needs to be responsive and reflexive to it's environment and concerns/experiences of it's students."*
>
> - Survey respondent

Many of the 'No' responses reflected some confusion about the wording of the question asking about whether sex education should be "the same in every Australian school.' Most of the negative responses from young people were

highlighting the need for teachers to tailor the content to the specific needs of students as well as responding to prevalent needs or issues specific to the location or demographic of the school community. Some context-related issues included teenage pregnancy, high STI rates in the area, high Aboriginal and Torres Strait Islander population, location (e.g. regional or remote), and diverse cultural or religious backgrounds.

"*Remote indigenous communities have completely different sexual health info needs (in terms of both the info and the way it is presented) than an urban school, or a religious (eg. Islamic) school"*

- Survey respondent

"Tailored and culturally sensitive learning should be best left to localised professionals. However there should be some national standards - such as schools creating partnerships with youth organisations, that can create a safe space for young people to seek assistance if necessary."

- Survey respondent

"*School communities should be encouraged to deliver the information in culturally safe and supported ways in their own language."*

- Survey respondent

Many of the comments from young people who were against uniformity were related to tailoring the classes to the context of the school and the needs of students. Others highlighted the need for religious schools to be able to choose how they delivered sex education that is consistent with the beliefs and ethos of the school. General themes from young people who did not mention in their comments a need for consistency included:

- Should be relevant to local context
- Schools have a right to choose
- Every school is different
- Religious schools should be allowed to deliver sex education differently
- Context varies and should be tailored to students

"I don't believe that teachers should be forced to teach something that is against the ethos of the school"

- Survey respondent

"*Because each school and class will have a differing diversity of cultural backgrounds and male to female ratios, or may exclusive of one sex. It is not practical to teach thousands of unique individuals the same course and expect it to work and be effective in the future."*

- Survey respondent

Topics young people want to learn in sexual health education

Young people clearly outlined the topics that should be covered in Figure 5, below, compares results from (Q5). 'b) Of the places you accessed sex or sexual health information, what topics were covered?' (What topics were covered in the past) and (Q9) 'What do you think should be taught about sex and sexual health in Australian schools?' (Topics that should be covered).

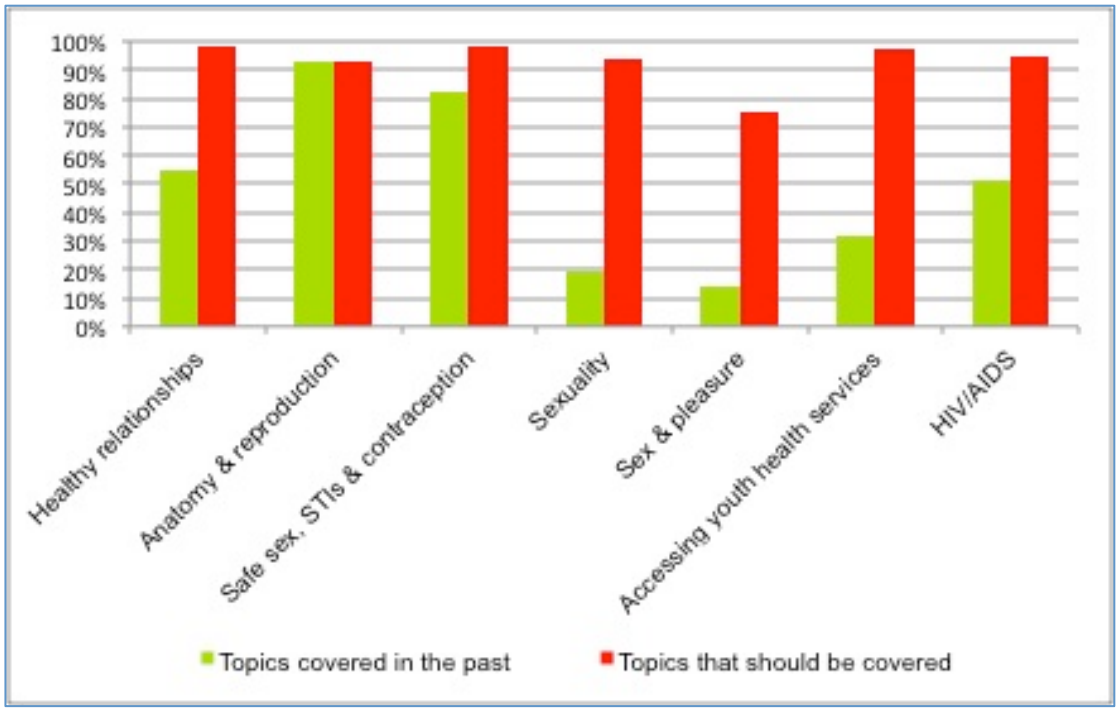

Figure 4 Q5 b: What topics were covered in the past and 'Q9: What topics should be covered in the future.

In the first *National Survey of Australian Secondary Teachers of Sexuality Education* conducted in 2010, the majority of teachers said they needed some assistance with a third of 30 sexuality topics, particularly in relation to the topics of sexual abuse, same sex attraction, information technology issues, and discussing emotions and feelings.[xiv]

> *"Every student has a right to sexual health education, and there should be a basic standard within schools covering every topic"*
>
> - Survey respondent

In the survey, 16% of teachers said they had no formal training in sexuality education and a majority relied on in-service training that was a one-off or short duration.[xv]

The topics identified by teachers that they would like to be included in teaching included: the pleasures of sex, negotiation and decision-making, same sex attraction and respectful relationships.

