SEXUALITY EDUCATION IN WESTERN AUSTRALIAN SCHOOLS 2013-2014: RESULTS OF THE FIRST WESTERN AUSTRALIAN SURVEY OF EDUCATORS OF SEXUALITY EDUCATION.

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7th October 2016

A thesis submitted in fulfillment of the requirements for the degree of Master of Applied Science

Faculty of Health Sciences
The University of Sydney
Statement of Originality

This work has not previously been submitted for a degree or a diploma in any University. To the best of my knowledge, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Signed

Date – 07-10-2016
Acknowledgements

We would like to acknowledge all stakeholders who made this Survey possible and provided expert feedback.

The Department of Education of Western Australia and the Catholic Education Office provided extensive feedback and ethics support.

We would also like to thank the many educators who participated in the Survey and their principals for supporting the research.

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We would like to thank our sponsor, YEAH, for donating swag bags as an incentive for participants.

Finally, we would like to acknowledge ARCSHS, at La Trobe University. This Survey has expanded upon their research:

- **Sexuality Education in Australian Secondary Schools: Results of the 1st National Survey of Australian Secondary School Teachers of Sexuality Education 2010**
- **Secondary Students Sexual Health Education Survey 2008 and 2013.**

The La Trobe researchers have been very cooperative in assisting with valuable feedback and support.

I would like to dedicate this thesis to my amazing and wonderful husband. He is now an expert on sexuality education in WA! I have learned so much from him during this process and am very grateful for all his help and access to his logical engineering brain. Without his love and support this thesis would not have seen the light of day.
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<tr>
<th>Abbreviation</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>AC</td>
<td>Australian Curriculum</td>
</tr>
<tr>
<td>ACARA</td>
<td>Australian Curriculum, Assessment and Reporting Authority</td>
</tr>
<tr>
<td>AISWA</td>
<td>Association of Independent Schools of Western Australia</td>
</tr>
<tr>
<td>BBV</td>
<td>Blood-Borne Viruses</td>
</tr>
<tr>
<td>CACH</td>
<td>Child and Adolescent Community Health</td>
</tr>
<tr>
<td>CRIF</td>
<td>Cultural Respect Implementation Framework</td>
</tr>
<tr>
<td>CRSE</td>
<td>Comprehensive Relationships and Sexuality Education</td>
</tr>
<tr>
<td>FASD</td>
<td>Foetal Alcohol Spectrum Disorder</td>
</tr>
<tr>
<td>GDHR</td>
<td>Growing and Developing Healthy Relationships website</td>
</tr>
<tr>
<td>GLBTIQ</td>
<td>Gay, Lesbian, Bi-Sexual, Trans-Sexual, Intersex, Queer</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPE</td>
<td>Health and Physical Education</td>
</tr>
<tr>
<td>HPSF</td>
<td>Health Promoting Schools Framework</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
</tr>
<tr>
<td>IMB</td>
<td>Information, Motivation, Behaviour</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>MOC</td>
<td>Model of Care</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NASSSSSH</td>
<td>National Australian Survey of Secondary School Students and Sexual Health, 2013 by La Trobe University</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>NS</td>
<td>Sexuality Education in Australian Secondary Schools: Results of the 1st National Survey of Australian Secondary School Teachers of Sexuality Education 2010</td>
</tr>
<tr>
<td>PD</td>
<td>Professional Development</td>
</tr>
<tr>
<td>PS</td>
<td>Primary School (teachers)</td>
</tr>
<tr>
<td>SE</td>
<td>Sexuality Education</td>
</tr>
<tr>
<td>SECA</td>
<td>Sexuality Education and Counselling Agency</td>
</tr>
<tr>
<td>SHEF</td>
<td>State Health Executive Forum</td>
</tr>
<tr>
<td>SMPHU</td>
<td>South Metro Public Health Unit</td>
</tr>
<tr>
<td>SOSE</td>
<td>Study of Society and Environment</td>
</tr>
<tr>
<td>SRE</td>
<td>Sexuality and Relationships Education</td>
</tr>
<tr>
<td>SRHWA</td>
<td>Sexual and Reproductive Health Western Australia</td>
</tr>
<tr>
<td>SS</td>
<td>Secondary School (students, teachers) / Secondary Schools</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmissible Infections</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
<tr>
<td>WA Survey</td>
<td>First Western Australian Survey of Educators of Sexuality Education 2013-2014</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>Y</td>
<td>Year</td>
</tr>
<tr>
<td>YEAH</td>
<td>Youth Empowerment Against HIV/AIDS</td>
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1 ABSTRACT

1.1 Aim

This thesis reports the results of a survey of Western Australian teachers’ knowledge, attitudes and practices around sexuality education.

1.2 Significance

The 2010, 1st National Survey of Secondary Teachers of Sexuality Education (NS) by La Trobe University, only had 16 respondents from Western Australia (WA). The National Survey (NS) outlined a number of recommendations for further research, which this survey, the First Western Australian Survey of Educators of Sexuality Education 2013-2014 (WA Survey) aimed to address. These included:

• Increasing the range and type of sexuality educators within the sample,
• investigating educators who do not deliver sexuality education (SE),
• assessing educators’ sexually transmitted infections (STI), blood-borne virus (BBV) and Human Immunodeficiency Virus (HIV) knowledge, and
• assessing educator teaching strategies and skills-training needs.

This thesis reports on the results of the WA Survey, which aimed to obtain a greater understanding of SE in WA. This was achieved by gaining a more representative sample size than the NS through the design and execution of the survey by the author, Erin McKay. This difference involved providing the opportunity for all K-10 educators to participate. This thesis reports the key findings of this Survey.

1.3 Methods

An online survey questionnaire was developed and distributed to all schools in WA in 2013 and 2014. This included government, Catholic and independent schools and external agencies. The survey was open to all educators within the schools and obtained 1000 valid respondents.

1.4 Results

Key findings show that in WA, the Growing and Developing Healthy Relationships website (GDHR), is the most popular SE resource with more than half of SE educators using it. WA sexuality educators tend to be older and rely less on external providers than those in the NS. WA SS teachers are providing more hours of SE instruction. However, they are mainly teaching about ‘abstinence from intercourse until married’, ‘sex and ethics’, and ‘effects
of alcohol/drug use on decision-making. The least taught subjects included ‘STI’, ‘birth control’, and ‘sexual orientation’. Comparatively, the topics of STI and birth control were taught the most by respondents of the NS. The WA Syllabus does not cover these topics. The updated 2015 version of the GDHR website also does not offer any learning activities on pregnancy prevention. These results are of concern as WA has one of the highest rates of chlamydia and teenage pregnancy in the country.

1.5 Implication of findings

Although the WA Survey scored relatively similar to the NS on a number of influential factors, there is room for improvement. This includes increasing the number of policies on SE, teaching SE in a cross-curricular manner, increasing availability of training, prioritising SE within the crowded curriculum, working around religious constraints in faith-based schools, and reintegrating content on the 2015 updated version of the GDHR website on diversity, parents, and whole-school approach.

The results of the WA Survey, and key findings of this thesis are significant as they provide a snapshot of SE in WA. These results form a baseline measure ahead of the role out of the Australian Curriculum (AC) and new WA Syllabus which mandates SE from 2017. This baseline can be used to inform future policy and provision of training and support for educators to provide evidence-based, comprehensive SE.
2 INTRODUCTION

2.1 Sexuality Education in Western Australian schools

Western Australia (WA) has the fastest growing population of young people in Australia. People aged 12 to 25 make up 20% of the population (Hon Tony Simpson MLA, 2015) and in 2013, approximately 385,000 Western Australian students attended schools, which represents approximately 16% – 17% of the state’s population. Almost 75% of Western Australian students attend schools in the Perth Metropolitan area (Australian Bureau of Statistics 2015). A breakdown of students in WA by affiliation and Secondary School (SS) / Primary School (PS) is shown in Table 2-1.

WA also has proportionally higher rates of STIs in youth aged 15 to 19 (Department of Health, 2014), and teen pregnancies (Hilder L, 2014) compared to the rest of the country.

At the time of the WA Survey (2014), in WA, the Curriculum Framework set out what students should achieve as a result of programs they undertake in schools. This was a guiding document developed by the WA Curriculum and Standards Authority (previously Curriculum Council) (Health, 2015a). To complement this, the WA Department of Education provided support for the provision of SE through the HPE Scope and Sequence document, which outlined specific topics. Neither of these guides were mandatory. As such, all SE delivery in WA was at the discretion of the individual school leaders. Little is therefore known about the distribution, content or quality of delivery of SE in WA.

The WA context is unique as there are free government funded resources, and training available for both teachers and nurses either face-to-face or online (Ansell and LaTrobe University, 2015).

The Growing and Developing Healthy Relationships (GDHR) curriculum support state website provides guidance for the delivery of SE in WA. The resource incorporates “the guidance and direction of both the Australian Curriculum and Western Australian Curriculum in Health and Physical Education” (WA Health, 2015a).

The GDHR website breaks content and delivery methods down into activities for the various age groups described in Table 2-1. The Australian Curriculum (AC) does not include a program for SE above Year 10, however individual school policy may include SE delivery in Years 11 and 12 (Smith A., 2011). As such, the bulk of SE delivery is prior to years 11 and 12, however it is not unheard of for schools to deliver SE in this age bracket.
The historical and policy context of SE in WA is unusual compared with the other states. For example, an agreement between the WA Department of Health (WA Health) and WA Department of Education, allows school health nurses to support teachers in providing SE in the classroom (WA Departments of Health and Education, 2013). These government departments – also in partnership – have been providing curriculum support materials in SE since 2002 and online since 2010 (WA Health, 2015a). Additionally, WA Health has provided funding for professional development for teachers and nurses in SE since 2002 (Estille and Associates, 2009).

While these professional development opportunities have been valued, educators from rural and remote areas are disadvantaged when it comes to participation in face-to-face PD training and support. In an attempt to overcome this geographic divide, WA Health and the WA Department of Education in partnership developed an online training course, which was launched in 2011. However, evidence suggests that to date there has been little participation in online training from rural and remote areas (WA Department of Education, 2014).

Table 2-1: Student Attendance in WA in 2013

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>School Level</th>
<th>Year (Grade)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Primary School</td>
<td></td>
<td>175,826</td>
</tr>
<tr>
<td></td>
<td>Secondary School</td>
<td>Year 7 secondary</td>
<td>77,557</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>253,383</td>
</tr>
<tr>
<td>Non-government</td>
<td>Primary School</td>
<td>Pre-Year 1 (Foundation Year)</td>
<td>75,127</td>
</tr>
<tr>
<td></td>
<td>Secondary School</td>
<td></td>
<td>56,585</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>131,712</td>
</tr>
<tr>
<td>Total Students</td>
<td></td>
<td></td>
<td>385,095</td>
</tr>
</tbody>
</table>

(Australian Bureau of Statistics 2015)

2.2 First National Study of Australian Secondary Teachers of Sexuality

In 2010, the NS was conducted by La Trobe University. The NS provided information for the first time in Australia on the current practice of SE by SS teachers. Key findings included that the majority of SS SE teachers are female Health and Physical Education (HPE) teachers, they are teaching factual topics such as STI and birth control methods and expressed a need for more accessible professional development and training. The NS survey involved nearly 300 secondary teachers with experience in teaching SE nationwide. The NS provided a baseline for a broad understanding of the depth and breadth of SE provided in Australian schools (Smith A., 2011). The survey addressed the following themes: teaching workforce, the content of
SE, barriers and support, teachers’ views and opinions, and school policy requirements. The NS notes that no comprehensive research has been carried out on the provision of SE in PS. Therefore, not much is known about the extent to which children have received SE (Smith A., 2011).

The NS notes that Commonwealth education authorities to the same extent as drug education and mental health have not supported SE. Furthermore, State Education Departments are consequently poorly resourced to support teachers. Often, State Health Departments, in response, fill this gap, however this leaves inconsistencies in provision (Smith A., 2011).

The NS sought participation only from SS teachers who have previous experience delivering SE (Smith A., 2011), rather than the wider community of educators who deliver SE, including PS teachers and school health nurses. Therefore, the true extent of SE subject matter delivered, and delivered by whom it is unknown. As such, the data collected in the NS cannot be relied upon as a representation of the true nature of SE within WA.

Currently in WA, the provision of SE is not mandatory. Little is known about why educators do not teach SE. The WA Survey forms the basis of this thesis and was developed and implemented by the author. The WA Survey results can be used as a baseline measurement in WA ahead of the rollout of the Australian Curriculum (AC), which will mandate SE from Year 3 up (ACARA, 2015a). Teachers will be required to report on the WA Syllabus starting in Semester 1 of 2017 (Hon Peter Collier MLC, 2015).

The new National STI Strategy has set targets for STI knowledge in students (Australian Government, 2014). The results of the WA Survey will provide an important baseline for the knowledge and experience of SE educators in WA, and hence can facilitate the development of SE delivery strategy to align with the AC when it is released and implemented.

This thesis is of particular importance, considering the investments made by WA Health and the WA Department of Education in providing curriculum support resources and PD opportunities. Obtaining specific information on the PD needs of teachers will be paramount in ensuring the provision of quality SE in WA. Table 2-2 maps Australia’s population by state and a comparison of NS representation.

Table 2-2: Australia’s Population at End of June 2010 Quarter compared to NS sample

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Population at end of June 2010 quarter ‘000</th>
<th>Percentage of Australian Population in each State</th>
<th>Percentage representation within the NS (merged data weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>7,238.8</td>
<td>32%</td>
<td>23.2%</td>
</tr>
<tr>
<td>State/Territory</td>
<td>Population at end of June 2010 quarter ‘000</td>
<td>Percentage of Australian Population in each State</td>
<td>Percentage representation within the NS (merged data weighted)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Victoria</td>
<td>5,547.5</td>
<td>25%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Queensland</td>
<td>4,516.4</td>
<td>20%</td>
<td>3.1%</td>
</tr>
<tr>
<td>South Australia</td>
<td>1,644.6</td>
<td>7%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Western Australia</td>
<td>2,296.4</td>
<td>10%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Tasmania</td>
<td>507.6</td>
<td>2%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>229.7</td>
<td>1%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>358.9</td>
<td>2%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>N/A</td>
<td>N/A</td>
<td>20.8%</td>
</tr>
<tr>
<td>Australia total</td>
<td>22,342.4</td>
<td>100%</td>
<td>100.10%</td>
</tr>
</tbody>
</table>


2.3 First Western Australian Survey of Educators of Sexuality Education

WA comprises approximately 10% of Australia’s population (Australian Bureau of Statistics, 2010). Participants from WA represented only 6.6% of the gathered NS data (16 out of 226 valid respondents) (Smith A., 2011). This suggests that WA was slightly under-represented in the NS, as there were few individual educators surveyed (n=16). A more in-depth study of a greater representative sample of WA educators delivering SE is warranted. WA has many unique characteristics such as high rates of STI and teenage pregnancies when compared to the rest of the country (WA Health, 2014), (Hilder L, 2014).

The NS referenced several recommendations for further research based on its discussion and conclusions including:

- Researching SE in Primary Schools
- Uptake of resources, professional development and training opportunities
- Increasing the range and type of sexuality educators within the sample
- Investigating educators who do not deliver SE
- Evaluating the provision of sexuality education topics and using such results to identify gaps in current practice
- Assessing educators’ knowledge levels to inform training needs

The WA Survey aims to provide a comparison of SE provision in WA, to the results of the NS. Specifically, with respect to discovering who is providing SE
in WA, educator participation in PD opportunities, teacher knowledge and classroom practices. The hypothesis is that there will be variability in the provision and content of SE in WA when compared to the NS.

The purpose is to discover potential gaps in order to inform policy, training, and improve service provision. The WA Survey has been designed by the author to expand upon the recommendations of the NS for further research specifically in WA. The WA Survey has identified a series of guiding questions and corresponding hypotheses, as shown in Table 2-3, which shall be addressed in the body of this thesis.

The analysis of results of the WA Survey provides a snapshot as to the current status of SE delivery in WA. This is significant as it provides insight into the abilities and needs of WA SE educators and the impact that they have on young people in schools. The analysis of results of the WA Survey are also significant as it provides a baseline for comparison with the requirements of the AC and new WA Syllabus which mandate SE from 2017. The WA Survey could also be used as a tool for gap analysis for the development of policy, training requirements and resource necessities in order to facilitate the AC and WA Syllabus rollout.

The Western Australian Survey tool was adapted from La Trobe’s NS. Further details of the adaptation can be found within Appendix 5 – Modification of the National Survey

Table 2-3 – WA Survey Guiding Questions and Corresponding Hypotheses

<table>
<thead>
<tr>
<th>Ch</th>
<th>Subject</th>
<th>Guiding Questions</th>
<th>Hypotheses</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Profile of Sexuality Educators in WA</td>
<td>1. Who teaches Sexuality Education in WA?</td>
<td>• In addition to SS teachers, PS teachers and School Health Nurses will also be a large group of SE providers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. What topics are being taught, how many hours of delivery is provided, and are educators assessing against curriculum standards?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. How does education in Sexually Transmissible Infections and pregnancy prevention compare to the National Survey, considering the high rates of each in WA?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. How do the topics being</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Educator Training</td>
<td>5. What training are Educators accessing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. How confident are teachers to deliver Sexuality Education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• There will be geographical variability in PD received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Uptake of PD is low due to low educator awareness of the range of PD available, and accessing it is not a priority.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Teachers themselves do not have high knowledge levels of STI/BBV and therefore, neither do their students, which contributes to the high rates of STI in WA.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 School Policy Requirements</th>
<th>8. How do teachers' views on school policy compare to the National Survey?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• WA schools will follow less SE policies than reported in the NS.</td>
</tr>
</tbody>
</table>

Aspects of previous research and literature lead to the design and analysis of the WA Survey, and subsequent analytical questioning.
3 LITERATURE REVIEW

3.1 Introduction and Conceptual Framework

To develop a relevant and significant survey to gauge the current state of SE in WA, a Literature Review was conducted. This body of work guided the formation of a relevant and significant questionnaire, which addresses areas of knowledge and education that have not previously been adequately statistically represented.

The conceptual framework shown in Figure 3-1 models the process for research, policy and delivery of SE in WA; i.e. Research into current trends and the needs and requirements for SE, leads to policy development on a national, state and school level, which then assists with and facilitates delivery sexual health education. The Literature Review has been formulated to explore the logical three-step process described within the conceptual framework. The Literature Review shall:

- Establish a timeline of previous research, which shows how the WA Survey is relevant to the field of SE nationally and worldwide
- Investigate existing research regarding rates and trends in the sexual health of young people
- Investigate existing curricular mandates, teaching resources, school SE policies, and teaching support resources both nationally and in WA
- Conceptualise and develop the basis for the justification of the WA Survey
3.2 Previous Research

A roadmap to previous research contained within the Literature Review is contained in Table 3-1.

Table 3-1: Roadmap to Literature Review Previous Research

<table>
<thead>
<tr>
<th>Previous Research</th>
<th>Identified gaps in research knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National</strong></td>
<td></td>
</tr>
<tr>
<td>National Survey</td>
<td></td>
</tr>
<tr>
<td>WA Teenage Pregnancy Rates</td>
<td></td>
</tr>
<tr>
<td>Foetal Alcohol Spectrum Disorder (FASD)</td>
<td></td>
</tr>
<tr>
<td>WA STI Epidemiology</td>
<td></td>
</tr>
<tr>
<td>WA Clinical Senate Review - Lets Talk About Sex</td>
<td></td>
</tr>
<tr>
<td><strong>State</strong></td>
<td></td>
</tr>
<tr>
<td>WA Syllabus for HPE</td>
<td></td>
</tr>
<tr>
<td>WA Sexual Health and BBV Models of Care</td>
<td></td>
</tr>
<tr>
<td><strong>School</strong></td>
<td></td>
</tr>
<tr>
<td>School Based SE Policy</td>
<td></td>
</tr>
<tr>
<td><strong>Teen Pregnancy, STI and the Rationale</strong></td>
<td>How much STI and pregnancy</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td></td>
</tr>
<tr>
<td>3rd National STI Strategy 2014 - 2017</td>
<td></td>
</tr>
<tr>
<td>Minority Group Policy</td>
<td></td>
</tr>
<tr>
<td>National Disability Strategy</td>
<td></td>
</tr>
<tr>
<td>Aboriginal Youth</td>
<td></td>
</tr>
<tr>
<td><strong>State</strong></td>
<td></td>
</tr>
<tr>
<td>WA Syllabus for HPE</td>
<td></td>
</tr>
<tr>
<td>WA Sexual Health and BBV Models of Care</td>
<td></td>
</tr>
<tr>
<td><strong>School</strong></td>
<td></td>
</tr>
<tr>
<td>School Based SE Policy</td>
<td></td>
</tr>
</tbody>
</table>
### Previous Research

<table>
<thead>
<tr>
<th>Existing field of knowledge (Independent variables)</th>
<th>Identified gaps in research knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>for SE</td>
<td>prevention education is being provided?</td>
</tr>
<tr>
<td>• Rationale for SE</td>
<td>How does education in STI and pregnancy compare to the NS, considering the high rates in WA?</td>
</tr>
<tr>
<td>• WA STI Epidemiology</td>
<td></td>
</tr>
<tr>
<td>• WA Teenage Pregnancy Rates</td>
<td></td>
</tr>
</tbody>
</table>

### Fetal Alcohol Spectrum Disorder (FASD)

| WA Clinical Senate Review – Let’s Talk About Sex | Expressed need for the evaluation of school-based sexual health education |

#### 3.2.1 The 2010, 1st National Survey of Secondary Teachers of Sexuality Education

The NS was developed in order to provide a snapshot of SE on a national scale. The NS asked questions related to the following themes: teaching workforce, the content of SE, barriers and support, teachers’ views and opinions, and school policy requirements.

#### 3.2.1.1 Existing Field of Knowledge

##### 3.2.1.1.1 Teaching Workforce

Findings within the NS showed that 60% of SE teachers are female, 80% of SE teachers are HPE teachers aged 20–39, 25% team-teach or engage an external organisation to assist, 54% were trained during an “in-service”, 16% of respondents had no training and 33% did not assess their teaching against curriculum standards (Smith A., 2011).

##### 3.2.1.1.2 Content of SE

Teachers tended to be less comfortable teaching topics such as sexual pleasure, which was covered by less than 50% of the sample. The majority of teachers in the sample were teaching facts-based topics such as STI and birth control methods, social aspects of relationships and sexual decision-making (Smith A., 2011).

##### 3.2.1.1.3 Perceived Barriers and Challenges

Generally, teachers cited needing assistance and strategies for delivering sensitive topics (sexual abuse and same-sex attraction), personal topics.
(behaviour, emotions and feelings), and emerging topics (technology and media). For facts-based topics they expressed a need for more resources. Perceived barriers and challenges include:

- the majority of teachers stated time constraints and exclusion from the curriculum as reasons for not covering various topics
- approximately one-fifth indicated that they had not covered topics due to lack of training, resources or support by management/policy
- approximately half of respondents stated they were cautious which topics they taught due to concerns over adverse community reactions (Smith A., 2011).

3.2.1.4 Teachers’ Views and Opinions on SE

Teachers stated:

- topics within their curriculum should be taught earlier, and SE should start in primary school
- low satisfaction levels with the availability of training, resources and external support networks
- they identified that improvements in programs could be made for exploring and clarifying feelings, values and attitudes, skills-building, and risk-reducing behaviour (Smith A., 2011).

3.2.1.5 School Policy Requirements

Approximately one-quarter of teachers are unsure if their school has a SE policy and 12% did not follow a policy at all. Only 43% of identified policies promoted a best-practice, whole-school approach. Teachers advocated for the following topics to be formally included in the curriculum:

- same-sex attraction
- pleasure of sexuality
- communication and negotiation skills
- sexual decision-making, respectful relationships, and contraception (Smith A., 2011).

3.2.1.2 Identified Gaps in Research Knowledge

There was no statistical breakdown of results by state, and therefore little is known about state context, particularly within WA due to low participant numbers.
3.2.1.2.1 **WA Representation**

The intention of the NS was to provide a national snapshot to identify exactly which educators are providing SE in Australian schools, in addition to the “what” and “how” of its delivery. With a national sample size of 300, WA was arguably under-represented, with only 7% or 16 participants (Smith A., 2011), yet the state comprises 10% of the national population (Australian Bureau of Statistics, 2010).

3.2.1.2.2 **Alternative Recruitment Strategies**

The NS identified that school support staff (school counsellor, school nurses, welfare staff and school chaplains) are important for supporting teachers in the delivery of SE. This group made up 25% of nominations for teachers who are not SS teachers involved in teaching SE (Smith A., 2011).

The NS identifies that future research efforts could benefit from alternative recruitment strategies that can help to increase the number of responses and therefore representativeness of the sample data (Smith A., 2011). For this reason, all educators, and not just teachers, in WA were invited to participate in the WA Survey.

3.2.1.2.3 **Reasons why Teachers do not deliver SE**

NS results showed that the majority of participants were currently delivering SE, having had to have had experience teaching SE to be a valid respondent (Smith A., 2011). Therefore, this aspect of the WA Survey was outside the scope of the NS.

The WA Survey expands on the pool of participants and opens the Survey to all educators in WA, including PS teachers regardless of whether they have taught SE previously or not. This additional data will provide an excellent indication of the breadth and depth of delivery, and barriers to delivery within WA.

Also, little is known about the HPE teachers who have no experience, yet will be required to provide SE once the AC is rolled out.

According to the National STI Strategy 2014–2017:

*Sex education in schools is a highly effective strategy for reducing sexual risk taking in young people [11]. Effective and culturally appropriate sex education should be delivered to all Australian school students. Currently, the delivery of sexual health education in Australian schools depends on the interest and capacity of individual schools and teachers [19]. Additionally, those young people who are of*
school age but are no longer in the school system miss out on this important component. At particular risk are young Aboriginal and Torres Strait Islander people, a greater proportion of whom are outside the school system. The development and delivery of health promotion interventions targeted to young people, both in and out of school, is a priority (Australian Government, 2014).

The NS was set up to exclude SS teachers who did not have SE experience. The WA Survey, however, encouraged all educators to participate. The survey question used to determine educators’ experience was:

- **4. Have YOU taught before?**

The following demographic questions were also included, to obtain contextual information to compare to the NS:

- **21. What type of school do you currently work at?**
- **23. What is your gender?**
- **24. What is your age?**
- **25. Is your school in …**
- **26. Please specify the area of your school within the North Metro area**
- **27. Please specify the area of your school within the South Metro area**
- **28. Please specify the rural area**
- **29. Please specify the remote area**
- **31. What type of educator are you?**
- **32. What is your main subject area? (SS teachers only)**

Based on the recommendations from the NS to include knowledge measures, the following questions were added:

- **33. The following are statements about sexually transmissible infections (STIs). Please ✔ a box for each question to show whether you think the statement is true or false.**
- **34. Possible symptoms of STIs include (tick all that apply).**
- **35. The following are statements about the Human Papilloma Virus (HPV). Please ✔ a box for each question to show whether you think the answer is True or False.**
- **36. The following are statements about blood-borne viruses (BBVs). Please ✔ a box for each question to show whether you think the statement is true or false.**

These questions all aligned to the *National Survey of Secondary School Students and Sexual Health 2013* (Mitchell A, 2014).
3.2.1.2.4 Need to Assess Teachers’ Knowledge levels in SE in Addition to Teaching Strategies

The La Trobe researchers note:

*It remains unclear whether teachers are truly aware of the areas they need help or support with. Therefore, additional research assessing teachers’ knowledge levels in sexuality education and teaching strategies could help to evaluate teachers’ training needs* (Smith A., 2011).

To address this, SS teachers only, were asked a series of STI and BBV knowledge questions. These questions came from The 5th National Survey of Australian Secondary School Students and Sexual Health Survey, 2013 run by La Trobe University every four years. This survey is only offered to students and not teachers. However, they were included to measure teacher’s knowledge against student knowledge in an attempt to understand why STI rates among youth are so high in WA.

3.2.2 Teenage Pregnancy, STI Epidemiology and the Rationale for SE

3.2.2.1 Existing Field of Knowledge

3.2.2.1.1 Rationale for SE

In Australia, the need for comprehensive SE is evident due to several factors including:

- national research by La Trobe University shows student knowledge of STI is low and they are engaging in risk behaviours (Mitchell A, 2014)
- the most frequently notified diseases to the National Notifiable Diseases Surveillance System in Australia are STI (National Notifiable Diseases Surveillance System, 2012).

Table 3-2: Notifications to the National Notifiable Diseases Surveillance System, 2012, by disease category rank order

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmissible Infections</td>
<td>99250</td>
<td>40.7</td>
</tr>
<tr>
<td>Vaccine Preventable Diseases</td>
<td>85810</td>
<td>35.5</td>
</tr>
<tr>
<td>Gastrointestinal Diseases</td>
<td>31155</td>
<td>12.8</td>
</tr>
<tr>
<td>Blood-Borne Diseases</td>
<td>16846</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>8305</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>1924</td>
<td>0.8</td>
</tr>
<tr>
<td>Disease Category</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------</td>
<td>----</td>
</tr>
<tr>
<td>Vector-Borne Diseases</td>
<td>578</td>
<td>0.2</td>
</tr>
<tr>
<td>Other-Bacterial Diseases</td>
<td>5</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Zoonoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarantinable Diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>243872</td>
<td>100</td>
</tr>
</tbody>
</table>

(National Notifiable Diseases Surveillance System, 2012)

Research has shown that comprehensive SE designed through best-practice standards can:

- assist in the delay of sexual activity debut
- reduce the occurrence of unprotected sexual activity
- reduce the number of sexual partners
- increase the use of health behaviours such as using protection against unintended pregnancy, and transmission of STI (UNESCO, 2009).

Therefore, comprehensive SE is an evidence-based method to reduce public health issues such as high STI and unintended pregnancy rates (UNESCO, 2009).

The value of comprehensive SE in schools is supported by UNESCO’s report *School-Based Sexuality Education Programmes: A Cost and Cost-Effectiveness Analysis in Six Countries*, which acknowledges that “Sexuality education programmes are potentially highly effective, cost-effective and cost-saving” and recommends that countries “seriously consider investing in comprehensive sexuality education programmes to improve the sexual health of their populations” (UNESCO, 2011).

WA researchers Anne Sorenson and Graham Brown found that young people find it dangerous to not be provided with accurate SE information to protect themselves (YACWA, 2013). Research commissioned by WA Health further demonstrates that parents want their children to receive SE (Dyson, 2010a).

According to the World Health Organization (WHO) definition, sexual health is:

…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO 2006a).
Therefore, SE is also needed to address issues such as respectful relationships, pleasure and sexual rights.

3.2.2.1.1 Rights Approach

The WHO working definition of sexual rights states that:

The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws (WHO, 2010).

Comprehensive SE programs which include an “empowerment approach” to gender, power and rights have a greater likelihood of reducing rates of STI and unintended pregnancy (Haberland N, 2015).

The importance of SE is supported in several international, national and state policies and planning documents, as detailed below.

- International
  - UNESCO’s *International Technical Guidance on Sexuality Education* document
- Australia
  - The AC for HPE from Year 3 onwards
  - The National STI Strategy
- Western Australia
  - WA Syllabus for HPE
  - MOC Implementation Plans
  - Clinical Senate Review
  - WA Health commitment to funding curriculum support materials and PD of teachers and nurses
  - Partnership agreements between WA Health and Department of Education.

3.2.2.1.2 WA STI Epidemiology

Background

Research by La Trobe University of more than 2000 SS students conducted in 2013 found that:

- more than two-thirds (69%) of this cohort had experienced some form of sexual activity
• half of Year 12 students had experienced sexual intercourse and 40% of students had experienced oral sex
• one quarter of students reported that they had previously had an experience of unwanted sex
• results found that student STI knowledge remained poor, including knowledge about chlamydia
• during the participant’s last sexual encounter the following methods were most commonly used:
  o condom (58%)
  o contraceptive pill (39%)
  o no contraception (13%)
  o withdrawal (15%) (Mitchell A, 2014).

Condoms are currently the only form of safer sex protection against both STI and unintended pregnancy. The La Trobe survey identified that condoms were not always readily available, but when they were, 86% of SS students reported using them the last time they had sex (Mitchell A, 2014).

Common STI/BBV include: chlamydia, genital herpes, hepatitis B, gonorrhoea, fungal infections, genital warts, syphilis, non-specific urethritis and cervicitis, and HIV/AIDS. These infections can cause: perinatal infections, pelvic inflammatory disease leading to infertility and ectopic pregnancy, serious liver disease, and in the case of HIV/AIDS, potential immune system failure and death (WA Health, 2003).

Therefore, considering 69% of high school-age students are sexually active, there is a need to provide comprehensive SE from a population health perspective to reduce the impacts of STI/BBV/HIV and unintended teenage pregnancy (WA Health, 2003).

**Chlamydia**

The following quote from WA Health describes the chlamydia epidemic experience in WA during 2012.

*A record number of chlamydia infections was notified in 2012 (n=11,845), just above the number notified in 2011 (n=11,744). It remains the most commonly notified disease in WA. In 2012, the WA crude notification rate was 38% higher than the crude rate reported for the nation (502 vs. 364/100,000 population) and was the second highest in Australia after the Northern Territory (NT) (1,099/100,000 population).

The highest age-standardised notification rate and the highest testing rate were observed in females aged 15 to 24 years (2,945/100,000 population and 244/1,000 population respectively). The highest notification and testing rates were reported in the Kimberley region (1,825/100,000 population and 308/100,000 population respectively) (Department of Health, 2014).*
As shown in Table 3-3 the 2012 crude notification rate for WA was the second highest rate in Australia after the Northern Territory (WA Health, 2014).

### Table 3-3: WA Crude Notification Rate for Chlamydia in 2012

<table>
<thead>
<tr>
<th>Location</th>
<th>Crude Notification Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Australia</td>
<td>502</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>364</td>
</tr>
<tr>
<td>National</td>
<td>1099</td>
</tr>
</tbody>
</table>

International comparative research indicated that countries that provide easy access to health services for youth, combined with SE programs, do better on youth sexual health indicators than countries that do not (McCall and McKay, 2004).

The WA Health Mid-term Review of the *STI Model of Care and Aboriginal Sexual Health Strategy* identified the need for improved strategies to increase STI testing among 15-24 year olds, particularly males. The Review indicates that Chlamydia testing rates among 15-24 year olds should be in the order of 734/1000 population. However, only the Kimberley region has testing rates in that vicinity (WA Health, 2013).

In Australia, mathematical modelling has shown that if 40% of men and women aged <25 years are screened annually; the prevalence of chlamydia infection would decrease rapidly over 10 years in all age groups (Regan et al., 2007).

Therefore, it would be beneficial for SE in schools to promote regular STI testing. The youth sexual health website called *Get the Facts* provides an online testing function that is accessible to youth anywhere in WA (Health, 2014).

#### 3.2.2.1.3 WA Teenage Pregnancy Rates

The below graph shows the age-specific fertility rates across Australia from 1933 to 2013. Most pregnancies now occur within the 30-34 age range whereas until the 1980s the majority occurred within the 20-29 age range. Teenage pregnancies are almost the same rate as they were in 1933 and peaked in 1970. All age brackets slumped in around 1973.
Many teenage pregnancies occur as a result of young women’s sexual inexperience and poor understanding of their reproductive cycles. Research suggests that knowledge about reproductive matters and access to contraception are necessary to prevent unintended adolescent pregnancy. (Core of Life Manual 2010). Across Australia, the Northern Territory, Tasmania and Queensland, followed by WA have the highest rates of live births by teenage pregnancies. WA is also higher than the national average.

Table 3-4: Women who Gave Birth, by Maternal Age and State and Territory, 2012

<table>
<thead>
<tr>
<th>Maternal Age</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>3.1%</td>
<td>2.3%</td>
<td>5.1%</td>
<td>4.0%</td>
<td>3.9%</td>
<td>6.1%</td>
<td>2.2%</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

(Hilder L, 2014)

In 2010, the WA Abortion Proportion (21.3%) was higher than that reported by South Australia (20.3%) and New Zealand (20.5%). Table 3-5 below displays the induced Abortion Rates published by some jurisdictions.
Table 3-5: Induced Abortions Proportion, All Jurisdictions, 2005–2012

<table>
<thead>
<tr>
<th>Place of Abortion</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA</td>
<td>22.6</td>
<td>22.6</td>
<td>22</td>
<td>22.2</td>
<td>22.3</td>
<td>21.3</td>
<td>21.3</td>
<td>20.1</td>
</tr>
<tr>
<td>SA (Scheil, W. 2012)</td>
<td>20.7</td>
<td>20.8</td>
<td>19.9</td>
<td>20.5</td>
<td>20.4</td>
<td>20.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Zealand (Welch, D. 2012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.5</td>
<td>20.4</td>
</tr>
</tbody>
</table>

(Maternal and Child Health Unit, 2013).

In 2012, teenage women living in Metropolitan WA had a slightly higher Abortion Rate (15.1 per 1000 women) than those living in rural areas (14.3 per 1000 women). This may be related to access to services in rural and remote areas. The South Metropolitan area had the highest abortion rate reported for WA (15.3 per 1000 women). Teenage women living in the North Metropolitan area exhibited a lower rate of abortion, birth and pregnancy than those living in the South Metropolitan area.