"Every student has a right to sexual health education, and there should be a basic standard within schools covering every topic"

- Survey respondent

Young people were asked to identify other topics that they wanted to see as part of school based sex and sexual health information, topics included gender equality, gender identity, consent, spiritual, ethical and moral considerations, same sex information, legal issues, child protection, emergency contraception, self respect, negotiation skills, body image, the impact of alcohol and other drugs on sexual behaviour, unhealthy affect of porn, emotions, diversity in sexuality, respecting other people's decisions in sexual relationships (abstinence through to same sex relationships), masturbation, information technology, psychological impacts of sex and relationships, cultural considerations.

The timing of sex education

Overwhelmingly, young people believed that sexual health education should be staggered throughout schooling, with information about reproduction and child protection presented to younger ages, and more complex emotional and explicit sex and sexual health related material presented in older year levels.

"I think [sex education] should be taught progressively throughout the years so it is normalised. More stuff about reproduction in the younger years and stuff about sexuality and pleasure in the older years"

- Survey respondent

"On a regular and ongoing basis, in a holistic, inclusive and age appropriate way."

- Survey respondent

""I believe sexual education from at least a biology and reproductive level should be taught from at least year 4 as many young girls go through puberty around then"

- Survey respondent

Young people also highlighted that many young people were having sex in earlier years of secondary schooling, and the timing of information should respond to this reality. Figure 4 below highlights which year levels survey respondents identified as the preferred times for the delivery of sexual health education. It is important to highlight that 0% of respondents thought sexual health information should not be taught in schools.

"Each year, you should learn a little more or go more in depth with the information"

- Survey respondent

"'Sexual health information needs to wider to include setting up diversity norms right from preschool. Resources and children's books showing diverse families e.g. same sex parents. This understanding of diversity early in life is crucial in what happens when trying to teach about relationships, sexual health, STIs etc later in primary school"

- Survey respondent

Response	Chart	Percentage	Count
Year 5		41%	358
Year 6		58%	505
Year 7		76%	655
Year 8		77%	670
Year 9		82%	707
Year 10		79%	683
Year 11		67%	577
Year 12		63%	544
Other, please specify:		10%	85
I don't think sexual health should be taught in schools		0%	2

Figure 5 Q7: In what year level(s) should sexual health information be taught in Australian schools?

Collaborative approach to sexual health education in schools

"In my experience, I have found that external sexual health educators who specialise solely in teaching sexual health education are the most effective, as they immediately have more credibility to the students, who accept their information more readily than from their school teachers"

- Survey respondent

The review of current literature and results of this survey both highlight the need for a shared approach in the delivery of sexual health education in schools. Young people overwhelmingly supported both external sexual health peer educators and trained sexual health educators teaching sexual health education in schools.

When asked [Q8] '*Who do you most prefer to teach sexual health information in schools?*'

- 68% strongly agreed or agreed that *Sexual health peer educators e.g. trained young people* were most preferred
- 68% strongly agreed or agreed that *Sexual health educators from community organisations were most preferred*
- Whereas 32% agreed that *Health and physical education teachers* were a preferred choice.
- A smaller proportion preferred school nurses (27%), science teachers (19%) and faith-based organisations (17%).

"Trained individuals, qualified to teach according to a range of different situations from a professional, non-biased, non-judgmental perspective"

- Survey respondent

"This is highly dependent on the information being provided. Anatomy should stay predominately in science, discussions about respectful relationships don't belong in a science classroom"

- Survey respondent

	1	2	3	4	5	6	Total
Heath and Physical Education Teachers	152 (18%)	119 (14%)	213 (25%)	215 (25%)	112 (13%)	53 (6%)	864
Science Teachers	59 (7%)	107 (12%)	136 (16%)	175 (20%)	287 (33%)	100 (12%)	864
School Nurses	91 (11%)	143 (17%)	284 (33%)	174 (20%)	126 (15%)	46 (5%)	864
Sexual health 'peer' educators e.g. trained young people	403 (47%)	185 (21%)	65 (8%)	66 (8%)	57 (7%)	86 (10%)	862
Sexual health educators from community organisations e.g. Family planning, AIDS Councils, Youth health services	348 (40%)	242 (28%)	78 (9%)	41 (5%)	78 (9%)	77 (9%)	864
Faith based community organisations	122 (14%)	25 (3%)	22 (3%)	24 (3%)	29 (3%)	640 (74%)	862

Table 2 Q8: do you most prefer to teach sexual health information in schools? For each option select a number between 1 and 6 (1 -= MOST preferred to 6= LEAST preferred.) Note: this question was not mandatory.

A large proportion of respondents did not want faith based organisations (77%) to deliver content and some also did not want science teachers (45%) to deliver content.

""I do not believe that faith-based community organisations should teach sexual health information in schools that are not specifically aligned with that faith"

- Survey respondent

When it comes to the age of the person delivering sexual health education, age does impact on young people. Overwhelmingly, young people responding to (Q 12) 'What age would you prefer the person teaching you about sex and sexual health to be?' 74% selected 'Prefer a little bit older' and only 4% stated 'Prefer much older'.

""I would like sex ed to sit with lots of people, so that students get a range of opinions and people they can seek out advice from people that can have an ongoing relationship with young people, and can be trusted by students while still being appropriate to the school and it's beliefs"

- Survey respondent

A shared approach to the delivery of sexual health education and incorporating peer education models will in turn reduced the pressure on teachers and ensure the needs of young people are met whilst also increasing the participation of young people in leading sexual health education. There is clear support from survey respondents in learning from peer and community sexual health educators.

"The sexual health 'peer' educators sounds like a great idea!"

- Survey respondent

Sex Education in the community

Ideal sources of sexual health information outside of school

"More places the better. Break down the taboo."

- Survey respondent

Young people access sex and sexual health information from a range of sources both in and outside of school. Therefore, an appropriate strategy to address sex and sexual health education for young people must include a cross-sectoral approach that reflects the vast array of places where young people go to for information on sex and sexual health. For this reason the *Let's Talk About Sex* survey also asked young people their opinions and experiences of accessing sexual health information outside of schools.

"every where! you can never have too much quality advice and information."

- Survey respondent

Young people clearly stated that the following were the most preferred in terms of sources of sexual health information outside of schools:

- Educational websites / online information (88%)
- Sexual Health Clinics / community health services (87%)
- Youth centres or services (youth centres, youth health services) (84%)
- Youth-focussed public events (e.g. National Youth Week, O'Week, Schoolies) (82%)
- Community organisations (e.g. Family Planning, AIDS Councils) (81%)

Response	Chart	Percentage	Count
University		70%	586
Friends		59%	498
Youth peer education programs		77%	647
Community Organisations (e.g. Family Planning, AIDS Councils)		81%	680
Educational websites/online information		88%	735
Youth centres or services (e.g. Youth centres, Youth health services)		84%	706
Media		53%	446
Porn		21%	179
Magazines		56%	466
At home / family networks		66%	549
Faith based groups		24%	204
Sexual health clinics / community health services		87%	731
Music Festivals (i.e. that attract large crowds of young people)		63%	528
Youth focused public events (e.g. National Youth Week, O'Week, Schoolies)		82%	688
Other, please specify:		5%	39

Figure 6 Q10: Outside of schools, where do you think sex and sexual health information should be delivered?

Most of the sources of information listed above received over 50% support which demonstrates again that young people want and do access to sexual health information from a range of different sources.

"EVERYWHERE. Make it easy to access without shame."

- Survey respondent

Topics better delivered outside of school

"I think all of this info should be delivered in and out of the school system, but always by qualified, well informed, open-minded people"

- Survey respondent

Survey respondents were asked to identify any topic (from the list shown in Figure 6 below) that they thought would be better delivered outside of school. Young people were most supportive of 'Sex & pleasure' (65%) and 'Sexuality' (48%) as topics that would be better delivered outside of school. This correlates with levels of exclusion felt by young people identifying as GLBTIQ who accessed sexual health from schools.

Response	Chart	Percentage	Count
Healthy relationships (respect/choice)		38%	316
Anatomy and reproduction		17%	141
Safe sex, STIs and contraception		34%	286
Sexuality		48%	402
Sex pleasure (masturbation, orgasms)		65%	546
Accessing youth health services		34%	285
HIV/AIDS		33%	273
Other, please specify:		17%	145

Figure 7 Q11: What sex and sexual health topics would be better delivered outside of schools?

Results from this question do not override or rule out responses provided in '*Q9: What do you think should be taught about sex and sexual health in Australian schools?'* in which 74% chose sex and pleasure. Rather this data shows that young people want a broad range of information included in sexual health education delivered within school, but also feel some topics are better to gain more information on outside of school based settings.

Again the comments from young people supported a spectrum approach whereby young people want to be able to access all sexual health topics from a variety of sources depending on their preferences. Comments from survey respondents in support of this approach included:

"Same info, different angle"

"All topics should be taught in AND out of school"

"I think they all should be delivered in schools, however young people could certainly benefit from being able to access extra information, support and advice on any of these topics outside of school"

"They should all be taught in schools and within the broader community"

"Everything should be covered to a basic level in schools. Extra information on sex & pleasure or sexuality could be delivered outside school, on a website for example"

- Survey respondents

Innovative practice case studies

Case study 1: Youth Educating Peers (YEP) Project

Youth Affairs Council of Western Australia (YACWA)
www.yacwa.org.au

The Youth Affairs Council of Western Australia (YACWA) is the peak non-government youth organisation in Western Australia. YACWA aims to provide a united, independent and active advocate for the non-government youth sector and young people. YACWA's service delivery covers five key areas: organisational development; training; networking; research and policy; and advocacy.

What is the Youth Educating Peers (YEP) Project?

The YEP project aims to increase the Western Australian youth sector's capacity to support and educate young people on sexual health and blood-borne virus (SHBBV) issues. They also work to increase young people's participation in SHBBV education and promotion.

The project targets the WA youth sector at the individual, organisational and community level, and young people aged 12-25.

The YEP project works in partnership with the WA youth, health and education sectors to develop and deliver evidence-based strategies for capacity building in youth SHBBV promotion and education. Strategies include evidence-based framework development, training, networking, organisational support, youth participation and community partnerships. YEP also supports a group of young volunteers called YEP Crew, who do online and offline SHBBV peer education.

Why was YEP Project developed?

The YEP project was developed to equip young people with information and skills necessary to protect themselves against STIs and blood-borne viruses (BBVs). Evidence has shown that there is a major gap in current strategies dealing with this issue: chlamydia rates have more than tripled in the last decade, with 80% of this being in young people under the age of 30.

Whilst the health and education departments are working together to ensure young people attending secondary school receive comprehensive sexual health education, there continues to be significant gaps in the education young people receive. This is particularly pertinent for at-risk young people who may be disengaged from mainstream education and who face a range of other social and emotional issues.

The WA Youth Sector is an under-utilised resource in addressing these issues, as youth workers often have sustained and effective relationships with young people

and can provide safe, confidential spaces for discussing sensitive issues. Young people are also an under-utilised resource in sexual health education and promotion, as research shows young people learn from and influence each other when it comes to sexual health.

The YEP Project is working toward systemic and sustainable change that has the sector taking an early intervention and educational approach to supporting young people living safe and positive sexual lives. Meaningful youth participation and peer based approaches are seen as core to this process.

Who in the community benefits from the YEP Project?

The benefits to young people are improved access to SHBBV education and support and subsequent increased knowledge and confidence in enjoying safe, respectful and positive sexual relationships.

The Health Department benefits from the YEP project by having a community-driven and owned project that is relevant and able to engage and contribute to capacity building in the sector, leading to improved outcomes for young people.