Table 3-6: Teenage Pregnancy, Birth and Abortion Rates by Health Region of Residence WA 2012

<table>
<thead>
<tr>
<th>Health Region of Residence</th>
<th>Abortion Rate %</th>
<th>Birth Rate %</th>
<th>Pregnancy Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Metropolitan</td>
<td>14.9</td>
<td>11.1</td>
<td>26.0</td>
</tr>
<tr>
<td>South Metropolitan</td>
<td>15.3</td>
<td>17.9</td>
<td>33.1</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>15.1</td>
<td>14.3</td>
<td>29.4</td>
</tr>
<tr>
<td>Goldfields</td>
<td>9.6</td>
<td>36.8</td>
<td>46.4</td>
</tr>
<tr>
<td>Great Southern</td>
<td>14.9</td>
<td>18.5</td>
<td>33.4</td>
</tr>
<tr>
<td>Kimberley</td>
<td>14.4</td>
<td>60.6</td>
<td>75.0</td>
</tr>
<tr>
<td>Midwest</td>
<td>15.0</td>
<td>32.0</td>
<td>47.0</td>
</tr>
<tr>
<td>Pilbara</td>
<td>14.4</td>
<td>28.7</td>
<td>43.1</td>
</tr>
<tr>
<td>South West</td>
<td>8.1</td>
<td>15.4</td>
<td>23.5</td>
</tr>
<tr>
<td>Wheatbelt</td>
<td>11.2</td>
<td>30.0</td>
<td>41.2</td>
</tr>
<tr>
<td>Non-Metropolitan</td>
<td>11.4</td>
<td>26.8</td>
<td>38.2</td>
</tr>
<tr>
<td>Overall State</td>
<td>14.3</td>
<td>17.0</td>
<td>31.3</td>
</tr>
</tbody>
</table>
The health districts Armadale and Peel in the South Metropolitan area exhibit significantly higher numbers of teenage pregnancies than the state average (Maternal and Child Health Unit, 2013).

Table 3-7: Teenage Pregnancy Rates Across the South Metropolitan Health Service

<table>
<thead>
<tr>
<th>Age</th>
<th>Armadale</th>
<th>Bentley</th>
<th>Fremantle</th>
<th>Rockingham / Kwinana</th>
<th>Peel</th>
<th>South Metro</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage Births %</td>
<td>7.4</td>
<td>3.3</td>
<td>2.7</td>
<td>5.7</td>
<td>7.0</td>
<td>4.8</td>
<td>4.6</td>
</tr>
</tbody>
</table>

3.2.2.2 Identified Gaps in Research Knowledge

3.2.2.2.1 How Much STI and Pregnancy Prevention Education is Being Provided?

The WA Survey will be able to identify if there is a gap in the provision of STI and teenage pregnancy education, which may help to explain the low student scoring on the Australian Secondary Students and Sexual Health surveys conducted by La Trobe.

Information gathered related to this included the following questions:

- 6. How often have YOU delivered lessons in sexuality education to students?
- 7. Approximately how many individual students did you teach sexuality education to?
- 8. Please indicate in which year level you covered OR will cover these topics.

3.2.2.2.2 How Does Education in STI and Pregnancy Compare to the NS, Considering the High Rates in WA?

The WA Survey aims to identify what topics SS teachers are delivering in an attempt to understand why the rates of STI and teenage pregnancies are so high in WA.

3.2.3 Foetal Alcohol Spectrum Disorder

3.2.3.1 Existing Field of Knowledge
The WA FASD Model of Care (2010) recommends a reduction in unplanned pregnancy. One of the strategies to meet this recommendation is to implement evidence-based PS and SS drug and SE (Department of Health, 2010). The following are some statistics of the behaviour of women in Australia to support this strategy.

- 14% to 20% of women report drinking within three months pre-pregnancy.
- Up to 59% report drinking at some time during pregnancy.
- Approximately 50% of pregnancies are unplanned.
- It is estimated that 72% of pregnant women in Australia consume alcohol (WA Health Drug and Alcohol Office, 2012).

The estimated FASD prevalence rate is 0.02 per 1000 for Non-Indigenous children and 2.76 per 1000 for Indigenous Australians (Department of Health, 2010). The South Metropolitan area has the second-largest Aboriginal population in the state after the Kimberley. FASD is therefore a key public health issue to be address through SE efforts.

3.2.4 WA Clinical Senate Review (Let’s Talk About Sex)

3.2.4.1 Existing Field of Knowledge

The role of the Clinical Senate of Western Australia is to provide a forum where collective knowledge on current issues of strategic significance in health are discussed and debated. Recommendations are made in the best interest of the health of all Western Australians and are subsequently provided to the Director General (DG), the State Health Executive Forum (SHEF), and through the DG to the Minister for Health (Department of Health, 2012b).

In March 2012, a Clinical Senate meeting was held to discuss sexual health. Discussion of the topic was prompted by findings from a 2009 Youth Summit debate, which identified sexual health as one of the top five health issues facing young people. The high rates of STI and teenage pregnancy in WA also influenced the need. The mandate of the summit for Senators was to consider the integration of public health and clinical service in WA, and if population needs were being met (Department of Health, 2012b).

WA Clinical Senate Review – Let’s Talk About Sex (2012) recommendations include:

- WA Health to develop and implement a Youth Health Policy in consultation with young consumers and relevant peak bodies informed by existing Cultural Respect Implementation Framework (CRIF) supported with comprehensive training and education.
• SHEF to endorse implementation of the existing STI Model of Care in accordance with the Clinical Services Framework and demographic profile.
• WA Health to advocate for compulsory, comprehensive, age-appropriate, curriculum-based relationship and sexual health education in schools, supported by a trained and skilled workforce from within schools using NGO providers, teachers, school nurses and health providers.
• Area Health Services to establish ‘Youth Hubs’ in collaboration with existing health services, Medicare Locals, NGOs & consumers.
• WA Health to collaborate with universities, professional bodies and other education providers to ensure that sexual health is incorporated into all levels of health professional education and training.
• WA Health to ensure multimodal delivery of positive sexual health messages where young people will access them in actual and virtual locations, test both message and location efficacy, target the home as a key information access point.
• WA Health to develop a framework that encourages a robust data collection and enables evaluation of programs, involving youth at all stages of the process.
• WA Health to promote making condoms freely available in more discrete ways to reduce the shame of taking them. For example, free at events, toilets, music concerts and schools.
• An Area Health Service to establish a multidisciplinary service for gender transitioning people (Department of Health, 2012b).

3.2.4.2 Identified Gaps in Research Knowledge

3.2.4.2.1 Expressed Need for the Evaluation of School-Based Sexual Health Education

As stated at the WA Clinical Senate Review – Let’s Talk About Sex – there has been no statewide curriculum audit or any accountability for SE delivery.

There is a need for the evaluation of school-based sexual health education in Australia, this has never been done …

… school-based sex education programs must be evaluated, as knowledge is very poor.

Associate Professor Rachel Skinner, Sydney University Discipline of Pediatrics & Child Health, at Children’s Hospital, Westmead

Participants concluded that in general, youth were not provided enough information on healthy relationships and sexual health education in schools. And, although there was a syllabus, there was a lack of education in the school system and no mandate for it to be taught (Department of Health, 2012b).
This may explain the inconsistencies of SE delivery in WA schools.

3.3 Policy
A roadmap to existing policy contained within the Literature Review is contained in Table 3-8.

Table 3-8: Roadmap to Literature Review Policy

<table>
<thead>
<tr>
<th>Policy</th>
<th>Existing field of knowledge (Independent variables)</th>
<th>Identified gaps in research knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NATIONAL POLICY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Secondary Students Sexual Health Education Survey</td>
<td></td>
</tr>
<tr>
<td>Minority Group Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The National Disability Strategy 2010–2020</td>
<td>SE delivery to special needs youth</td>
</tr>
<tr>
<td></td>
<td>• Aboriginal Youth</td>
<td>SE delivery to Aboriginal youth in WA</td>
</tr>
<tr>
<td><strong>STATE POLICY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA Syllabus for Health and Physical Education (HPE)</td>
<td></td>
<td>WA Syllabus and comparison of what is actually being taught</td>
</tr>
<tr>
<td>WA Models of Care (MOC) Implementation Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New plan to target family and domestic violence</td>
<td>How much relationships education is occurring in WA schools?</td>
</tr>
<tr>
<td></td>
<td>• WA STI strategy</td>
<td>Nurse training not included in mid-term review.</td>
</tr>
<tr>
<td><strong>SCHOOL POLICY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-Based SE Policy</td>
<td></td>
<td>How many schools have a SE policy and does it impact on provision of SE?</td>
</tr>
</tbody>
</table>

3.3.1 National Policy

3.3.1.1 The Third National Sexually Transmissible Infections Strategy 2014–2017

3.3.1.1.1 Existing Field of Knowledge
The Third National Sexually Transmissible Infections Strategy 2014–2017 states:

**Sex education in schools, is a highly effective strategy for decreasing sexual risk taking in young people (23). Effective and culturally appropriate sex education should be received by all Australian school students. Currently, the delivery of sexual health education in Australian schools depends on the interest and capacity of individual schools and teachers (24). Additionally, young people of school age but who are no longer in the school system miss out on this important component. At particular risk are some young Aboriginal and Torres Strait Islander people, where a greater proportion is outside the school system. The development and delivery of health promotion interventions targeted to young people, both in and out of school, is a priority (Australian Government, 2014).**

Therefore, the Third National STI Strategy 2014–2017 acknowledges the non-topics-based approach and lack of mandatory delivery of SE in Australian schools.

### 3.3.1.1.1 Targets for STI knowledge

For the first time in Australia, SE strategy targets have been set for specific outcomes (Australian Government, 2014). The below table outlines these targets, and the highlighted areas are most relevant to SE in schools.


<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve and maintain high levels of HPV vaccination</td>
<td>HPV three-dose vaccination coverage for males and females turning 15 years of age</td>
</tr>
<tr>
<td>Reduce the incidence of STI</td>
<td>Annual rate of notifications of gonorrhoea</td>
</tr>
<tr>
<td></td>
<td>Annual rate of notifications of infectious syphilis</td>
</tr>
<tr>
<td></td>
<td>Proportion of chlamydia tests that yield a positive result in 15–29 age group</td>
</tr>
<tr>
<td>Improve knowledge and safe behaviours associated with the transmission of STI</td>
<td>Proportion of SS students giving the correct answer to STI knowledge and behaviour questions</td>
</tr>
<tr>
<td>Objectives</td>
<td>Indicator</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Increase testing among priority populations</td>
<td>Proportion of 15–29 year olds receiving a chlamydia test in the previous 12 months</td>
</tr>
<tr>
<td></td>
<td>Proportion of gay men who report having had an STI test in the previous 12 months</td>
</tr>
<tr>
<td>Increase appropriate management and reduce associated morbidity</td>
<td>Number of notifications of congenital syphilis annually</td>
</tr>
<tr>
<td>Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people’s health</td>
<td><strong>3.3.1.1.2 Secondary Students Sexual Education Survey</strong></td>
</tr>
<tr>
<td></td>
<td>La Trobe University conducts a national survey every four years to measure SS students’ knowledge of STI &amp; BBV. The following are the results from the two previous surveys:</td>
</tr>
<tr>
<td></td>
<td><strong>Key Findings Include:</strong></td>
</tr>
<tr>
<td></td>
<td>• Young people's knowledge of HIV is <strong>high</strong>.</td>
</tr>
<tr>
<td></td>
<td>o The vast majority of students were aware that HIV could be transmitted by sharing needles (96%).</td>
</tr>
<tr>
<td></td>
<td>o A woman can get HIV from having sex with a man (97%) and conversely that a man could get HIV from having sex with a HIV positive woman (93%), but hugging a HIV positive person could not transmit the virus (98%).</td>
</tr>
<tr>
<td></td>
<td>o Men could get HIV from having sex with HIV positive men (88%).</td>
</tr>
<tr>
<td></td>
<td>o The contraceptive pill offers no protection against HIV for women (93%) and a pregnant woman with HIV could pass on the infection to her baby (82%).</td>
</tr>
<tr>
<td></td>
<td>o Most students were aware that using condoms during sex offered some protection from HIV (88%); that someone who looked healthy could still pass on HIV infection (83%); and that coughing or sneezing could not transmit HIV (81%).</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of STI and hepatitis is <strong>poor</strong> but improving.</td>
</tr>
</tbody>
</table>
|                                                                           |   o The poorest knowledge exhibited with regards to chlamydia and the transmission of gonorrhoea and genital warts.
- The overwhelming majority of students knew that both men (91%) and women (90%) could still pass on a sexually transmissible infection without having any obvious symptoms, and a larger majority also knew that HIV was an infection not confined to gay men and injecting drug users only (84%).

- Fewer students were aware that always using condoms does not offer complete protection from all STIs (76%).

- Apart from HIV not all STIs could be cured (60%).

- Cold sores and genital herpes can be caused by the same virus (60%).

- Chlamydia can lead to sterility amongst women (55%).

- Oral sex can transmit gonorrhoea (55%).

- Genital warts are spread by skin-to-skin contact not simply through having intercourse (54%).

- A minority of students were aware that chlamydia affects both men and women (47%) and that once a person has genital herpes they will always have the virus (47%).

  - Knowledge of HPV and cervical cancer is **alarmingly low**.
    - Poorest knowledge was evident with respect to students not being aware that HPV cannot be transmitted via blood transfusions (5%).
    - The virus does not just affect or mainly affect women (11%) and that HPV is the virus that is associated with genital warts (14%) (Smith A, 2009).

  - HIV knowledge is comparable to the 2008 Survey.

  - STI knowledge **remains poor**; including knowledge about chlamydia.
    - Fewer students were aware that chlamydia affects both men and women (60%).
    - Chlamydia can lead to sterility amongst women (56%).
    - Once a person has genital herpes they will always have the virus (46%).

  - Hepatitis knowledge remains **relatively poor**.
    - Around two-thirds of students correctly identified the risk of Hepatitis C posed by injecting drug use (66%).
    - Hepatitis C can be transmitted by the practices of tattooing and body piercing (64%).
    - Considerable proportion of students incorrectly claiming they had been vaccinated against Hepatitis C (36%) when no such vaccine exists.

  - HPV knowledge is **very poor**.
- Students not being aware that the virus does not just affect, or mainly affects women (23%).
- HPV is the virus that is associated with genital warts (24%).
- The vaccine can be obtained free of charge from their GP (26%).
- HPV can cause cancers of the head and throat (8%) (Mitchell A, 2014).

3.3.1.1.2 Identified Gaps in Research Knowledge

3.3.1.1.2.1 Assess SS Teacher Knowledge Compared to National Survey of Australian Secondary Students and Sexual Health 2008 and 2013.

There is a gap in the understanding of why SS students continue to score poorly on the National Surveys of SS Students and Sexual Health. To determine if this is a result of poor educator knowledge, questions from the La Trobe University National Surveys: National Survey of Australian Secondary Students and Sexual Health 2008 and 2013 were added for SS educators only.

This approach will determine educator PD needs, and ensure validity and reliability of results. It must be stated that educator knowledge is only one component of their PD needs and that opinions, attitudes and values also play a key role.

3.3.1.2 Minority Group Policy

3.3.1.2.1 Existing Field of Knowledge

3.3.1.2.1.1 The National Disability Strategy 2010–2020

People living with disability are at a disproportional rate more vulnerable to a range of abuses, including sexual abuse. It is estimated that 83% have experienced sexual assault or rape (Face the Facts, 2012).

In 2009, it was estimated that in Australia approximately 7% of youth were living with a disability, with 27% of these indicating a severe disability. The most common kinds of disability are intellectual, behavioural or developmental (19%), psychiatric conditions (18%) and musculoskeletal disorders (14%). Currently in Australia there are more than 150,000 young people living with disability in schools (Face the Facts, 2012).

Perpetrators of sexual assault of people living with disability:
• family members 16.8%
• other known adults 15.2%
• generic service providers 9.8%
• strangers 8.2%
• dates 3.8%
• step-family members 2.2%.

Disability-related:

• service providers 27.7%
• specialised transportation 5.4%
• specialised foster care 4.3%
• other consumers 6.5%.

The National Disability Strategy 2010–20 states that a key priority of the Australian Government is to enable people living with disability to achieve their full potential through high-quality education systems that cater to their needs. People with disability deserve the same right to SE as mainstream students. Without such education these students may be unprepared for sexual encounters, resulting in unwanted pregnancies, STI and other unsafe sexual practices (Face the Facts, 2012).

Health Scotland developed a Briefing Paper provides good advice on how to design curriculum for this population. The document includes a very comprehensive checklist that can be used to ensure quality and consistency.

Specific ways of adapting SE resources for students with a learning disability are outlined below:

• allow plenty of time
• have booster sessions
• utilise innovative method.
• good practice involves multi-disciplinary working between schools and external agencies.
• educators need to build trust with students before raising sexual health issues
• educational interventions build upon students’ existing experiences
• break activities into discrete tasks
• provide opportunities for students to apply or transfer previous learning
• assist students to generalise by providing multiple examples
• interventions presented during short periods of time
• incorporate visual, auditory and tactile methods. For example, dolls
• techniques such as role-play, modelling, videos and group work provide students with opportunities to hear information repeated in different ways
• images at times need to be graphic and explicit to cater to varying levels of understanding of abstract representations
• SE needs to start early and be reinforced and repeated (Fraser and Sim, 2007).

Educators must first examine their own attitudes, values and motives (Koller, 2000). This is also reinforced within Scotland Health’s briefing paper, The Sexual Health Needs of Young People with Learning Disabilities (Fraser and Sim, 2007). Some reasons in support of this include:

• many educators lack confidence and feel insufficiently prepared to deliver SE interventions
• there can be tensions between protection and empowerment
• concern with regards to parental objections
• discomfort in addressing sexual minority issues.

3.3.1.2.1.2 Aboriginal Youth

The Australian Government has developed a resource entitled Education Programs for Indigenous Australians about Sexually transmissible infections and Blood Borne Viruses. This resource provides a valuable summary of the research of SE programs targeting Aboriginal youth. Aboriginal youth are a target population, as they have significantly higher STI and teen pregnancy rates than their non-Aboriginal counterparts.

Key findings from the document identify that multi-faceted approaches that include community education, health promotion, life skills, and reducing drugs and alcohol are most effective in reducing STI rates among Aboriginal youth. Findings also highlight the need for well-trained and resourced educators to achieve successful implementation.

Findings show that the following approaches are not very effective:

• one-off sessions
• mainstream social marketing messages
• delivery of knowledge without focusing on behavioural skills (Strobel and Ward, 2012).

Sexual and Reproductive Health WA (SRHWA) has produced an Aboriginal-specific SE program called Mooditj. Corresponding train-the-trainer PD is also included. The program consists of 10 sessions and is interactive, involving art, role-plays and informal discussions (Strobel and Ward, 2012).

Within the Mooditj Impact Evaluation Study, the main findings for sexual behaviour outcomes included:
• interactive participation in Mooditj Young People Groups
• increased school attendance during and shortly after Mooditj improved hygiene
• increased respect for self and others
• increased self-esteem
  increased discussion of sexual health issues
• increased knowledge of pregnancy issues
• reported increased contraception use, mainly condoms and Implanon
• increased knowledge of STIs
• increased attendance at clinics for STI testing and sexual health needs
  (Powell, 2008).

3.3.1.2.2 Identified Gaps in Research Knowledge

3.3.1.2.2.1 SE Delivery to Special Needs Youth

Not much is known about the delivery of SE to special needs youth. To cater especially to the SE needs of special needs youth, educators need to be aware of strategies for SE delivery. The WA Survey identifies trends and numbers of educators who have previously delivered SE to special needs youths. These results are important for future special needs SE planning and policy development.

To assess this, the following question was included:

- 22. Do you teach a large proportion of any of the following priority populations?
  o Young people
  o Aboriginal and Torres Strait Islander peoples
  o At risk youth (street youth)
  o English as a second language or CALD
  o Youth in custodial settings (youth detention)
  o Special needs students
  o Other (please specify)

3.3.1.2.2.2 SE Delivery to Aboriginal Youth in WA

Identified gaps in the research include:

• Effectiveness of indigenous –
  o peer-led and peer-based programs
  o targeted social marketing campaigns
  o text messages and other forms of electronic media
Identified barriers for Aboriginal youth to access health services include ‘the shame factor’, and mistrust of health services due to their history of differential treatment. During educational interventions, ‘men’s and women’s business’ needs to be taken into consideration when planning certain activities to separate the genders. Often access to condoms is also an issue for rural and remote youth (Strobel and Ward, 2012).

In Australia there have only been a few evaluations of school-based SE programs and none to date for Indigenous-specific school-based programs. In South Australia there is a school-based program designed for Aboriginal youth called The Aboriginal Focus Schools Program, which is yet to be evaluated (Strobel and Ward, 2012). The WA Survey aims to gather data relating to teacher delivery of SE to Aboriginal youth, to assist with planning and policy generation.

To assess this, the following question was included:

- 22. Do you teach a large proportion of any of the following priority populations?
  - Young people
  - Aboriginal and Torres Strait Islander peoples
  - At risk youth (street youth)
  - English as a second language or CALD
  - Youth in custodial settings (youth detention)
  - Special needs students
  - Other (please specify)

3.3.2 State Policy

3.3.2.1 WA Syllabus for Health and Physical Education

3.3.2.1.1 Existing Field of Knowledge

Background

Historically, the national curriculum support resource Talking Sexual Health published in 2001 outlined the National Framework for Education about STIs, HIV/AIDS and BBVs. The framework, a resource used by educators to support curriculum outcomes, consisted of the key principles of diversity, social justice and promoting a supportive environment (Australian National Council on AIDS, 1999).

This framework provided the basis for each school to provide effective SE. Each state and territory set guidelines for the standards of school-based SE; however, SE has never been mandatory (Smith A., 2011), prior to the release of the AC. As such SE was provided typically on an ad hoc basis at the discretion of the teacher and the school.
At the time of the WA Survey (2014), in WA, the Curriculum Framework set out what students should achieve as a result of programs they undertake in schools. This was a guiding document developed by the WA Curriculum and Standards Authority (previously Curriculum Council) (Health, 2015a). To complement this, the WA Department of Education provided support for the provision of SE through the HPE Scope and Sequence document, which outlined specific topics. Neither of these guides were mandatory.

La Trobe University released a report entitled Sexuality Education in Australia in 2011. Within the report they have investigated the implementation of the Curriculum Framework across all the states and territories. In most areas SE content is included within the HPE learning area, which is mandatory until Year 10. However, only Victoria identifies SE as compulsory for all government schools, from Prep to Year 10. New South Wales also mandates a program called ‘Crossroads’ for all Year 11 and Year 12 students. Sexual health is a component of this program (Mitchell A, 2011).

Furthermore, only Victoria and New South Wales specify specific qualification requirements for teachers specialising in HPE, and only New South Wales mentions sexual health in this context. Therefore, in most states, any qualified teacher could potentially teach SE, or not, as it is not a mandatory requirement (Mitchell A, 2011).

The 2015 WA Syllabus for HPE
The WA Syllabus for HPE was released in July 2015 by the School Curriculum and Standards Authority (School Curriculum and Standards Authority, 2015a). Teachers are expected to begin reporting to parents on student achievements in SE by Semester 1, 2017 (Hon Peter Collier MLC, 2015).

The AC and the WA Syllabus for HPE show similarities in that the SE outcomes are very broad. For example, the only outcomes that mention sexuality in the WA Syllabus for HPE are shown in Figure 3-3 below:

Figure 3-3: WA Syllabus SE Coverage (2015)

<table>
<thead>
<tr>
<th>Grade</th>
<th>SE Content Covered</th>
</tr>
</thead>
</table>
| 9     | Impact of external influences on the ability of adolescents to make healthy and safe choices relating to:  
|       | • sexuality  
|       | • alcohol and other drug use  
|       | • risk-taking  
| 10    | External influences on sexuality and sexual health behaviours, including the impact decisions and actions have on their own and others’ health and wellbeing (School Curriculum and Standards Authority, 2015a). |
Comparable to the broad outcomes of the AC, an educator could meet the requirements of the WA Syllabus in a number of ways, including the delivery of abstinence-only education, without touching on sexual and reproductive health topics recommended by UNESCO.

Table 3-10, Table 3-11 and Table 3-12 represent a summary of the WA Syllabus for HPE as it relates to sexuality and relationship education. The highlighted areas represent key topic areas in SE. The inclusion of these key words differentiates the WA Syllabus significantly from the broadly stated AC.

The GDHR curriculum-support website has a variety of activities that meet the requirements of the AC. The GDHR topic column in the table represents the topics that outcomes are tagged to on the state teacher curriculum-support GDHR website:

- Growing Bodies
- Staying Safe
- Emotional Wellbeing
- Respectful Relationships
- Media and Health Literacy
- Diversity.

**Table 3-10: Summary of WA HPE Curriculum as it Relates to Sexual and Reproductive Health – Personal, Social and Community Health**

<table>
<thead>
<tr>
<th>GDHR topic</th>
<th>Foundation</th>
<th>Year 1-2</th>
<th>Year 3-4</th>
<th>Year 5-6</th>
<th>Year 7-8</th>
<th>Year 9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growing Bodies</td>
<td>F: The different parts of the body and where they are located</td>
<td>Y1: Ways in which the body changes as individuals grow older</td>
<td>Y3: Factors that strengthen personal identities</td>
<td>Y5: Changes associated with puberty which vary with individuals: physical, mental, and emotional</td>
<td>Y7: Feelings and emotions associated with transitions; and practising self-talk and help-seeking strategies to manage these transitions</td>
<td>Y9: Factors that shape identities and adolescent health</td>
</tr>
<tr>
<td><a href="http://gdhr.wa.gov.au/learning-activities-by-topic/growing-bodies">http://gdhr.wa.gov.au/learning-activities-by-topic/growing-bodies</a></td>
<td>Y2: Changes in relationships and responsibilties as individuals grow older</td>
<td>Y3: Physical, social and emotional changes that occur as individuals grow older</td>
<td>Y4: Strategies that help individuals to manage the impact of change</td>
<td>Y6: Ways that personal identities change over time</td>
<td>Y7: Management of emotional and social changes associated with puberty through the use of: coping skills, communicatio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y2: Strategies and behaviours that promote health and wellbeing: personal hygiene</td>
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<td></td>
</tr>
<tr>
<td>GDHR topic</td>
<td>Foundation</td>
<td>Year 1-2</td>
<td>Year 3-4</td>
<td>Year 5-6</td>
<td>Year 7-8</td>
<td>Year 9-10</td>
</tr>
<tr>
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</tr>
<tr>
<td>practices associated with puberty, such as: minimising and managing conflict, recognising and building self-esteem, selecting and managing relationships</td>
<td>Y6: Criteria that can be applied to sources of information to assess their credibility</td>
<td>Y8: The impact of physical changes on gender, cultural and sexual identities</td>
<td>Y8: Ways in which changing feelings and attractions form part of developing sexual identities</td>
<td>Y8: Strategies for managing the changing nature of peer and family relationships</td>
<td></td>
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</tr>
<tr>
<td>cultural influences on personal identity and health behaviour, such as: how diversity and gender are represented in the media, differing cultural beliefs and practices surrounding transition to adulthood</td>
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</tr>
</tbody>
</table>

**Staying Safe**


| F: Protective behaviours to keep safe and healthy | Y1&2: Strategies to use when help is needed | Y3: Assertive behaviours and communication skills to respond to unsafe situations | Y4: Personal behaviours and strategies to remain safe in uncomfortable or unsafe situations | Y5: Reliable sources of information that inform health, safety and wellbeing | Y6: Strategies that promote a healthy lifestyle | Y7: Strategies to promote safety in online environments | Y8: Help-seeking strategies that young people can use in a variety of situations | Y9: Skills to deal with challenging or unsafe situations | Y9: Actions and strategies to enhance health and wellbeing in a range of environments, such as: safe blood practices |
| Trusted people in the community who can help individuals feel safe | | | | | | | | | Y9: Impact of external influences on the ability of adolescents to make healthy and safe choices relating to: sexuality alcohol and other drug use, risk-taking |
| Y10: Skills and strategies to manage situations where risk is encouraged by others | Y10: External influences on sexuality and sexual |
Table 3-11: Summary of WA HPE Curriculum as it Relates to Sexual and Reproductive Health – Communicating and Interacting for Health and Wellbeing

<table>
<thead>
<tr>
<th>GDHR topic</th>
<th>Foundation</th>
<th>Year 1-2</th>
<th>Year 3-4</th>
<th>Year 5-6</th>
<th>Year 7-8</th>
<th>Year 9-10</th>
<th>Year 9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Wellbeing</strong></td>
<td>F: Personal and social skills to interact with others</td>
<td>Y1: Positive ways to react to their own emotions in different situations</td>
<td>Y3: Circumstances that can influence the level of emotional response to situations</td>
<td>Y5: Ways in which inappropriate emotional responses impact on relationships</td>
<td>Y8: Personal, social and cultural factors influencing emotional responses and behaviour</td>
<td>Y9: Strategies for managing emotional responses and resolving conflict in a family, social or online environment</td>
<td>Y10: Effects of emotional responses on relationships</td>
</tr>
<tr>
<td><strong>Respectful Relationships</strong></td>
<td>F: Emotional responses individuals may experience in different</td>
<td>Y1: Appreciation and encouragement of the behaviour of</td>
<td>Y3: Behaviours that show empathy and respect for others</td>
<td>Y5: Skills and strategies to establish and manage relationships over time,</td>
<td>Y7: The impact of relationships on own and others’ wellbeing</td>
<td>Y9: Characteristics of respectful relationships: respecting the rights and</td>
<td></td>
</tr>
<tr>
<td>GDHR topic</td>
<td>Foundation</td>
<td>Year 1-2</td>
<td>Year 3-4</td>
<td>Year 5-6</td>
<td>Year 7-8</td>
<td>Year 9-10</td>
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<td></td>
</tr>
<tr>
<td>topic/respectful-relationships</td>
<td>situations</td>
<td>others</td>
<td></td>
<td>such as:</td>
<td></td>
<td>responsibilitie of individuals in the relationship respect for personal differences and opinions empathy</td>
<td>Year 10: Skills and strategies to promote respectful relationships such as: appropriate emotional responses in a variety of situations taking action if a relationship is not respectful appropriate bystander behaviour in physical and online interactions</td>
</tr>
</tbody>
</table>

**Media and Health Literacy**


|          |          | Y1: Ways health messages are communicated | Y2: Ways health messages are communicated in the media and how they can influence personal health choices | Y3: Choices and behaviours conveyed in health information and messages | Y4: Ways in which health information and messages can influence health decisions and behaviours | Y5: The impact bullying and harassment can have on relationships including online relationships and the health and wellbeing of themselves and others | Y6: Skills to establish and manage positive relationships, Y8: Sources of health information that can support people who are going through a challenging time | Y7: Critical health literacy skills and strategies: evaluating health services in the community examining policies and processes for ensuring safer behaviours |

(School Curriculum and Standards Authority, 2015a)
Table 3-12: Summary of WA HPE Curriculum as it Relates to Sexual and Reproductive Health – Contributing to Healthy and Active Communities

<table>
<thead>
<tr>
<th>GDHR topic</th>
<th>Foundation</th>
<th>Year 1-2</th>
<th>Year 3-4</th>
<th>Year 5-6</th>
<th>Year 7-8</th>
<th>Year 9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>F: Actions that promote health, safety and wellbeing, such as: practising appropriate personal hygiene routines</td>
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<tr>
<td>Y5: Preventive health measures that promote and maintain an individual's health, safety and wellbeing,</td>
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<td>Y6: Preventive health measures that can promote and maintain community health, safety and wellbeing,</td>
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<td>Y7: Preventive health practices for young people to avoid and manage risk</td>
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<tr>
<td>Y8: Health promotion activities which target relevant health issues for young people and ways to prevent them</td>
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<tr>
<td>Y9: The implications of attitudes and behaviours on individuals and the community, such as: prejudice, marginalisation, homophobia, sexism and disability discrimination</td>
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<tr>
<td>Y8: Benefits to individuals and communities of valuing diversity and promoting inclusivity, such as: challenging racism, homophobia, sexism and disability discrimination</td>
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<tr>
<td>Y10: Social, economic and environment factors that influence health, such as: level of education income/employment social networks and supports (family,</td>
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</tr>
<tr>
<td>GDHR topic</td>
<td>Foundation</td>
<td>Year 1-2</td>
<td>Year 3-4</td>
<td>Year 5-6</td>
<td>Year 7-8</td>
<td>Year 9-10</td>
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</tbody>
</table>

friends and community attachment)
住房
access to services

(School Curriculum and Standards Authority, 2015a)

3.3.2.1.2 Identified Gaps in Research Knowledge

3.3.2.1.2.1 WA Syllabus and Comparison of What is Actually Being Taught

The WA Survey identifies which SE topics educators are actually delivering, the amount of delivery time spent, and if they are assessing against curriculum standards. This will be compared to the NS as a benchmark.

The NS results showed that most teachers in the sample are delivering facts-based topics such as STI and birth control methods, as well as social aspects of relationships, and sexual decision-making. Teachers tended to be less comfortable teaching topics such as sexual pleasure, which was covered by less than 50% of the sample (Smith A., 2011).

3.3.2.2 WA Models of Care Implementation Plans

3.3.2.2.1 Existing Field of Knowledge

WA has three MOCs for sexual health and BBV, which aim to describe best practice care and services for the population:

1. Sexually Transmissible Infections MOC.
2. Hepatitis C Virus MOC.
3. Human Immunodeficiency Virus MOC.

WA has four different complementary MOCs Implementation Plans:

These implementation plans endorse a partnership approach for a coordinated effort to reducing STI, HIV, and hepatitis within priority populations in WA. This is supported by Memorandums of Understanding (MOUs) with partner organisations. The plans set out to:

- outline strategies and actions
- identify partners
- develop key performance indicators
- align with other plans and the national strategies
  - Third National Hepatitis C Strategy 2010–2013
  - National Hepatitis B Strategy 2010–2013
  - Second National STI Strategy 2010–2013
  - Sixth National HIV Strategy 2010–2013

In 2012, WA Health conducted a mid-term review of the Implementation Plans in order to assess their progress. Workforce development was sighted as a Key Performance Indicator (KPI). The following passage of text is from the mid-term review and refers to the number of teachers and school health nurses undertaking sexual health training (e.g. GDHR).

*Between 2009 and 2012, WA Health Education Services was contracted by the Department of Health to deliver a 2-day face-to-face professional development course in support of the Growing and Developing Healthy Relationships (GDHR) curriculum support materials to teachers and school health nurses in WA. In the 2009/2010 and 2010/2011 financial years a total of 42 and 26 teachers, teaching assistants, community and school-based nurses from the metro area attended training, respectively. Finally, in 2011–2012 a total of 13 metro, 10 participants from Bunbury and 9 participants from Albany completed the professional development training.*

*On the 30th March 2012 the Teaching Sexuality Education Online Professional Learning Course was launched. The Departments of Health and Education funded this new and innovative online professional development course for teachers to assist them to deliver comprehensive sexual health education. Data received from the WA Department of Education indicate that as of Friday the 19th October 2012 there were 659 teachers and school nurses registered into this course, of which 136 have completed all eight modules of the training and an additional 266 have engaged in content from various modules (WA Health, 2013).*

3.3.2.2.1.1 New Plan to Target Family and Domestic Violence
The Minister for Mental Health; Disability Services; and Child Protection, Hon Helen Morton MLC has announced a new plan to target family and domestic violence. The Plan is called 'Freedom from Fear, Working Towards the Elimination of Family and Domestic Violence in Western Australia'. She said:

“Western Australia had the second highest rate of reported physical and sexual violence perpetrated against women in Australia, second only to the Northern Territory.” The plan outlines five priority areas with 20 actions. One of which is the provision of respectful relationships education programs in schools (Minister’s Office, 2015).

Action 5:
Promote respectful relationships education in PS and SS
Advocate for the introduction of respectful relationships education to the standard/mainstream curriculum of PS and SS (Government of Western Australia, 2015).

3.3.2.2.1.2 WA STI Strategy

The new WA STI Strategy for 2015–2018, emphasises the importance of partnerships with non-government and community organisations to reduce STI in the community. The strategy acknowledges youth and Aboriginal people as target populations who are disproportionately affected. The strategy notes, that despite educational campaigns, WA continues to experience high levels of STI including epidemic levels in some areas. The WA response includes a comprehensive, integrated and sustained health promotion and disease prevention approach, which focuses on increasing testing rates – particularly among target populations. The education objectives include:

- continuing to provide online training and resources for health professionals and teachers
- continuing to facilitate face-to-face training for health professionals and teachers
- continuing to support and provide peer education strategies through NGO-funded programs
- building and sustaining the delivery of evidence-supported school-based sexuality education
- using social marketing and social media to provide relevant information to target groups
- continuing to provide targeted education programs around knowledge and skill development
- continuing to provide community education through NGOs and health service providers
- using innovative technology to provide information to target groups.
3.3.2.2 Identified Gaps in Research Knowledge

3.3.2.2.1 How Much Relationships Education is Occurring in WA Schools?

The WA Survey will provide a baseline audit of the amount of provision of relationships education in WA schools.

3.3.2.2.2 Nurse Training Not Included in Mid-Term Review

The WA Survey has identified that the WA Health nurse-training program *The ABCs of the Birds and the Bees* has not been included in the results of the MOC Implementation Plans mid-term review. This may have implications for funding and is not a true reflection of the number of teachers and nurses trained in WA each year.

The results of the WA Survey will also provide evidence for the role of other workforce groups in the delivery of SE in WA schools.

3.3.3 School Policy

3.3.3.1 School-Based SE Policy

3.3.3.1.1 Existing Field of Knowledge

Research by Tiffany Jones found that schools that lack educational policy protections for Gay, Lesbian, Bi-Sexual, Trans-Sexual, Intersex and Queer (GLBTIQ) students have more incidences of GLBTIQ bullying, self-harm and suicide. Jones’s research also identified that WA and the Northern Territory were unique and did not have any related policies for the protection of GLBTIQ students (Jones, 2015).

*Western Australia had no policies concerning GLBTIQ students or their issues. Mixed approaches to sexuality were promoted in the curricula; Growing and Developing Healthy Relationships (WA Government Department of Health and Department of Education & Association of Independent Schools WA, 2002) promoted abstinence, determining sexual readiness, effective relationships, risk prevention and avoidance of teachers forcing their opinion.*

*Contrastingly, teachers were to encourage students to:*

*… accept that diversity of sexual orientation exists within the community; and challenge heterosexist attitudes that marginalise gay and lesbian groups (teaching notes, p. 25).*
“Teachers were also to interrupt student disclosures of sexual orientation during class, yet later to affirm the student and direct them to services (p. 26) (Jones, 2015).