Health, youth and education organisations are benefiting from the cross-sector collaboration and sharing that the YEP project facilitates, and the community and youth population as a whole benefit from that.

What is innovative or different about the YEP Project compared to other similar projects?

The YEP project takes a bottom-up approach to youth sexual health education - it values the strengths and skills of youth workers and young people by working with them, rather than for them.

YEP is a community-based, community-driven and community owned project that utilises cross-sector partnerships to facilitate a coordinated response to young sexual health and ensure the sectors resources are used effectively.

The project recognises that young people are experts in their own lives, and places them at the centre of its programs to ensure services remain relevant and accessible – an example of this is the YEP Crew peer education program, which supports young volunteers to design and deliver SHBBV peer education in both online and offline settings.

How is the YEP Project funded, what other resources do you use?

The YEP project is funded entirely by the Department of Health, WA, Sexual Health and Blood-Borne Virus Program.

The program employs one full-time Project Manager, and part-time Project Support Officer, along with approximately 10 young volunteers.

The project has numerous partnerships with youth, health and education agencies, and engages the expertise of two Reference Groups to guide the development of the Project - one Management based, and one youth worker based.

How is the YEP Project evaluated?

The projects utilises a variety of evaluation strategies depending on the initiative they are evaluating.
These include focus groups, creative evaluation strategies with young people, surveys, website analytics, number of youth workers engaging, training satisfaction surveys. All of the evaluation is used to feed back into, and shape, the YEP Project's implementation - it is a continuous cycle.

Case study 2: Core of Life program
As delivered by Bendigo Senior Secondary College
www.coreoflife.org.au

Bendigo Senior Secondary College is situated in central Bendigo overlooking the historic Rosalind Park. With a population of over 1750 students, the College is one of the largest Victorian Certificate of Education (VCE) providers in Victoria.

What is the project?
Core of Life is an interactive educational program that provides information on teenage pregnancy, birth and parenting. At Bendigo Senior Secondary College, it follows previous education sessions on contraception, STI's and relationships, and so forms part of a holistic sexuality education program.

The program is run over two sessions with facilitators using a kit purchased from the Core of Life national office. The program includes a slide show, DVD, role-play and games to assist students in exploring the issues around teenage pregnancy and young parenting.
The program aims to reduce the rate of teenage pregnancy, with research indicating that students who have completed the Core of Life program are 50% less likely to become pregnant while at school. However, the program also provides valuable and realistic information useful to those students who do become teenage parents.

Why was project developed?

Core of Life was originally developed in 1999 by two midwives in the Mornington Peninsula area in response to that area's greater than state average teenage pregnancy rates. Over the past 10 years the program has been rolled out and facilitated all over Australia.

At Bendigo Senior Secondary College the secondary school nurse, who is also a midwife, co-facilitates the program together with a Community Health Nurse from Bendigo Community Health Services as a way of addressing increased teenage pregnancy throughout the area. Bendigo has the second highest rate of teenage pregnancy in Victoria, which is having far-reaching consequences for the community.

For the past two years they have delivered the Core of Life program to groups of students, aged 16-18, who are identified as being at a high-risk of teenage pregnancy.

The Core of Life program enables these students to expand their knowledge of community services they can engage with to enhance their general health status, and to make informed choices around pregnancy and parenting.

Who in the community benefits from project?
As mentioned before, students who have completed the Core of Life program are 50% less likely to become pregnant while at school – giving them the opportunity to complete their secondary education without the additional challenges of pregnancy and parenting.

This has positive flow-on effects into the broader community; the potential impact for the students, their extended families, the education system, community resources and the public purse is also greatly reduced.

What is innovative or different about project compared to other similar projects?

Although the Core of Life head office provides the school with the learning materials needed run the program, the school has been able to adapt the program to best meet the needs of the student cohort they work with. These changes include have made the course more accessible to students with disabilities and low levels of literacy.

Core of Life is an evidence-based program, which places value in student participation and interaction. The program is regularly reviewed and updated at a school level (based on student feedback) and nationally based on regular evaluation forms.

How the project is funded, and what other resources do you use?

The Victorian Department of Education and Early Childhood Development (DEECD) employs Bendigo Senior Secondary College's Secondary School Nurse, with the school purchasing the Core of Life program kit.

The Bendigo Community Health Service provides a Community Health Nurse, who co-facilitates the program.

The two nurse/midwives work in conjunction with teachers at the schools VCAL and NETschool (flexible learning program) to deliver the Core of Life sessions.

How is project evaluated?

The program is evaluated at the end of every session using staff and participant evaluation forms, along with the collection of anecdotal comments.

This information is routinely sent to Core of Life head office, and used as feedback to make minor changes to subsequent program delivery. Feedback is mostly positive and enthusiastic, and often comments on new knowledge gained.

Case study 3: Brisbane Agents of YEAH project
YEAH (*Youth Empowerment Against HIV*)
www.redaware.org.au

YEAH seeks to empower young Australians to prevent the spread of HIV and other STIs through participation and leadership. Our vision is that every young Australian has the knowledge, tools and support to prevent the spread of HIV and other STIs.

What is project?

The Agents of YEAH (AofY) is a HIV and sexual health peer education training and leadership program. The program provides training and support for young Australians aged 17-29 wanting to become sexual health peer educators.

New Agents are invited to a two-day intensive peer education training program run by either the AofY Program Manager or Local Leader. Once these new Agents have completed the training, they work with the Program Manager and Local Leader to organise and deliver sexual health workshops at schools, community groups and local events. Workshops are designed to compliment the existing work of teachers and other youth workers as well as having the ability to build in new sexual health awareness initiatives through existing local youth programs and event.

The AofY program offers a range of interactive and age appropriate activities and resources for Agents to use in their workshops. Examples of the resources offered in the AofY program include sex uncovered (sexual-health- queue cards encouraging group conversations, case study scenarios designed to help participants explore different situations that influence people's choice to engage in sex, activities focused on understanding consent and stigma in health as well as group games designed to help people match up each STI with its related signs, symptoms, and best prevention methods and where appropriate, we run practical condom demonstrations, including female condoms and dams ensuring people know how to correctly use barrier methods.

AofY workshops are conducted with a sex-positive attitude, providing a safe and inclusive platform for dialogue amongst young people participating. Although participants of an AofY workshop are expected to have gained a greater understanding about the risks and causes associated with STIs and HIV and how to prevent transmission, YEAH invests a great deal of time and energy exploring the more complex aspects of sexual health and development, reminding people that great sex is more than just disease safe sex and is equally about respect and pleasure.

Why was project developed?

STIs have reached epidemic levels amongst young people, with more than 75% of all STIs spread amongst those in the 15-29 year age group.

The AofY program seeks to reverse this trend, empowering young people to take the lead in preventing the spread of STIs through the practical, and engaging peer education and promoting young people to take ownership over their sexual health choices.

YEAH's model of relevant, non-preachy, peer education creates a safe and open environment for young people to discuss and learn about issues related to their sexual health.

Theories of reasoned action, stages of change mode and health literacy frameworks were used to develop the program that focuses on achieving empowerment and self determination for young people in taking control of their sexual health.

Who in the community benefits from project?

The AofY program specifically targets 15-29 year olds, however the benefits resulting from increased sexual health education and awareness extend to all parts of the community.

Young people that participate in the project take greater agency over their own sexual health and are able to encourage those around them to do the same.

Over time, a reduction in the rate of STIs amongst young people will also alleviate the unnecessary burden of preventable diseases on the public health system.

What is innovative or different about project compared to other similar projects?

The Agents of YEAH program is the only National youth driven sexual health peer education program in Australia, with teams of Agents in Brisbane, Melbourne, Darwin, Adelaide and Perth. The Nationally supported, locally led model is what helps to make this program unique, with each Agents of YEAH group supported by and working closely with a number of like minded services in each location including state based Family Planning branches, AIDS Councils and youth mental health services.

Having a peer educational model ensures the AofY's workshops are engaging, and young people can relate. Young people appreciate the direct and practical approach taken by Agents in their workshops/events.

How is the project funded, what other resources do you use?

YEAH is solely funded by the Commonwealth Department of Health and Aging (DoHA) and receives approximately $450,000 in annual funding. This funding is used to cover expenses for all core national activities and the national development and distribution of all educational materials. Running the National Agents of YEAH

program is included within this budget and the largest of YEAH's core program areas with approximately 70 active volunteers involved across 5 states and territories and 3 new Agents of YEAH groups in development.

YEAH is a registered health promotion organisation and is governed by a board of directors. Employees consist of three program managers who coordinate each of the program areas and a full time CEO who oversees the operations and strategic development of the organisation.

Volunteers serve as 'Agents of YEAH', sexual health peer educators and local representatives of YEAH and are provided with training and ongoing support and materials needed to run workshops and events along with allowances to cover their costs for travel, etc. by YEAH.

The AofY program is promoted through YEAH's promotional and social media channels. Young people are encouraged to sign-up to the program through YEAH's highly interactive and social media driven website www.redaware.org.au

One of YEAH's fundamental principles is creating diverse partnerships that is reflected in the large number of stakeholder organisations and collaborations in place across Australia. Without these partnerships across government and non-government youth, health and education sectors and event industry partners YEAH could not sustain its far reaching national impact.

How is project evaluated?

YEAH undertakes vigorous project evaluations through different stages of the AofY program to ensure it is operating effectively.

Before becoming agent, volunteers are expected to complete an AofY expression of interest form (EOI), along with signaling their interest and intent for wanting to join. This helps YEAH to identify particular areas of strength and interest and to flag any potential concerns that candidates might have as they go on to become peer educators.

Agents are also required to undertake evaluation forms before and after their AofY training, to ensure they leave the training with the knowledge and competency required to run sexual health workshops and events. The learning process is incremental and driven through group style interactive learning where participants are required to complete hurdle requirements before moving on to the next stage of the program.

YEAH undergoes a similar evaluation process for organisations requesting to book sexual health workshops or information stalls for events. The online booking forms ensure AofY workshops are meeting the host's expectations. These evaluations also collect data on how organisations were referred to the AofY program and specific

details for their proposed booking such as the age and number of young people taking part and the focus areas for desired content.

After each workshop the coordinator is required to complete a post workshop/event evaluation to assess if their needs were met and their perceived impact of the workshop as well as the delivery style and technique of the peer educator/s.

These evaluations methods serve as a way to collect evidence supporting the effectiveness of YEAH's Agents and workshops. They also help collect information on gaps in the Agents of YEAH program in order ensure these can be constantly address and the educational quality of the program continues to evolve and improve based on the needs of young people. YEAH has recently conducted a number of National surveys in an attempt to collect data to provide greater insight into the needs and opinions of young people and their sexual health concerns.

A range of qualitative and quantitative evaluation methods are used for measuring the impact of the Agents of YEAH program delivered in event based settings from large-scale music festivals to smaller community run events. Post event evaluations conducted with peer educators also provide important perceived impact data of the effectiveness of the program in each specific location and environment.

Youth Sex Education Literature Review

Disproportionate burden of STIs on young people

Australia's young people are facing a sexual health crisis of epidemic scale. In 2010, young people accounted for 77% of all STIs diagnosed in Australia, driven by a 20% increase in the rate of STIs diagnosed amongst people aged 15-29 in the past three years.[xvi]

Ensuring young people have access to accurate and youth-friendly sexual health information and the resources they need to protect their sexual health (such as condoms) are prerequisites to achieving STI prevention, including the transmission of HIV (human immunodeficiency virus), the virus that causes AIDS.