**Note:** Tiffany Jones is referring to the 2002 hard copy resources of the GDHR.

Research commissioned by WA Health in 2007 for educators who had undergone WA Health-funded training in SE, found the following:

- 37% strongly disagreed and 24% disagreed that the school has developed a school sexual health policy. 18% were neutral, 10% agreed and 11% strongly agreed (n=134).
- Respondents were fairly evenly split on their views on the statement the school has sufficient time allocated for health education. 21% agreed, 19% strongly agreed, 22% were neutral and 22% disagreed and 16% strongly disagreed (n=155).
- 41% strongly agreed and 34% agreed with the statement the Principal fully supports relationship and sexual health education programs. 19% were neutral, 5% disagreed and 1% strongly disagreed.
- There is also evidence within the comments that not all schools are consistent in how they fit relationship and sexual health within the overall curriculum (Associates 2009).

The fact that WA has no mandatory requirements to teach SE, and also does not have any GLBTIQ educational policy protections, and that only 21% of educators who have been trained in SE are aware of a school policy on SE, means that students in WA are at a considerable disadvantage compared with the rest of the country with respect to support for educators in GLBTIQ SE training.

UNESCO outlines a number of advantages to having a school policy framework:

- Provide an institutional basis for the implementation of sexuality education programmes.
- Anticipate and address sensitivities concerning the implementation of sexuality education programmes.
- Set standards on confidentiality.
- Set standards of appropriate behaviour.
- Protect and support teachers responsible for delivery of sexuality education and, if appropriate, protect or increase their status within the school and community (UNESCO, 2009).

### Identified Gaps in Research Knowledge
3.3.3.1.2.1 How Many Schools Have a SE Policy and Does it Impact on Provision of SE?

The WA Survey questions participants on whether their school has a SE policy and also invites them to discuss the school environment and potential barriers to SE delivery. This will assist with providing information on potential barriers educators face in delivering SE within WA, opening the door for further research and policy development.

To assess this aspect the following survey question was asked:

13. Different jurisdictions across Australia usually have different requirements for how sexuality education is taught at school. Does your school require that …?

3.4 SE Delivery Practice

A roadmap to SE delivery practice contained within the Literature Review is contained in Table 3-13.

**Table 3-13: Roadmap to Literature Review SE Delivery Practice**

<table>
<thead>
<tr>
<th>SE Delivery Practice</th>
<th>Identified gaps in research knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing field of knowledge (Independent variables)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SE Current Practice in WA</strong></td>
<td>What is SE current practice in WA?</td>
</tr>
<tr>
<td><strong>School Health Services</strong></td>
<td>Indicator of other workforce groups delivering SE and who have received training.</td>
</tr>
<tr>
<td><strong>WA Health Curriculum Support Materials</strong></td>
<td>Uptake of WA Health curriculum support resources</td>
</tr>
<tr>
<td>• Toolkit – <em>Me, Myself and I</em></td>
<td></td>
</tr>
<tr>
<td>• GDHR website</td>
<td></td>
</tr>
<tr>
<td>• Teacher Uptake of State Curriculum Support Materials in Other States</td>
<td></td>
</tr>
<tr>
<td><strong>What is best practice SE?</strong></td>
<td></td>
</tr>
<tr>
<td>• Comprehensive SE</td>
<td>• Comprehensive SE</td>
</tr>
<tr>
<td>• Whole-school approach</td>
<td>• Whole-school approach</td>
</tr>
<tr>
<td>• Information, Motivation and Behaviour (IMB) model</td>
<td>• IMB model</td>
</tr>
<tr>
<td>• International guidelines</td>
<td>• International guidelines</td>
</tr>
<tr>
<td><strong>What is best practice PD in SE?</strong></td>
<td></td>
</tr>
<tr>
<td>• Standardised/Face-to-face model</td>
<td>• Uptake of PD in WA and its impact</td>
</tr>
</tbody>
</table>
3.4.1 SE Current Practice in WA

3.4.1.1 Existing Field of Knowledge

The Impact Evaluation Study of the Provision of WA Health funded SE PD was independently conducted in 2007 by Estille and Associates. This research involved:

- Literature Review – both national and international
- examination and analysis of PD participant evaluations
- qualitative analysis of telephone interviews with past participants.
  (Estille and Associates, 2009).

Findings show that:

- The most common time allocation for teaching sexual health classes was one hour a week for one term per year, followed by teaching more than one class one hour a week for one or two terms.
- 14.2% (mainly school health nurses) said they were utilised whenever needed and 12% of respondents do not teach at all.
- 3.6% (PS teachers) said that it was taught as a component of all areas
  (Estille and Associates, 2009).

3.4.1.2 Identified Gaps in Research Knowledge

3.4.1.2.1 What is SE Current Practice in WA?

The Impact Evaluation Study of the Provision of WA Health funded SE PD only surveyed educators who had participated in the WA Health-funded SE
PD. We do not know how much SE educators in general are providing, or specifically how much HPE teachers are providing. We also do not know the depth and breadth of SE being provided. Updated information in this area ahead of the rollout of the AC will provide a good benchmark measurement and policy development.

To determine what type of influences affected provision of SE, the following question was asked:

- 9. In your opinion, who or what has had an influence on determining the sexuality education topics that you taught in 2014? Please give an indication of how much influence you think the listed authorities/groups have had.

### 3.4.2 School Health Services

#### 3.4.2.1 Existing Field of Knowledge

The provision of School health services in government schools in WA is established in a formal agreement between the Department of Education and WA Health: MOU between the Department of Education and Training and the Department of Health for the Provision of School Health Services for School Students Attending Government Schools 2010–2013. This agreement outlines the broad model of service delivery and the role the community health nurse will play in the school community (WA Departments of Health and Education, 2013).

At the school level the Local Service Agreement is the key document used by Community Health staff to define what services will be delivered at the school and is negotiated between the school nurse and the Principal (WA Department of Education, 2015a).

School nurses provide a range of services in schools such as: providing an access point to further primary and secondary health care services:

- conducting student health and wellbeing programs and supporting health promotion initiatives
- assisting schools to develop health care plans for students with complex or special health care needs
- supporting schools to develop systems for managing injuries or illness
- supporting teachers with health education in the classroom
- supporting health-related PD for teachers (WA Departments of Health and Education, 2013).
Research indicates that with regards to the delivery of SE, outcomes for young people and teachers are improved where schools engage external organisations and practitioners in the delivery (Australian Youth Affairs Coalition and Youth Empowerment Against HIV/AIDS, 2012).

3.4.2.2 Identified Gaps in Research Knowledge

3.4.2.2.1 Indicator of Other Workforce Groups Delivering SE and Who Have Received Training.

By opening up the WA Survey to all educators and not just PS and SS teachers, the full extent of other workforce groups involved in the delivery of SE in WA can be identified. This is assessed in the WA Survey by the inclusion of the following questions:

- 3. Have you engaged an educator to deliver sexuality education?

3.4.3 WA Health Curriculum Support Materials

3.4.3.1 Existing Field of Knowledge

WA Health produces two different curriculum support material packages – the Toolkit and the GDHR website.

3.4.3.1.1 Toolkit – Me, Myself and I

In 2011, The All About Growing Up, Me, Myself and I toolkit for school health nurses was released in WA. The resource was developed by Child and Adolescent Community Health (CACH) to provide standardised, evidence-based materials for community health nurses who work in schools to deliver growth and development lessons to primary school years 5–7.

The toolkit includes lesson plans, speaker’s notes, PowerPoint presentations, quizzes and activities. Topics include healthy bodies, puberty, conception and development, menstruation and health relationships. The resource is currently being reviewed and updated (Government of Western Australia, 2011).

3.4.3.1.2 Growing and Developing Healthy Relationships Curriculum Support Materials

GDHR is a joint partnership initiative between the WA Department of Health and the WA Department of Education and is supported by the Association of Independent Schools. In 2002, hard copy booklets containing age-appropriate
learning activities, background notes and resources were distributed to all schools in WA (WA Health, 2015a).

The uptake of these resources was externally evaluated in 2005 by Catalyse. The audit found that of the teachers who had participated in WA Health-funded PD, 44% of their schools who responded were using the resources (Catalyse, 2006).

In 2010, these materials were updated and made available as an innovative website with many enhancements such as an online question box, PD opportunities, links to multimedia, and integration of the health-promoting schools framework in every activity (WA Health, 2015a).

GDHR achievements include:

- By 2011, GDHR was referenced in the Sexuality Education in Australia in 2011 report by La Trobe University as being the most comprehensive government resource in Australia for teaching SE (Mitchell A, 2011).
- In 2012, the Queensland Government requested to duplicate the website.
- In 2012, the website was noted as an example of best practice within the Enhancing the Wellbeing of Children and Young People: A showcase of best practice programs and services published by the Commissioner for Children and Young People (WA) as part of the Commissioner’s Wellbeing Monitoring Framework (Ansell and LaTrobe University, 2015).
- Between 2013 and 2015 the website was reviewed, rewritten and updated to align with the release of the AC (WA Health, 2015a).
- In March 2015, there was a soft launch of the resource. The full launch is anticipated for October 2015 (Curtis, 2015).

The GDHR website provides a range of age-appropriate learning activities and background information to assist teachers to plan and deliver high-quality SE programs including:

- **K-10 learning activities aligned to the AC**
- **online question box to support teachers**
- **comprehensive guides, including background notes, essential information and other need-to-know information**
- **resources including booklets, brochures, illustrations, guidelines, research, reports, and links.**
- **current professional learning opportunities and workshop events in relationships and SE**
- **multimedia: YouTube links and, where practical, the use of technology in the classroom.**
3.4.3.1.3 Teacher Uptake of State Curriculum Support Materials in Other States

In 2012, Professor Bruce Johnson from the University of South Australia conducted research on the uptake of ShineSA’s curriculum support materials in the South Australian curriculum. Similar to WA Health, ShineSA has been providing curriculum support materials and PD to teachers since 2003. Findings show that 90% of SS teachers deliver the key components of the curriculum. However, they struggle with topics such as gender stereotyping, the influence of pornography, cyber bullying, sexual safety and the social construction of gender (Johnson, 2012).

3.4.3.2 Identified Gaps in Research Knowledge’

3.4.3.2.1 Uptake of WA Health Curriculum Support Resources

The WA Survey identifies the uptake of both WA Health resources in 2014 and educator views of the resources. This was achieved through the following question:

- 5. What curriculum support resources do you use for your teaching of sexuality education?

3.4.4 What is Best Practice SE?

3.4.4.1 Existing Field of Knowledge

SE is defined by UNESCO as:

An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information. Sexuality Education provides opportunities to explore one’s own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality (UNESCO, 2009).

Jones (2015) has noted that:

The term is also used interchangeably with such terms as sex education, sexual health education or human relationships education.

Family Planning Australia has further differentiated the term ‘comprehensive sexuality education’ as follows:

Comprehensive Relationships and Sexuality Education (CRSE) is different from traditional sex education, which is often perceived as
having a limited focus on the biology of the reproductive system and contraception, and also concentrating on the negative outcomes of sexual behaviour. In contrast, CRSE focuses on empowering young people with age-appropriate information on respectful relationships, attitudes and values, as well as focusing on education about the reproductive system, healthy sexual behaviours, and preventing unplanned pregnancies and sexually transmissible infections (Sexual Health and Family Planning Australia, 2012).

3.4.4.1.1 Comprehensive SE

Dr Douglas Kirby et al. conducted a meta-analysis review of the literature to determine the effect of comprehensive SE programs. The review found that almost 100% of comprehensive programs improved sexual protective factors, including:

- knowledge of risk
- perception of peer norms
- confidence to say “no”.

There was no evidence to suggest that comprehensive SE actually accelerates the onset of sexual experience or increases sexual risk-taking, and no evidence that abstinence-only programs have a positive effect on youth sexual health (Kirby et al., 2007).

UNESCO defines comprehensive SE programs as covering a full range of risk-reduction options including abstinence, condoms and contraceptives. They are age-appropriate, culturally relevant, scientifically accurate, and provide opportunities for participants to explore attitudes and values, and build skills such as decision-making (UNESCO, 2009).

The Canadian Guidelines for Sexual Health Education expands on this definition and outlines the components that are needed for a program to be considered comprehensive. This involves the use of the IMB Model, and the Health Promoting Schools Framework (HPSF) (Public Health Agency of Canada, 2008).

A comprehensive approach to effective sexual health education addresses diverse sexual health promotion and illness prevention objectives and provides information, motivational inputs and skills acquisition opportunities to achieve these objectives.

This approach also considers sexual health education to be the shared responsibility of parents, peers, schools, health care systems, governments, media and a variety of other social institutions and agencies. The principle of comprehensiveness suggests that effective
sexual health education programs are broadly based, integrated and coordinated (Public Health Agency of Canada, 2008).

### 3.4.4.1.2 Whole-School Approach

Research suggests that a whole-school approach to SE delivers the best results for improving young people’s knowledge and skills in sexual decision-making and therefore supports the overall objective of reducing risky behaviour (Smith A., 2011). Mitchell, Ollis et al. (2000) defined a whole-school approach as:

*Being more than the implementation of a formal curriculum. It calls for consultation and working in partnership with parents, elders and the school community accessing community resources and involving students. They also argued that this is insufficient, if policy and guidelines do not support practice.*

Research by Healy highlighted that welfare staff may greatly enhance the health promotion message through their contributions (Dyson, 2013).

The whole-school approach is viewed as the strategy used to implement a HPSF (Dyson, 2013). The HPSF involves people from across the whole-school community working together and using the framework to plan and deliver positive and comprehensive health-promoting action under the three domains:

- **Education** - curriculum, teaching, learning, PD
- **Environment** - physical, cultural, policies, procedures
- **Partnerships** - students, families, staff, professionals and agencies, community (WA Health Promoting Schools Association, 2015).

#### 3.4.4.1.2.1 Examples of Implementation of a Whole-School Approach

The Department of Education and Training in Victoria offers a model of whole-school learning in SE (overview). This comprises the following three overlapping elements as shown Table 3-14:

<table>
<thead>
<tr>
<th>Table 3-14: Department of Education and Training Victoria – Whole-School Learning Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elements of Whole-School Learning</strong></td>
</tr>
<tr>
<td><strong>Learning and teaching</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Student achievement assessed and reported against the Victorian Essential Learning Standards.</td>
</tr>
<tr>
<td>Use of government and policy-appropriate external resources to support learning and teaching programs.</td>
</tr>
<tr>
<td>Education materials readily available.</td>
</tr>
<tr>
<td>Respectful of diversity.</td>
</tr>
</tbody>
</table>

### School organisation, ethos and environment

- Policy, responses to critical incidents and student discipline procedures reflected in learning and teaching.
- Compliance with relevant legislation (e.g. equal opportunity) and policy (e.g. government health policy) reflected in student learning.
- Student wellbeing support and prevention programs inform student learning and teaching.
- Staff role-modelling supports learning.
- Displayed materials support learning.
- Professional learning is available for school staff.
- Student input has been sought.

### Community links, partnerships and services

- School promotes a shared responsibility approach with the local community and parents.
- The use of external providers complements the comprehensive, whole-school learning approach.
- School networks with other schools for teacher support and resource sharing (Victoria State Government, 2013).

3.4.4.1.2.2 Success Factors

Factors that have been shown to positively contribute to the success of a whole-school approach strategy for the implementation in a health promoting school include:

- All teachers use a common language to describe ‘personal and social development’ learning within a school.
- Learning outcomes are agreed upon from the outset.
- These are mapped across the whole school.
- Strengths and areas for further development are established.
- Minimum teaching expectations are agreed upon for all teaching staff.
- School policies specify intentions and approach and these are embedded in all policies, schemes of work and lesson plans (Dyson, 2013).

3.4.4.1.2.3 The Australian Context
Research evidence suggests that schools should offer comprehensive SE using a whole-school approach. This should include acknowledgement of teachers as playing a key role in delivering programs in schools and should be supported by parents and supplemented (not replaced) by local health community service providers (WA Health, 2003).

Although there is ample evidence to support the provision of comprehensive SE using a whole-school approach to delay the onset of sexual activity and increase condom use, there is little Australian research to support this: for example, the Sexual Health and Relationship Education (Share) Program run by ShineSA in South Australia. The program involved the provision of 15 lessons a year for students years 8-10. The pilot program was run in 15 schools and involved 14,000 students. The program involved a whole-school approach and teaching staff were provided with 15 hours of PD instruction. The program was evaluated three times and found to have not significantly improved student knowledge, behaviours or attitudes. Researchers do note that the timeframe of the evaluations may have been too short to notice significant differences (Strobel and Ward, 2012).

### 3.4.4.1.3 Information, Motivation and Behaviour (IMB) Model

The Canadian Guidelines for Sexual Health Education advocate for the use of the IMB Model. This model is well supported by research as an effective foundation for behaviourally effective sexual health promotion interventions that target sexual risk behavioural change (Public Health Agency of Canada, 2008). The IMB Model is represented below:

**Figure 3-4: IMB Model**

(Public Health Agency of Canada, 2008)

#### 3.4.4.1.3.1 Information

Information lays the foundation of sexual health knowledge to assist people in making healthy choices. Functional knowledge must be evidence-based, relevant and easy to translate into behaviours; for example, information on STI, transmission, and where to access testing. This is as opposed to factual
knowledge, which educates based on all of the signs and symptoms of STI, even though the majority of people with an STI do not exhibit any symptoms.

3.4.4.1.3.2 Motivation

Motivation provides the drive to implement into action the information received; for example, a personal desire to avoid contracting STI over and above receiving sexual pleasure in the heat of the moment. Research shows that simply providing information is not adequate enough to change behaviours. Educators must use educational techniques such as the experiential learning cycle to facilitate the motivation component in SE programs. The guidelines identify three different types of motivation:

- **Emotional Motivation** – Reflective of the individual’s degree of comfort; for example, if a person is not comfortable touching a condom, they are not likely to be motivated to use one.
- **Personal Motivation** – Reflective of an individual’s attitudes and beliefs; for example, if a person has the attitude that condoms do not fit then they are unlikely to use them unless positive beliefs can be introduced that alter their negative attitudes.
- **Social Motivation** – Reflective of a person’s beliefs regarding social norms, or perceptions of social support; for example, people who believe that lots of other people their age use condoms will be more likely to use them.

3.4.4.1.3.3 Behaviour

Behaviour skills provide people with the tools to make healthy choices. For example, negotiation skills, decision-making skills and using condoms effectively (Public Health Agency of Canada, 2008). The guidelines identify two different types of skills needed:

- **Practical skills** – for example, negotiation skills.
- **Self-efficacy skills** such as a person’s belief in their ability to successfully negotiate; for example, for a person to insist on condom use they must have safer sex negotiation skills to convince the other partner and skills in condom use to use them correctly (Public Health Agency of Canada, 2008).

3.4.4.1.4 International Guidelines

UNSECO set out international guidelines for comprehensive SE in 2009. The guidelines are organised into two parts:
In developing the guidelines, a meta-evaluation of 87 programs was conducted to demonstrate the components that make a successful SE program and inform on best practice. An additional 11 abstinence-only programs were analysed separately.

Summary of characteristics of effective programs:

- **Involve experts in research on human sexuality, behaviour change and related pedagogical theory in the development of curricula.**
- **Assess the reproductive health needs and behaviours of young people to inform the development of the logic model.**
- **Use a logic model approach that specifies the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors.**
- **Design activities that are sensitive to community values and consistent with available resources (for example, staff time, staff skills, facility space and supplies).**
- **Pilot-test the program and obtain ongoing feedback from the learners about how the program is meeting their needs.**
- **Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV, other STI and/or unintended pregnancy.**
- **Focus narrowly on specific risky sexual and protective behaviours leading directly to these health goals.**
- **Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them.**
- **Give clear messages about behaviours to reduce risk of STI or pregnancy.**
- **Focus on specific risk and protective factors that affect particular sexual behaviours and that are amenable to change by the curriculum-based program (for example, knowledge, values, social norms, attitudes and skills).**
- **Employ participatory teaching methods that actively involve students and help them internalise and integrate information.**
- **Implement multiple educationally sound activities designed to change each of the targeted risk and protective factors.**
- **Provide scientifically accurate information about the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection.**
- **Address perceptions of risk (especially susceptibility).**
- **Address personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.**
- **Address individual attitudes and peer norms toward condoms and contraception.**
- **Address both skills and self-efficacy to use those skills.**
• Cover topics in a logical sequence (UNESCO, 2009).

Summary of elements of best practice that are highly relevant in the Australian context:

• Implement programs that include at least 12 or more sessions.
• Include sequential sessions over several years.
• Select capable and motivated educators to implement the curriculum.
• Provide quality training to educators.
• Provide ongoing management, supervision and oversight (Mitchell A, 2011).

Additionally, Anna Kågesten, et al. have further identified common elements of comprehensive adolescent health programs with rigorous or strong evidence:

• Health services inclusive of sexual and reproductive health.
• Financial support (health insurance or clinic fees).
• Direct provision of sexual and reproductive health services (daily access to family planning, HIV/sexually transmissible infection counselling and testing, pregnancy test).
• Indirect provision of sexual and reproductive health services (daily access to referrals as needed).
• Basic medical care (annual medical and dental check-ups).
• Mental health (daily access to counselling, personal crisis support).
• Educational support.
• Academic assistance (daily or weekly tutoring, homework help, guidance, college test and admission preparation).
• Conditional cash transfers (for school enrolment and retention).
• Out of school support (weekly informal literacy and maths education, promotion of re-entry into formal school system).
• Social support.
• Community dialogues or mobilisation on program topics (early marriage, pregnancy prevention).
• Life skills and livelihood activities (weekly discussion groups).
• Vocational and livelihood training (weekly).
• Comprehensive sexuality education (for adolescents).
• Family, parent, and teacher support (sexuality education, discussion groups).
• Recreational activities (daily or weekly access to creative arts, sports, music) (Kågesten et al., 2014).

3.4.4.1.4.2 UNESCO International Guidelines PART 2

The UNESCO International Technical Guidance on Sexuality Education (2009) states that access to “comprehensive relationship and sexuality
education and information is a right” and specifies a range of age-appropriate concepts and topics.

This section of the guidelines sets out recommendations for a “basic minimum package” of appropriate topics and learning objectives for each phase of schooling (UNESCO, 2009), which involves the key concepts and topics shown in Figure 3-5.

Figure 3-5: Overview of UNESCO International Guidelines PART 2 Key Concepts and Topics

<table>
<thead>
<tr>
<th>Key Concept 1: Relationships</th>
<th>Key Concept 2: Values, Attitudes and Skills</th>
<th>Key Concept 3: Culture, Society and Human Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topics:</td>
<td></td>
<td>Topics:</td>
</tr>
<tr>
<td>1.1 Families</td>
<td>2.1 Values, Attitudes and Sources of Sexual Learning</td>
<td>3.1 Sexuality, Culture and Human Rights</td>
</tr>
<tr>
<td>1.2 Friendship, Love and Romantic Relationships</td>
<td>2.2 Norms and Peer Influence on Sexual Behaviour</td>
<td>3.2 Sexuality and the Media</td>
</tr>
<tr>
<td>1.3 Tolerance and Respect</td>
<td>2.3 Decision-making</td>
<td>3.3 The Social Construction of Gender</td>
</tr>
<tr>
<td>1.4 Long-term Commitment, Marriage and Parenting</td>
<td>2.4 Communication, Refusal and Negotiation Skills</td>
<td>3.4 Gender-Based Violence</td>
</tr>
<tr>
<td></td>
<td>2.5 Finding Help and Support</td>
<td>Including Sexual Abuse, Exploitation and Harmful Practices</td>
</tr>
</tbody>
</table>

3.4.4.2 Identified Gaps in Research Knowledge

3.4.4.2.1 Comprehensive SE

The Department of Health’s Guiding Principles for the Provision & Practice of Sexual Health Education document states the following:

“Providing comprehensive sexuality education helps to ensure that young people experience positive social and emotional health, including involvement in healthy relationships (WA Health, 2003).”
The updated GDHR website continues to market itself as providing “comprehensive sexuality education”. Comprehensive SE programs cover a full range of risk-reduction options including abstinence, condoms and contraceptives (UNESCO, 2009). Since the 2015 update, there are no longer any learning activities on condoms or contraception (however, condoms are mentioned within a few activities within the context of STI prevention). The vulva image has been removed and there is no mention of the clitoris in any of the learning activities except for year 7 - Menstruation and conception. There are no activities either on contraception. The website also states that it follows the HPSF, yet all references within learning activities have been removed.

3.4.4.2 Whole-School Approach

The GDHR website advocates for the use of the HPSF:

*The Health Promoting Schools Framework is acknowledged as a guiding policy within GDHR and is widely recognised as a best practice model of promoting health within a school community. This framework suggests that positive health outcomes are much more likely when classroom health education is complemented and reinforced by a supportive school environment and effective links to family and the community (WA Health, 2015a).*

The website provides examples of how the HPSF can be implemented within a school (WA Health, 2015d).

The previous version of the website (2010–2015) contained a Health Promoting School suggested activity and home activities to involve parents within most of the learning activities. The new version, launched in 2015, no longer has these components (WA Health, 2015g).

The WA survey invites participants to comment on whether they employ a whole-school approach (health promoting schools).

3.4.4.2.3 IMB Model

The WA Survey will look at GDHR activities and compare them to evidence based best practice fosuch as the integration of the IMB model.

3.4.4.2.4 International Guidelines

The WA Survey comprises an audit of the provision of SE compared to best practice. Participants are invited to comment on which topics they are
teaching, and the amount of time spent. This will provide policy makers with a baseline ahead of the mandatory SE requirements to commence in 2016.

3.4.5 What is best practice PD?

3.4.5.1 Existing Field of Knowledge

Throughout the review of existing literature, a common barrier impacting on the delivery of SE is teacher confidence. The reasons for this vary from lack of training as well as a distinct deficit in knowledge, tools, resources, and training required. As a result, many teachers either do not attempt to provide SE, nor will they outsource to external educators, or they shall attempt it feeling under-prepared (Leahy and McCuiag, 2013).

The WA Impact Evaluation Study identified that the views, values and morality of teachers often affects the level of SE delivery. Paulussen et al. (1994) found that the more conservative the moral beliefs of teachers, the less likely they are to teach SE ($r=-0.24$). Similarly, the lower their confidence to deliver the SE curriculum the more likely they are not to deliver it ($r=-0.30$) (Estille and Associates, 2009).

Cohen et al. (2004) found that in-service training increased teachers’ comfort, knowledge and willingness to teach various SE topics when compared to untrained teachers (Family Planning Queensland, 2012).

Ollis et al. (2011) found that providing teachers with opportunities to reflect on their own personal attitudes and values around sexuality within PD increased their comfort levels in being able to deliver SE sessions (Family Planning Queensland, 2012).

Gabhainn et al. (2010) found that increasing teachers’ access to resources can increase their confidence and the quality of SE provided. They also found that teachers’ perceptions of school support to provide SE also contributes to their confidence (Family Planning Queensland, 2012).

Participants within the WA Impact Evaluation Study emphasised their needs for networking opportunities to increase their comfort levels. Mention was made that the opportunity to discuss fears and strategies with colleagues helped to increase their comfort (Estille and Associates, 2009).

Generally, there are three different types of teacher PD models:

- standardised
- site based
• self-directed.

(Gaible and Burns, 2005)

### 3.4.5.1.1 Standardised/Face-to-Face Model

As stated in the *Canadian Guidelines for Sexual Health Education* (Health Canada 2003), “effective sexual health education requires in-service training and continuing education that gives educators the opportunity to upgrade their skills on a regular basis” (Public Health Agency of Canada, 2008).

Typically, this type of training consists of two days’ face-to-face training. There has been good evidence that this increases participant confidence on pre/post questionnaires (Estille and Associates, 2009). This model also often incorporates a “cascade” or “snowball” approach in which one or two champion representatives from a school attend the training and then pass on information to their colleagues. This type of PD is most effective when it is learner-centred/experiential according to adult learning theory. This allows participants an opportunity to experience the type of instruction they are being trained to provide their students (Gaible and Burns, 2005).

In Canada, Alberta Health Services (formally Calgary Health Region) in partnership with the Calgary Board of Education provided separate teacher inservicing for both primary and SS teachers and Catholic education teachers. Evaluation of the pre and post surveys found that participants’ comfort, knowledge and confidence to teach increased as a result of the one-day training workshops (W. Lokanc-Diluzio et al., 2007).

Ollis et al. (2011) found that providing teachers with opportunities to reflect on their own personal attitudes and values around sexuality within PD increased their comfort levels in being able to deliver SE sessions (Family Planning Queensland, 2012).

#### 3.4.5.1.1.1 WA Impact Evaluation Survey

WA health has been funding PD training of teachers and nurses to deliver SE since 2002. This training is outsourced to independent companies. Training has typically been run by Concord Training Services, which then changed to WAHES (Estille and Associates, 2009). There was a gap in service provision from 2012 to 2014 (WA Health, 2013). In 2014, Curtin University won the three-year tender to deliver the training (WA Health, 2015i).

In 2008, the training was externally evaluated by Estille and Associates. Key findings from the *[Impact Evaluation Survey]* show that participants who received the WA Health-funded PD retained their confidence levels up to five years later. Of participants surveyed, 33% increased the amount of SE delivery and 64% indicated their teaching had improved since being trained.
Many stated that their teaching in general had become more student-centred (Estille and Associates, 2009). This approach is in line with the AC pedagogy (ACARA, 2012).

Findings from the pre/post surveys were externally evaluated in 2008 by Estille and Associates and involved 212 matched-pair data points. These were analysed using T tests, to 0.05 level of significance. For all questions, the post-test scores were found to be significant.

**Figure 3-6: Comparison of Pre and Post Surveys from 2002–2007**

![Figure 3-6](image)

(Estille and Associates, 2009)

The majority of participants (75%) felt that the majority of teachers are not comfortable teaching SE. Suggested reasons provided included concern that there is a lack of trained (or interested) teachers, and that they are not supported by policies to attend training. However, there was strong agreement that school principals supported SE (Estille and Associates, 2009).

### 3.4.5.1.1.2 Evidence Against the Face-to-Face Model

Although the standard face-to-face training model has several advantages, there is also evidence that this model does not adequately cover the needs of educators. The following study findings expand on this:

**2002 Scotland SHARE Program**

In Scotland, the SHARE program was developed to increase teachers' confidence in teaching SE. The training consisted of a five-day training program, which included teacher relief. The program evaluated well and participants indicated that their confidence had increased. However, some teachers still struggled with delivering the whole package. Many were uncomfortable about facilitating role-play activities and providing students with opportunities to practice condom application. Teachers struggling with these types of activities are commonly sighted within the literature. A study published in the *British Medical Journal* in 2002 found that the SHARE
program had no significant effects on reducing sexual risk-taking in youth when compared to conventional SE programs (Estille and Associates, 2009).

**2006 process evaluation of the teacher training for an AIDS prevention program (South Africa)**

Training consisted of four full days and two follow-up refresher days. Findings indicated that teachers reported increased confidence and comfort in teaching the sexuality curriculum. However, many struggled with the transfer of sexual reproductive knowledge and facilitative teaching methods into the classroom context (Nazeema et al., 2006).

**2008 WA Health Impact Evaluation Survey of teacher PD**

Only, one-third of teachers surveyed reported increasing the amount of SE they delivered as a result of attending the WA Health funded training (Estille and Associates, 2009).

**2010 ShineSA teacher training program**

The ShineSA program was evaluated three times. No significant improvements in the knowledge, attitudes or behaviours of participating students in the evaluation period were found.

Teachers found the training very valuable; however, little knowledge and skills were transferred into their classroom practice. This is consistent with comparable research on in-service training (Strobel and Ward, 2012).

**2012 Sexual Health Family Planning Australia**

Found that the government needs to address teachers’ barriers to delivering SE including time constraints, lack of support by management/policy/key leaders in the school, perceived objections by parents, and assistance in teaching material (Sexual Health and Family Planning Australia, 2012).

**2013 UNESCO Education Sector HIV and AIDS Global Progress Survey**

Despite high scores for teacher training, there are significant gaps between training and delivery (UNESCO, 2013).

**2013 Journal of Sex Education**

Study of Australian regional PS teachers in Victoria found that although PD was an option to improve confidence, teachers preferred external providers (Smitha et al., 2013).

3.4.5.1.1.3 WA Context
Currently, WA Health has contracted Curtin University to provide teacher PD over a three-year period including a pre-service (Tertiary) teacher-training course (WA Health, 2015i). Two PD intakes of 25 participants a year are provided for. Preference is given to school teams in an effort to boost sustainability. Funding is also provided for rural and remote teachers to attend the training, including the provision of teacher relief funds. WA Health has also provided funds for the evaluation of the training (Curtin University, 2015).

### 3.4.5.1.2 Site-Based / Schools-Based PD Mentorship Approach

The PD/mentorship approach provides individualised support within the school environment. Research indicates that site-based PD should be the cornerstone of teacher PD across the education system, since it addresses locally based needs and reflects local conditions (Gaible and Burns, 2005).

#### 3.4.5.1.2.1 WA Context

The school health nurse training course entitled *The ABCs of The Birds and the Bees* employs this model. Participants attend a two-day training course and can then elect to be mentored by a colleague (WA Health, 2015h).

The SMPHU also offers an extensive mentorship program tailored to the individual needs of the school nurse. For example, nurses who are uncomfortable with delivering SE sessions are provided with continuous co-facilitation support. Schools in high-risk areas are provided with additional support (WA Health, 2015f).

### 3.4.6 Self-Directed / Online PD

A third model is online PD. This can be offered on its own or in combination with the other two. There are several advantages to this model such as accessibility to rural and remote participants, and the flexibility to participate in one’s own time.

The WA Impact Evaluation Study sights that “online PD can provide an educational experience comparable to – or better than – learning in the classroom”. A 2008 evaluation of an online SE PD course available through Rutgers University in the USA found that knowledge and confidence levels were increased in participants as a result of the training and sustained over time (Estille and Associates, 2009).

#### 3.4.6.1.1.1 Pedagogy

Pedagogy for training professionals in SE includes the need for participants to work through sexual attitudes and values in a non-threatening environment.
This has been achieved online through techniques such as videos, discussion forums and values clarification quizzes and activities (Weerakoon, 2003). Future optimisation could include an online live chat component instead of a forum.

The pedagogy of SE indicates the importance of group work in enabling students to:

- clarify their opinions and values
- become sensitised to diversity
- talk about sexual issues.

For course developers, translating this pedagogy and methodology into the online environment becomes a challenge (Weerakoon, 2003).

3.4.6.1.1.2 Online Learning Techniques

Weerakoon discusses in the article ‘E-learning in SE’ the use of a variety of online tools used successfully in an online undergraduate sexology unit: *Sexology for Health Professionals* at the University of Sydney. This included the use of assessment tools such as quizzes and communication tools such as discussion forums, chat rooms and email (Weerakoon, 2003).

3.4.6.1.1.3 Discussion Forums

Weerakoon emphasises that student interaction in the online course through communication with other students is an important component of the learning process. This was achieved through the use of the asynchronous learning technique in the discussion forum. In the forum, students could post at their leisure with considered responses. Weerakoon notes that the key factor of the forum’s success was the role of the forum moderator as a guide rather than an expert of knowledge. This is in line with pedagogy of a student-centred approach whereby the students have the opportunity to problem-solve themselves. Through the use of the discussion forum feature, students can also request clarification, raise doubts, and discuss issues with other students (Weerakoon, 2003).

Weerakoon highlights that discussing sex is often a difficult topic of conversation for many. The online environment presents several advantages in providing a safe environment for discussion. Weerakoon points to research that indicates that many people feel less inhibited and express feelings of safety and comfort in talking about sensitive issues online. From this research she suggests that the asynchronous nature of the course could be advantageous, as students, especially anxious ones, have the opportunity to
prepare and post considered responses when they are ready (Weerakoon, 2003).

Students within the course agreed that the use of the discussion forum feature was valuable in course evaluation. This is demonstrated through an example of a student’s response to the evaluation question: ‘What was the best thing about this unit?’ ‘Hearing other people’s opinions and values and being able to compare them with mine – then analyse them together as a group....” (Weerakoon, 2003).

Although the article focuses on clinical students, the importance of such strategies in the development of comfort in discussing sexual health topics also applies to the training needs of classroom teachers. Duncan’s research demonstrates this in a relevant qualitative survey on rural teachers’ perceptions of participating for the first time in an online course in Canada. She found that despite the initial anxieties, participants appreciated the reflection time and networking opportunities the discussion forum provided, sharing their professional experience and extending their comfort zones, resulting in increased self-efficacy (Duncan, 2005).

Stansfield et al. 2004 found similar positive experiences among PK-12 teachers engaging in graduate studies. One participant expressed their positive experience through describing how posting allowed for the exchange of advice, developed understanding that many share the same concerns and provided opportunity to give feedback to one another. The methodology of this survey was interesting in that it involved participant self-reflection along with evidence of their postings in the forum. The survey concludes by stating that forums support cognitive learning through pedagogy, text and experience, which leads to teacher confidence (Stansfield et al., 2004).

Chen et al. 2009 conducted a survey on an in-service PD for teachers, which integrated online synchronous discussions (chat rooms). After analysing more than 3600 messages from six discussions and conducting 10 in-person interviews they found that this discussion technique facilitated information-sharing, networking and support for one another (Chen et al., 2009).

### 3.4.6.1.1.4 Government-Run Online SE PD

For the purpose of this Literature Review, it could be argued that there is a vast difference between freedom of expression within an academic discussion forum and that within a government-provided course. However, a number of strategies to risk-manage this could be put in place.