The most recent annual surveillance data shows the rates of recorded diagnosis of Chlamydia, Gonorrhea, and Syphilis in Australia was 59,935, 6180 and 339 respectively amongst young people aged 15-29 years.[xvii]

In 2010, the recorded number of Chlamydia cases again increased dramatically by 17% to 74,305, following the rising trend seen over the past 10 years. Epidemiology provides the quantifiable evidence to what is currently being described as epidemic proportion of STIs amongst both young Australian males and females aged 15 – 29.[xviii]

Despite this growing health crisis, Australia does not place young people at the center of its response to STI prevention. Australia lacks the policy, resourcing, and policy implementation for programs that provide a universal and inclusive approach to youth sexual health education. It is currently easier for a young person to contract an STI than it is to ensure they have access to the basic knowledge, services and support to positively deal with their sexual development and prevent physical and mental harms.

This evidence demonstrates an urgent need to develop a greater understanding of: where young people access sexual health information and services, what gaps exist in the type of information and services young people want to access, and what young people deem as relevant, accurate and trustworthy sources. There are many elements that can contribute to making sexual health information and services relevant and accessible to young people, yet facilitating the meaningful participation of young people themselves in the development and delivery of effective STI prevention is still a new emerging area in youth-focused sexual health policy and programs.

Adolescence is a key stage of physical, social and emotional development, when young people leave behind childhood, mature physically, and begin to embrace adult identities and behaviour - a natural state of development each and every person is destined to experience and therefore an issue that innately affects us all.

The key challenges of adolescence extend beyond the physical changes of puberty, and include the need to develop a strong sense of identity and independence, healthy values and attitudes, and a strong social support network.

Sexual health, sexual identity and sexual behavior are all primary parts of every person's life and personal development. Data shows a consistent increase with age of the number of young men and women who regard having an active sex life as important for one's sense of wellbeing.[xix]

There are vast short-term social impacts that can cause devastating affects for someone who has been diagnosed with an STI, including: reduced self-esteem, and difficulties forming relationships and learning how to establish trust. These social implications can add to a continued pattern of social isolation or low self worth that ultimately can increases vulnerability to risky behaviour patterns.[xx]

Sex and sexual health education in Australia schools

In Australia, sexual health education has been included in some schools in one form or another, from late primary and secondary education since the 1970s.

The most basic education initially included:

- The physical changes of puberty for males and females.
- The mechanics of vaginal sex between males and females.
- Pregnancy and birth.

Over time, additional material was added in an ad hoc way by some schools to include:

- How to respond to peer or partner pressure to engage in sexual activity.
- Contraception and protection against pregnancy and STIs.

And more recently for some schools choose to include topics of:

- Decision making when intoxicated or drug affected.
- Sexuality and sexual diversity.
- Other forms of sexual activity such as masturbation, oral sex, and anal sex.
- Preventing and responding to sexual abuse and assault.
- The emotional and social aspects of sexual activity.
- Respectful relationships.
- Sexual pleasure.

A 2011 study entitled, *'How they got it and how they wanted it: marginalised young people's perspectives on their experiences of sexual health education'*, found young people nominate schools as their most trusted source of information about sexual health.[xxi]

The quality and scope of sexual health education varies greatly between schools. Some schools adopt a minimalist approach focusing on the dangers of sexual

activity. Other schools offer a full suite of topics across year levels and throughout the curriculum and discuss both the risks, and the benefits of sex. Yet despite these advances in some schools, sex and sexual health education in Australian schools remains ad hoc overall.

Sexual health encompasses many aspects of an individual's life and development. The World Health Organisation (WHO) defines sexual health as:

> *'A state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.'*[xxii]

Australia's lack of standards around sexual health education means that many aspects of sexual health as outlined in the WHO definition are absent from Australian young people's experience of learning about sex and sexual health, resulting in many young people miss out on the information they need.

The climate is such that basic sex and sexual health education in Australian schools is inconsistent and encumbered by different curriculum guidelines across states and territories.[xxiii] This is further amplified by the variety of teaching, ethical and religious frameworks set across government, private and faith-based schools with many teachers inadequately trained and supported to understand the complexities facing their students in this area.

Issues with the delivery of education can include: a lack of allocated time within the school curriculum; limited scope of information delivered; untrained staff delivering information in a way does not engage or relate to young people; misinformation delivered from otherwise well intentioned staff; and a lack of quality teaching resources or partnerships to support information delivery.

In the first survey of Australian teachers who taught sexual health education (conducted in 2011), 94% believed that sexuality education should be part of the national curriculum.[xxiv] The majority of teachers surveyed said they needed some assistance with a third of 30 sexuality topics, particularly in relation to the topics of sexual abuse, same sex attraction, information technology issues, and discussing emotions and feelings, while 16% had no formal training in sexuality education and a majority relied on in-service training that was a one-off or short duration.[xxv]

The topics identified by teachers that they would like to be included in teaching topics included: the pleasures of sex; negotiation and decision making; same sex attraction; and respectful relationships.[xxvi] The desire for sexual health education to include these topics is strongly supported by the findings in the *'Lets Talk About Sex National Youth Survey'*.

Around a quarter of teachers surveyed believed that students do not feel comfortable to discuss sexual matters with teachers, and a quarter of schools are already

adopting a team taught approach, or engage external agencies to support the deliver of sexual health education.[xxvii]

The main challenges facing the implementation of sexuality education include:

- Sexuality education being given low priority by school management.[xxviii]
- Lack of time and space in the Health and Physical Education Curriculum.
- Fear of backlash from parents.
- Fear from teachers to approach the topic due to limited training and access to resources.
- Ad hoc delivery of sexual health education across schools and departments.[xxix]

Research suggests that in relation to the delivery of sex education outcomes for young people and teachers are improved where schools engage external organisations and practitioners in the delivery of sex education.