An alternative to the discussion forum could be the inclusion of an “attitudes” quiz. Weerakoon notes that this component of the online course was valuable in providing students the opportunity to receive immediate feedback on how
their attitudes compared to the responses of all the previous respondents. She further indicates the value in the activity providing a stimulus for reflection and active learning, and sensitising students to their own attitudes and values in comparison to their peers. This is further illustrated through the following student quote:

The attitude questionnaire was very useful since it dealt with issues that are not often voiced. It was very educational seeing others’ responses. I particularly liked being able to compare my responses with the rest of the class. It was easy to be honest because it was anonymous (Weerakoon, 2003).

Gang 2010 indicates that the future of e-learning is u-learning, which is mobile learning. For example, participants could potentially communicate through their mobile device using Skype instead of a discussion forum (Gang, 2010).

3.4.6.1.1.5 WA Context

Since 2012, the WA departments of health and education in partnership have provided an online PD course free to government teachers. The course comprises of 8 x 20 minute modules with activities, strategies and resources designed to develop confidence and comfort for delivering SE (Ansell and LaTrobe University, 2015). The course is interactive and has values quizzes as suggested by Weerakoon. However, there is no interaction between participants such as discussion forums.

Course modules:

1. Setting the scene – what is comprehensive sexuality education?
2. Why YOU need to teach sexuality education.
3. Preparing yourself, students, leadership teams and parents.
4. What to teach.
5. Teaching and learning strategies.
6. Responding to students’ questions.
7. Helping to keep young people safer.
8. Additional resources.

Teacher Feedback

- **Deputy Principal Primary School** – “Application of best practice well presented”.
- **SS Teacher** – “The underlying message seems to be that there is a wealth of evidence and information out there – and that if teachers were feeling reluctant to teach the subject, or that they didn’t think it was worthwhile they would definitely be swayed by all the supporting documentation and links”.
• **Year 6 Teacher** – “I would like to say how professional the modules look. They are easy to use, informative and not lengthy in time”.

• **Secondary Teacher** – “The photos from ‘young’ classes really emphasised that it is perfectly acceptable and appropriate to start teaching ‘sex ed’ from an early age. Many teachers think Year 7 is the time to do ‘it’” (Ansell and LaTrobe University, 2015).

Data obtained from the WA Department of Education indicated that overall, 168 PS teachers and 150 SS teachers had completed the online course by the end of 2014. The range is 1:02 to 6:36:40 minutes for PS teachers and 00:00:20 to 09:20:28 minutes for SS teachers. However, the WA Department of Education cautions that this may not be an accurate reflection, as varying levels of internet connections to the server can be lost while the user continues. A further 362 PS teachers and 190 SS teachers have commenced the course and are at various levels of completion. The range is 0:15 to 3:21:17 minutes for PS teachers and 00:00:07 to 06:17:02 for SS teachers (WA Department of Education, 2014).

Among the 168 PS teachers who have completed the course, the largest response came from the North Metro area (42), South Metro area (44) and the South West area (27). The online course was designed to cater to rural and remote teachers to increase accessibility to PD. However, the uptake has been very low in these areas: Goldfields (2), the Kimberley (2), Pilbara (7), Midwest (3), and Wheatbelt (2). Of the PS teachers who commenced the course, most completed it in the specified 12-month period. The majority of PS teachers complete the course during the school term from February to November. Among the 165 PS teachers who have not completed the course, the largest response came from the North Metro area (58), South Metro area (59) and the South West area (25). The uptake in rural and remote areas has been very low: Goldfields (3), the Kimberley (2), Pilbara (9), Midwest (5), and Wheatbelt (4) (WA Department of Education, 2014).

Among the 150 SS teachers who had completed the online course the largest response came from the North Metro area (19), South Metro area (33), South West area (18) and also in the Wheatbelt area (21). The uptake has been lower in the Goldfields (4), the Kimberley (3), Pilbara (7) and Midwest (9). The reason for this is unknown. There were 87 SS teachers who did not complete the online course. Responses for not completing the course came from North Metro area (27), South Metro area (17), Southwest area (10), and also in the Wheatbelt area (14). The uptake has been lower in the Goldfields (4), the Kimberley (4), Pilbara (5) and Midwest (6) (WA Department of Education, 2014).

**3.4.6.1.2 Pre–Service (Tertiary) Teacher Training**

Research by La Trobe University found that across Australia in 2011 there is a shortage of pre-service teacher programs which include content to adequately prepare teachers to deliver SE. They found that there were 45
institutions across Australia that provided 201 pre-service teacher courses. Only 9% of courses nationally had substantial inclusion, 27.8% had basic inclusion and 10% had general inclusion (Mitchell A, 2011).

Within WA there was only one course which had substantial inclusion and five with basic inclusion. As a comparison, NSW had seven with substantial inclusion and both Victoria and South Australia had five. Victoria also had 20 with basic inclusion, Queensland had 11, South Australia had eight and New South Whales had six (Mitchell A, 2011).

3.4.6.1.2.1 WA Context

In 2013, Curtin University was contracted by WA Health to develop a pre-service teaching unit in SE (Mayberry, 2014).

3.4.6.1.3 Comparison of PD Models Funded by WA Department of Health

The WA Impact Evaluation Study conducted in 2008 found no systematic evaluations of the effectiveness of different PD models (Estille and Associates, 2009)

In WA there are approximately 250 Department of Education SS: 60 in North and 60 in South Metropolitan areas (WA Department of Education, 2015b). The following table summarises the availability and uptake of PD in WA.

Table 3-15: Availability and Uptake of PD in WA

<table>
<thead>
<tr>
<th>Standardised TPD Programs (Face-to-face PD/Cascade model)</th>
<th>School-centred TPD (School-based education/mentorship)</th>
<th>Self-directed TPD (Online PD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Networking sessions (WA Health, 2015i)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ABCs of the Birds and the Bees (WA Health, 2015h)</td>
<td></td>
</tr>
</tbody>
</table>

|----------------------------------------------------------|--------------------------------------------------------|-------------------------------|

Note: The Mid-Term Review of the WA Models of Care Implementation Plans states that the WA Health funded PD course has been reported on (WA Health, 2013); however, the ABCs of the Birds and the Bees has not been.
Also, the extent of school-centred PD, such as the support provided by the SMPHU, has not been published.

3.4.6.2 Identified Gaps in Research Knowledge

3.4.6.2.1 Uptake of PD in WA and its Impact

During the WA Survey period of 2013/2014 there were no mandatory outcomes for SE or face-to-face PD for teachers available. The WA Survey audits the uptake of PD that educators have received and identifies the impact on their confidence, hours of delivery and content provided. This information will provide insight into the characteristics of educators in WA. For example: who are they, what do they teach, and what are their knowledge levels. This will provide WA Health with valuable information in future contracting of services and marketing training.

To assess if WA teachers are implementing best practice teaching methods, the following questions were asked:

10. There are many different teaching and learning experiences an educator can include in a sexuality education session. Some of these are listed below. Please tell us how often you used these methods in your teaching
11. Did you assess participant learning in sexuality education?
12. How confident do you feel to teach sexuality education?
14. How likely do you think it is that you will be involved in delivering sexuality education to students?
15. Have you completed any training related to SEXUALITY education?
16. Please specify the undergraduate training you received related to sexuality education.
17. Please specify the postgraduate training in sexuality education.
18. What type of in-service training have you completed?
19. In Western Australia there are currently no mandatory outcomes for teaching sexuality education. Please describe within the text box your motivation in participating in a PD course related to teaching sexuality education.
20. Please list THREE things that would help you most in improving the delivery of sexuality education to secondary students.

3.4.7 Improving Access to Sexual Health Education

3.4.7.1 Existing Field of Knowledge

The research shows an association between youth from lower socioeconomic backgrounds and an increased vulnerability to STI and BBVs through high-
risk sexual behaviours. Socioeconomic status is typically measured by poverty level or income (Public Health Agency of Canada, 2015). This is useful information for directing resources to areas that are most at risk.

Joar Svanemyr et al. 2015 describe a conceptual framework for creating and enabling environments for adolescent sexual and reproductive health (ASRH). This is organised under the headings of Individual level, Relationships level, Community level and Societal level (Svanemyr et al., 2015). The following segment organises literature findings under these headings.

3.4.7.1.1 **Individual Level**

Strategies that show promise include empowering girls, building their individual assets and creating safe spaces (Svanemyr et al., 2015).

3.4.7.1.2 **Relationship Level**

Strategies that show promise include efforts to build peer support networks, parental support and communication (Svanemyr et al., 2015).

3.4.7.1.2.1 **Parents**

At the relationship level, the involvement of parental support is essential as contributing towards a Health Promoting School. Parents can be involved through home activity assignments, parent teacher interviews and integrating parents within sexual health education school policies (WA Health, 2015d).

In 2010, WA Health published a report commissioned from La Trobe University’s Australian Research Centre in Sex, Health and Society entitled *Parents and Sex Education; Parents’ attitudes to sexual health education in WA schools*. Parents were recruited to focus groups from both suburban and rural schools, as well as PS and SS. The study found that most parents support the provision of SE in schools under the following conditions:

- *Parents want their children to be well informed about sex, sexual health and relationships; however, they want to be kept informed about school programs.*
- *Parents want to be assured that the educators who will be teaching their children about sexual health have the skills and qualifications to do their job well, and remain sensitive to the diversity of values among their students and their families.*
- *Parents believe schools need to take an active role in providing written communication about what will be covered in sexuality education programs and be open to meet with parents who have concerns* (Dyson, 2010b).
3.4.7.1.2.2 Support Networks

Connectedness is defined as the emotional attachment and commitment a person has to family, peer groups, school, community and culture. Connectedness has been shown to be a protective factor for adolescent ASRH outcomes. Programs that strengthen youth’s pro-social relationships are a promising approach (Markham CM, 2010).

3.4.7.1.3 Community Level

Strategies that show promise include engaging males and the wider community to transform gender and other social norms (Svanemyr et al., 2015).

A review of 58 evaluation studies of sexual health programs with men and boys demonstrates evidence for the use of gender-transformative approaches in producing behaviour change (Barker G, 2010).

A study of recently arrived refugee youth in Melbourne found low levels of factual sexual health knowledge. While their functional knowledge of potential sources of information was good, few took advantage of services. Reasons for this include concerns about confidentiality, shame and embarrassment, and the competing demands of resettlement. The article advocated for sexual health promotion to be an explicit part of resettlement services (McMichael C, 2009).

To address these issues, WA Health recently launched a series of videos for international youth called “Be Safe Stay Well”. These videos provide information on the health care system in WA and cover the topics of the Importance of safe sex, Sex and the law, Discussing sexually transmissible infections, and the Health service costs (Health, 2015b).

Also available from WA Health is a suite of brochures on STI and BBV translated into common multicultural languages. These can be accessed from the following link: http://healthywa.wa.gov.au/Healthy-WA/Articles/S_T/Sexual-health-multicultural-fact-sheets

Within the North Metropolitan area WA Health funds several initiatives for the promotion of multicultural youth such as SE sessions for culturally and linguistically diverse youth (Metropolitan Migrant Resource Centre, 2015).

3.4.7.1.3.1 Increase in Awareness of Relevant Sexual Health Services
Findings from a retrospective analysis in Africa and Asia showed that poor sexual health outcomes among youth 10-19 are a reflection of the barriers this group faces in accessing services (Hainsworth G, 2014). These findings are relevant to the WA context where the outcomes of the Clinical Senate Review on youth showed a need for improved strategies, policies and clinics.

Recommendation 4:
Area Health Services to establish ‘Youth Hubs’ in collaboration with existing health services, Medicare Locals, NGOs & consumers (Department of Health, 2012a).

Research into the effectiveness of initiatives to improve adolescent access to sexual and reproductive health services found that approaches that use a combination of health worker training, adolescent-friendly facility improvements and broad information dissemination via the community, schools, and mass media are most effective. Also noted within the research is the importance of promoting new screening and delivery strategies and removing barriers to care, such as concerns about confidentiality and cost (Ralph LJ, 2010). These findings have relevance for the promotion of the online chlamydia screening program within WA.

3.4.7.1.3.2 Increase Chlamydia Testing Among Youth

Fifteen focus groups with 60 young heterosexual males (aged 16–24) were conducted in Scotland to discover what barriers they face when accessing online chlamydia testing services. Three themes emerged related to barriers: acceptability, confidentiality and privacy concerns; language; style and content. For example, the men wanted to be assured of confidentiality at all times (Lorimer K, 2013).

Findings from this study have several implications within the WA context. Firstly, according to the Models of Care Implementation Plans there is a need to increase testing among youth, and particularly among males (Health, 2012).

Currently WA Health provides an online chlamydia testing service at www.getthefacts.health.wa.gov.au

Another study in Canada showed that youth are receptive to online sexual health services such as STI/HIV risk assessment and testing, online counselling, and education. However, the results revealed that youth have a relatively low threshold for technologies that they perceive to be “antiquated” such as printing lab request forms (Shoveller J, 2012).

Findings from these studies have implications for improving the online chlamydia testing service, which currently requires users to print forms.
3.4.7.1.4 Society Level

Consideration needs to be provided for strategies such as efforts to promote laws and policies that protect and promote human rights and address ASRH issues, including mass media approaches (Svanemyr et al., 2015).

3.4.7.1.4.1 Increasing Awareness Among Males

In-depth interviews with nine health professionals identified common barriers to engaging males. This included stigma, embarrassment and lack of social norms around STI testing for men. Facilitators that were identified included crisis situations and partner support (Garcia CM, 2014). This information is very relevant to the WA context where there is a need to increase youth testing rates, especially among males (Health, 2012).

3.4.7.1.4.2 Condoms

Despite sex education currently being taught in the majority of Australian SS, just 59 per cent of teens reported using condoms when they last had sex. However, 89 per cent of students who had a condom available used it (Mitchell et al., 2014).

These findings are relevant to the WA context where the outcomes of the Clinical Senate Review on youth showed a need for improved access for youth to condoms (Health, 2012).

Recommendation 8: WA Health to promote making condoms freely available in more discrete ways to reduce the shame of taking them. For example, free at events, toilets, music concerts and schools (Health, 2012).

3.5 Summary

In summary, WA has a number of unique traits which make it different from the rest of the country and worthy of further study to understand the depth and breadth of SE within the state, given the high rates of STI, teen pregnancy, and domestic violence.

The NS has outlined a number of recommendations for further research, which the WA Survey aims to address. These include:

- Researching SE in Primary Schools
- Uptake of resources, PD and training opportunities
- Increasing the range and type of sexuality educators within the sample
• Investigating educators who do not deliver SE
• Evaluating the provision of SE topics and using such results to identify gaps in current practice
• Assessing educators’ knowledge levels to inform training needs (Smith A., 2011)

Through this further investigation the study aims to narrow the gap between existing knowledge and identified gaps in research knowledge. The goal of this is to inform future policy and provision of training and support for teachers and educators to provide evidence-based, comprehensive SE.
4 METHODOLOGY AND SAMPLE

4.1 Ethics Approval

All aspects of the WA Survey were subject to an Ethics Committee review and approval prior to data collection. Development of the survey tool concurrently involved close consultation throughout 2013 and 2014 with the ethics committees of both the WA Department of Education and Catholic Education Office. Both organisations provided extensive feedback and ethics approval support.

The research study was submitted for approval to the following ethics committees:

- Appendix 1 – University of Sydney Ethics Approval Letter 06/02/2013
- Appendix 2 – WA Catholic Education Office Ethics Approval Letter 06/11/2013
- Appendix 3 – WA Department of Education Ethics Approval Letter 12/11/2013
- Appendix 4 – WA Department of Health Approval Letter 06/11/2014

An updated version of the Survey tool including advertisements for Term 4 of 2014 was submitted to all three ethics bodies again for approval.

- Appendix 10 – University of Sydney Ethics Approval Letter 09/10/2014
- Appendix 11 – WA Catholic Education Office Ethics Approval 16/10/2014
- Appendix 12 – WA Department of Education Ethics Approval 17/10/2014
- Appendix 7 – Advert for Government Schools (no swag bag)
- Appendix 8 – Advert for Non-Government Schools (with swag bag)

4.2 The Survey Questionnaire

4.2.1 Adaptation of the Survey Questionnaire

The WA Survey was adapted from the NS. The NS instrument was cross-validated via key studies from the USA and Canada (Smith A., 2011).

The WA Survey represents a modified and expanded version of the NS with adaptations based on:
• the WA context
• stakeholder engagement
• pilot testing.

The sections of the NS were reorganised as described in Table 4-1 below. The sections were split into separate sections such as “Skills, confidence and comfort”, and “Training” and so loosely align with the sections described NS.

Table 4-1: Adaptation of the National Survey Questionnaire

<table>
<thead>
<tr>
<th>Section</th>
<th>WA Survey</th>
<th>NS Survey section titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Teaching practice (sexuality education – what, when and how does it happen)</td>
<td>The teaching workforce SE – what, when and how does it happen,</td>
</tr>
<tr>
<td>B</td>
<td>Opinions</td>
<td>Your views and opinions</td>
</tr>
<tr>
<td>C</td>
<td>Skills, confidence and comfort</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Environment – the teaching workforce</td>
<td>Your school policy on SE</td>
</tr>
<tr>
<td>E</td>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Demographics (About you and your school)</td>
<td>About you and your school</td>
</tr>
<tr>
<td>G</td>
<td>Knowledge (SS educators only)</td>
<td></td>
</tr>
</tbody>
</table>

A detailed account of modifications can be found in Appendix 5 – Modification of the National Survey

These have been summarised as follows:

• Removed questions and sections such as “Teachers’ perspectives” for brevity and relevance to the WA context (i.e. resources, and PD).
• Rewording of questions for the purpose of clarity, based on stakeholder feedback (i.e. changing “agree/disagree” to “true/false” for consistency).
• Addition of WA-specific resources and training.
• Year levels replaced with bands of learning consistent with the AC.
• Reduction of the “topics that participants have taught”, in the interest of brevity, and based on the results of the NS. The NS listed 30 topics; the WA Survey only listed 22, and 18 were the same as the NS.

Topics removed included:
• Sex acts other than intercourse
• Safe sex practices including using condoms
• HIV/AIDS
• How to avoid unwanted or unplanned sex
• Where to go for birth control
• Emergency contraception
• Teen parenthood
• Factual information about termination of pregnancy
• Dealing with emotional issues and consequences of being sexually active
• Body image.

A number of topics suggested by stakeholders who reviewed the tool initially were included:

• Sexual and reproductive anatomy
• The impact of media on sexuality and identity
• Natural family planning (fertility awareness – identifying fertile and infertile points in time within the fertility cycle, which includes lactational amenorrhea)
• Sexual abuse and protective behaviours.

• Categories of educators such as student welfare staff, and civics and citizenship teachers were not included and replaced with an option of “other”. These were not included in the WA Survey, as they had low representation within the NS.
• The Survey date was updated from 2010 to 2013 or 2014, dependent upon the survey version. The title and contact information were also updated.
• La Trobe suggested, for future research, adding a question to obtain more detail about the type of assessments participants were using to assess student learning against curriculum standards.
• A condition of ethics approval by the Department of Education was to remove the question on postal codes and replace with city/town for metro areas, and general rural and remote areas to maintain participant confidentiality.
• A STI & BBV knowledge section was added for SS teachers only.
• Skip logic was applied for ease of user experience and to tailor the results appropriately.
• Throughout the survey participants were granted the opportunity to provide qualitative comments.
• The NS excluded participants through a filter question in the survey on the basis that they had not taught SE previously. The WA Survey invited all educators to participate and did not exclude such participants from the data. However, for the analysis, participants were separated according to various filters such as “has taught SE”, or “has not”, and “type of educator”.

The 2013 survey was administered in mid-2014. The survey encouraged participants to reflect on their experiences for the previous year (2013). The 2014 version of the Survey was administered in late 2014. A second wave of stakeholder feedback was sought for the 2014 version of the Survey. The Survey encouraged participants to reflect on their experiences the previous
year (2014). A detailed account of modifications can be found in Appendix 5 – Modification of the National Survey.

- All references to “teachers” were replaced with “educators”. Mainly this was exhibited in the Participant Information Statement (PIS).
- Question 9 – “the listed authorities/groups” was removed. The question was reworded to: “In your opinion, who or what has had an influence on determining the SE topics that you taught in 2014? (Please give an indication of how much influence these factors have had)”.  
- Page 22 – Added “swag bag” – including resource materials and offer for free peer educators from YEAH (Youth Empowerment Against HIV/AIDS). This was included for non-government SS teachers only via the skip logic.
- The Knowledge section of the Survey was updated according to the 2013 version of the NS – SS Students and Sexual Health (Mitchell A, 2014). The format of these questions differed significantly from the 2008 Survey and asked more functional knowledge-type questions rather than factual-based questions. For example, students were asked to select from a range of answers of what are some possible signs and symptoms of STI in general. Whereas previously in 2008, there were significantly more questions on each specific type of STI. This represents a shift in pedagogy from providing “facts based information” on each STI to now providing more general information on signs and symptoms.
- Further updates to terminology and resources were included as recommended by stakeholders. For example, question 17 added “The Sexuality and Relationships Education (SRE) PD September 15th and 16th 2014 (Curtin University)”.

4.2.2 Stakeholder Consultation

Representatives from various key stakeholder groups were given the opportunity to comment on the Survey instrument throughout the development stage. The Survey tool was subsequently refined in consultation with a group of experts in academic research, SE and government organisations.

Table 4-2: Survey Questionnaire Development Stakeholder Engagement

<table>
<thead>
<tr>
<th>Year</th>
<th>Stakeholder Consultation</th>
</tr>
</thead>
</table>
| 2011 | • WA Health (Sexual Health and Blood-Borne Virus Program)  
       • Sexual and Reproductive Health Services of Western Australia (SRHSWA) (formerly FPWA),  
       • La Trobe University |
| 2012 | • SiREN  
      • Curtin University |
| 2013 | • WA Health (Sexual Health and Blood-Borne Virus Program) |
### Stakeholder Consultation

<table>
<thead>
<tr>
<th>Year</th>
<th>Stakeholder Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Department of Education</td>
</tr>
<tr>
<td></td>
<td>Catholic Board of Education</td>
</tr>
<tr>
<td></td>
<td>La Trobe University</td>
</tr>
<tr>
<td></td>
<td>University of New South Wales</td>
</tr>
<tr>
<td></td>
<td>Youth Empowerment Against HIV/AIDS (YEAH)</td>
</tr>
<tr>
<td></td>
<td>Piloting of survey</td>
</tr>
<tr>
<td></td>
<td>WA Health (Sexual Health and Blood-Borne Virus Program)</td>
</tr>
<tr>
<td></td>
<td>Child and Adolescent Community Health – Workforce Development and Policy Units</td>
</tr>
<tr>
<td></td>
<td>South Metropolitan Population Health Unit</td>
</tr>
<tr>
<td></td>
<td>Department of Education</td>
</tr>
<tr>
<td></td>
<td>Catholic Board of Education</td>
</tr>
<tr>
<td></td>
<td>La Trobe University</td>
</tr>
<tr>
<td></td>
<td>SiREN</td>
</tr>
<tr>
<td></td>
<td>Curtin University</td>
</tr>
<tr>
<td></td>
<td>YEAH</td>
</tr>
<tr>
<td></td>
<td>Youth Affairs Council of WA (YACWA)</td>
</tr>
<tr>
<td></td>
<td>WA AIDS Council, Hepatitis WA</td>
</tr>
<tr>
<td></td>
<td>SRHWSA (formerly FPWA)</td>
</tr>
</tbody>
</table>

### 4.2.3 WA Survey Content

The NS grouped results under the themes of teaching workforce, the content of SE, barriers and support, teachers’ views and opinions and school policy requirements (Smith A., 2011). The WA survey has been modified slightly to also include a training and knowledge component. The WA Survey questionnaire comprises the following seven sections based upon the NS:

#### Table 4-3: - Sections of the Survey

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Teaching practice (SE – what, when and how does it happen)</td>
</tr>
<tr>
<td>B</td>
<td>Opinions, values and attitudes</td>
</tr>
<tr>
<td>C</td>
<td>Skills, confidence and comfort</td>
</tr>
<tr>
<td>D</td>
<td>Environment – The teaching workforce</td>
</tr>
<tr>
<td>E</td>
<td>Training</td>
</tr>
<tr>
<td>F</td>
<td>Demographics (About you and your school)</td>
</tr>
<tr>
<td>G</td>
<td>Knowledge (SS educators only)</td>
</tr>
</tbody>
</table>

Each questionnaire section is described as follows:
**4.2.3.1 Section A – Teaching Practice**

Analyses the type, quality and quantity of SE that educators are providing. Participants commented on the types of resources they use, and how many hours they delivered SE in the classroom context. A list of SE topics contained within the *Sexuality Education in Australian Secondary Schools 2010* survey was provided. Participants were asked if, and in what year level, these topics were taught within the 2013 or 2014 calendar years.

3. Have you engaged an educator to deliver sexuality education?
4. Have YOU taught sexuality education before?
5. What curriculum support resources do you use for your teaching of sexuality education?
6. How often have YOU delivered lessons in sexuality education to students?
7. Approximately how many individual students did you teach sexuality education to.
8. Please indicate in which year level you covered OR will cover these topics.

Note: questions 1 and 2 refer to questionnaire consent and statistical archiving.

**4.2.3.2 Section B – Opinions**

Participants were asked about their opinions, regarding SE, in addition to what factors influenced the topics that they delivered.

9. In your opinion, who or what has had an influence on determining the sexuality education topics that you taught

**4.2.3.3 Section C – Skills, comfort and confidence**

Analyses the level of self-reported confidence that participants felt they possess. Participants were asked about what type of delivery methods and assessment were used to help identify their own PD needs.

10. There are many different teaching and learning experiences an educator can include in a sexuality education session. Some of these are listed below. Please tell us how often you used these methods in your teaching for sexuality education classes.
11. Did you assess participant learning in sexuality education?
12. How confident do you feel to teach sexuality education?

4.2.3.4 Section D – Environment

Participants were asked a matrix of questions related to educator working environment, including policies, support from their school, parents, and resources.

1. Different jurisdictions across Australia usually have different requirements for how sexuality education is taught at school. Does your school require that…

4.2.3.5 Section E – Training

Analyses the type of training participants have or have not had. This section also asks participants what motivates them to pursue PD training, considering it is not currently mandatory. Participants were also asked how likely they would be to deliver SE the following year. Included was a qualitative question requesting participants to list the top three strategies that would most effectively assist them in improving the delivery of SE.

14. How likely do you think it is it that you will be involved in delivering sexuality education to students?
15. Have you completed any training related to SEXUALITY education?
16. Please specify the undergraduate training you received related to sexuality education.
17. Please specify the post graduate training in sexuality education
18. What type of in-service training have you completed?
19. In Western Australia there are currently no mandatory outcomes for teaching sexuality education. Please describe within the text box your motivation in participating in a PD course related to teaching sexuality education.
20. Please list THREE things that would help you most in improving the delivery of sexuality education to secondary students.

4.2.3.6 Section F – Demographics

Provides details of the overall demographic that participated in the Survey. An additional open-ended question was included to give participants the opportunity to provide feedback.

21. What type of school do you currently work at?
22. Do you teach a large proportion of any of the following priority populations:
23. What is your gender?
24. What is your age?
25. Is your school in…
26. Please specify the area of your school within the North Metro area
27. Please specify the area of your school within the South Metro area
28. Please specify the rural area
29. Please specify the remote area: Midwest, South West, or Wheatbelt
30. Please specify the remote area: Goldfields, Kimberley, or Pilbara
31. What type of educator are you?
32. What is your main subject area?
33. Is there anything else that you would like to tell us?

4.2.3.7 Section E – Knowledge

This section was available for SS educators only via a skip logic function. The questions were based upon knowledge questions contained within the La Trobe Australian Secondary Students and Sexual Health 2008 and 2013 studies.

33. The following are statements about sexually transmissible infections (STIs). Please ✔ a box for each question to show whether you think the statement is true or false.
34. Possible symptoms of STIs include (tick all that apply)
35. The following are statements about the Human papillomavirus (HPV). Please ✔ a box for each question to show whether you think the answer is True or False.
36. The following are statements about blood-borne viruses (BBVs). Please ✔ a box for each question to show whether you think the statement is true or false
37. The following are questions about Human immunodeficiency virus (HIV). Please check a box for each question to show whether you think the answer is yes or no.

4.2.4 Piloting of the Questionnaire

To ensure that the online Survey tool was functioning correctly, the Survey tool was piloted on three separate occasions:

1. 6/08/2013 by 24 people
2. 28/10/2013 by 9 people
Feedback from the pilots was integrated into the Survey to augment the final survey version.

4.2.5 The Final Survey Questionnaire

The final survey for 2014 can be found in Appendix 14 – WA Survey Questionnaire.

4.3 Sampling Method and Participation Rates

4.3.1 Participation Groups

The survey was sent to the following educator groups:

- Department of Education educators
- Australian Independent Schools Association educators
- Catholic Education educators
- Educators in non-school settings (for example, Freelance Educators).

4.3.2 Survey Administration

A list of all school contacts was obtained from the Department of Education’s website (Australia, 2013). All schools in WA were contacted and invited to participate in the Survey.

The Participant Information Statement was provided on the first page of the online Survey. All participants had to provide consent prior to commencing the Survey by selecting that they agree to the terms and conditions of the research.

Participants were recruited in the following ways:

- Direct invitation to school principals
- Snowball sampling method.

4.3.2.1 Direct Invitation to School Principals

A letter was distributed to all school principals inviting their educators to participate in the survey, accompanied by a request to forward the survey advert onto school staff. The letter to schools contained information about the Survey. Attachments included were as follows:
- advertisement of the survey including a hyperlink to the Survey Monkey online survey tool
- school consent form (for Department of Education schools only).
- copy of ethics approval.

For all government schools, a letter was sent to the Principal requesting participation of staff in accordance with the Department of Education’s ethics approval – Appendix 3 – WA Department of Education Ethics Approval Letter 12/11/2013 Participants were asked to return a signed consent form. Principals could then make their own decision based on if they were happy to forward to their staff the attached study advertisement – Appendix 7 – Advert for Government Schools (no swag bag)

All Catholic and Independent School Principals were sent an advertisement that included an offer of a free swag bag from YEAH – Appendix 8 – Advert for Non-Government Schools (with swag bag)

Educators from non-schools were sent the same advertisement directly.

This sampling method differed slightly from the NS. The WA Survey invitation to participate were distributed indiscriminately to all schools, whereas the NS sent letters to a selected stratified random sample of schools across Australia. The NS requested that Principals nominate a school representative to distribute the survey. The NS also requested input only from SS teachers with experience in the delivery of SE (Smith A., 2011). The WA Survey differed in that it requested participation from all educators regardless of experience.

### 4.3.2.2 Snowball Sampling Method

Participants who completed the surveys were encouraged to forward the survey advertisement among their colleagues. Following a low response rate from members of the Association of Independent Schools of Western Australia (AISWA), invitations were sent individually to teachers who advertised their email addresses online. This assisted to elevate the response rate to be closer to the NS (17% WA vs. 21% NS).

Curtin University agreed to forward an electronic version of the Survey to their mailing list of educators interested in SE PD. However, no respondents were gathered through this effort. A request was made to the SRHSWA to distribute the Survey to their mailing list; no response was received.
4.4 Data Collection Methodology

4.4.1 Data Collection and Management

The data storage plan conforms to the WA Health Research Governance Procedures 2012 – 3.7.4 Data Storage and Disposal policy.

In general, the minimum recommended period for retention of research data is 5 years from the date of publication. However, in any particular case, the period for which data should be retained should be determined by the specific type of research. For example: for short-term research projects that are for assessment purposes only, such as research projects completed by students, retaining research data for 12 months after the completion of the project may be sufficient (students should check with their university policies) (WA Health, 2012b).

The information collected by participants is stored on a server-based storage (SurveyMonkey) not on local PC hard drive. Access requires authorisation from an owner/custodian to gain access privileges. Erin McKay owns the SurveyMonkey membership and is the only one with the password and log in information. Data was collected via an online hyperlink to an online survey tool – SurveyMonkey – that protected anonymity, as no identifying indicators were requested. The data will be stored for a minimum period of seven years, after which time it will be destroyed. This will be achieved by the closing down of the online account. Paper versions of the Survey were available upon request; however, no requests were received.

The investigator’s computer is secure through password protection and is securely locked away in the investigators place of residence when not in use. The house is also locked when unoccupied. Participant privacy, and the confidentiality of information disclosed by participants, is assured at all times. No identifying personal information is obtained such as name or contact information.

4.4.2 Provision of data from the WA Department of Education

Ethics approval was sought to obtain data related to the uptake of the online training course – Teaching Sexuality Education. Data was provided in an Excel file and no individual’s identification was provided in order to maintain confidentiality. Data provided included:

- Type of teacher (ie. Deputy Principals, Principals, Heads of Learning Area)
- The School phase (Primary / Secondary / Learning Support; Learning support is a category that identifies Education Support Schools and
Centres).

- The Region:

<table>
<thead>
<tr>
<th>Code</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>REG01</td>
<td>GOLDFIELDS</td>
</tr>
<tr>
<td>REG02</td>
<td>KIMBERLEY</td>
</tr>
<tr>
<td>REG03</td>
<td>MIDWEST</td>
</tr>
<tr>
<td>REG04</td>
<td>NORTH METRO</td>
</tr>
<tr>
<td>REG05</td>
<td>PILBARA</td>
</tr>
<tr>
<td>REG06</td>
<td>SOUTH METRO</td>
</tr>
<tr>
<td>REG07</td>
<td>SOUTHWEST</td>
</tr>
<tr>
<td>REG08</td>
<td>WHEATBELT</td>
</tr>
</tbody>
</table>

- The Unenrolled column showed whether the user elected to manually un-enrol from the course.
- The time column showed ‘hours: minutes: seconds’ – but is unreliable as connections to the server can be lost while the user continued (WA Department of Education, 2014).

4.4.3 Data Analysis

All data was pooled together in one database independent of recruitment type, as the NS found no substantial difference in respondent characteristics from the two samples (direct invitation to schools versus snowball). In addition, there was an ethics approval condition that no comparisons would be made between the three different education sectors as required by the Catholic Education Office.

Data analysis methodology was as follows:

- Data was downloaded from the Survey Monkey site in January 2015.
- Data sample was reduced to eliminate duplicates and empty responses.
- Data was cleaned under Supervisor guidance. Details of the decisions made during the data-cleaning phase can be found in Appendix 13 – Record of Data Cleaning Decisions.
- Data was then analysed using SPSS Version 19 analytics statistical package, Microsoft Excel and a Graphical statistical website for calculating Z scores (www.raosoft.com/samplesize.html).

4.4.3.1 Data cleaning
In total there were 1173 participants who logged in to the surveys during 2014. A further 154 respondents were discarded, as they had only logged onto the first page and did not answer any questions. This left a sample of 1019. The data was then filtered for duplicates. The last four digits of the participant’s phone number followed by street name was used to match duplicate entries. This resulted in 19 duplicates. The sample was therefore reduced to 1000.

### Table 4-4: Breakdown of Valid Responses

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants logged in to the survey</td>
<td>1173</td>
</tr>
<tr>
<td>Respondents who only logged in to the first page but didn’t respond to any questions</td>
<td>154</td>
</tr>
<tr>
<td>Duplicates</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1000</td>
</tr>
</tbody>
</table>

### Table 4-5: Breakdown of Valid Responses by Educator Type

<table>
<thead>
<tr>
<th>Type of educator</th>
<th>2013 Survey</th>
<th>2014 Survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS educator</td>
<td>273</td>
<td>214</td>
<td>487</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>School Principal</td>
<td>27</td>
<td>26</td>
<td>53</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Secondary School educator</td>
<td>162</td>
<td>122</td>
<td>284</td>
</tr>
<tr>
<td>School health nurse</td>
<td>13</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>Non-government organisation</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Freelance educator</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>(blank)</td>
<td>66</td>
<td>77</td>
<td>143</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>545</strong></td>
<td><strong>474</strong></td>
<td><strong>1019</strong></td>
</tr>
</tbody>
</table>

For the training section, the data cleaning was performed slightly differently than the NS. For the open-ended options, some participants appeared to have mis-read the original question and entered degrees such as nursing and teacher training which we know from the literature do not provide much SE content. For example, research by La Trobe University found that across Australia in 2011 there was a shortage of pre-service teacher programs which included content to adequately prepare teachers to deliver SE particularly in WA (Mitchell et al., 2011). For this reason, during data cleaning, participants who did not specify a recognised SE training program, such as Curtin University’s sexology units, was counted as not having completed training
related to ‘Sexuality Education education’. For this reason, the WA scores may be lower than the NS.

4.4.3.2 Validity of sample size

Since we do not know exactly how many educators provide SE in WA, the value of 20,000 as the sample size value was entered into the tool at:

www.raosoft.com/samplesize.html

This value was chosen, as validity does not change much for populations over this value. For a confidence level of 90%, we need 267 of both SS and PS teachers to be significant, which was achieved.

Figure 4-1: Raosoft Online Interface

![Raosoft Online Interface](Raosoft, 2015)

There are approximately 758 government schools in WA that were contacted. The response rate was approximately 41.29%.
4.4.3.3 Data analysis methods

The data analysis will involve a detailed description of the data analysed by the various workforce groups and participation in PD – PS teachers, SS teachers, school health nurses, freelance educators and other educators (counsellors and chaplains). The unequal number of participants in each group will be controlled for using the T-test technique and nonparametric tests for group comparisons. Frequency and percentage measures will be applied to analysing Likert scale questions. Comparison T-tests will be applied to measure the differences in mean between the various professional groups. For example, do nurses score higher on STI knowledge scores than teachers?

4.4.4 Software

This thesis was generated in the word processor Microsoft Word, augmented with endnote to enable compilation of a reference list and insertion of in-text references.