Accessing sex and sexual health information outside of school

Many young people have identified youth centres and youth health services as preferred sources of information for sex and sexual health information.[xxx] Youth centres and youth health services were identified by many young people as preferred sources of health education outside of school. Young people also expressed a desire to learn from credible peers slightly older than themselves, such as through a peer education model. [xxxi] This is further supported by the findings in the '*Lets Talk About Sex National Youth Survey'* where 74% of young people said they would prefer someone 'a little bit older' to deliver information about sexual health.

Young people experience difficulty in accessing contraception, they may be affected by alcohol or drugs during sexual activity, may have a high number of partners, may be reluctant or embarrassed to speak to their partner/s about protection, and may be unwilling to ask their parents or doctor for sexual health advice. [xxxii]

The development of strong partnerships between youth centres, youth health centres and schools will improve the quality and delivery of sexual health education. This process is also likely to benefit young people's access to information outside of school, as young people who make contact with external youth health services in a familial school setting and may be less apprehensive to approach these services outside of school once contact is made.[xxxiii]

Around half of all students are confident in discussing sexual health matters with their parents.[xxxiv] Recognising that many parents find it difficult to discuss sexual health information with their children, sex education in school was introduced as a complimentary source of information for children and young people.

Sociology of sexual health and sexual behaviour

There are young Australians both within and outside of school curriculums who do not receive the basic access they need to sexual health education. This lack of knowledge is often also complicated by the desire to experiment and take risks that are a normal and natural part of a young person's development. Earlier onset of sexual activity and delayed age of stable life partners and having children means that young people today face a significantly greater risk of sexually transmitted infections than faced by previous generations.

Sexual activity outside of marriage has been a commonly accepted feature of Australian society for many decades,[xxxv] yet in the absence of standards that ensure sexual health education there are a number of emerging trends for young people that are a cause of concern:

- Young people are becoming sexually active at a younger age
- Young people have an increasing number of sexual partners
- Sexual activity is increasingly associated with excessive alcohol use, when decision making is impaired and risks are increased
- Many young people, particularly young women, are experiencing unwanted sex, at an increasing rate
- There are currently epidemic levels of sexually transmitted infections among young people.

In 1992, the Australian Research Centre for Sex, Health and Society (ARCSHS) began the '*National Survey of Secondary Students and Sexual Health'*. The survey collected data from thousands of students in years 10 to 12. Taken over five year intervals, the survey maps the sexual health trends over time and the results have been a central source of evidence informing sexual health educational policy and practice since it began.

The comparative results from the '*National Survey of Secondary Students and Sexual Health'* shows that risky sexual behaviour continues amongst young people. Despite the rapid rises of STIs (in particular Chlamydia) amongst young Australians, some of the most alarming results from the third survey showed that fewer than 10% of Australian secondary school students who took part in the survey believed that they were likely, or very likely, to become infected with an STI or HIV.[xxxvi] It is of great concern that less than 10% of students believe they are at risk of STIs or HIV, despite the high incidence of unprotected sex and the high rates of STIs amongst young people.

The latest national survey of school students, the *2008 National Survey of Australian Secondary Students and Sexual Health*, found that 70% of Year 10 and 88% of Year 12 students had experienced some form of sexual activity such as deep kissing, sexual touching or oral sex.
Young people reported 27% of Year 10 and 56% of Year 12 students have

experienced sexual intercourse.[xxxvii] The proportion of Year 12 students who were sexually active increased from 47% in 2002 to 56% in 2008. Of those who were sexually active, half said that they had one partner in the previous 12 months, 15% had two partners, and 30% had three or more partners.[xxxviii]

Less than half of sexually active students said they always use condoms, while 68% of students said they used a condom during their last sexual activity, 50% used the contraceptive pill, 10% used the withdrawal method and 8% used the morning after pill.[xxxix]

So it begs the question, what do young people think constitutes sex?

The results from the each successive *National Secondary Students and Sexual Health Survey* show a significant attitudinal shift in social and cultural trends amongst younger age groups in relation to sex and sexuality. Almost all women who participated in the study over 40 years of age reported that they considered oral sex to constitute sex, whereas more than 60% of young women aged 16-19 considered oral sex to not be a from of sex and therefore did not consider that oral sex could carry any risk of contracting an STI. This is twice as many as in the 20-24 year age group showing a clear evolution of the continued social and cultural shift in attitudes towards sex with younger generations.[xl]

Unwanted sex – the elephant in the room

Unwanted sex is increasingly associated with intoxication with almost one in three sexually active students experience unwanted sex with 38% of young women experiencing unwanted sex, compared to 19% for young men. [xli] Despite these figures, many young people do not have a strong understanding of what constitutes sexual assault or rape. For example, they may believe that sexual assault is justified if one partner is intoxicated. [xlii] 'The Australian Longitudinal Study of Health and Relationships'[xliii] emphasises the emerging issue of sexual coercion and the impact of alcohol and illicit drugs on sexual behaviour, with more evidence showing almost 2% of young men aged 20-24, and 30% of young women aged 16-19 having experienced unwanted sex when drunk or high.

The incidence of young women engaging in high risk drinking is increasing, and this has led to an increase in unwanted sexual activity. Young people, and young women in particular, need to be aware of how to reduce the negative impacts of alcohol misuse.

The age of initiation for sexual activity is becoming younger, and this places young people at increased risk. Younger teens (i.e. 12 and 13 year olds) may be physically mature, but do not necessarily have the psychological or social maturity to negotiate or practice safe sexual practices, particularly when alcohol and drug misuse is involved, or their partner is older.
Young people who begin to have sex early in life are more likely to have more sexual

partners over their life course, have sex more frequently, and therefore be exposed to a higher risk of STIs. [xliv]

Domestic violence in teen relationships is an issue commonly ignored in the community, despite young women experiencing higher rates of physical and sexual violence than older women. Violence is a learned behaviour and there is a real need for young women and young men to be informed about and develop healthy attitudes towards intimate relationships.

Many young people first disclose sexual assault or violence to their friends rather than formal services. Young people need to understand key steps for preventing and responding to sexual assault and violence in relationships.

Heightened sexual health risks for young Australians

Young people who have unprotected sex place themselves at risk of unwanted pregnancy, STIs such as Chlamydia, Gonorrhoea, HIV and Syphilis, and specific cancers such as cervical cancer and anal cancer.[xlv]

Young people in rural areas also face particular difficulties around access information about sex and sexual health and the resources to put it into practice. There are common problems with accessing condoms in a confidential way in smaller country and remote areas. Although condoms may be physically available in some stores, the physical size and community connectedness of regional and rural towns can cause young people to fear being seen purchasing condoms or attending a Doctor's clinic by someone they know. Young people in remote areas also face difficulties in accessing health services for the same reasons.[xlvi]

Indigenous young women are at higher risk, and are five times more likely to become young mothers than non-Indigenous young women. [xlvii] Data also shows that young people from rural areas, and those from low socio economic backgrounds are more likely to become pregnant or have an STI. [xlviii]

Young people engage in sexual activity for a number of different reasons. Sometimes sexual activity is related to sexual attraction and romantic relationships. While on other occasions it relates to wanting to be part of a social group, wanting to experiment with sexual or personal identity, unequal power relationships or as a response to intoxication. The high proportion of young people engaging in unwanted sex demonstrates this point.[xlix]

Same sex attracted young people

Research shows a marked increase in both the number of young men and women in Australia identifying as same sex attracted, with 8% of young women identifying they were same sex attracted by their mid twenties; the highest reported rate to date.[l]

In an Australian survey of over three thousand same sex attracted or gender questioning young people, one fifth of young women who were same sex attracted reported having sex exclusively with young men in an attempt to avoid being identified as same sex attracted.[li] Alarmingly, same sex attracted young women were twice as likely to become pregnant than other young women.[lii]

Same sex attracted young people are less likely to use a condom (only half reporting using a condom during their last penetrative sex), are more likely to start having sex at a younger age, and are more likely to contract a sexually transmitted infection compared to their heterosexual peers.[liii] In one Australian survey, the rate of STIs was five times higher among same sex attracted young people, than the general youth population. The absence of sexual health education relating to same sex activity may be a contributing factor. For example, while the majority of young people understand the benefits of condoms, many are not aware of female condoms or dental dams.

Same sex attracted and gender questioning young people may believe that sexual health education is not at all useful, and many continue to experience harassment and violence at school with 61% reporting verbal abuse and 18% reporting physical abuse, with the majority of abuse happening at school[liv]. Victims of homophobic abuse are more likely to use drugs, self-harm and commit suicide. Sexual health education must include a strong message that discrimination and violence is wrong and will not be tolerated.[lv]

Australia's sexual health problems mirrored in global trends

Australia is far from alone in experiencing the disproportionate burden of sexual health issues facing its young people.

Despite there being no single database that collates the global statistics of STI transmission, a 2001 WHO report estimated that in 1999, approximately 340 million new cases of Syphilis, Gonorrhea, Chlamydia and Trichomoniasis occurred throughout the world in men and women aged 15-49 years.[lvi] When data is aggregated by age it is young people between 15 – 24 years who have the highest rates of STIs, including HIV.[lvii]

However, according to a 2010 report from UNAIDS there has been progress on the prevalence of HIV and other STI rates amongst young people, with rates falling in 16 of the 21 countries most affected by HIV. The report highlights that prevention approaches to protect young people must be youth-friendly and incorporate knowledge about HIV, sexuality education, access to sexual and reproductive health services and discussion on harmful sexual norms. Since the report, UNAIDS has made empowering young people a priority area and now focuses on youth participation and inclusive approaches as best practice in youth sexual health education. 'Young people have shown that they can be change agents in the prevention revolution.'[lviii]

Concluding remarks

Research about the impact of sexual health education is clear and consistent. The results of the *Let's Talk About Sex: National Youth Survey* also send a clear message from young people about their current needs and sources of information when it comes to sex and sexual health information.

Sex education increases knowledge about safe sex, and programs based on cognitive behaviour theory result in postponement of sexual activity and higher rates of contraception use for young people who are sexually active.[lix] A major survey of 37 developed countries found that schools that included Sexual health education had a lower rate of teenage pregnancy than schools that did not.[lx]

Knowledge about safe sexual practices, however, is not enough. Attitudes play an important role in whether knowledge is applied. While many young people who are sexually active use safe sex practices, others do not. In particular, condom use appears to be irregular whether with regular or casual partners.[lxi]

In a time of an STI epidemic amongst young people, will a country with a world class record of HIV and STI prevention rise to the challenge of ensuring that all current and future STI and HIV prevention policies and programs are informed and driven by young people? This is crucial to ensure we address the need for the current and future generations of young people to find self-determination and empowerment in their own their sexual health, rather than a top-down approach telling them what's wrong with their sexual health and telling them what behaviours the State would like them to change.

AYAC and YEAH assert that Federal, State and Territory Government needs to hear directly from young people before developing any policies and programs that affect their sexual health and wellbeing. It is young people's behavior we want to see positive changes in with regards to sexual health choices and outcomes. Behavior is shaped by knowledge and beliefs. Therefore it is young people who ultimately need to feel a sense of self-determination and empowerment over their own sexual health knowledge, beliefs and actions. This cannot be achieved without allowing young people to participate in decision making, policy development and programs that affect their sexual health.

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