4.4.4.1 SurveyMonkey

SurveyMonkey is an online survey development cloud based software package that provides customisable surveys. Survey features used in the WA Survey include page, question and skip logic functions, that enabled the development of the WA Survey to allow participants to select answers from a predefined list, and also to leave text feedback answers. SurveyMonkey includes a significant suite of data analysis tools, however due to the highly customised nature of the WA Survey, the SurveyMonkey data analysis tools were not utilised. The compiled database of survey responses was output in a format recognizable by the data processing software packages SPSS and Microsoft Excel.

4.4.4.2 Microsoft Excel

The majority of statistical data analysis was completed in Microsoft Excel, using pivot tables. Tabled and charted results were then imported into this report.

4.4.4.3 SPSS Statistics

SPSS Statistics facilitates statistical analysis, data management and data documentation. This program was used for basic data analysis.
5 PROFILE OF SEXUAL HEALTH EDUCATORS IN WA

5.1 Key Findings

Table 5-1 lists the types of educator participants in the WA Survey and indicates whether they have delivered SE previously.

Table 5-1: WA Survey Sample % Experience Delivering SE, by Educator Type

<table>
<thead>
<tr>
<th>Type of educator</th>
<th>Has NOT taught SE</th>
<th>Has taught SE</th>
<th>Total</th>
<th>NS (WA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Early Childhood (K-2)</td>
<td>11</td>
<td>2%</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Education Support</td>
<td>3</td>
<td>1%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Freelance Educator</td>
<td>0%</td>
<td></td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>NGO Educator</td>
<td>1</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>3%</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>257</td>
<td>56%</td>
<td>218</td>
<td>40%</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>5</td>
<td>1%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>2</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>6</td>
<td>1%</td>
<td>21</td>
<td>4%</td>
</tr>
<tr>
<td>School Principal</td>
<td>23</td>
<td>5%</td>
<td>34</td>
<td>6%</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>76</td>
<td>16%</td>
<td>206</td>
<td>38%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>57</td>
<td>12%</td>
<td>45</td>
<td>8%</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>4</td>
<td>1%</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>461</td>
<td>46.1%</td>
<td>539</td>
<td>53.9%</td>
</tr>
</tbody>
</table>

(Smith A., 2011).

Results from the WA Survey show that 53.9% of participants had previously delivered SE, and 46.1% had not.

The results indicate that the majority of SE educators in WA are SS teachers (38%), PS teachers (40%), school principals (6%) and school health nurses (4%). The majority of participants who have delivered SE in WA are women (70% vs. 66% NS) and HPE teachers (75% vs. 80% NS). 89% of SS HPE teachers have delivered SE. A large percentage of school teachers who have delivered SE are above 40 years old (55% SS and 61% PS vs. 41% NS). The majority of teachers who have previously delivered SE have less than five years of SE experience (58% PS, 24% SS vs. 36% NS). SE educators in WA have less experience delivering SE compared with the rest of the nation. A
large number of special needs teachers are delivering SE compared to SS teachers.

The majority of educators who have taught SE previously are almost evenly split between the North and South Metropolitan areas, with a good portion in the rural areas close to Perth (Great Southern, Midwest, South West, and Wheatbelt).

28% of SE educators have recruited another educator to engage in SE team-teaching.

5.2 Educator Types

A total of 282 SS teachers participated in the WA Survey. Of those, 206 indicated that they had previously taught SE. This comprised 38% of the total number of educators who teach SE in WA. The NS returned 226 valid SS respondents nationally who had experience teaching SE and which amount made up 100% of the sample (Smith A., 2011).

Out of 475 PS participants, 218 had previously taught SE. This group made up a further 40% of the sample. At the time of the survey in 2014, WA was transitioning Year 7 and Year 8 students to SS. The change took effect in 2015, with Year 7 students attending government SS (Department of Education, 2013). As a result, many of the participants who identified as PS teachers may now be considered SS teachers.

A total of 57 participants identified as school principals, and 34 of these had experience in teaching SE. This comprised 6% of the total participants who indicated having taught SE.

A total of 27 school health nurses participated in the survey, of which 21 had previously taught SE or 4% of total participants.

Other workforce groups include year coordinators, early childhood teachers, education support, freelance educators, non-government organisation educators, school chaplains, school counsellors and miscellaneous others. The sum of these comprised less than 3% of total participants who have taught SE.

A further 8% of participants did not specify their position.

5.3 WA Locality Distribution

WA Health has divided WA into health regions. These regions are shown in Figure 5-1. Participation rates from the WA Survey are broken down by WA health regions. However, for the purpose of clarity and statistical relevance
these have been distilled into six grouped locations, which are identified in Table 5-2 below.

Figure 5-1: Health Regions of WA (2012)

(Government of Western Australia, 2012)
Table 5-2: WA Survey Locations and Total Participation Rates

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Metropolitan area</td>
<td>283</td>
<td>28.3%</td>
</tr>
<tr>
<td>(Perth to Yanchep)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Metropolitan area</td>
<td>306</td>
<td>30.6%</td>
</tr>
<tr>
<td>(South Perth to Mandurah)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural area</td>
<td>161</td>
<td>16.1%</td>
</tr>
<tr>
<td>(Great Southern, Midwest, South West, Wheatbelt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote West</td>
<td>62</td>
<td>6.2%</td>
</tr>
<tr>
<td>(Midwest, South West, or Wheatbelt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote East</td>
<td>17</td>
<td>1.7%</td>
</tr>
<tr>
<td>(Goldfields, Kimberley and Pilbara)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blank</td>
<td>171</td>
<td>17.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1000</td>
<td>100%</td>
</tr>
</tbody>
</table>

In addition to educator type and location, the WA Survey aims to generate information on educator demographics, including age and gender. Educator age and gender trends can be shown to impact upon SE delivery.

5.4 Educators Who Have Previously Delivered SE

5.4.1 General

Guiding questions of the WA Survey relate to educators who have previously delivered SE, and their opportunities for PD. Results from the WA Survey show that out of the 1000 responses, 539 educators indicated that they had previously delivered SE. As this survey was directed at educators who have had experience in delivering SE, or who are interested in delivering SE, and as survey participation was by invitation and in no way mandatory, this percentage does not represent the percentage of educators who are actually delivering SE in WA.

5.4.2 Locality

Out of 539 participants who had indicated that they had previously delivered SE, only 423 specified their location.

Most NS participants were located in a capital city (45.2%) or a regional town or city (37.9%). The WA Survey combined these areas by asking participants if they were from the North or the South Metropolitan areas (70% vs. 83.1% NS). The WA Survey returned a slightly higher representation from rural areas (22% vs. 16% NS). The greatest difference was that the WA Survey had
significantly more representation from remote areas (8% vs. 0.9% NS) (Smith A., 2011).

The majority of WA Survey participants indicated that they were located in the Northern (33.8%) or Southern (38.3%) Metropolitan areas of Perth. WA rural areas exhibited the next highest participation rate at 19%, and remote areas were represented by a participation rate of 9%. PS and SS teachers are almost evenly split between the North and South Metropolitan areas. School health nurses and principals are similarly represented, with a slightly larger amount from the North Metropolitan area. 100% of school chaplains and school counsellors were from the South Metropolitan area. Schools from rural or remote areas were in the minority. NS values are 16% rural and 0.9% remote, respectively.

The following Table 5-3: Educators Who Have Delivered SE by WA Location describes the distribution of the sample throughout the State of WA.

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>North Metropolitan</th>
<th>Remote East</th>
<th>Remote West</th>
<th>Rural</th>
<th>South Metropolitan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Early Childhood (K-2)</td>
<td>1</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Education Support</td>
<td>1</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>60</td>
<td>14.2%</td>
<td>2</td>
<td>0.5%</td>
<td>16</td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>7.6%</td>
<td>66</td>
<td>15.6%</td>
<td>176</td>
<td>41.6%</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>7</td>
<td>1.7%</td>
<td>1</td>
<td>0.2%</td>
<td>3</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>2.1%</td>
<td>21</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Principal</td>
<td>10</td>
<td>2.4%</td>
<td>1</td>
<td>0.2%</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>4.0%</td>
<td>34</td>
<td>8.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS Teacher</td>
<td>59</td>
<td>13.9%</td>
<td>11</td>
<td>2.6%</td>
<td>66</td>
<td>15.6%</td>
</tr>
<tr>
<td></td>
<td>180</td>
<td>42.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>5</td>
<td>1.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5</td>
</tr>
</tbody>
</table>
|                      | 1                  | 5.4.3 Educator Types

5.4.3.1 Overview

The following graph shows that SS and PS teachers, school health nurses, school principals and year coordinators are more than likely to have delivered SE at some point than not. The graph also shows that the majority of school chaplains and early childhood teachers had NOT delivered SE previously.
The sample number of school support staff, made up of school chaplains, counsellors and school health nurses, is not sufficient to draw accurate conclusions as to the current state of support staff providing SE. However, from the analysis it can be hypothesised that the provision of SE by support staff in WA may be lower than the national average. The findings from the WA Survey indicate that perhaps teachers are overestimating the provision of SE by school chaplains and counsellors.

Figure 5-2 shows the comparison of WA Survey respondents between those who have had experience delivering SE versus those who have not, grouped by educator type. The Y-axis is shown in a logarithmic scale, for the purpose of clarity due to large differences in response by educator type.

**Figure 5-2: Comparison of Experience Delivering SE by Educator Type**

**5.4.3.2 SS teachers and comparison to the NS**

As the NS only focused on SS teachers, the WA Survey SS statistics show a direct comparison. The NS asked who else was teaching SE at their school. Respondents nominated most often other HPE teachers (38%), followed by science teachers (15%). As a group, school support staff such as school chaplains, school nurses, counsellors and welfare staff made up 25%. The remaining 22% was spread across various teaching disciplines and including ‘other’ (Smith A., 2011).
The majority of SS teachers who have taught SE are HPE teachers (75% vs. 80% NS). Furthermore, 11% of HPE teachers have not delivered SE and 89% have. This is consistent with the AC for HPE, which incorporates SE into this area of learning.

Science teachers represented 4% of SE educators, which is comparable to the NS at 5% of nominations. The number of Studies of Society and Environment (SOSE) / Humanities teachers delivering SE in WA is down on the NS numbers (1% vs. 5.4% NS). Special needs teachers were not represented in the NS; however, they comprised 8% of SS in the WA Survey sample.

SS teachers represent the second-largest group of respondents in the WA Survey sample at 282. The following Table 5-4 provides a summary of SS teachers who have taught SE and their subject areas. Note that not all SS teacher respondents indicated their main subject area, reducing the sample size to 84.

Table 5-4: SS Teacher Major Subject Area

<table>
<thead>
<tr>
<th>Major Subject Area</th>
<th>WA Survey</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Education support/Special needs</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>English</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Food Technology</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>HPE</td>
<td>64</td>
<td>75%</td>
</tr>
<tr>
<td>Home Economics</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Science</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>SOSE/Humanities</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Religious Education</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>100%</td>
</tr>
</tbody>
</table>

(Smith A., 2011)

5.4.3.3 PS teachers

In addition to SS teachers, PS teachers are the other main type of educator who participated in the WA Survey. It is interesting to note that although more PS teachers indicated that they had NOT previously delivered SE, a comparable percentage had. As PS teachers don’t often specialise, the
sample size for main subject area is much smaller than the SS teacher sample size.

HPE teachers again represent a large portion of the sample at 32%. The difference between the SS and PS sample is the increase in education support / special needs PS teachers, who represent the majority of the sample at 52%. This would indicate that special needs children receive the majority of their SE in PS. Youth with special needs are particularly vulnerable to sexual exploitation and are at a high risk of sexual behaviour management issues (Face the Facts, 2012).

Table 5-5 provides a summary of the WA Survey sample for PS teachers by major subject areas and their experience teaching SE. Again, only 31 PS teachers who had previously delivered SE indicated what their major subject area was.

### Table 5-5: PS Teacher Major Subject Area

<table>
<thead>
<tr>
<th>Main Subject Area</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Principal</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Education Support / Special Needs</td>
<td>16</td>
<td>51.6%</td>
</tr>
<tr>
<td>HPE</td>
<td>10</td>
<td>32.2%</td>
</tr>
<tr>
<td>Kindergarten / Pre-Primary Children with Special Needs</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Learning Support Coordinator</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Senior PS Teacher</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### 5.4.3.1 School health nurses

Results show that the majority of school health nurses have experience delivering SE (78% vs. 72% NS). Compared with the total number of educators, 12% (21) has taught SE compared with 10% (40) in the NS.

#### 5.4.3.2 School principals

School principals were the next highest educator type of participants at 19% (34). Of those who participated in the Survey, 40% have never taught SE and 60% have taught SE.

#### 5.4.4 Educator Age and Gender Demographic
5.4.4.1 Gender

Out of 539 participants who had indicated that they had previously delivered SE, only 427 specified their gender compared with the NS sample size of 179 (Smith A., 2011).

The WA Survey results showed that SE educators were often female (approximately two out of three). NS results also showed that the majority of SE educators were women (70% vs. 66% NS). Of the SS and PS participants who had taught SE most are women (63% SS and 75% PS vs. 66% NS).

Table 5-6 shows WA educator types by gender. Note that the NS only collected results for male and female and does not show results from educators who identify as ‘other’.

**Table 5-6: WA Sexuality Educators by Gender**

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>Female</th>
<th>Male</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood (K–2)</td>
<td>2</td>
<td>0.5%</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Education Support</td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Freelance Educator</td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Non-Government Organisation (NGO) Educator</td>
<td>2</td>
<td>0.5%</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.5%</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>132</td>
<td>30.9%</td>
<td>43</td>
<td>10.1%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>21</td>
<td>4.9%</td>
<td>21</td>
<td>4.9%</td>
</tr>
<tr>
<td>School Principal</td>
<td>22</td>
<td>5.2%</td>
<td>12</td>
<td>2.8%</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>112</td>
<td>26.2%</td>
<td>66</td>
<td>15.5%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>3</td>
<td>0.7%</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>70.3%</td>
<td>125</td>
<td>29.3%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.4%</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td>NS</td>
<td>118</td>
<td>66%</td>
<td>61</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.4%</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>179</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the participants who identified as HPE educators, the majority (57%) identified as female, with 42% identifying as male, and 1.5% identifying as other. The data for this is outlined in Table 5-7.

**Table 5-7: HPE Educators by Gender Who Have Previously Delivered SE**

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>Female</th>
<th>Male</th>
<th>Unspecified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
</tbody>
</table>

99
5.4.4.2 Age

Out of 539 participants who had indicated that they had previously delivered SE, only 417 specified their age and gender. The majority of female PS teachers were aged between 40 and 49, whereas the majority of male PS teachers were aged over 50. This trend was reversed for SS teachers. The majority of all educators delivering SE were aged 50 and over.

Figure 5-3 shows that the age group least likely to deliver SE is 20 to 29. There is a linear increase in the number of females delivering SE from 20 to over 50 years of age, whereas males show an even distribution of SE delivery across all age groups 30 years and over.

Table 5-8 shows a distillation of age and gender distribution for the two majority educator types – PS and SS teachers.

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>Female</th>
<th>Male</th>
<th>Unspecified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS Teacher</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>35</td>
<td>28</td>
<td>1</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>30</td>
<td>1</td>
<td>72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NS</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

Figure 5-3: Sexuality Educator Types by Age and Gender

Table 5-8: PS and SS Teachers by Age and Gender
In accordance with the above, Table 5-9 shows that SS and PS teachers were not as likely to be aged under 39 years old (45% SS and 38% PS vs. 60% NS). They were more likely to be over 40 years old (55% SS and 61% PS vs. 41% NS).

Table 5-9: SS WA Survey and NS Comparison by Age and Gender

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>Other</th>
<th></th>
<th>Total</th>
<th></th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS Teacher</td>
<td>130</td>
<td>37.6%</td>
<td>41</td>
<td>11.8%</td>
<td>0</td>
<td>0.0%</td>
<td>171</td>
<td>49.4%</td>
<td>101%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>17</td>
<td>4.9%</td>
<td>2</td>
<td>0.6%</td>
<td>1</td>
<td>0.0%</td>
<td>19</td>
<td>5.5%</td>
<td>60%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>24</td>
<td>6.9%</td>
<td>11</td>
<td>3.2%</td>
<td>0</td>
<td>0.0%</td>
<td>35</td>
<td>10.1%</td>
<td>41%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>47</td>
<td>13.6%</td>
<td>10</td>
<td>2.9%</td>
<td>0</td>
<td>0.0%</td>
<td>57</td>
<td>16.5%</td>
<td>41%</td>
</tr>
<tr>
<td>50 and over</td>
<td>42</td>
<td>12.1%</td>
<td>18</td>
<td>5.2%</td>
<td>0</td>
<td>0.0%</td>
<td>60</td>
<td>17.3%</td>
<td>101%</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>110</td>
<td>31.8%</td>
<td>64</td>
<td>18.5%</td>
<td>1</td>
<td>0.3%</td>
<td>175</td>
<td>50.6%</td>
<td></td>
</tr>
<tr>
<td>20 to 29</td>
<td>18</td>
<td>5.2%</td>
<td>8</td>
<td>2.3%</td>
<td>0</td>
<td>0.0%</td>
<td>26</td>
<td>7.5%</td>
<td>60%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>31</td>
<td>9.0%</td>
<td>21</td>
<td>6.1%</td>
<td>0</td>
<td>0.0%</td>
<td>52</td>
<td>15.0%</td>
<td>41%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>21</td>
<td>6.1%</td>
<td>23</td>
<td>6.6%</td>
<td>0</td>
<td>0.0%</td>
<td>44</td>
<td>12.7%</td>
<td></td>
</tr>
<tr>
<td>50 and over</td>
<td>40</td>
<td>11.6%</td>
<td>12</td>
<td>3.5%</td>
<td>1</td>
<td>0.3%</td>
<td>53</td>
<td>15.3%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>69.4%</td>
<td>105</td>
<td>30.3%</td>
<td>1</td>
<td>0.3%</td>
<td>346</td>
<td>100.0%</td>
<td>101%</td>
</tr>
</tbody>
</table>

5.4.5 Type of School or Agency

Out of 539 participants who had indicated that they had previously delivered SE, only 425 specified the type of school or agency they taught in. Education support, school chaplains and school counsellors only had entries from government schools. The majority of teachers, nurses and principals were from government schools. The only agency participants were freelance and NGO educators and school health nurses. Year coordinators were mostly from Catholic schools followed by independent schools. Interestingly there were no school chaplain participants from Catholic schools. Government schools did not have early childhood K–2 participants; however, Catholic schools and independent schools did.
Table 5-10 describes the distribution of educator types across the range of school types or agencies in WA.

Table 5-10: Educator Type by School or Agency

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>Agency</th>
<th>Catholic</th>
<th>Government</th>
<th>Independent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood (K–2)</td>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Education Support</td>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Freelance Educator</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>NGO Educator</td>
<td>2</td>
<td>0.5%</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>16</td>
<td>3.8%</td>
<td></td>
<td>13</td>
<td>175</td>
</tr>
<tr>
<td>School Chaplain</td>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>School Counsellor</td>
<td></td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>2</td>
<td>0.5%</td>
<td>15</td>
<td>3.5%</td>
<td>20</td>
</tr>
<tr>
<td>School Principal</td>
<td></td>
<td>3</td>
<td>0.7%</td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>SS teacher</td>
<td>34</td>
<td>8.0%</td>
<td></td>
<td>31</td>
<td>178</td>
</tr>
<tr>
<td>Unspecified</td>
<td>1</td>
<td>0.2%</td>
<td>2</td>
<td>0.5%</td>
<td>3</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>3</td>
<td>0.7%</td>
<td>0.0%</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>1.2%</td>
<td>60</td>
<td>14.1%</td>
<td>425</td>
</tr>
</tbody>
</table>

NS: 24.4% 54.6% 21% 100%

(Smith A., 2011).
Figure 5-4 describes the distribution of all participants across school or agency type. The majority of participants indicated that they belonged to government schools, with an even distribution across Catholic schools and independent schools. Although the figures differ slightly between the NS and WA Survey, the trends are similar.
Figure 5-4: Comparison of Distribution of Participants Across School Types or Agencies

<table>
<thead>
<tr>
<th>Distribution of Participants Across School Types or Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>WA Survey</td>
</tr>
<tr>
<td>NS</td>
</tr>
</tbody>
</table>

(Smith A., 2011).

5.4.6 Experience Delivering SE

Out of 539 participants who had indicated that they had previously delivered SE, only 519 specified the amount of experience they had delivering SE.

The majority of teachers had 1 to 5 years’ experience (23% PS, 13% SS).
Figure 5-5 shows the comparison between NS and WA Survey educator levels of experience. Both the NS and WA Survey show that the majority of educators have 1 to 5 years’ experience delivering SE. The amount of experience drops away and levels out at around 16 to 20 years. Interestingly, the level of SE experience then increases for greater than 20 years. The trend line in
Figure 5-5 shows this relationship. The figure also shows that educators in WA have less SE experience when compared to the rest of the country, showing higher percentages in the 1 to 10 year bracket and lower experience in the experience brackets greater than 10 years.
There was a comparable amount of PS and SS teachers who indicated their levels of SE delivery experience (204 and 203 respectively), each comprising 39% of all responses. A significantly greater amount of PS teachers have less than five years' experience than do SS teachers (22.7% vs. 13.3% of all respondents).

Significantly more SS teachers, however, have greater than five years' experience delivering SE than do PS teachers (25.9% vs. 16.6% of all respondents). Again, there was an increase in respondents with greater than 20 years' experience in both PS and SS teachers.
Figure 5-6 shows the WA Survey relationship between PS and SS teacher levels of SE education experience.
Out of 539 participants who had indicated that they had previously delivered SE, 405 stated both their age and level of experience.

Table 5-11 shows that all age groups have the most experience in the 1 to 5 year bracket. Ages 20 to 29 are represented as having up to 10 years’ experience and no greater. Ages 30 to 39 have experience up to 20 years and no greater. Ages 40 and above indicated that they have experience across the spectrum of year groups. There is a large increase in educator experience from 16 to 20 years, to over 20 years for the >50 age bracket. This is not represented in the 40 to 49 year age bracket, where the number of years’ experience decreases.

Table 5-11 further explores the experience of SE educators by comparing it to their age.

Table 5-11: Educator Experience vs. Educator Age

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>1 to 5</th>
<th>6 to 10</th>
<th>11 to 15</th>
<th>16 to 20</th>
<th>&gt;20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td></td>
</tr>
<tr>
<td>20 to 29</td>
<td>30 7.4%</td>
<td>14 3.5%</td>
<td>3 0.7%</td>
<td>11 2.7%</td>
<td>121 29.9%</td>
<td></td>
</tr>
<tr>
<td>30 to 39</td>
<td>37 9.1%</td>
<td>37 9.1%</td>
<td>14 3.5%</td>
<td>3 0.7%</td>
<td>91 22.5%</td>
<td></td>
</tr>
<tr>
<td>40 to 49</td>
<td>52 12.8%</td>
<td>31 7.7%</td>
<td>11 2.7%</td>
<td>16 4.0%</td>
<td>11 2.7%</td>
<td>121 29.9%</td>
</tr>
</tbody>
</table>
### 5.4.7 Team-Teaching

Out of 1000 WA Survey participants, 711 indicated that they had not previously recruited another educator into the classroom to deliver SE. However, 289 (29%) did. This represents a large percentage of educators engaging in team-teaching, and is comparable with the NS, which indicated that 27% of SS teachers are team-teaching.

Out of all respondents who had not previously delivered SE, there were 92 instances of another entity recruitment into the classroom to assist with SE delivery. Out of all respondents who had previously delivered SE, there were 283 instances of another entity recruited into the classroom to assist with SE delivery. These statistics show that the majority of educators inviting another entity to deliver SE are educators who have previously delivered SE.
Figure 5-7 describes the distribution of entities that have been engaged by educator types to team-teach SE. The table is segregated into educators who have previously delivered SE and those who have not. There is a range of educator-assistance groups outside of schools that may be recruited to assist with in-school SE delivery.

Note the total response number was 1086, due to respondent ability to indicate that they had engaged multiple entities to team-teach.
The NS showed that external providers were nominated by participants as representing 5% of educators providing SE (Smith A., 2011). This is comparable to the 2% who self-identified within the WA Survey as being external providers.

Table 5-12 and Table 5-13 detail the types of educators who are recruited to assist the classroom teacher with delivering SE for PS and SS. These tables highlight the importance of the school health nurse as the ‘go-to’ entity to be recruited for PS (64%) and SS (37%) educators when team-teaching SE.

Table 5-12: Educators Recruited for Team-Teaching in Primary Schools

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>Has not taught SE</th>
<th>Has taught SE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>School Educator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>28</td>
<td>24.6%</td>
<td>45</td>
</tr>
<tr>
<td>HPE Teacher</td>
<td>1</td>
<td>0.9%</td>
<td>2</td>
</tr>
<tr>
<td>Another teacher in the school</td>
<td>2</td>
<td>1.8%</td>
<td>5</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>2</td>
<td>1.8%</td>
<td>5</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>1</td>
<td>0.9%</td>
<td>1</td>
</tr>
<tr>
<td>School Educator Total</td>
<td>34</td>
<td>29.8%</td>
<td>58</td>
</tr>
<tr>
<td>External Educator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Metro Population Health Service</td>
<td>1</td>
<td>0.9%</td>
<td>1</td>
</tr>
<tr>
<td>Natural Fertility Services (Catholic schools)</td>
<td>3</td>
<td>2.6%</td>
<td>3</td>
</tr>
<tr>
<td>Loving for Life (Catholic schools)</td>
<td>2</td>
<td>1.8%</td>
<td>2</td>
</tr>
<tr>
<td>Type of Educator</td>
<td>Has not taught SE</td>
<td>Has taught SE</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>---------------</td>
<td>--------</td>
</tr>
<tr>
<td>Sexuality Education Counselling and Consultancy Agency (SECCA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective behaviours expert</td>
<td>2</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Sexual and Reproductive Health WA (Formerly FPWA)</td>
<td>2</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Midwife</td>
<td>2</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Nindilingarri Cultural Health Services, Fitzroy Crossing</td>
<td>1</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td><strong>External Educator Total</strong></td>
<td>11</td>
<td>9.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Primary School Total</strong></td>
<td>45</td>
<td>39.5%</td>
<td></td>
</tr>
</tbody>
</table>

**Table 5-13: Educators Recruited for Team-Teaching in SS a**

<table>
<thead>
<tr>
<th>Type of Educator</th>
<th>Has not taught SE</th>
<th>Has taught SE</th>
<th>Total</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Educator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>3</td>
<td>2.3%</td>
<td></td>
<td>46</td>
<td>35.4%</td>
<td>49</td>
<td>37.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPE Teacher</td>
<td>5</td>
<td>3.8%</td>
<td></td>
<td>5</td>
<td>3.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another teacher in the school</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>2</td>
<td>1.5%</td>
<td>3</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Chaplain</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>4</td>
<td>3.1%</td>
<td>5</td>
<td>3.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Counsellor</td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td>5</td>
<td>3.8%</td>
<td>7</td>
<td>5.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7</td>
<td>5.4%</td>
<td></td>
<td>62</td>
<td>47.7%</td>
<td>69</td>
<td>53.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>External Educator</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Metro Population Health Service</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Yes (UWA)</td>
<td>6</td>
<td>4.6%</td>
<td></td>
<td>6</td>
<td>4.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Fertility Services (Catholic schools)</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loving for Life (Catholic schools)</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>6</td>
<td>4.6%</td>
<td>7</td>
<td>5.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agents of YEAH (Youth Empowerment Against HIV/AIDS)</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality Education Counselling and Consultancy Agency (SECCA)</td>
<td>3</td>
<td>2.3%</td>
<td></td>
<td>3</td>
<td>2.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective behaviours expert</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YEP Crew (Youth Affairs Council)</td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual and Reproductive Health WA (Formerly FPWA)</td>
<td>8</td>
<td>6.2%</td>
<td></td>
<td>8</td>
<td>6.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA AIDS Council</td>
<td>5</td>
<td>3.8%</td>
<td></td>
<td>5</td>
<td>3.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Assault Resource Centre (SARC)</td>
<td>11</td>
<td>8.5%</td>
<td></td>
<td>11</td>
<td>8.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwife</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nindilingarri Cultural Health Services, Fitzroy Crossing</td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td>1</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waratah Support Centre – Local Sexual Assault Resource Centre</td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>10</td>
<td>7.7%</td>
<td></td>
<td>10</td>
<td>7.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2</td>
<td>1.5%</td>
<td></td>
<td>59</td>
<td>45.4%</td>
<td>61</td>
<td>46.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>9</td>
<td>6.9%</td>
<td></td>
<td>121</td>
<td>93.1%</td>
<td>130</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6 SEXUALITY EDUCATION – WHAT, WHEN, HOW AND HOW MUCH

Disclaimer: Erin McKay is not an expert on curriculum. The following are her observations for the purposes of this thesis only.

6.1 Key Findings

6.1.1 How Much is Provided and When?

The majority of WA teachers are providing between 1 to 5 hours of SE per year. They are also providing significantly more SE sessions that are greater than 10 hours, than the national average. Concurrent with the NS, the most time spent on SE is during years 9 and 10, closely followed by years 7 and 8.

6.1.2 What SE Topics are Taught in WA Schools?

Comparable with the NS, the most time spent on SE is during SS years 9 and 10, closely followed by years 7 and 8. Year 9 and Year 10 teachers are providing adequate delivery of effects of alcohol/drug use on decision-making, sex and ethics (Respectful Relationships), and how and where to find trustworthy information on sexuality issues. Year 7 and 8 teachers are providing delivery of puberty, protective behaviours, effects of alcohol/drug use on decision-making, and sex and ethics (Respectful Relationships).

Year 5 and 6 PS teachers are providing adequate delivery of puberty, protective behaviours, different types of families and how to manage peer influences. Years 3 and 4 teachers are providing adequate delivery of protective behaviours, and different types of families. Year 1 and Year 2 teachers are providing adequate delivery of protective behaviours.

6.1.3 What Methods and Resources are Applied in Teaching?

The top four teaching methods included class discussions, information sessions, small-group work, and audio-visual methods. The top resource identified by teachers in WA was the GDHR website. The WA Survey results aligned with the NS in that two-thirds of SS teachers who have taught SE indicated that they had assessed their SE delivery against curriculum standards. Only a quarter of PS teachers indicated the same.
6.2 How Much SE is Provided and When?

Comparative to the NS, the most time spent delivering SE is during years 9 and 10. In WA, a significantly higher amount of time providing more than 10 hours of SE programs (39% vs. 26% NS) is spent than the national average. This represents a significantly lower percentage of teachers, providing only 1 to 5 hours of instruction compared to the NS (16.4% vs. 28% NS). Most educators are providing between 1 and 5 hours of SE instruction.

In years 7 and 8, WA teachers are spending significantly more instruction time than the national average by providing more than 10 hours (26% vs. 13% NS). Most teachers spend 5 to 10 hours providing SE. According to best practice, it is ideal to deliver 12 or more sessions of SE sessions over several years (Mitchell A, 2011). WA is achieving this figure at a higher rate than the national average. Table 6-1 summarises the hours spent by SS teachers on delivering SE for years 7 and 8 and years 9 and 10 as compared to the NS.

Table 6-1: Distribution of Hours for SE by Year Level in WA Compared to NS

<table>
<thead>
<tr>
<th>Hours of SE Delivered</th>
<th>Years 7&amp;8 WA</th>
<th>Years 7&amp;8 NS</th>
<th>Years 9&amp;10 WA</th>
<th>Years 9&amp;10 NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>29.5</td>
<td>18.65</td>
<td>21.3</td>
<td>12.35</td>
</tr>
<tr>
<td>1-5 hours</td>
<td>17.4</td>
<td>28.5</td>
<td>16.4*</td>
<td>28</td>
</tr>
<tr>
<td>5-10 hours</td>
<td>27.3</td>
<td>39.65</td>
<td>23.2</td>
<td>34.1</td>
</tr>
<tr>
<td>More than 10 hours</td>
<td>25.7*</td>
<td>13.2</td>
<td>39.1*</td>
<td>25.55</td>
</tr>
<tr>
<td>Total (minus never)</td>
<td>70.4</td>
<td>81.35</td>
<td>78.7</td>
<td>87.65</td>
</tr>
</tbody>
</table>

Table 6-2 shows WA Survey hours of SE delivered and their percentage values.

Table 6-2: WA Breakdown of Hours of SE Provided

<table>
<thead>
<tr>
<th>Hours of SE Delivered</th>
<th>Years 7&amp;8</th>
<th></th>
<th>Years 9&amp;10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Never</td>
<td>39</td>
<td>29.5%</td>
<td>35</td>
<td>21.3%</td>
</tr>
<tr>
<td>1 hour</td>
<td>2</td>
<td>1.5%</td>
<td>10</td>
<td>6.1%</td>
</tr>
<tr>
<td>2 hours</td>
<td>6</td>
<td>4.5%</td>
<td>4</td>
<td>2.4%</td>
</tr>
<tr>
<td>3-5 hours</td>
<td>15</td>
<td>11.4%</td>
<td>13</td>
<td>7.9%</td>
</tr>
<tr>
<td>5-10 hours</td>
<td>36</td>
<td>27.3%</td>
<td>38</td>
<td>23.2%</td>
</tr>
<tr>
<td>11-15 hours</td>
<td>9</td>
<td>6.8%</td>
<td>19</td>
<td>11.6%</td>
</tr>
<tr>
<td>15-20 hours</td>
<td>11</td>
<td>8.3%</td>
<td>18</td>
<td>11.0%</td>
</tr>
</tbody>
</table>
### 6.3 What SE Topics are Taught in WA Schools?

Similar to the NS, participants were prompted to indicate which topics they have taught and in what band level (None, Kindergarten / Foundation years, 1&2 years, 3&4 years, 5&6 years, 7&8 years, 9&10 years). Participants were able to select more than one band level if applicable. The NS listed 30 topics. In the interest of brevity, the WA Survey only listed 22 topics, with 18 identical to the NS. Four are slightly different.

The analysis is characterised by school year group band level, amount of time spent on each topic, WA Syllabus outcomes and GDHR learning activities. The analysis provides a snapshot of what WA teachers are delivering in the field of SE ahead of mandatory reporting on outcomes expected in Semester 1, 2017 (Hon Peter Collier MLC, 2015).

The comparison to GDHR learning activities demonstrates where there are current gaps in support for teachers. A total of 159 respondents (PS and SS, principals and year coordinators) who have previously delivered SE provided information on learning topics. Of these, 63 were SS teachers.

The AC organises SE outcomes under three sub-strands:
- Sub-strand 1: Being healthy, safe and active
- Sub-strand 2: Communicating and interacting for health and wellbeing
- Sub-strand 3: Contributing to healthy and active communities (ACARA, 2015b).

The GDHR website organises learning activities by both year level and topics within these three strands as follows:

Sub-strand 1: Being healthy, safe and active
- Growing Bodies
- Staying Safe

Sub-strand 2: Communicating and interacting for health and wellbeing
- Respectful Relationships
- Media and Health Literacy
- Emotional Wellbeing

Sub-strand 3: Contributing to healthy and active communities
- Diversity (WA Health, 2015e).
For the purposes of this audit, the 22 topics participants were asked about have been organised according to how they are tagged in the GDHR website under the above GDHR topic headings.

Table 6-3 maps out sub-strands, GDHR topics and the topic questions asked in the WA Survey.

Table 6-3: Map of WA Survey SE Topics Delivered in Schools

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>GDHR Topic</th>
<th>WA/NS Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>• Abstinence from intercourse until ready</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Abstinence from intercourse until married</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Natural family planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Birth control methods (e.g. use of contraceptives and condoms)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reproduction (babies, pregnancy and birth)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The pleasures of sexual behaviour / activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Babies and stages of life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual and reproductive anatomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Puberty</td>
</tr>
<tr>
<td>1</td>
<td>Staying Safe</td>
<td>• The impact of communication technology on sexuality and relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Effects of alcohol / drug use on decision-making</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Decision-making specific to sexual activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexually transmissible infections and HIV / AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protective behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communicating with parents about sexuality issues</td>
</tr>
<tr>
<td>2</td>
<td>Respectful Relationships</td>
<td>• Communication and negotiation skills with a sexual partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Different types of relationships – families and friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sex and ethics (Respectful Relationships)</td>
</tr>
<tr>
<td>2</td>
<td>Media and Health Literacy</td>
<td>• How and where to find trustworthy information on sexuality issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The impact of media on sexuality and identity</td>
</tr>
<tr>
<td>2</td>
<td>Emotional Wellbeing</td>
<td>• How to manage peer influences</td>
</tr>
<tr>
<td>3</td>
<td>Diversity</td>
<td>• Gender roles and stereotyping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual orientation / same-sex attraction</td>
</tr>
</tbody>
</table>

6.3.1 Topics Not Taught
6.3.1.1 Sub-strand 1: Being healthy, safe and active

The NS identified that the Growing Bodies topic least delivered was ‘The pleasures of sexual behaviour / activity’ (52% NS). In WA, this was even higher at 67% for SS and 78% for all teacher types combined for PS and SS. Other topics not covered by more than half of SS teachers include: ‘Abstinence from intercourse until married’ (63% vs. 32% NS), ‘Natural family planning’ (65%), and ‘Birth control methods’ (51% vs. 4% NS). Most WA SS teachers are not teaching about ‘Communicating with parents about sexuality issues’ (63% vs. 33% NS).

6.3.1.2 Sub-strand 2: Communicating and interacting for health and wellbeing

In WA, the majority of SS teachers are not teaching about respectful relationship topics, Health Literacy topics or Emotional Wellbeing. WA SS teachers are not teaching about ‘How to manage peer influence’, with 30% indicating that they do not teach this topic.

6.3.1.3 Sub-strand 3: Contributing to healthy and active communities

In WA, there is less teaching about diversity than the national average, with more than half of SS teachers indicating that they do not teach about ‘sexual orientation / same-sex attraction’ (60% vs. 16% NS).

WA Survey results for educators who have stated that they have not taught SE topics as listed in the Survey are shown in Table 6-4.

Table 6-4: Negative Educator Response to Delivering SE Subjects

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA SS Teachers</th>
<th>WA Teachers Combined</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td>48</td>
<td>65</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence from intercourse until married</td>
<td>63</td>
<td>75</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natural family planning</td>
<td>65</td>
<td>79</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td>51</td>
<td>67</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reproduction (babies, pregnancy and birth)</td>
<td>44</td>
<td>58</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The pleasures of sexual behaviour / activity</td>
<td>67</td>
<td>78</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Babies and stages of life</td>
<td>46</td>
<td>60</td>
<td>0</td>
</tr>
<tr>
<td>Sub-Strand</td>
<td>Topic</td>
<td>Subject</td>
<td>WA SS Teachers</td>
<td>WA Teachers Combined</td>
<td>NS</td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>----------------</td>
<td>----------------------</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Sexual and reproductive anatomy</td>
<td>40</td>
<td>52</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Puberty</td>
<td>35</td>
<td>47</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
<td>48</td>
<td>64</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>Effects of alcohol / drug use on decision-making</td>
<td>35</td>
<td>53</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>Decision-making specific to sexual activity</td>
<td>44</td>
<td>65</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>Sexually transmissible infections and HIV / AIDS</td>
<td>41</td>
<td>62</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>Protective behaviours</td>
<td>38</td>
<td>47</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>Communicating with parents about sexuality issues</td>
<td>63</td>
<td>69</td>
<td>33</td>
</tr>
<tr>
<td>2</td>
<td>Respectful Relationships</td>
<td>Communication and negotiation skills with a sexual partner</td>
<td>49</td>
<td>71</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Respectful Relationships</td>
<td>Different types of relationships – families and friends</td>
<td>49</td>
<td>55</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Respectful Relationships</td>
<td>Sex and ethics (Respectful Relationships)</td>
<td>43</td>
<td>63</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>Media and Health Literacy</td>
<td>How and where to find trustworthy information on sexuality issues</td>
<td>51</td>
<td>65</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Media and Health Literacy</td>
<td>The impact of media on sexuality and identity</td>
<td>44</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Media and Health Literacy</td>
<td>How to manage peer influences</td>
<td>30</td>
<td>49</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Diversity</td>
<td>Gender roles and stereotyping</td>
<td>41</td>
<td>53</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Diversity</td>
<td>Sexual orientation / same-sex attraction</td>
<td>60</td>
<td>75</td>
<td>16</td>
</tr>
</tbody>
</table>

Note:

- The figures represent the percentage of teachers who have taught SE that chose a response option. Due to multiple response options, percentages may not add up to 100%.
- Prior to 2015, many primary schools integrated Year 7 students (Department of Education, 2013).

### 6.3.2 Years 9 and 10

The combined total of teachers (PS and SS teachers, principals, and year coordinators) who had indicated that they had taught SE previously and answered questions within this section came to 167. The combined total of SS teachers who answered the question was 150.
6.3.2.1 Sub-strand 1: Being healthy, safe and active

WA 9&10 teachers are mostly teaching about ‘abstinence from intercourse until married’ (76% vs. 62% NS). However, interestingly this is closely followed by:

- ‘The pleasures of sexual behaviour / activity’ (69% vs. 45% NS)
- ‘Sexual and reproductive anatomy’ (69%)
- ‘Natural family planning’ (64%).

Compared to the NS, WA 9&10 teachers are teaching far less about ‘Birth control methods’ (35% vs. 90% NS), which was the least taught topic.

The WA Syllabus outcomes that are most closely related to the topic of Growing Bodies include:

- Y10: The impact of societal and cultural influences on personal identity and health behaviour, such as:
  - How diversity and gender are represented in the media
  - Differing cultural beliefs and practices surrounding transition to adulthood (School Curriculum and Standards Authority, 2015a).

The highest subject response in the WA Survey and the NS for Year 9 and Year 10 Staying Safe subject was ‘effects of alcohol / drug use on decision-making’ (85% vs. 91% NS). Other high response subjects include ‘protective behaviours’ (69% vs. 77% NS) and the ‘impact of communication technology on sexuality and relationships’ (78% vs. 65% NS). The subject with the lowest response rate in WA by 9&10 teachers is ‘sexually transmissible infections’ (41% vs. 93% NS).

The WA Syllabus outcomes that are most closely related to the topic of Staying Safe include:

- Y9: Skills to deal with challenging or unsafe situations
- Y9: Actions and strategies to enhance health and wellbeing in a range of environments, such as: safe blood practices
- Y9: Impact of external influences on the ability of adolescents to make healthy and safe choices relating to:
  - Sexuality
  - Alcohol and other drug use
  - Risk-taking.
- Y10: Skills and strategies to manage situations where risk is encouraged by others
• **Y10: External influences on sexuality and sexual health behaviours, including the impact decisions and actions have on their own and others’ health and wellbeing** (School Curriculum and Standards Authority, 2015a).

WA is meeting the outcome for ‘alcohol and other drug use’ (85%), and could improve on skills based topics such as ‘sexually transmissible infections and HIV/AIDS’ (41%).

The GDHR website has a variety of learning activities for this band of learning under the topic of Staying Safe. These include:

- **Y9:** Sexting
- **Y9:** Sexual consent and the law
- **Y10:** Sexual risk taking (intoxicated sex)
- **Y10:** Who or what will you pick up at the party? (STI).

The ‘sexual risk-taking’ activity satisfies the WA Syllabus outcome for addressing the impact of alcohol and other drugs. The ‘sexting’ and ‘sexual consent and the law’ activities also address WA Syllabus outcomes.

### 6.3.2.2 Sub-strand 2: Communicating and interacting for health and wellbeing

In comparison to the NS, WA 9&10 teachers are teaching far less about ‘different types of relationships’ (64% vs. 90% NS). However, they are teaching more about ‘communication and negotiation skills with a sexual partner’ (73% vs. 84%), and ‘sex and ethics’ (84% vs. 59% NS).

The WA Syllabus outcomes that are most closely related to the topic of Respectful Relationships include:

- **Y9: Characteristics of respectful relationships:**
  - Respecting the rights and responsibilities of individuals in the relationship
  - Respect for personal differences and opinions
  - Empathy
- **Y10: Skills and strategies to promote respectful relationships, such as:**
  - Appropriate emotional responses in a variety of situations
  - Taking action if a relationship is not respectful
  - Appropriate bystander behaviour in physical and online interactions (School Curriculum and Standards Authority, 2015a).
WA is meeting the outcomes for Respectful Relationships, yet could improve on educating about the different types of relationships.

The GDHR website has two learning activities for years 9 and 10 under the topic of Respectful Relationships. These include:

- **Y9**: Power to manage relationships ___ This activity provides students with an opportunity to explore strategies such as refusal skills, communicating choices, expressing opinions and initiating contingency plans when dealing with challenging relationships
- **Y9**: Ready vs. not ready ___ This activity provides students with an opportunity to discuss indicators for knowing when they are ready for sexual activity.

In comparison to the NS, WA 9&10 teachers are teaching far less about ‘how and where to find trustworthy information on sexuality issues’ (29% vs. 40% NS). Only 31% of WA 9&10 teachers are teaching about the ‘Impact of media on sexuality and identity’. The WA Syllabus outcomes that are most closely related to the topic of Health Literacy include:

- **Y9**: Skills to determine appropriateness and reliability of online health information
- **Y10**: Critical health literacy skills and strategies:
  - Evaluating health services in the community
  - Examining policies and processes for ensuring safer behaviours (School Curriculum and Standards Authority, 2015a).

WA 9&10 teachers are meeting the outcomes by teaching ‘how and where to find trustworthy information on sexuality issues’ (78%).

The GDHR website currently only has one learning activity for the topic of health literacy and states that more K-10 activities are currently being developed:

- **Y10**: Influence of the media

In comparison to the NS, WA 9&10 teachers are teaching far less about ‘how to manage peer influences’ (55% vs. 95% NS). The WA Syllabus outcomes that are most closely related to the topic of emotional wellbeing include:

- **Y9**: Strategies for managing emotional responses and resolving conflict in a family, social or online environment
- **Y10**: Effects of emotional responses on relationships (School Curriculum and Standards Authority, 2015a)
- **Y9**: Factors that shape identities and adolescent health behaviours such as the impact of:
  - Cultural beliefs and practices family
Therefore, WA 9&10 teachers could improve on ‘How to manage peer influences’ (55%).

The GDHR website currently only has one learning activity for the topic of Emotional Wellbeing, and states that more K-10 activities are currently being developed. The topic of body image was not measured in the WA Survey, however the NS found that 55% of teachers are delivering this topic:

- Y9: Body image

WA Survey results for Year 9 and Year 10 teachers who indicated which SE topics that they have taught, as listed in the Survey, are shown in Table 6-5.

6.3.2.3 Sub-strand 3: Contributing to healthy and active communities

In comparison to the NS, WA 9&10 teachers are teaching far less about ‘sexual orientation / same-sex attraction’ (57% vs. 78% NS), and more about ‘gender roles and stereotyping’ (69% vs. 62% NS). The WA Syllabus outcomes that are most closely related to the topic of Diversity include:

- Y9: The implications of attitudes and behaviours on individuals and the community, such as:
  - Prejudice
  - Marginalisation
  - Homophobia
  - Discrimination
- Y10: Social, economic and environmental factors that influence health, such as:
  - Level of education
  - Income / employment
  - Social networks and supports (family, friends and community attachment).
  - Housing
  - Access to services (School Curriculum and Standards Authority, 2015a).

WA 9&10 teachers could improve on the delivery of homophobia / sexual orientation / same-sex attraction to meet the requirements of the WA Syllabus outcomes. The GDHR website has one activity on gender and nothing on sexual diversity for years 9 and 10. However, the website states that further activities are currently being developed:
- Y9: Gender expectations

**Table 6-5: Year 9 and Year 10 Teacher Response to Delivering SE Subjects**

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA SS Teachers</th>
<th>WA Teachers Combined</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td></td>
<td>42</td>
<td>71</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Abstinence from intercourse until married</td>
<td></td>
<td>76</td>
<td>53</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Natural family planning</td>
<td></td>
<td>64</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td></td>
<td>35</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Reproduction (babies, pregnancy and birth)</td>
<td></td>
<td>56</td>
<td>69</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>The pleasures of sexual behaviour / activity</td>
<td></td>
<td>69</td>
<td>40</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Babies and stages of life</td>
<td></td>
<td>46</td>
<td>58</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Sexual and reproductive anatomy</td>
<td></td>
<td>69</td>
<td>73</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Puberty</td>
<td></td>
<td>46</td>
<td>49</td>
<td>25</td>
</tr>
<tr>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
<td></td>
<td>78</td>
<td>66</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Effects of alcohol / drug use on decision-making</td>
<td></td>
<td>85</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Decision-making specific to sexual activity</td>
<td></td>
<td>73</td>
<td>82</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Sexually transmissible infections and HIV / AIDS</td>
<td></td>
<td>41</td>
<td>90</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>Protective behaviours</td>
<td></td>
<td>69</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Communicating with parents about sexuality issues</td>
<td></td>
<td>51</td>
<td>47</td>
<td>67</td>
</tr>
<tr>
<td>2 Respectful Relationships</td>
<td>Communication and negotiation skills with a sexual partner</td>
<td></td>
<td>73</td>
<td>72</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Different types of relationships – families and friends</td>
<td></td>
<td>64</td>
<td>63</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Sex and ethics (Respectful Relationships)</td>
<td></td>
<td>84</td>
<td>78</td>
<td>59</td>
</tr>
<tr>
<td>Media and Health Literacy</td>
<td>How and where to find trustworthy information on sexuality issues</td>
<td></td>
<td>78</td>
<td>74</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>The impact of media on sexuality and identity</td>
<td></td>
<td>70</td>
<td>61</td>
<td>0</td>
</tr>
<tr>
<td>Emotional Wellbeing</td>
<td>How to manage peer influences</td>
<td></td>
<td>55</td>
<td>83</td>
<td>95</td>
</tr>
<tr>
<td>Sub-Strand</td>
<td>Topic</td>
<td>Subject</td>
<td>WA SS Teachers%</td>
<td>WA Teachers Combined%</td>
<td>NS%</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>----------------------------------------</td>
<td>-----------------</td>
<td>-----------------------</td>
<td>-----</td>
</tr>
<tr>
<td>3</td>
<td>Diversity</td>
<td>Gender roles and stereotyping</td>
<td>69</td>
<td>63</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual orientation / same-sex attraction</td>
<td>57</td>
<td>56</td>
<td>78</td>
</tr>
</tbody>
</table>

Note: The figures represent the percentage of teachers who have taught SE that chose a response option. Due to multiple response options, percentages may not add up to 100%.

### 6.3.3 Years 7 and 8

The combined total of Teachers (PS and SS teachers, principals, and year coordinators) who had indicated that they had taught SE previously and answered questions within this section came to 197. The combined total of SS teachers who answered the question was 117.

#### 6.3.3.1 Sub-strand 1: Being healthy, safe and active

The highest Growing Bodies subject response in the WA Survey and the NS for Year 7 and Year 8 were for ‘puberty’ (89% vs. 89% NS), closely followed by ‘Sexual and reproductive anatomy’ in WA at 76%. The lowest rates of subject response were ‘the pleasures of sexual behaviour / activity’ (10% vs. 8% NS), and ‘natural family planning’ (9%). In comparison to the NS, WA SS teachers are teaching far less about ‘Reproduction (babies, pregnancy and birth)’ (45% vs. 74% NS) and ‘birth control methods’ (25% vs. 34% NS).

The WA Syllabus outcomes that are most closely related to the topic of Growing Bodies include:

- **Y7**: Feelings and emotions associated with transitions; and practising self-talk and help-seeking strategies to manage these transitions
- **Y7**: Management of emotional and social changes associated with puberty through the use of:
  - Coping skills
  - Communication skills.
  - Problem-solving skills and strategies (School Curriculum and Standards Authority, 2015a).

WA 7&8 teachers are meeting the WA Syllabus outcomes for puberty, with 89% teaching this topic. The GDHR website has the following two activities:

- **Y8**: Pregnancy and birth
- **Y7**: Menstruation and conception.
The GDHR website could benefit from an additional activity on puberty for this age group considering 89% of teachers are teaching this subject and it is covered by the WA Syllabus.

WA Survey results show a high year 7&8 teacher delivery rate on ‘protective behaviours’ (51% vs. 23% NS), and ‘effects of alcohol/drug use on decision-making’ (49% vs. 37% NS). ‘Sexually transmissible infections and HIV/AIDS’ returned a low delivery rate; however, this is similar to the NS results (22% vs. 25% NS).

The WA Syllabus outcomes that are most closely related to the topic of safety include:

- Y7: Strategies to promote safety in online environments
- Y7: Help-seeking strategies that young people can use in a variety of situations
- Y7: Strategies to make informed choices to promote health, safety and wellbeing
- Y8: Communication techniques to persuade someone to seek help
- Y8: Skills and strategies to promote physical and mental health, safety and wellbeing in various environments (School Curriculum and Standards Authority, 2015a).

WA 7&8 teachers are meeting the WA Syllabus outcomes, notably with ‘protective behaviours’ (51%) and ‘effects of alcohol / drugs on decision-making’ (49%). An increase in the delivery rate of ‘the impact of communication technology on sexuality and relationships’ (32%), ‘sexually transmissible infections’ (22%) and ‘decision-making specific to sexual activity’ (31%) are necessary to meet WA Syllabus requirements.

The GDHR website incorporates the following activities which address the topic of safety:

- Y8: Choices and consequences
- Y8: When ‘no’ means ‘no’. (intoxicated sex)
- Y7: Introduction to STIs and blood-borne viruses (BBVs).

6.3.3.2 Sub-strand 2: Communicating and interacting for health and wellbeing

In comparison to the NS, WA 7&8 teachers are teaching far less about ‘different types of relationships’ (15% vs. 71% NS). However, they are teaching more about ‘communication and negotiation skills with a sexual partner’ (70% vs. 18%), and ‘sex and ethics’ (68% vs. 12% NS).
The WA Syllabus outcomes that are most closely related to the topic of respectful relationships include:

- Y7: The impact of relationships on own and others' wellbeing
- Y8: The impact bullying and harassment can have on relationships, including online relationships, and the health and wellbeing of themselves and others
- Y8: Strategies for managing the changing nature of peer and family relationships (School Curriculum and Standards Authority, 2015a).

WA 7&8 teachers are doing well at addressing Respectful Relationships (68% vs. 12% NS). There are currently no GDHR activities for health and wellbeing for years 7 and 8. The website states that future activities will focus on:

- Being a part of a group; Friendship (and related aspects); Conflict resolution; Group dynamics and peer pressure; Quality relationships and Ethical bystanding.

In comparison to the NS, WA 7&8 teachers are teaching less about ‘how and where to find trustworthy information on sexuality issues’ (40% vs. 29% NS). In WA, also only 31% are teaching about the ‘impact of media on sexuality and identity’.

The WA Syllabus outcomes that are most closely related to the topic of health literacy include:

- Y8: Sources of health information that can support people who are going through a challenging time (School Curriculum and Standards Authority, 2015a).

An increase in the delivery rate of ‘how and where to find trustworthy information on sexuality issues’ (40%) is necessary to meet WA Syllabus requirements. There is currently only one activity on the GDHR website for Year 10 students; however, more activities are planned (WA Health, 2015e).

In comparison to the NS, WA 7&8 teachers are teaching far less about ‘how to manage peer influences’ (39% vs. 70%). The WA Syllabus outcomes that are most closely related to the topic of Emotional Wellbeing include:

- Y7: Feelings and emotions associated with transitions; and practising self-talk and help-seeking strategies to manage these transitions
- Y8: The impact of physical changes on gender, cultural and sexual identities
- Y8: Ways in which changing feelings and attractions form part of developing sexual identities
• Y8: Personal, social and cultural factors influencing emotional responses and behaviour (School Curriculum and Standards Authority, 2015a).

An increase in the delivery rate of the development of sexual identities and the feelings and emotions associated with transitions into adulthood is required. The GDHR website incorporates learning activities to support teachers in addressing the development of sexual identities and also coping with changes:

• Y7: Transitions and identity (gender and sexual identities)
• Y8: Pregnancy and birth (also tagged as Growing Bodies).

6.3.3.3 Sub-strand 3: Contributing to healthy and active communities

In comparison to the NS, WA 7&8 teachers are teaching far less about ‘sexual orientation / same-sex attraction’ (12% vs. 24% NS) and more about ‘gender roles and stereotyping’ than the NS (50% vs. 43%). The WA Syllabus outcomes that are most closely related to the topic of Diversity include:

• Y8: Benefits to individuals and communities of valuing diversity and promoting inclusivity, such as: challenging racism, homophobia, sexism and disability discrimination (School Curriculum and Standards Authority, 2015a).

An increase in the delivery rate of ‘Sexual orientation/same-sex attraction’ (12%) to tackle issues such as homophobia is necessary to meet WA Syllabus requirements. A GDHR activity to support teachers in educating students about sexual attraction and gender identity is:

• Y7: Think-Feel-Do

WA Survey results for Year 7 and Year 8 educators who indicated which SE topics that they have taught, as listed in the Survey, are shown in Table 6-6.

Table 6-6: Year 7 and Year 8 Teacher Response to Delivering SE Subjects

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA SS Teachers</th>
<th>WA Teachers Combined</th>
<th>NS %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td>34</td>
<td>31</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence from intercourse until married</td>
<td>31</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Sub-Strand</td>
<td>Topic</td>
<td>Subject</td>
<td>WA SS Teachers %</td>
<td>WA Teachers Combined %</td>
<td>NS %</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------</td>
<td>------------------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>Natural family planning</td>
<td></td>
<td>9</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td></td>
<td>25</td>
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<td></td>
<td>Reproduction (babies, pregnancy and birth)</td>
<td></td>
<td>45</td>
<td>49</td>
<td>74</td>
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<td></td>
<td>The pleasures of sexual behaviour / activity</td>
<td></td>
<td>10</td>
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<td>8</td>
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<tr>
<td></td>
<td>Babies and stages of life</td>
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<td>34</td>
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<td>Sexual and reproductive anatomy</td>
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<td></td>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
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<td>Effects of alcohol / drug use on decision-making</td>
<td>49</td>
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<td>Decision-making specific to sexual activity</td>
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<td>Sexually transmissible infections and HIV / AIDS</td>
<td>22</td>
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<td>Protective behaviours</td>
<td>51</td>
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<td>Communicating with parents about sexuality issues</td>
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<td>Communication and negotiation skills with a sexual partner</td>
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<td></td>
<td>Different types of relationships – families and friends</td>
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<td></td>
<td>Sex and ethics (Respectful Relationships)</td>
<td>68</td>
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<td></td>
<td>Media and Health Literacy</td>
<td>How and where to find trustworthy information on sexuality issues</td>
<td>40</td>
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<td></td>
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<td>The impact of media on sexuality and identity</td>
<td>31</td>
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<tr>
<td></td>
<td>Emotional Wellbeing</td>
<td>How to manage peer influences</td>
<td>39</td>
<td>41</td>
<td>70</td>
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<tr>
<td>3</td>
<td>Diversity</td>
<td>Gender roles and stereotyping</td>
<td>50</td>
<td>51</td>
<td>43</td>
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<tr>
<td></td>
<td></td>
<td>Sexual orientation / same-sex attraction</td>
<td>12</td>
<td>13</td>
<td>24</td>
</tr>
</tbody>
</table>

Note:
- The figures represent the percentage of teachers who have taught SE that chose a response option. Due to multiple response options, percentages may not add up to 100%.
- Prior to 2015, many primary schools had Year 7 students (Department of Education, 2013).
6.3.4 Years 5 and 6

The combined total of teachers (PS and SS teachers, principals, and year coordinators) who had indicated that they had taught SE previously and answered questions within this section came to 116. The combined total of PS teachers who answered the question was 99.

6.3.4.1 Sub-strand 1: Being healthy, safe and active

The highest Growing Bodies subject response in the WA Survey for Year 5 and Year 6 were for ‘puberty’ (81%) and ‘sexual and reproductive anatomy’ (64%). The age-appropriate topics that have the lowest response rate are ‘babies and stages of life’ (34%), and ‘reproduction (babies, pregnancy and birth)’ (34%). These are foundation topics for teaching about pregnancy and birth control in years 7 and 8. The WA Syllabus outcomes that are most closely related to the topic of growing bodies include:

- Y5: Changes associated with puberty, which vary with individuals: physical, mental, and emotional
- Y6: Ways that personal identities change over time
- Y6: Strategies and resources to understand and manage the changes and transitions associated with puberty, such as:
  - Minimising and managing conflict
  - Recognising and building self-esteem
  - Selecting and managing relationships
- Y6: Criteria that can be applied to sources of information to assess their credibility (School Curriculum and Standards Authority, 2015a).

In accordance with the above, WA PS teachers are compliant with the WA Syllabus for delivering puberty in years 5 and 6.

The GDHR website provides the following activities to support teachers which are tagged to the topic of growing bodies:

- Y5: Reproductive systems
- Y6: Puberty kits

The GDHR reproductive systems activity focuses only on reproductive anatomy and not sexual anatomy, such as the clitoris.

The 2015 version of the GDHR puberty kit activity focuses on products such as deodorant and the influence of media in swaying purchasing decisions. The activity covers two of the WA Syllabus requirements; however, it does not address the physical, social and emotional changes of puberty. This is
covered more extensively in another activity called ‘Managing Change and Transitions’, which is tagged under the topic of Emotional Wellbeing.

The highest Staying Safe subject response in the WA Survey and the NS for Year 5 and Year 6 was for ‘protective behaviours’ (66%). ‘Communicating with parents about sexuality issues’ (39%) and ‘effects of alcohol / drug use on decision-making’ (35%) exhibited the next highest response rate; however, by less than half of PS teachers. There was an 18% response rate for ‘sexually transmissible infections and HIV / AIDS’ and a 17% response rate for ‘decision-making specific to sexual activity’. These rates are comparable to years 7 (22%) and 8 (31%). The WA Syllabus outcomes that are most closely related to the topic of Staying Safe include:

- Y5: Reliable sources of information that inform health, safety and wellbeing
- Y6: Strategies that promote a healthy lifestyle (School Curriculum and Standards Authority, 2015a).

The topics of ‘Protective behaviours’ and ‘Communicating with parents about sexuality issues’ could perhaps meet the requirements as strategies.

The GDHR website includes an activity to support teachers in educating students about Staying Safe:

- Y5: The informed blogger

6.3.4.2 Sub-strand 2: Communicating and interacting for health and wellbeing

The highest Respectful Relationships subject response in the WA Survey for Year 5 and Year 6 was ‘different types of relationships’ (65%). The WA Syllabus outcomes that are most closely related to the topic of Respectful Relationships include:

- Y5: Skills and strategies to establish and manage relationships over time, such as:
  - Exploring why relationships change
  - Assessing the impact of changing relationships on health and wellbeing
  - Building new friendships
  - Dealing with bullying and harassment
- Y6: Skills to establish and manage positive relationships (School Curriculum and Standards Authority, 2015a).

The GDHR website contains an activity to support teachers in educating students about the ways in which peers can influence decision-making by our
innate desire to be part of a group. This is perhaps incorrectly tagged under Respectful Relationships and not Emotional Wellbeing.


Greater than half of WA Year 5 and Year 6 PS teachers are not teaching about ‘how and where to find trustworthy information on sexuality issues’ (22%), in addition to ‘the impact of media on sexuality and identity’ (26%).

The WA Syllabus outcomes that are most closely related to the topic of health literacy include:

- Y5 Reliable sources of information that inform health, safety and wellbeing, such as:
  - internet-based information
  - community health organisations
  - publications and other media
- Y6 Criteria that can be applied to sources of information to assess their credibility (School Curriculum and Standards Authority, 2015a).

There are currently no GDHR activities for this topic for years 5 and 6.

The Emotional Wellbeing subject response in the WA Survey for Year 5 and Year 6 was ‘different types of relationships’ (73%). The WA Syllabus outcomes that are most closely related to the topic of emotional wellbeing include:

- Y5: Ways in which inappropriate emotional responses impact on relationships
- Y6: Situations in which emotions can influence decision-making (School Curriculum and Standards Authority, 2015a).

In accordance with the above, WA PS teachers are meeting the WA Syllabus requirements for the Year 6 outcome by 73%, teaching about ‘how to manage peer influences’.

The GDHR website contains the following activities that align with Emotional Wellbeing:

- Y5: Reproductive systems (also located under Growing Bodies)
- Y6: Managing change and transition deals with the social, emotional and physical changes of puberty.
There is another activity called peer influence, located under the topic of Respectful Relationships, which meets the WA Syllabus criteria for the topic of ‘How to manage peer influences’.

6.3.4.3 Sub-strand 3: Contributing to healthy and active communities

A response rate of 53% for ‘gender roles and stereotypes’ was returned for Diversity; however, only a rate of 10% was returned for ‘sexual orientation / same-sex attraction’. There were no relevant WA Syllabus outcomes found for years 5 and 6. The GDHR website contains an activity which discusses sexual diversity and explains the importance of teaching about this topic at a young age:

- Y5: Talking about diversity

WA Survey results for Year 5 and Year 6 educators who indicated which SE topics that they have taught, as listed in the Survey, are shown in Table 6-7.

Table 6-7: Year 5 and Year 6 Teacher Response to Delivering SE Subjects

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA PS Teachers</th>
<th>WA Teachers Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence from intercourse until married</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natural family planning</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reproduction (babies, pregnancy and birth)</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The pleasures of sexual behaviour / activity</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Babies and stages of life</td>
<td>34</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual and reproductive anatomy</td>
<td>64</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Puberty</td>
<td>81</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effects of alcohol / drug use on decision-making</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decision-making specific to sexual activity</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexually transmissible infections and HIV / AIDS</td>
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<td>Protective behaviours</td>
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<td></td>
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<td>Communicating with parents about</td>
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<td>42</td>
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<td>Sub-Strand</td>
<td>Topic</td>
<td>Subject</td>
<td>WA PS Teachers</td>
<td>WA Teachers Combined</td>
</tr>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Respectful Relationships</td>
<td>Communication and negotiation skills with a sexual partner</td>
<td>6</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td>Different types of relationships – families and friends.</td>
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<td>65</td>
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<tr>
<td></td>
<td></td>
<td>Sex and ethics (Respectful Relationships)</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Health Literacy</td>
<td>How and where to find trustworthy information on sexuality issues</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The impact of media on sexuality and identity</td>
<td>26</td>
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</tr>
<tr>
<td></td>
<td>Emotional Wellbeing</td>
<td>How to manage peer influences</td>
<td>73</td>
<td>73</td>
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<tr>
<td>3</td>
<td>Diversity</td>
<td>Gender roles and stereotyping</td>
<td>53</td>
<td>52</td>
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<tr>
<td></td>
<td></td>
<td>Sexual orientation / same-sex attraction</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Note:

- The figures represent the percentage of teachers who have taught SE that chose a response option. Due to multiple response options, percentages may not add up to 100%.
- Prior to 2015, many primary schools had Year 7 students (Department of Education, 2013).

### 6.3.5 Years 3 and 4

The combined total of Teachers (PS and SS teachers, principals, and year coordinators) who had indicated that they had taught SE previously and answered questions within this section came to 51. The combined total of PS teachers who answered the question was 40.

#### 6.3.5.1 Sub-strand 1: Being healthy, safe and active

The highest response rate for years 3 and 4 PS teachers was for the subject ‘babies and stages of life’ (20%). The next highest was ‘puberty’ (10%). The WA Syllabus outcomes that are most closely related to the topic of growing bodies include:

- **Y3: Factors that strengthen personal identities**
- **Y3: Physical, social and emotional changes that occur as individuals grow older**
- **Y4: Strategies that help individuals to manage the impact of physical, social and emotional changes, such as:**
  - **positive self-talk**
  - **assertiveness**
In accordance with the above, the delivery rate for Growing Bodies needs to improve to meet the new WA Syllabus requirements. There are currently no GDHR activities for this year group for the topic of Growing Bodies. However, there is an activity included under Emotional Wellbeing (Strategies to manage change), which addresses the social, emotional and physical changes of growing up (otherwise known as puberty). In this activity students are instructed to identify the changes they have been through since the age of 4 and what changes they can expect by age 14.

The highest response rate for the Staying Safe topic was for ‘protective behaviours’ (68%). The WA Syllabus outcomes that are most closely related to the topic of staying safe include:

- Y3: Assertive behaviours and communication skills to respond to unsafe situations
- Y4: Personal behaviours and strategies to remain safe in uncomfortable or unsafe situations (School Curriculum and Standards Authority, 2015a).

In accordance with the above, WA PS teachers meet the requirements of the WA Syllabus. There are currently no GDRH learning activities for safety for this band of learning.

6.3.5.2 Sub-strand 2: Communicating and interacting for health and wellbeing

The highest response rate for Respectful Relationships was for ‘Different types of relationships’ (73%). The WA Syllabus outcomes that are most closely related to the topic of respectful relationships include:

- Y3: Behaviours that show empathy and respect for others (School Curriculum and Standards Authority, 2015a).

Teachers, when teaching about different types of families, may cover this outcome. There are two GDHR activities to support teachers in addressing the topic of Respectful Relationships for years 3 and 4:

- Y3: Dealing with disagreements
- Y4: Online vs. face-to-face communication.
WA PS teachers are not teaching either of the topics listed in the NS for health literacy for years 3 and 4. However, they could be teaching other relevant topics which are more age-appropriate for this year level. The WA Syllabus outcomes that are most closely related to the topic of health literacy include:

- Y3: *Choices and behaviours conveyed in health information and messages*
- Y4: *Ways in which health information and messages can influence health decisions and behaviours* (School Curriculum and Standards Authority, 2015a).

There are currently no GDHR activities for this band for Health Literacy.

The results indicated a response rate of greater than 50% for Emotional Wellbeing ‘How to manage peer influences’ (55%). The WA Syllabus outcomes that are most closely related to the topic of emotional wellbeing include:

- Y3: *Circumstances that can influence the level of emotional response to situations*
- Y4: *The positive influence of respect, empathy and the valuing of differences in relationships*
- Y4: *Strategies to identify and manage emotions before reacting* (School Curriculum and Standards Authority, 2015a).

These outcomes do not necessarily align with ‘how to manage peer influences’. Therefore, it is unknown what other topics may be delivered which more closely align to the WA Syllabus objectives and are age-appropriate. The GDHR website provides several activities which address the topic of emotional wellbeing for this band of learning:

- Y3: How to help someone being bullied
- Y3: My life from birth to now
- Y3: Resilience
- Y4: Strategies to manage change

### 6.3.5.3 Sub-strand 3: Contributing to healthy and active communities

Results showed a WA Survey response rate for the Diversity subject ‘Gender roles and stereotyping’ (25%), and ‘Sexual orientation / same-sex attraction’ (3%). There are no WA Syllabus outcomes for Diversity or GDHR learning activities for this band of learning.
WA Survey results for Year 3 and Year 4 educators who indicated which SE topics that they have taught, as listed in the Survey, are shown in Table 6-8.

### Table 6-8: Year 3 and Year 4 Teacher Response to Delivering SE Subjects

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA PS Teachers</th>
<th>WA Teachers Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence from intercourse until married</td>
<td>0</td>
<td>0</td>
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<td>Natural family planning</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td>5</td>
<td>4</td>
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<td>Reproduction (babies, pregnancy and birth)</td>
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<td>Babies and stages of life</td>
<td>20</td>
<td>22</td>
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<tr>
<td></td>
<td></td>
<td>Sexual and reproductive anatomy</td>
<td>5</td>
<td>8</td>
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<td></td>
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<td>Puberty</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
<td>Effects of alcohol / drug use on decision-making</td>
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<td>Protective behaviours</td>
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<td>2</td>
<td>Respectful Relationships</td>
<td>Communication and negotiation skills with a sexual partner</td>
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<td>Different types of relationships – families and friends</td>
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<td>Health Literacy</td>
<td>How and where to find trustworthy information on sexuality issues</td>
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<td>The impact of media on sexuality and identity</td>
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<td>Emotional Wellbeing</td>
<td>How to manage peer influences</td>
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<td>3</td>
<td>Diversity</td>
<td>Gender roles and stereotyping</td>
<td>25</td>
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<tr>
<td></td>
<td></td>
<td>Sexual orientation / same-sex attraction</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Note: The figures represent the percentage of teachers who have taught SE that chose a response option. Due to multiple response options, percentages may not add up to 100%.

6.3.6 Years 1 and 2

The combined total of teachers (PS and SS teachers, principals, and year coordinators) who had indicated that they had taught SE previously and answered questions within this section came to 33. The combined total of PS teachers who answered the question was 24.

6.3.6.1 Sub-strand 1: Being healthy, safe and active

The WA Survey results show a response rate for Growing Bodies topic ‘babies and stages of life’ (46%). The WA Syllabus outcomes that are most closely related to the topic of growing bodies include:

- Y1: Ways in which the body changes as individuals grow older
- Y2: Changes in relationships and responsibilities as individuals grow older
- Y2: Strategies and behaviours that promote health and wellbeing; personal hygiene practices (School Curriculum and Standards Authority, 2015a).

In accordance with the above, improvement is necessary by years 1 and 2 teachers to meet the requirements of the WA Syllabus. The GDHR website lists the following activities for years 1 and 2:

- Y1: My milestones
- Y2: We are all different.

The ‘we are all different’ activity provides a basis for learning about puberty in years 3 and 4. The activity covers the physical, emotional and social similarities and differences between males and females. This activity also aligns with WA Syllabus outcomes.

The WA Survey results returned a Staying Safe topic response rate for ‘protective behaviours’ of 92%. The WA Syllabus outcome that is most closely related to the topic of Staying Safe includes:

- Y1&2: Strategies to use when help is needed (School Curriculum and Standards Authority, 2015a).
The topic of ‘protective behaviours’ aligns with this outcome, therefore years 1 and 2 teachers are meeting this objective. Currently, there are no GDHR activities to support teachers with the topic of staying safe.

6.3.6.2 Sub-strand 2: Communicating and interacting for health and wellbeing

The WA Survey results returned a Respectful Relationships topic response rate for ‘Different types of relationships – families and friends’ of 92%. The WA Syllabus outcome that is most closely related to the topic of respectful relationships is:

- Y1: Appreciation and encouragement of the behaviour of others (School Curriculum and Standards Authority, 2015a).

The topic of different types of relationships does not align completely with this outcome; however, teachers could be delivering other topics, which could more closely align. It is not known for certain if they are meeting the WA Syllabus for this outcome. The GDHR website has a large selection of activities which address relationships:

- Y1: Appreciating friendships
- Y1: Families may change
- Y1: Identifying personal strengths
- Y2: Good playing skills
- Y2: Managing family change
- Y2: Reading emotions in others

Years 1 and 2 teachers are not teaching either of the topics listed in the NS for Health Literacy. However, they could be teaching other relevant topics which are more age-appropriate for this year level.

The WA Syllabus outcomes that are most closely related to the topic of health literacy include:

- Y1: Ways health messages are communicated
- Y2: Ways health messages are communicated in the media and how they can influence personal health choices (School Curriculum and Standards Authority, 2015a).

There are currently no GDHR activities for health literacy for years 1 and 2.

The WA Survey results returned an Emotional Wellbeing topic response rate for ‘How to manage peer influences’ of 33%. Years 1 and 2 teachers could be teaching other relevant topics which are more age-appropriate for this year
level. The WA Syllabus outcomes that are most closely related to the topic of emotional wellbeing include:

- Y1: Positive ways to react to their own emotions in different situations
- Y2: Ways to interpret the feelings of others in different situations (School Curriculum and Standards Authority, 2015a).

The subject of ‘how to manage peer influences’ may fit into the Year 1 outcome; however, this is not an accurate indicator for this age group. The GDHR website includes the following activities, which don’t quite align with the WA Syllabus outcomes, as they are mainly concerned with self-esteem:

- Y1: Identifying personal strengths
- Y2: Our own firsts: Personal achievements.

6.3.6.3 Sub-strand 3: Contributing to healthy and active communities

The WA Survey results returned a response rate for the Diversity subject of ‘gender roles and stereotyping’ of 25%. There are no WA Syllabus outcomes or GDHR learning activities at this stage.

WA Survey results for Year 1 and Year 2 educators who indicated which SE topics that they have taught, as listed in the Survey, are shown in Table 6-9

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA PS Teachers</th>
<th>WA Teachers Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence from intercourse until married</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natural family planning</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reproduction (babies, pregnancy and birth)</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The pleasures of sexual behaviour / activity</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Babies and stages of life</td>
<td>46</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual and reproductive anatomy</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Puberty</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>
### 6.3.7 Foundations

The combined total of teachers (PS and SS teachers, principals, and year coordinators) who had indicated that they had taught SE previously and answered questions within this section came to 21. The combined total of PS teachers who answered the question was 15.

#### 6.3.7.1 Sub-strand 1: Being healthy, safe and active

Results indicate a Growing Bodies subject response rate of 60% for ‘Babies and stages of life’ and 20% for ‘Sexual and reproductive anatomy’ for Foundation level. The WA Syllabus outcome that is most closely related to the topic of Growing Bodies includes:

- **F: The different parts of the body and where they are located** (School Curriculum and Standards Authority, 2015a).
In accordance with the above, Foundation teachers need to alter their lesson plans with respect to teaching about sexual and reproductive anatomy in order to meet WA Syllabus requirements.

The GDHR website includes three different learning activities which address the WA Syllabus:

- PP: Different bodies
- PP: Public vs. private bodies
- PP: My body inside and out.

Results indicate a Staying Safe subject response rate of 87% for ‘protective behaviours’ (87%). The WA Syllabus outcomes that are most closely related to the topic of Staying Safe include:

- F: Protective behaviours to keep safe and healthy
- F: Trusted people in the community who can help individuals feel safe (School Curriculum and Standards Authority, 2015a).

Therefore, Foundation teachers are satisfying the WA Syllabus requirements for the topic of Staying Safe. There are currently no specific GDHR activities available to support Foundation teachers. However, teaching children about the correct names of their sexual and reproductive body parts is a protective behaviours strategy. Some of the activities tagged as Growing Bodies could also be tagged as Staying Safe.

6.3.7.2 Sub-strand 2: Communicating and interacting for health and wellbeing

Results indicate a Respectful Relationships subject response rate of 87% for ‘different types of relationships’. The WA Syllabus outcomes that are most closely related to the topic of respectful relationships include:

- F: Emotional responses individuals may experience in different situations
- F: Appropriate language and actions to communicate feelings in different situations (School Curriculum and Standards Authority, 2015a).

The topic of different types of relationships does not strictly align with these outcomes. However, Foundation teachers could be delivering other topics, which would more closely align. Therefore, it is unknown whether Foundation teachers are meeting the WA Syllabus for this outcome. The GDHR website includes the following activity for relationships; however, it does not align with either of the WA Syllabus outcomes.
• PP: Tricks for making friends.

Foundation teachers are not teaching either of the Health Literacy topics; however, they could be teaching other relevant topics, which are more age-appropriate for this year level. In addition, there are no relevant WA Syllabus outcomes or GDHR activities available.

Results indicate an Emotional Wellbeing subject response rate of 13% for ‘how to manage peer influences’ for Foundation teachers. This response is low; however, teachers could be teaching other relevant topics, which are more age-appropriate for this year level. The WA Syllabus outcome that is most closely related to the topic of Emotional Wellbeing is:

• *F: Personal and social skills to interact with others* (School Curriculum and Standards Authority, 2015a).

The topic of ‘How to manage peer influences’ does not necessarily fit with this outcome. Therefore, we do not know how close WA PS teachers are to meeting this. The GDHR website has the following activities, which included in Emotional Wellbeing for Foundation teachers:

• PP: I am strong
• PP: Feelings about feelings

6.3.7.3 Sub-strand 3: Contributing to healthy and active communities

Results indicate a Diversity subject response rate of 27% for ‘gender roles and stereotyping’ for Foundation teachers. There are no WA Syllabus outcomes or GDHR learning activities at this stage.

WA Survey results for Year 1 and Year 2 educators who indicated which SE topics that they have taught, as listed in the Survey, are shown in Table 6-10:

<table>
<thead>
<tr>
<th>Sub-Strand</th>
<th>Topic</th>
<th>Subject</th>
<th>WA PS Teachers</th>
<th>WA Teachers Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growing Bodies</td>
<td>Abstinence from intercourse until ready</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence from intercourse until married</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natural family planning</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birth control methods (e.g. use of contraceptives and condoms)</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Sub-Strand</td>
<td>Topic</td>
<td>Subject</td>
<td>WA PS Teachers</td>
<td>WA Teachers Combined</td>
</tr>
<tr>
<td>------------</td>
<td>-------</td>
<td>---------</td>
<td>----------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reproduction (babies, pregnancy and birth)</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The pleasures of sexual behaviour / activity</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Babies and stages of life</td>
<td>60</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual and reproductive anatomy</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Puberty</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Staying Safe</td>
<td>The impact of communication technology on sexuality and relationships</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effects of alcohol / drug use on decision-making</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decision-making specific to sexual activity</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexually transmissible infections and HIV / AIDS</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protective behaviours</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicating with parents about sexuality issues</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Respectful Relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication and negotiation skills with a sexual partner</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Different types of relationships – families and friends</td>
<td>87</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex and ethics (Respectful Relationships)</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Health Literacy</td>
<td>How and where to find trustworthy information on sexuality issues</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The impact of media on sexuality and identity</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Emotional Wellbeing</td>
<td>How to manage peer influences</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender roles and stereotyping</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual orientation / same-sex attraction</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: The figures represent the percentage of teachers who have taught SE that chose a response option. Due to multiple response options, percentages may not add up to 100%.

6.4 What Methods and Resources are Applied in Teaching?

6.4.1.1 Teaching Methods

WA SS teachers reported exactly the same median scores as participants in the NS. This supports the reliability of the Survey methodology. The top four teaching methods included class discussions, information sessions, small-
group work and audio-visual aids. Participants were prompted to choose from never, seldom, sometimes, often and always for each teaching method.

Results showed a median score for:

- ‘Never’ for educating for values and excursions
- ‘Seldom’ for engaging an outside speaker
- ‘Sometimes’ for values clarification, interactive sessions, and fictional text or case studies.

Table 6-11 shows how educators are delivering SE.

<table>
<thead>
<tr>
<th>Teaching Methodology</th>
<th>Never (%)</th>
<th>Seldom (%)</th>
<th>Sometimes (%)</th>
<th>Often (%)</th>
<th>Always (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NS</td>
<td>WA</td>
<td>NS</td>
<td>WA</td>
<td>NS</td>
</tr>
<tr>
<td>Class discussion</td>
<td>0.0</td>
<td>6.1</td>
<td>0.3</td>
<td>1.1</td>
<td>7.8</td>
</tr>
<tr>
<td>Information session</td>
<td>5.5</td>
<td>14.6</td>
<td>4.0</td>
<td>13.5</td>
<td>21.9</td>
</tr>
<tr>
<td>Small-group work</td>
<td>1.0</td>
<td>6.2</td>
<td>4.5</td>
<td>3.4</td>
<td>33.8</td>
</tr>
<tr>
<td>Audio-visual material</td>
<td>1.0</td>
<td>7.9</td>
<td>6.1</td>
<td>5.6</td>
<td>34.2</td>
</tr>
<tr>
<td>Educating for values</td>
<td>51.9</td>
<td>12.2</td>
<td>14.1</td>
<td>10.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Values clarification</td>
<td>5.1</td>
<td>14.9</td>
<td>9.4</td>
<td>14.4</td>
<td>48.4</td>
</tr>
<tr>
<td>Interactive session</td>
<td>14.1</td>
<td>14.6</td>
<td>17.8</td>
<td>13.5</td>
<td>29.1</td>
</tr>
<tr>
<td>Fictional text or case survey</td>
<td>4.6</td>
<td>10.2</td>
<td>6.9</td>
<td>17.6</td>
<td>55.0</td>
</tr>
<tr>
<td>Outside speaker</td>
<td>36.6</td>
<td>29.9</td>
<td>35.3</td>
<td>24.1</td>
<td>23.1</td>
</tr>
<tr>
<td>Excursion</td>
<td>74.4</td>
<td>71.9</td>
<td>17.7</td>
<td>21.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Other</td>
<td>68.8</td>
<td>11.2</td>
<td>15.2</td>
<td>4.8</td>
<td>0.0</td>
</tr>
</tbody>
</table>

6.4.1.2 Curriculum Support Resources

Participants were prompted to report on the variety of curriculum support resources that they use (listed below), which was provided as a list. Participants were able to select multiple resources and could also specify additional resources that they used.
State curriculum packages were the most widely used resource used, with 153 responses across SS and PS teachers. NS results indicated a lesser response rate at 39%.

Talking Sexual Health is a national resource developed by La Trobe University in Melbourne. Results from the NS indicated that this resource was widely used at 62%; however WA Survey response rate was low. This could be attributed to the popularity of the GDHR website as the ‘go-to’ resource within the state. Similarly, all of the other interstate resources were not widely used. This included, Catching On (Victoria), Focus Schools Curriculum (South Australia), Teaching Sexual Health (NSW government website) and Teacher Resource Centre (Queensland website). A variety of WA resources returned a high response rate, including respectful relationships (Sexual Assault Resource Centre) and the WA Health’s resource for school health nurses, All About Growing Up, Me, Myself and I.

Results are shown in Table 6-12.

<table>
<thead>
<tr>
<th>Teaching Resources</th>
<th>WA PS</th>
<th>WA SS</th>
<th>NS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Websites</td>
<td>177</td>
<td>79.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DVDs</td>
<td>163</td>
<td>73.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking Sexual Health</td>
<td>3</td>
<td>28</td>
<td>136</td>
<td>61.7</td>
</tr>
<tr>
<td>Family Planning materials such as Teach It Like It Is, PASH, Nuts and Bolts, or Mooditj (Sexual and Reproductive Health Services WA formerly FPWA)</td>
<td>2</td>
<td>101</td>
<td>45.9</td>
<td></td>
</tr>
<tr>
<td>State curriculum package:</td>
<td></td>
<td></td>
<td>86</td>
<td>38.7</td>
</tr>
<tr>
<td>• GDHR Website (WA)</td>
<td>17</td>
<td>120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Catching On (VIC)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Focus Schools Curriculum (SA)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Teaching Sexual Health (NSW)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Teacher Resource Centre (QLD)</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD Roms</td>
<td>47</td>
<td>21.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactive Whiteboard resources</td>
<td></td>
<td></td>
<td>25</td>
<td>11.2</td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>18.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respectful Relationships (Sexual Assault Resource Centre)</td>
<td>2</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choicez Media Resources (Catholic schools)</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Education Program (Catholic schools)</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All About Growing Up, Me, Myself and I (School Health Nurse)</td>
<td>5</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality Concepts (Special needs – Sexuality Education Counselling and Consultancy Agency)</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mooditj (Aboriginal – Sexual and Reproductive Health Services WA formerly FPWA)</td>
<td>1</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiyai Girl (Aboriginal – WA Health)</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>323</td>
<td>777</td>
<td></td>
</tr>
</tbody>
</table>
6.4.1.3 Resources and SE Training

Generally, SE trained educators, more than non-trained educators, utilised a variety of SE resources. Exceptions include religious-based resources, the nurse resource *All About Me, Myself, and I*, and the aboriginal resource ‘*Kayai Girl*’ DVD.

Religious-based resources, available through the Catholic Education Office, were more widely used more by educators who indicated that they had not had any formal SE training.

Table 6-13 depicts various SE education resources used, with respect to educator type and whether they have undergone SE training.

<table>
<thead>
<tr>
<th>Resources</th>
<th>PS Teachers</th>
<th></th>
<th>SS Teachers</th>
<th></th>
<th>Other workforce Groups</th>
<th></th>
<th>NS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No (147)</td>
<td>Yes (66)</td>
<td>No (103)</td>
<td>Yes (102)</td>
<td>No (69)</td>
<td>Yes (38)</td>
<td>Yes (226)</td>
<td></td>
</tr>
<tr>
<td>Websites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Talking Sexual Health (National resource)</td>
<td>7</td>
<td>4.8</td>
<td>8</td>
<td>12.0</td>
<td>13</td>
<td>12.6</td>
<td>15</td>
<td>14.7</td>
</tr>
<tr>
<td>Comparison</td>
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<td></td>
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<td></td>
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<tr>
<td>State curriculum package</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growing and Developing Healthy Relationships (WA State website)</td>
<td>78</td>
<td>53.0</td>
<td>52</td>
<td>78.8</td>
<td>47</td>
<td>45.6</td>
<td>70</td>
<td>68.6</td>
</tr>
<tr>
<td>Comparison to state curriculum package</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All About Growing Up, Me, Myself and I (School Health Nurses)</td>
<td>45</td>
<td>30.6</td>
<td>26</td>
<td>39.4</td>
<td>18</td>
<td>17.5</td>
<td>11</td>
<td>10.8</td>
</tr>
<tr>
<td>Comparison to family planning materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Schools Curriculum (South Australia)</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>1.9</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Teaching Sexual Health (NSW government website)</td>
<td>2</td>
<td>1.4</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>1.9</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Teacher Resource Centre (Queensland website)</td>
<td>1</td>
<td>0.7</td>
<td>3</td>
<td>4.5</td>
<td>1</td>
<td>1.0</td>
<td>5</td>
<td>4.9</td>
</tr>
<tr>
<td>Family Planning materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PASH (Family Planning WA)</td>
<td>7</td>
<td>4.8</td>
<td>5</td>
<td>7.6</td>
<td>24</td>
<td>23.3</td>
<td>33</td>
<td>32.4</td>
</tr>
<tr>
<td>Mooditij (Aboriginal Family Planning WA)</td>
<td>3</td>
<td>2.0</td>
<td>2</td>
<td>3.0</td>
<td>8</td>
<td>7.8</td>
<td>9</td>
<td>8.8</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparison to family planning materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.4.1.4 How are Educators Assessing SE Programs?

Comparable to the NS, two-thirds of SS teachers who have previously delivered SE indicated that they had assessed their SE delivery against curriculum standards. Only a quarter of PS teachers said they assessed against curriculum standards. Half of school health nurses indicated that they assessed against curriculum standards. All respondents from external agencies indicated that they assessed against curriculum standards.

Table 6-14 details response for assessing against curriculum standards, by educator type.

Table 6-14: Assessment Against Curriculum Standards

<table>
<thead>
<tr>
<th>Educator Type</th>
<th>Total Response</th>
<th>Did Not Assess Against Curriculum Standards</th>
<th>Assessed Against Curriculum Standards</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Early Childhood (K-2)</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Education Support</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Freelance Educator</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Non-Government Organisation (NGO) Educator</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>PS Teacher</td>
<td>173</td>
<td>129</td>
<td>75%</td>
<td>44</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>School Counsellor</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>20</td>
<td>10</td>
<td>50%</td>
<td>10</td>
</tr>
</tbody>
</table>

Note: Due to multiple selection options, percentages may not add up to 100%.
<table>
<thead>
<tr>
<th>Educator Type</th>
<th>Total Response</th>
<th>Did Not Assess Against Curriculum Standards</th>
<th>Assessed Against Curriculum Standards</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>School Principal</td>
<td>32</td>
<td>25</td>
<td>78%</td>
<td>7</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>178</td>
<td>72</td>
<td>40%</td>
<td>106</td>
</tr>
<tr>
<td>Unspecified</td>
<td>6</td>
<td>4</td>
<td>67%</td>
<td>2</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>5</td>
<td>3</td>
<td>60%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>422</td>
<td>248</td>
<td>59%</td>
<td>174</td>
</tr>
</tbody>
</table>

Feedback from La Trobe University during the consultation process of the development stage for the WA Survey included the suggestion to prompt respondents to indicate how they are assessing against curriculum standards.
7 EDUCATOR TRAINING

7.1 Key Findings

7.1.1 Training Related to SE

Results from the WA Survey show that:

- 46% of respondents have not previously delivered SE
  - 6% have had training
  - 39% have not had training
  - 2% did not specify
- 54% of respondents have previously delivered SE
  - 20% have had training
  - 29% have not had training
  - 5% did not specify.

Twenty-nine per cent (29%) of educators who have previously delivered SE have not had training. 65% of PS teachers, 14% of school health nurses, 47% of school principles and 40% of SS teachers (vs. 16% NS) have not had training.

Of all responses received for training type, educators who had received training indicated that they were most likely to engage in in-service training (18%), undergraduate training (11%), online training (8%), postgraduate training (51%) and mentorships (0.7%). Training in SE has a positive effect on SS teacher assessment of teaching against the curriculum; however, PS teachers are assessing against curriculum standards significantly less, and training does not improve this.

7.1.2 Likelihood of Delivering SE in the Next School Year

Fifty-three per cent (53%) of PS teachers do not expect to deliver SE in the following year. 19% of PS teachers who do expect to deliver SE in the following year have previously delivered SE; however, they have had no training.

The majority (67%) of school health nurses have had training, have previously delivered SE and expect to deliver SE in the following year.

Given that 60% of school principals indicated that they had previously delivered SE, 87% of all school principals did not anticipate delivering SE in the following year.
The majority of SS teachers who have both previous SE delivery experience and training expect to deliver SE in the following year (36%). 21% of all SS teachers who do not have previous experience delivering SE nor are trained do not expect to deliver SE in the following year.

Twenty per cent (20%) of other educator types had no previous experience delivering SE nor any training; however, they expect to deliver SE in the following year.

7.1.3 Educator Confidence

The overwhelming majority of educators were confident delivering SE education. Prior experience in teaching SE is strongly correlated to their confidence to teach SE despite not having had formal training. Several professional groups indicated that they were more confident having not received training. This included PS teachers, chaplains, counsellors, year coordinators, and participants who did not specify their workforce group.

7.1.4 SS Teacher Knowledge Test of STI and BBV

Training in SE seems to have a positive effect on knowledge scores, with participants scoring an average of 6% higher in the SS Teacher Knowledge Test. For WA teachers, scores tended to be higher for those who have received training and have experience delivering SE. Teachers who specified that they are HPE teachers scored slightly lower than teachers who did not specify their major subject area.

7.2 Training Related to SE

Out of 1000 WA Survey participants, only 933 indicated whether they had received SE training. Of these, 47.5% indicated they had no previous SE delivery experience, and 52.5% indicated that they had. As shown in Table 7-1 below, the majority of educator types who have previously had experience delivering SE will have had training, whereas the majority of educator types who have not had experience delivering SE will not have had training. An overwhelming example of this is PS teachers. School health nurses are more likely to have had training, whether they have experience delivering SE or not, whereas school principals are more likely to have had no training whether they have experience delivering SE or not.

<table>
<thead>
<tr>
<th>Table 7-1: WA Survey Training Response by Educator Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator Type</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Previous SE Experience?

<table>
<thead>
<tr>
<th>SE Training?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>11</td>
<td>0.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

### Educator Type

<table>
<thead>
<tr>
<th>Type</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood (K-2)</td>
<td>11</td>
<td>1.1%</td>
<td>1</td>
<td>0.1%</td>
<td>1</td>
<td>0.1%</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Education Support</td>
<td>2</td>
<td>0.2%</td>
<td>1</td>
<td>0.1%</td>
<td>1</td>
<td>0.1%</td>
<td>4</td>
<td>0.4%</td>
</tr>
<tr>
<td>Freelance Educator</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.1%</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Non-Government Organisation (NGO) Educator</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
<td>2</td>
<td>0.2%</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>1.7%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.1%</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>219</td>
<td>23.5%</td>
<td>32</td>
<td>3.4%</td>
<td>141</td>
<td>15.1%</td>
<td>65</td>
<td>7.0%</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>4</td>
<td>0.4%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>2</td>
<td>0.2%</td>
<td>3</td>
<td>0.3%</td>
<td>3</td>
<td>0.3%</td>
<td>17</td>
<td>1.8%</td>
</tr>
<tr>
<td>School Principal</td>
<td>20</td>
<td>2.1%</td>
<td>3</td>
<td>0.3%</td>
<td>16</td>
<td>1.7%</td>
<td>16</td>
<td>1.7%</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>58</td>
<td>6.2%</td>
<td>10</td>
<td>1.1%</td>
<td>82</td>
<td>8.8%</td>
<td>92</td>
<td>9.9%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>50</td>
<td>5.4%</td>
<td>6</td>
<td>0.6%</td>
<td>41</td>
<td>4.4%</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>4</td>
<td>0.4%</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>0.3%</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>41.5%</td>
<td>56</td>
<td>6.0%</td>
<td>291</td>
<td>31.2%</td>
<td>199</td>
<td>21.3%</td>
</tr>
</tbody>
</table>

Total 933 100%

*7.2.1 Training Methodologies*

Figure 7-1 indicates that the most PS teachers: Amount of widely used training is the online training course for government teachers called *Teaching Sexuality Education*. This is closely followed by the WA Health-funded training to support the GDHR curriculum support resources. SRHWA – a not-for-profit NGO partially funded by WA Health – training packages such as *PASH*, *Mooditj* and *Nuts and Bolts* are second as a training resource. The Catholic Education Office packages, the SARC training package called *Respectful Relationships*, the *Sexuality Concepts* training run by SECCA, and the WA Health-run training specifically for school health nurses called the *ABCs of the Birds and the Bees* returned comparably low results, all with less than 10 responses; however, they are still being accessed.

Figure 7-1: Type of Training Accessed by Educator Type
Of the 430 responses received for training type (educators were able to select multiple options), educators who had received training indicated that they were most likely to engage in in-service training with 184 responses, 113 for undergraduate training, 75 for online training, 51 for postgraduate training, and 7 for mentorships.

7.2.2 Training Received by Educator Type

The highest WA Survey response rates came from PS teachers, SS teachers, school health nurses and SS teachers. The majority of PS teachers, who participated in the Survey, indicated that they had had no previous SE training — teachers with previous SE delivery experience (141) and teachers without previous SE delivery experience (219). The remaining PS teachers had received undergraduate training, postgraduate training, in service face-to-face training, online training and mentoring. Figure 7-2 shows the PS teacher comparison of training variance and lack of training.

Figure 7-2: Primary School Teachers: Comparison of Training Variance against Lack of Training
Of the six school chaplains who participated in the WA Survey, only one indicated previous experience in delivering SE; however, they did not have any training. Another had undergraduate training but had no experience delivering SE.

The majority of school health nurses who participated in the WA Survey indicated that they had received some sort of training; with in-service face-to-face training the most widely used method. School health nurses who had previous experience delivering SE returned greater numbers for interactive training – undergraduate, postgraduate or face-to-face training – than did school health nurses without previous SE delivery experience, whereas this trend was reversed for online training and no training at all. This indicates that school health nurses who have received a higher level of training are more likely to have experience delivering SE than not, and that those who do not have previous experience are more likely to seek online training or to have gone untrained.
Figure 7-3 – Shows School Health Nurses comparison of training variance and lack of training.
Figure 7-3: School Health Nurses: Comparison of Training Variance against Lack of Training

The majority of school principals indicated that they had received no training in SE. The majority of school principals who have received SE training have had experience delivering SE and received in-service face-to-face training.
Figure 7-4 shows a comparison of training variance that school principals have received against lack of training.
NS results indicated that 48% SS teachers had undergraduate training, 54% had in-service face-to-face training, 13% had postgraduate training, and 16% had no training at all. WA Survey results are comparable to the NS, with the highest response for in-service face-to-face training for SS teachers with previous experience delivering SE. In contrast, however, a larger proportion of SS teachers in the WA Survey indicated that they had received no training at all.
Figure 7-5 shows a comparison of training variance that SS teachers have received against lack of training.
SS Teachers in WA are slightly less likely to assess student learning in SE against curriculum standards when compared to the NS; however,
Figure 7-6 shows that training in SE has a positive effect on teacher assessment of teaching against the curriculum. Upon commencement of the AC for SE, HPE teachers will be required to assess against the WA Syllabus in 2017 (Hon Peter Collier MLC, 2015). Results for assessment against the curriculum are comparable to SS teachers and slightly lower than NS results. It can be hypothesised that training in SE has a positive effect on SS teachers assessing against curriculum standards. PS teachers are assessing against the curriculum significantly less than the NS, and training does not appear to have any effect.
Figure 7-6: Training Received and Assessment Against Curriculum Standards

The WA Department of Health, in partnership with the WA Department of Education developed the online course *Teaching Sexuality Education*, which was launched in March 2012 (Ansell and LaTrobe University, 2015).

WA Survey results indicate that 42 PS teachers completed the *Teaching Sexuality Education* online course. With a sample size of 168 reported by the Department of Education as having completed the online training course, the WA Survey sample of 42 is close to a 12% margin of error, and 90% confidence level. Confidence and validity are calculated by the Raosoft website (Raosoft Inc, 2004).

WA Survey results indicated that 25 SS teachers completed the online training course. With a sample size of 168 reported by the Department of Education as having completed the online training course, the WA Survey sample of 25 is close to a 15% margin of error and 90% confidence level.
Table 7-2 shows a comparison of results for online training completion between WA Department of Health data and the WA Survey.
Table 7-2: Comparison of Online Course Completion Data – Department of Education WA 2012–2014 and WA Survey 2013–2014 by Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Complete Survey</th>
<th>Incomplete Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PS Teachers</td>
<td>SS Teachers</td>
</tr>
<tr>
<td></td>
<td>DOE WA Survey</td>
<td>DOE WA Survey</td>
</tr>
<tr>
<td>North Metro</td>
<td>58 13</td>
<td>31 4</td>
</tr>
<tr>
<td>South Metro</td>
<td>59 11</td>
<td>37 11</td>
</tr>
<tr>
<td>Goldfields</td>
<td>3 1</td>
<td>5 1</td>
</tr>
<tr>
<td>The Kimberley</td>
<td>2 4</td>
<td>3 N/A</td>
</tr>
<tr>
<td>Pilbara</td>
<td>9 6</td>
<td>9 N/A</td>
</tr>
<tr>
<td>Midwest</td>
<td>5 14</td>
<td>13 9</td>
</tr>
<tr>
<td>South West</td>
<td>25 30</td>
<td>26 N/A</td>
</tr>
<tr>
<td>Wheatbelt</td>
<td>4 23</td>
<td>9 N/A</td>
</tr>
<tr>
<td>Total</td>
<td>165 39</td>
<td>149 25</td>
</tr>
</tbody>
</table>

7.3 Likelihood of Teaching Next Year

The four largest educator response groups for SE educators who responded to the question of whether they will deliver SE in the following year are PS teachers, SS teachers, school principals and school health nurses. Responses to this question from this educator type sample totalled 619 out of 1000. Table 7-3 and Table 7-4 show the distribution of answers for the four largest response groups, differentiated by whether they had previously delivered SE and whether they had previously had SE training.

The majority of educators with no previous experience who had received no SE training indicated that it was either unlikely or very unlikely they would deliver SE in the following year. Whereas educators that had been trained with no previous experience also indicated that it was unlikely they would deliver SE in the following year.

Table 7-3: Educators with no SE Experience Likelihood of Delivering SE in the Following Year

<table>
<thead>
<tr>
<th></th>
<th>Certain</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Training</td>
<td>4</td>
<td>16</td>
<td>44</td>
<td>91</td>
<td>98</td>
<td>253</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>3</td>
<td>11</td>
<td>36</td>
<td>69</td>
<td>64</td>
<td>183</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>School Principal</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>5</td>
<td>5</td>
<td>18</td>
<td>22</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>Has Had Training</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>19</td>
<td>10</td>
<td>42</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>2</td>
<td>7</td>
<td>12</td>
<td>6</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>N/A</td>
<td>4</td>
</tr>
<tr>
<td>School Principal</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
The majority of educators with previous experience who had received no SE training indicated that it was likely, very likely or certain they would deliver SE in the following year. While educators with previous experience that had been trained indicated that it was certain they would deliver SE in the following year.

Table 7-4: Educators with SE Experience Likelihood of Delivering SE in the Following Year

<table>
<thead>
<tr>
<th></th>
<th>Certain</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Training</td>
<td>36</td>
<td>30</td>
<td>44</td>
<td>31</td>
<td>21</td>
<td>162</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>23</td>
<td>20</td>
<td>25</td>
<td>17</td>
<td>11</td>
<td>96</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>School Principal</td>
<td>12</td>
<td>8</td>
<td>15</td>
<td>9</td>
<td>8</td>
<td>52</td>
</tr>
<tr>
<td>Has Had Training</td>
<td>72</td>
<td>35</td>
<td>22</td>
<td>18</td>
<td>15</td>
<td>162</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>22</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>School Principal</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>45</td>
<td>15</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>79</td>
</tr>
</tbody>
</table>

These results show that teachers who had delivered SE previously, whether they had training or not, expected to teach SE again next year. Whereas teachers who had not previously delivered SE did not expect to deliver SE in the following year.

In previous sections, results from the WA Survey showed that the majority of PS teachers have no experience delivering SE and no training. This is congruous with
Figure 7-7, which also shows that this majority (53%) of PS teachers also do not expect to deliver SE in the following year. Also shown is that the majority of those PS teachers who do have experience delivering SE and no training (19%) are very likely to have delivered SE in the following year.
Figure 7-7: PS Teacher Likelihood of Delivering SE in the Following Year, Percentage Total PS Teacher Participants

Figure 7-8 shows that the majority of school health nurses have had training and have previously delivered SE. This majority (67%) also expect to deliver SE in the following year. 15% of school health nurses do not expect to deliver SE in the following year and have no previous experience delivering SE.

Figure 7-8: School Health Nurse Likelihood of Delivering SE in the Following Year, Percentage Total School Health Nurse Participants
WA Survey results have returned a high number of school principals who have previously delivered SE. Figure 7-9 reinforces that a high percentage of those have previous training (28%). The figure also shows that 31% have no previous training or SE delivery experience. Given that 60% of school principals indicated that they had previously delivered SE, 87% of all school principals did not anticipate delivering SE in the following year.

Figure 7-9: School Principal Likelihood of Delivering SE in the Following Year, Percentage Total School Principal Participants

The majority of SS teachers who have both previous SE delivery experience and training expect to deliver SE in the following year (36%). 21% of all SS teachers who do not have previous experience delivering SE nor are trained do not expect to deliver SE in the following year. SS teachers who have either training or experience delivering SE may or may not deliver SE in the following year (32%).
A further 13% of respondents who indicated whether they had previous SE experience or training came from the other educator types examined in this Survey. Of these, the majority had no previous experience in delivering SE or training, and did not expect to deliver SE in the following year; however, 20% did.

7.4 Educator Confidence

The majority of participants who indicated confidence levels had previous experience delivering SE. Table 7-5 shows that the majority of educators with previous SE experience were confident, whether they had received training or not. Both these trends are reflected in educators who had not previously had experience in SE delivery, as shown in Table 7-6.

Table 7-5: Educator Confidence Level and Training – Has Previously Delivered SE

<table>
<thead>
<tr>
<th>Confidence Level</th>
<th>Have Not Completed Training</th>
<th>Have Completed Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all confident, or Not confident</td>
<td>Ok, Confident, Very confident</td>
</tr>
<tr>
<td></td>
<td>Not at all confident</td>
<td>Ok, Confident, Very confident</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Education Support</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Freelance Educator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>NGO</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Confidence Level</td>
<td>Have Not Completed Training</td>
<td>Have Completed Training</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td>Not at all confident, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not confident</td>
<td>Ok, Confident, Very confident</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>7</td>
<td>96</td>
</tr>
<tr>
<td>School Chaplain</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>School Counsellor</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>School Principal</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>2</td>
<td>64</td>
</tr>
<tr>
<td>Unspecified</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>189</td>
</tr>
</tbody>
</table>

Table 7-6: Educator Confidence Level and Training – Has Not Previously Delivered SE

<table>
<thead>
<tr>
<th>Confidence Level</th>
<th>Have Not Completed Training</th>
<th>Have Completed Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all confident, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not confident</td>
<td>Ok, Confident, Very confident</td>
</tr>
<tr>
<td>Education support</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>PS Teacher</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>School Health Nurse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>School Principal</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SS Teacher</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Unspecified</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Year Coordinator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>21</td>
</tr>
</tbody>
</table>

The majority of educators who reported on their SE delivery confidence levels with respect to training they had received, overwhelmingly listed that they were ok, confident or very confident – 91.7% of PS teachers, 95.2% of school health nurses, 88.9% of school principals and 93.9% of SS teachers (note percentages refer to total number of educator types who reported on experience, training and confidence levels).
Table 7-7 lists educators who listed their confidence level as ok, confident or very confident, who had previously delivered SE and the training they had received, or no training received.
Table 7-7: Educator Type Training and Confidence Levels (Ok, Confident and Very Confident)

<table>
<thead>
<tr>
<th>Previous experience in SE Delivery</th>
<th>PS Teachers</th>
<th>School Health Nurse</th>
<th>School Principal</th>
<th>SS Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentorship</td>
<td>0.6%</td>
<td>4.8%</td>
<td></td>
<td>0.5%</td>
</tr>
<tr>
<td>No Training</td>
<td>53.6%</td>
<td>9.5%</td>
<td>38.9%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Unspecified SE Postgraduate</td>
<td>2.2%</td>
<td>61.9%</td>
<td>5.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Online PD</td>
<td>9.4%</td>
<td>5.6%</td>
<td></td>
<td>3.0%</td>
</tr>
<tr>
<td>PD</td>
<td>13.8%</td>
<td>33.3%</td>
<td>25.9%</td>
<td></td>
</tr>
<tr>
<td>PD and Mentorship</td>
<td>0.6%</td>
<td></td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>PD and Online PD</td>
<td>3.3%</td>
<td>4.8%</td>
<td></td>
<td>7.6%</td>
</tr>
<tr>
<td>PD and Undergraduate</td>
<td></td>
<td></td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>SE Postgraduate</td>
<td></td>
<td></td>
<td></td>
<td>0.5%</td>
</tr>
<tr>
<td>SE Undergraduate</td>
<td>2.8%</td>
<td>4.8%</td>
<td></td>
<td>6.6%</td>
</tr>
<tr>
<td>Undergraduate and Online PD</td>
<td>1.1%</td>
<td>4.8%</td>
<td></td>
<td>0.5%</td>
</tr>
<tr>
<td>Unspecified Undergraduate</td>
<td>4.4%</td>
<td>4.8%</td>
<td></td>
<td>11.2%</td>
</tr>
<tr>
<td>Total</td>
<td>91.7%</td>
<td>95.2%</td>
<td>88.9%</td>
<td>93.9%</td>
</tr>
</tbody>
</table>

Of the four educator types listed (PS and SS teachers, nurses and principals), there was not a single entry for ‘not at all confident’ or ‘not confident’ amongst educators who had no previous experience delivering SE, with the exception of 1 SS teacher. Contrary to this, confidence levels were lower for educators who had previously delivered SE. The highest percentage of educators not confident in delivering SE belonged to school principals who had experience delivering SE, at 5.6% of all principals.

With reference to the online course *Teaching Sexuality Education*, of the 39 PS teachers who indicated that they had participated in online training, all PS teachers indicated that they either felt ‘ok’, ‘confident’, or ‘very confident’ to teach SE, except for one who felt ‘not confident’. Of the 25 SS teachers that reported completing the online training course, one had not taught SE before and did not comment on their comfort levels.

### 7.5 SS Teacher Knowledge Test

#### 7.5.1 STI and BBV Knowledge Questions

Only SS teachers were prompted to complete the knowledge section. Questions were based on the *National Survey of Australian Secondary School Students and Sexual Health, 2013* by La Trobe University (NSASSSSH). The NSASSSSH is distributed nationally for SS students, not SS teachers, to complete every four years. The hypothesis was that students tend to score low on these questions perhaps because teacher knowledge is also low. However, results from the WA Study show that WA SS teachers scored higher on average than students who participated in the 2013 NSASSSSH.
7.5.1.1 Sexually Transmissible Infection

Results from the NSASSSSSH showed that student knowledge was lowest amongst the asymptomatic nature of many STIs. However, WA SS teachers scored over 85% on average for these questions. Students scored lower on questions related to chlamydia and herpes. Results from the WA Survey showed that SS teachers scored greater in knowledge on STIs than students who participated in the NSASSSSSH. The following shows the questions that were asked and the difference between how students and teachers scored.

- ‘Chlamydia affects both men and women’ (92% vs. 60% NSASSSSSH)
- ‘Chlamydia can lead to sterility amongst women’ (90% vs. 56% NSASSSSSH)
- ‘Once a person has genital herpes they will always have the virus’ (85% vs. 46% NSASSSSSH).

WA Survey SS teachers overall scored higher on the symptoms of STIs than students who participated in the NSASSSSSH. A comparison is shown in Figure 7-11.

Figure 7-11: Percentages of Correct Answers to Sexually Transmissible Infection Symptom Questions
7.5.1.2 Human Papilloma Virus

Results from the NSASSSSSH showed that student knowledge across Human Papilloma Virus (HPV) questions was poor, indicated by a high percentage of incorrect answers. WA Survey SS teachers scored slightly higher but poor overall. WA Survey SS participants in comparison scored higher on HPV knowledge. The following shows the questions that were asked and the difference between how students and teachers scored.

- ‘Condoms do not provide complete protection against HPV during sex’ (66% vs. 56% NSASSSSH)
- ‘The vaccine for HPV does not give the person the virus’ (63% vs. 52% NSASSSSH).

The students and teachers scored the lowest in not being aware that HPV can cause cancers of the head and throat (16% vs. 8% NSASSSSH). A comparison of knowledge on HPV symptoms is shown in Figure 7-12.

Figure 7-12: Percentage of Correct Answers to Human Papilloma Virus Symptom Questions

<table>
<thead>
<tr>
<th></th>
<th>% Correct Answers to HPV</th>
<th>NSASSSSH</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard of HPV?</td>
<td>85</td>
<td>56</td>
<td>76</td>
</tr>
<tr>
<td>Have you heard of HPV?</td>
<td>75</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>HP affects only men and women</td>
<td>72</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>HP affects only women</td>
<td>43</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>HP affects both men and women</td>
<td>43</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>False positive</td>
<td>16</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>False negative</td>
<td>66</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>What causes cervical cancer in women</td>
<td>63</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>HPV causes cancer of the head and throat</td>
<td>63</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Can you tell if you have HPV</td>
<td>28</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Can you tell if you have HPV</td>
<td>52</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Causes symptoms</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Causes symptoms</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
</tbody>
</table>

7.5.1.3 Hepatitis C
Results from the NSASSSSH show that student knowledge across Hepatitis C questions was poor, indicated by a high percentage of incorrect answers. WA Survey SS teachers scored over 90% on average for these two questions:

- ‘People who have injected drugs are not at risk for hepatitis C’ (94% vs. 66% NSASSSSH)
- ‘Hepatitis C can be transmitted by tattooing and body piercing’ (92% vs. 64% NSASSSSH).

7.5.1.4 Human Immunodeficiency Virus

Results from the NSASSSSH indicate that student knowledge across HIV questions was high, indicated by a high percentage of correct answers. WA Survey SS teachers also scored high on these questions, scoring above 80% on average.

NSASSSSH students scored the lowest on knowledge of HIV being spread by mosquitoes, with only 31% aware that the virus cannot be transmitted in this manner, compared with 81% of WA Survey SS teachers answering correctly. The following Figure shows the questions that were asked and the difference between how students and teachers scored.
Results from this section indicate that low student knowledge is not related to SS teacher knowledge.
8 SCHOOL POLICY REQUIREMENTS

8.1 Key Findings

The NS reported that two-thirds of SS teachers who had previously delivered SE indicated that their school followed an SE policy. Results from the WA Survey indicated that approximately one-third (34.5%) of teachers reported that their school followed an SE policy as shown in Table 8-1. Also, significantly more WA SS teachers stated that their school did not have an SE policy, in comparison with the NS (42.4% vs. 12.3% NS), indicating that fewer schools in WA when compared nationally have an SE policy. Significantly fewer WA educators indicated that their school followed a policy on sexual diversity compared with the NS (63% vs. 77% NS).

Table 8-1: Does Your School Follow a Policy on Teaching SE?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA Survey</td>
<td>34.5%*</td>
<td>42.4%*</td>
<td>23.2%</td>
</tr>
<tr>
<td>NS</td>
<td>65%</td>
<td>12.3%</td>
<td>22.7%</td>
</tr>
</tbody>
</table>

Comparable to the NS, WA educators indicated that their school requires that different cultural and ethnic backgrounds are taken into account during SE delivery (69% vs. 78% NS). Additionally, results were comparable for policies providing parents the opportunity to review SE curriculum. Significantly fewer WA educators indicated that their school did not require parental involvement. No significant differences were found for participants who reported that a whole-school approach is integrated into their school SE policy (Yes - 35% vs. 43% NS, No - 49% vs. 42% NS); however, the inclusion of delivering SE in a cross-curricular manner was indicated in the affirmative by 27% of participants and 52% in the negative. There were significant differences between the NS and WA Survey results in the influence SE delivery, for faculty/curriculum area, cultural/religious values, availability of training, the crowded curriculum, and the school.

8.2 SE Policy Requirements

NS results showed that two-thirds of SS teachers indicated that their school followed an SE policy. Results from the WA Survey indicated that only one-third (34.5%) of SS teachers indicated that their school followed an SE policy. Significantly more WA SS teachers stated that their school did not have an SE policy, in comparison with the NS (42.4% vs. 12.3% NS), indicating that fewer schools in WA when compared nationally have an SE policy.
To better understand the foundation and requirements for SE at SS, the NS included questions about school policy and its drivers. The WA Survey elaborates on these findings ahead of the role out of the AC in WA. WA Survey results for school policy drivers are shown in Table 8-2 below:

Table 8-2: School Requirements for Delivering SE

<table>
<thead>
<tr>
<th>Does your school require that ...</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WA</td>
<td>NS</td>
<td>WA</td>
</tr>
<tr>
<td>...a school sexuality education policy is followed?</td>
<td>34.5%*</td>
<td>65%</td>
<td>42.4%*</td>
</tr>
<tr>
<td>...different cultural and ethnic backgrounds are taken into account?</td>
<td>68.6%</td>
<td>78.2%</td>
<td>22.3%</td>
</tr>
<tr>
<td>...sexual diversity is accounted for?</td>
<td>62.9%*</td>
<td>77.3%</td>
<td>24.6%*</td>
</tr>
<tr>
<td>...you give parents the opportunity to review curriculum content?</td>
<td>50.3%</td>
<td>59.7%</td>
<td>39.4%</td>
</tr>
<tr>
<td>...there is a whole-school approach to sexuality education?</td>
<td>35.0%</td>
<td>43%</td>
<td>48.6%</td>
</tr>
<tr>
<td>...you notify/inform parents about the topics that will be covered in sexuality education?</td>
<td>54.3%</td>
<td>41.2%</td>
<td>37.1%*</td>
</tr>
<tr>
<td>...you inform parents that they have the option of removing their child from sexuality education classes?</td>
<td>38.9%</td>
<td>29.2%</td>
<td>46.9%*</td>
</tr>
<tr>
<td>...you ask for parental permission for students to attend sexuality education classes?</td>
<td>26.9%</td>
<td>16.9%</td>
<td>62.9%*</td>
</tr>
<tr>
<td>...sexuality education is taught in a cross-curricular manner?</td>
<td>27.3%</td>
<td>N/A</td>
<td>51.8%</td>
</tr>
</tbody>
</table>

Significantly more educators reported that their school did not follow a policy on ‘inclusion of different cultural and ethnic backgrounds’ (No – 22% vs. 11% NS), as well as significantly fewer WA educators reported that their school followed a policy on sexual diversity (Yes - 62.9% vs. 77.3% NS, No – 24.6% vs. 12.7% NS). There were no significant differences found for ‘providing parents the opportunity to review curriculum’ (Yes – 50.3% vs. 59.7% NS), and ‘providing a whole-school approach to sexuality education’ (Yes - 35% vs. 43% NS, No - 49% vs. 42% NS).

Significantly fewer WA Survey participants indicated that it was not mandatory to follow the school SE policy. This includes: ‘informing parents about the topics that will be covered in sexuality education’ (No - 37.1% vs. 52.3% NS), ‘informing parents that they have the option of removing their child from sexuality education classes’ (No - 46.9% vs. 63.8% NS), and ‘asking parental permission for students to attend SE classes’ (No - 62.9% vs. 75.8% NS).
There was no comparison with the NS available for ‘delivering sexuality education in a cross-curricular manner’. In WA, 27% of participants indicated that this was included in their school policy and 52% indicated that it was not.

8.3 Influence of Factors on the Provision of SE

The NS requested teachers to rate the level of influence of 11 different factors on the education topics taught at their school. The WA Survey included the 11 NS factors and two more. Rating system included “a lot of influence”, “some influence”, “a little influence” and “no influence at all”. Comparable to the NS, WA SS teacher results showed that the faculty/curriculum area had “a lot of influence” on the provision of SE. This was less so for PS teachers, who indicated it had “some influence”. Comparable to the NS, both SS and PS teachers indicated that school policy, students, their own feelings of confidence and competence, available curriculum and other resources / teaching material, higher authorities (federal government / state government / diocesan office / regional office, personal values and beliefs and school (WA Survey new factor) had “some” influence.

Two factors rated slightly lower than the NS, which scored a median response of “some” for the following: cultural/religious values of the community and available training, workshops, and ongoing support. Comparable to the NS, the least influential factors were external, such as media and parents. For SS teachers, the median response for the crowded curriculum (new factor) was “a little”, and for PS teachers it was “some”. Table 8-3 details the influence that the provision of SE has on WA SS and PS teachers.

Table 8-3: Influence on the Provision of SE

<table>
<thead>
<tr>
<th>Influencing Factors</th>
<th>No Influence At All</th>
<th>A little Influence</th>
<th>Some Influence</th>
<th>A lot of Influence</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NS</td>
<td>WA SS</td>
<td>WA PS</td>
<td>NS</td>
<td>WA SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>WA PS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/curriculum area</td>
<td>1</td>
<td>5</td>
<td>20</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>School policy</td>
<td>2</td>
<td>13</td>
<td>13</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Students</td>
<td>12</td>
<td>15</td>
<td>17</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Your own feelings of confidence and competence</td>
<td>10</td>
<td>14</td>
<td>18</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Cultural/religious values of the community</td>
<td>9</td>
<td>24</td>
<td>36</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Available curriculum and other resources / teaching material</td>
<td>4</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Higher authorities (federal government / state government / diocesan office /)</td>
<td>23</td>
<td>25</td>
<td>26</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>Influencing Factors</td>
<td>No Influence At All</td>
<td>A little Influence</td>
<td>Some Influence</td>
<td>A lot of Influence</td>
<td>Median</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>NS</td>
<td>WA</td>
<td>SS</td>
<td>WA</td>
<td>PS</td>
</tr>
<tr>
<td>regional office)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal values and beliefs</td>
<td>8</td>
<td>13</td>
<td>18</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Available training, workshops, ongoing support</td>
<td>11</td>
<td>25</td>
<td>41</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Media</td>
<td>12</td>
<td>24</td>
<td>39</td>
<td>46</td>
<td>28</td>
</tr>
<tr>
<td>Parents</td>
<td>35</td>
<td>32</td>
<td>28</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>Crowded curriculum</td>
<td>25</td>
<td>25</td>
<td>29</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>School</td>
<td>10</td>
<td>15</td>
<td>16</td>
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9 DISCUSSION

9.1 Relation of Findings to the WA Survey Aims

This Survey aims to provide a comparison of SE provision in WA with the results of the 1st National Survey of Australian Secondary Teachers of Sexuality Education 2010 (NS). Specifically, the survey aims are in relation to discovering who is providing SE in WA, educator participation in PD opportunities, teacher knowledge and classroom practices. The purpose is to discover potential gaps in order to inform policy and training, and to improve service provision.

Key findings provide a direct comparison to NS results with respect to SS teachers, and expand on the NS results by comparing SS results to other educator groups with respect to who is providing SE in WA. This includes their location, gender, experience and whether or not they are team-teaching with another educator. Also explored and expanded upon are SE training and opportunities for further training. In addition, the WA Survey explores educator knowledge about SE policy and curriculum requirements. Identified gaps have been reported on and discussed, with possible solutions and recommendations for further study presented. Participant quotes have been included to reinforce and provide validation for statistical results.

9.2 Profile of Sexual Health Educators in WA

9.2.1 Guiding Questions

1. Who teaches Sexuality Education in WA?

9.2.2 Summary of Key Findings

Results from the WA Survey show that 53.9% of participants had previously delivered SE and 46.1% had not. The results indicate that the majority of SE educators in WA are SS teachers (38%) and PS teachers (40%) with previous SE experience.

The majority of participants who have delivered SE in WA are women (70% vs. 66% NS) and HPE teachers (75% vs. 80% NS). 89% of SS HPE teachers have delivered SE. A large percentage of school teachers who have delivered SE are above 40 years old (55% SS and 61% PS vs. 41% NS), and have less than five years of SE experience (58% PS, 24% SS vs. 36% NS).

Twenty-eight per cent (28%) of SE educators have recruited another educator to engage in SE team-teaching. SE educators in WA have less experience delivering SE compared with the rest of the nation. The majority of educators
who have taught SE previously are from Metropolitan areas, with numbers dwindling as proximity from Perth decreases.

9.2.3 **Explanation and Comparison with Previous Research**

The NS provided for the first time a general overview of the provision of SE in Australia; however, with a WA representative sample size of only 15 it is difficult to gauge the true state of SE provision in WA. The WA Survey attempted to gain a more accurate understanding of the provision of SE specific to the unique WA context. This involved identifying gaps in research knowledge stated in the conceptual framework, which included:

- increasing WA representation
- providing alternative recruitment strategies to increase the number of responses and therefore representativeness of the sample data.

9.2.3.1 **Increasing WA representation**

The WA Survey significantly increased the percentage of participant responses in WA from the NS – 1000 valid participants from a variety of professional backgrounds and experience in teaching SE. The WA Survey returned a participant rate of 282 SS teachers, with 206 indicating that they had previous SE delivery experience, whereas the NS returned a WA participant rate of 15 (out of 226 nationwide). The WA Survey returned an overall rate of 539 participants.

The NS did not differentiate on the population of SS teachers who had taught SE previously. WA was represented in the NS sample at 6.6% (weighted data), or 15 participants. The WA Survey attempted to provide a clearer picture of representation of SE education in WA, and therefore was open to all educators, regardless of their experience in teaching SE as opposed to just SS teachers. This resulted in a greater accuracy in the identification of the population of educators who had experience in delivering SE within WA.

Results from the sample size of 539 participants across all WA health regions in WA who have previously delivered SE in the WA Survey are far more indicative of actual SE delivery trends in WA than the NS sample size of 15 SS teachers. This has added to a more accurate understanding of the WA context for delivery of SE. In WA, there are many passionate educators of SE. The NS used a stratified random sample, whereas the WA Survey offered the opportunity to participate to all schools in WA.

Considering 6.3% of educators delivering SE in WA are school principals, an assumption can be drawn that there is good support for SE in WA from school principals. This is further supported by the findings in the *WA Health Impact Evaluation Study* – that 75% of participants either strongly agreed or agreed
with the statement: “the Principal fully supports relationship and sexual health education programs” (Estille and Associates, 2009).

Results for SS teachers represent a direct comparison to NS results, as the NS focused specifically on SS teachers. Results for SS teacher main subject area are comparable, showing that the majority of SS teachers are HPE teachers, and to a lesser extent science teachers. An explanation is that SE has a direct relation to HPE, and indirectly with science.

The majority of PS teachers have no experience in delivering SE. However, due to the requirements of special needs children, a notable proportion of PS teachers indicated that they are special needs teachers. Comparatively, a low proportion of SS teachers who deliver SE identified as special needs teachers. Therefore the needs of special needs PS teachers are to be taken into account when designing and delivering PD for PS teachers.

“I don't believe Primary School teachers should be teaching sexuality. In previous years the school nurse was able to do it. This worked extremely well.”

Results show that the majority of school health nurses in WA have experience delivering SE (12% vs. 10% NS). In WA, the role of the school health nurse in providing sessions has become a historical role in both PS and SS. This has been formalised in a partnership agreement between the WA Departments of Health and Education (WA Departments of Health and Education, 2013).

“I taught sexuality education about 30 years ago in an alternative school to high school aged children. We had a health nurse to assist.”

The above quotes demonstrate that many teachers expect the delivery of SE to be the role of the school health nurse and not their own. However, many teachers also work in partnership with the school health nurse to facilitate sessions. The following quote illustrates the success of such partnerships:

“Having covered this topic with a community nurse in previous years, I felt I could tackle the issue well – there are issues with being a male teacher and covering topics with girls.”

In WA, school health nurses are well supported in the role of SE educator and encouraged to attend WA Health-funded courses on SE delivery. They have also been provided with nurse-specific PD training and mentorship. Nurses in PS are also supported in their role through standardised curriculum support resources for school health nurses.

The sample number of school support staff, made up of school chaplains, counsellors and school health nurses, is not sufficient to draw accurate
conclusions as to the current state of support staff providing SE. However, from the analysis it can be hypothesised that the levels in WA may be lower than the NS estimates. These trends are not surprising, as they align more or less with curriculum standards for delivering SE by teachers.

Most NS participants were located in a capital city (45.2%) or a regional town or city (37.9%). The WA Survey combined these areas by asking participants if they were from the North or the South Metropolitan areas (70% vs. 83.1% NS). An existing hypothesis was that there would be geographical variability in provision of SE. The WA Survey returned a slightly higher representation from rural areas than did the NS (22% vs. 16% NS). The greatest difference was that the WA Survey had significantly more representation from remote areas (8% vs. 0.9% NS) (Smith A., 2011). Due to the differences in survey methodology, a conclusion cannot be drawn that WA has more SE educators in rural and remote areas than the rest of Australia. However, gaining input from these areas did add to the validity and reliability of WA results.

Participants indicated the importance of culture when approaching multicultural groups for the provision of SE. Remote areas in WA have high Aboriginal populations, which need culturally relevant materials and resources.

“Remote context requires support for Indigenous sexual health that embeds culture. The community are generally conservative although the children very 'street wise' and have knowledge beyond their years. Protective behaviours needs to be included in the curriculum.”

Results found that the average age of SE teachers is greater than the findings in the NS, with the majority aged over 40. The NS noted that the relatively young age of their sample is not reflective of a traditional teacher base (Smith A., 2011). A possible explanation for this is that young teachers are not confident teaching a controversial subject early in their careers, particularly considering that SE has not been mandatory in WA. Older teachers are perhaps more confident in teaching overall and are more confident in delivering controversial subjects.

“I am fairly confident in this area, though there is a large generational gap between my students and myself and I must be very up to speed and respectful of the differences that exist in their world.”

WA Survey results show that approximately two-thirds of SE educators are women. This statistic is comparable to the NS and transfers to PS teachers.

Results indicate that educators in WA have less SE experience when compared to the rest of the country, showing higher percentages in the 1 to 10 year bracket and lower experience in the experience brackets greater
than 10 years. This would indicate that SE delivery is undertaken by designated SE educator personnel, who then accumulate a greater measure of experience. In contrast, NS results indicate that SE is not so much the responsibility of designated SE delivery personnel, with the responsibility spread over a greater number of educators.

Of the WA school-based educators who had indicated SE team-teaching, the majority indicated a preference for team-teaching with someone from within the school rather than an external educator. This may be attributed to the availability of the school health nurses for assistance, which is validated by the overwhelming majority of school health nurses as preferred co-facilitator of team-teaching SE (WA Departments of Health and Education, 2013).

9.2.3.2 Provision of alternative recruitment strategies for the WA Survey

Schools with leadership teams who are supportive of SE may have been more inclined to participate than other schools (Smith A., 2011). Through opening up the WA Survey to all educators regardless of SE experience, the WA Survey aimed to gather a greater representation and also learn more about those who do not deliver SE.

Comparable to the NS, the majority of SS SE educators in WA were found to be female HPE teachers. Information on the provision of SE by other workforce groups is scarce. Expanding the participant range of the WA Survey to all educators ensured that a more representative sample was obtained.

“Year 6/7 students have parent daughter/son sessions with school nurse regarding puberty etc.”

9.2.3.3 Reasons for SE delivery reticence

WA researchers Anne Sorenson and Graham Brown found that young people find it dangerous to not be provided with accurate SE information to protect themselves (YACWA, 2013). Research commissioned by WA Health further demonstrates that parents want their children to receive SE (Dyson, 2010a).

The following information is vital in addressing the barriers that teachers face in providing SE. It could be useful in marketing training opportunities and the issues raised could be addressed in training.

“Sex Ed is about fear and a lack of understanding by the government, teachers, parents and generated by the Media.”
Feedback from participants cites lack of planning; needing policy support from the AC; feeling vulnerable as a male; lack of resources for target groups; and personal values and beliefs that it is not their role as possible reasons for choosing not to deliver SE.

National research conducted by La Trobe University found similar findings. The top two reasons SS teachers reported for not providing SE topics were that the topic was not included in the curriculum and time constraints. Other reasons included lack of support in training, resources or by management/policy (Smith A., 2011).

As the following quotes demonstrate, many participants do not view SE as their role as an educator.

“I don't believe Primary School teachers should be teaching sexuality. In previous years the School nurse was able to do it. This worked extremely well.”

“School nurses or other health professionals like a counsellor should deliver this curriculum to keep it consistent and personal beliefs out of it.”

“My role is not to explicitly teach relationship/sexuality education but as a teacher we sometimes enter this area when dealing with students particularly in times of crisis. The support systems in education such as psych, school nurses and admin, pd in protective behaviours all help us in times, ie in times of disclosure, or simple discussions that are brought up by students. Support is vital in education, we are dealing with real people in real situations.”

“School nurses or other health professionals like a counsellor should deliver this curriculum to keep it consistent and personal beliefs out of it.”

Some educators have indicated that SE delivery is not integrated into their lesson planning.

“Survey has sparked awareness that I need to include this area more in my planning.”

Other educators have indicated that they need policy support from the AC to legitimise delivery.

“Would need it to be identified as part of the national curriculum before implementing it in Year 6.”

“Sexuality Education is not valued above academic results in many (primary) schools and is often not taught at all.”
Many males feel that it is inappropriate for them to deliver SE to female students.

“There are issues with being a male teacher and covering topics with girls.”

“I am a male teacher, so I would rather not teach this subject.”

WA Survey results show that approximately two-thirds of SE educators are women. This may be due to the reluctance of men to deliver SE to underage girls. Educators feel that there is a lack of resources for target groups.

“With an explicit program, it also needs to take Indigenous youth into account. Often they have different cultural needs and regulations to the learning of S.ed. Where possible it should be delivered by an Indigenous person or elder.”

“It is often very difficult to teach Sexual Education to teenagers who are intellectually young but physically teenagers.”

Many educators feel that various aspects of SE conflict with their personal values.

“Sex Ed is about fear and a lack of understanding by the government, teachers, parents and generated by the Media.”

“We need to educate with respect and advise that staying away from sex is the only option for students.”

Personal beliefs may be a role in teacher reticence to deliver SE. Although the AC has a dedicated SE section, it has not yet been adopted by WA. Furthermore, schools are free to formulate their own SE delivery policies. Lack of standardisation of a curriculum and personal beliefs could then play a role in the reticence of educators to deliver SE, in addition to lack of consultation with parents on the subject.

9.3 SE – What, When, How and How Much

9.3.1 Guiding Questions

1. What topics are being taught, how many hours of delivery are provided, and are educators assessing against curriculum standards?
2. How does education in STI and pregnancy prevention compare to the NS, considering the high rates of each in WA?
3. How do the topics being taught compare to the WA Syllabus?

9.3.2 Summary of Key Findings

The majority of WA teachers are providing between 1 to 5 hours of SE per year. They are also providing significantly more SE sessions that are greater than 10 hours than the national average. These findings are consistent with the Impact Evaluation results which showed that WA teachers were generally providing sexual health classes once a week for a term, each year (Estille and Associates, 2009). This is also in line with evidence-based best practice of providing 12 or more hours over several years (UNESCO, 2009).

WA SS teachers are mostly teaching about ‘abstinence from intercourse until married’ (76% vs. 62% NS). Compared to the NS, WA SS teachers are teaching far less about ‘birth control methods’ (35% vs. 90% NS) and ‘sexually transmissible infections’ (41% vs. 93% NS).

Comparable with the NS, the most time spent on SE is during SS years 9 and 10, closely followed by years 7 and 8. Year 9 and Year 10 teachers are providing adequate delivery of effects of ‘alcohol/drug use on decision-making’, ‘sex and ethics’ (Respectful Relationships), and ‘how and where to find trustworthy information on sexuality issues’. Year 7 and Year 8 teachers are providing delivery of ‘puberty’, ‘protective behaviours’, ‘effects of alcohol/drug use on decision-making’, and ‘sex and ethics’ (Respectful Relationships).

Years 5 and 6 PS teachers are providing adequate delivery of ‘puberty’, ‘protective behaviours’, ‘different types of families’ and ‘how to manage peer influences’. Years 3 and 4 teachers are providing adequate delivery of ‘protective behaviours’, and ‘different types of families’. Year 1 and Year 2 teachers are providing adequate delivery of ‘protective behaviours’.

The top four SE delivery methods included class discussions, information sessions, small-group work, and audio-visual aids. The top resource identified by teachers in WA was the GDHR website. The WA Survey results aligned with the NS in that two-thirds of SS teachers who have delivered SE indicated that they had assessed their SE delivery against curriculum standards. Only a quarter of PS teachers indicated the same.

9.3.3 Explanation and Comparison with Previous Research

The need for comprehensive SE is evident due to several factors including:

- national research by La Trobe University shows student knowledge of STI is low and they are engaging in risk behaviours (Mitchell A, 2014)
• the most frequently notified diseases to the National Notifiable Diseases Surveillance System in Australia are STI (National Notifiable Diseases Surveillance System, 2012).

The NS provided information on the amount of SE SS teachers were providing, what topics they were teaching, what resources they were using and what approaches they were using. The WA Survey attempted to explore identified gaps in research knowledge, which included:

• how much STI and pregnancy prevention education is being provided and how does it compare to the NS considering the high rates in WA?
• identification of what is actually being taught and comparison to the WA Syllabus to identify potential areas of improvement
• identification of gaps in WA Health Curriculum Support Materials against best practice
• identification of target groups.

9.3.3.1 How much STI and pregnancy prevention education is being provided and how does it compare to the NS, considering the high rates in WA?

As stated at the WA Clinical Senate Review – Let’s Talk About Sex – there has been no statewide curriculum audit or any accountability for SE delivery.

Considering 69% of high school-age students are sexually active, there is a need to provide comprehensive SE from a population health perspective to reduce the impacts of STI/BBV/HIV and unintended teenage pregnancy (WA Health, 2003).

WA Survey findings show that a significantly higher amount of time than the national average is spent with teachers providing more than 10 hours of SE programs in years 7 to 10. Comparable to the NS, most time spent on SE is during years 9 and 10. This leads to the question of what are they teaching? And how much STI and pregnancy prevention education is being taught, considering the high rates of STI and unintended teenage pregnancies in WA?

It was hypothesised that there will be variability in the provision and content of SE in WA when compared to the NS. Key findings support this. Compared to the NS, WA SS teachers are teaching far less about ‘birth control methods’ (35% vs. 90% NS), and ‘sexually transmissible infections’ (41% vs. 93% NS). Although variability was expected, this large gap was unexpected, which helps to explain why WA has such high rates of STIs and teenage pregnancy.

“I rarely cover issues to do with STDs when teaching sexuality education, so forgive my ignorance in this area – I believe it is very important to have
"this information, but I generally focus on the relationships and personal development areas."

The use of the term ‘STD’ highlights the fact that teacher knowledge on the subject is poor, as the correct term is STI. It can be supposed that teachers feel more comfortable and confident to teach topics such as relationships instead of STIs and birth control. Or perhaps topics such as STI are not on teachers’ radars.

“We don't teach this. A reminder to include in our program.”

“Survey has sparked awareness that I need to include this area more in my planning.”

This highlights the importance of inclusion of such topics in the WA Syllabus to ensure that they are delivered; however, the WA Syllabus does not explicitly mention either. In Ontario, Canada, both are explicitly stated as mandatory outcomes for Year 7 as follows:

**Topic: Human Development and Sexual Health**

**C1. Understanding Health Concepts**

  - C1.4 Sexually transmissible infections (STIs)
  - C1.5 STI and pregnancy prevention

This approach ensures that topics are taught. Furthermore, the use of the term ‘pregnancy prevention’ addresses the unique needs of religious schools to meet the curriculum requirements without having to explicitly teach about contraception, which is against many of their values.

“I think it is important to be aware of the load on teachers already, so any new curriculum needs to be sensitive enough for teachers to feel OK about the topics covered and what they are comfortable discussing, particularly across cultures, and the views of males / females in those cultures.”

This approach could work well in WA, considering WA SS teachers are mostly teaching about ‘abstinence from intercourse until married’ (76% vs. 62% NS), and ‘natural family planning’ (65%). Both of these topics would satisfy a ‘pregnancy prevention’ requirement while providing a prompt for government teachers to address such a requirement in a factual way.

An unexpected finding was that the majority of WA SS teachers are teaching ‘abstinence until married’, which is a values-based topic as opposed to factual. However, the following teacher quote provides clues as to the beliefs and values of some teachers:
“I think sex education in schools has gone overboard and over the top. The serious nature of the subject is often made light of and looked upon as fun. No real values, moral or otherwise are attached to it. Often it is mentioned that one can do anything and everything as long as one uses protection. Is that it? Put it this way, it is like condoning all sexual activities! PASH is awful, shows no respect and makes a mockery of innocence, values and sanctity. Today's young are already massively exposed to sexuality from all kinds of media. We need to educate with respect and advise that staying away from sex is the only option for students.”

The GDHR website also supports “a philosophy where abstinence from sexual activity for school-aged students is the key focus”. Furthermore, the upgraded 2015 version of the website has no learning activities on contraception, and condoms are only mentioned within a STI prevention context.

However, we know from the NSASSSSH that:

- The majority of students (69%) have experienced some form of sexual activity.
- Almost one quarter of Year 10 students (23%), one-third of Year 11 students (34%) and one-half of Year 12 students (50%) had experienced sexual intercourse.
- Around 40% of students had experienced oral sex.
- Amongst sexually active students the most commonly used form of contraception was the condom (58%) and / or the contraceptive pill (39%).
- Thirteen per cent of sexually active students reported using no contraception the last time they had sex; while 15% used withdrawal.
- Around one-half of non-sexually active students reported that they did not feel ready to have sex; that they were proud to say no and mean it, and that they thought it important to be in love the first time they had sex.
- Religious and cultural beliefs or parental disapproval were less frequently cited by non-sexually active students as reasons for not having had intercourse.
- Around 20% of non-sexually active students reported feeling ‘extremely’ happy, good and proud that they had not yet had sex. Large proportions reported that they did ‘not at all’ feel guilty (75%), regretful (63%) or embarrassed (51%) that they had not yet had sex (Mitchell et al., 2014).

Furthermore, participants in the NSASSSSH reported that education on contraception and condom use was often missing from SE due to their school supporting an abstinence approach (Mitchell et al., 2014). It could then be argued that providing an abstinence-only approach may not be meeting the realistic needs of students.
9.3.3.2 Identification of what is actually being taught and comparison to the WA Syllabus to identify potential areas of improvement

Results indicate that there are gaps between the WA Syllabus and what is actually being delivered. Although only two-thirds of SS teachers and a quarter of PS teachers who have delivered SE previously assess delivery against curriculum standards, improvements can be made ahead of the adoption of the AC for SE.

Years 9 and 10 SS teachers need to improve delivery to meet the WA Syllabus in babies and stages of life, reproduction (babies, pregnancy and birth), STIs, decision-making specific to sexual activity, the impact of communication technology on sexuality and relationships, different types of relationships, how to manage peer influences, and sexual orientation.

Years 7 and 8 SS teachers need to improve delivery to meet the WA Syllabus in STIs, decision-making specific to sexual activity, the impact of communication technology on sexuality and relationships, how and where to find trustworthy information on sexuality issues, gender roles and stereotypes. They need to improve significantly on providing education about sexual orientation/same-sex attraction.

“Sex education should be compulsory for all high school students.”

WA SS teachers could improve on the delivery of homophobia / sexual orientation / same-sex attraction to meet the requirements of the WA Syllabus outcomes.

“Children in the years 6/7 are craving being able to talk about this subject. There have been a few students who have come out in Year 7 that I have known, to the complete acceptance of their peers. Things are changing. Social media needs to be addressed as well as sexting and educating students as to the legal aspects of being involved in such activities.”

Research by Tiffany Jones revealed that WA had no policies concerning Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (GLBTIQ) students or their issues. Jones also found that schools that do have such policies have less homophobic bullying (Jones, 2015).

In 2015, the Safe Schools Coalition expanded from over east and started in WA. Their aim is to assist schools to support same-sex attracted, intersex and gender diverse students, staff and families. The program was launched on September 25th 2015 with seven schools signed up as partners (Safe Schools Coalition Australia, 2015). An outcome of this is that the provision of sexual orientation content will potentially be improved now that schools have additional support and it is a requirement of the WA Syllabus.
Years 5 and 6 PS teachers are adequately providing puberty education; however, they need to improve delivery to meet the WA Syllabus in communicating with parents about sexuality issues and health literacy (the impact of media on sexuality and identity, and how and where to find trustworthy information on sexuality issues).

Some teachers have indicated that they would be happy to deliver such content as long as it is supported by the AC.

“Would need it to be identified as part of the national curriculum before implementing it in Year 6.”

Years 3 and 4 PS teachers need to improve delivery to meet the WA Syllabus in puberty, and babies and stages of life. Many teachers may not feel that it is necessary to teach about puberty during this band of learning. Among the comments made by participants, there was support for the provision of SE to be provided earlier in schools.

“I believe sex education should begin much younger than it usually takes place now.”

“Children are maturing younger and younger so need information earlier.”

“I strongly believe sexuality education must start before the onset of puberty to ensure all students are knowledgeable, prepared and understanding of age-appropriate behaviour.”

“I really enjoy the education sessions and the curious discussion that the students engage in. If taught early years 4&5, then the topic is less embarrassing for the students and each year their knowledge and discussions broaden and they have better understanding of the changes and seem to cope better with this knowledge; if left till year 6&7 to start, really hard to engage in active discussion but still worthwhile, just more difficult to openly discuss issues.”

Years 1 and 2 PS teachers need to improve delivery in the Growing Bodies area of the WA Syllabus. Foundations PS teachers need to improve delivery in the Growing Bodies area of sexual and reproductive anatomy to meet the WA Syllabus. Teaching children about the correct names of their sexual and reproductive body parts is a protective behaviours strategy. Many teachers simply need resources and support to assist with delivering such topics.

“Would appreciate primary resources linked to new Australian Curriculum (2014).”
“I have helped my school devise a program for K-7 protective behaviours.”

From the WA Survey, the majority of special needs students SE is delivered in PS. This is significant, as participation results for educators that deliver SE to special needs students in SS were negligible. This could be due to a lack of SS special needs SE educators, or because SE is not being delivered to special needs students in SS.

“Need for age-appropriate resources for ed support students.”

“I find surveys I am asked to complete are usually related to normal schools or Educational support units attached to normal schools. Special Education schools that are specific to the severely disabled students never meet our needs. How as a nurse are we expected to educate/teach non-verbal, aggressive, blind and deaf students whom usually have cerebral palsy as well? It can take years of teaching these kids to get them to do the basic things in life, eg. drinking from a cup.”

“How do you teach sexuality education to students with severe disabilities who are non-verbal and following a functional style plan?”

9.3.3.3 Identification of gaps in WA health curriculum support materials against best practice

Comprehensive SE programs which include an “empowerment approach” to gender, power and rights have a greater likelihood of reducing rates of STI and unintended pregnancy (Haberland N, 2015). The WA state curriculum support website GDHR has proved to be the most widely used SE resource for all educators and well received.

“I have found the GDHR resources very valuable in teaching sexuality education. The training also raises the level of comfort in the teacher (2014).”

Whilst the GDHR resource aligns with the AC, there is an issue with the updated 2015 version meeting best practice, evidence-based standards.

There are no assessments included in the resource. In addition, the learning activities do not necessarily align with a comprehensive SE approach (Public Health Agency of Canada, 2008); for example, the inclusion of contraceptive learning activities, and the integration of the IMB model. All Health Promoting Schools references in the learning activities have been removed. Many of these issues are inconsistent with the information presented on the ‘About GDHR’ webpage, which states “The Health Promoting Schools Framework is
acknowledged as a guiding policy within GDHR and is widely recognised as a best practice model of promoting health within a school community.”

An outcome of the WA Clinical Senate Review in 2012 was for “WA Health to advocate for compulsory, comprehensive, age-appropriate, curriculum-based relationship and sexual health education in schools” (WA Health, 2012a). The current GDHR format is misaligned with this outcome.

The GDHR website could help support Years 9 and 10 teachers by developing age-appropriate activities aligned to the WA Syllabus for Growing Bodies, Birth Control, STI and Sexual Diversity. Currently, the GDHR website has no activities to support the topic of Growing Bodies in years 9 or 10, or any activities that address birth control methods at any stage of learning. This is of concern, considering the high rates of teenage pregnancies in WA compared to the rest of the country.

As of 2014, when the WA Survey was administered, the GDHR website contained several learning activities which addressed birth control methods such as ‘Activity 3.10 Reliable Sources of Contraceptive Information’. This activity was designed to assist students to develop assertiveness skills and overcome barriers to obtain contraceptives (WA Health, 2015b). Despite an activity being available, however, this was one of the least taught topics. This further supports the need for ‘pregnancy prevention’ to be explicitly mentioned in the WA Syllabus outcomes.

The ‘Who or what will you pick up at the party’ activity is based on learning information about various STI, risks, symptoms, methods of transmission and type of testing available. From best practice advocated in the Canadian Guidelines for Sexual Health Education, information alone is not enough to change behaviour. Activities also need to address motivational and behaviour skills factors (Public Health Agency of Canada, 2008). At the time the WA Survey was administered in 2014, the GDHR website contained several learning activities which met this criteria. For example, ‘Activity 3.11 Condoms’ provided students with an opportunity to gain comfort in touching a condom and practise developing skills in using one, as well as negotiation skills and practising assertive communication. The learning activity also provided an opportunity for discussing attitudes and beliefs (WA Health, 2015c), which affects motivation (Public Health Agency of Canada, 2008).

The GDHR website could help support Years 7 and 8 teachers by developing age-appropriate activities aligned to the WA Syllabus for Puberty, Respectful Relationships, Media and Health Literacy. The provision of an activity related to STIs and BBVs in Year 7, and activities related to intoxicated sex in Year 8, provide teachers with permission to deliver these topics at this year level.

The GDHR website could help support Years 5 and 6 teachers by improving the ‘Puberty’ and ‘Staying Safe’ learning activities to meet the WA Syllabus.
The ‘Peer Influence’ activity could be retagged as Emotional Wellbeing, and activities could be developed for Respectful Relationships and Media and Health Literacy. The GDHR ‘Reproductive Systems’ activity focuses only on reproductive anatomy and not sexual anatomy, such as the clitoris. The prior version of the website, which aired from 2010 to 2014, did include the clitoris and a full diagram of the vulva for PS middle childhood students (years 4-7). Currently there is an illustration of the side view of the female reproductive and sexual anatomy on the website, which shows the clitoris, but it is not referred to in this activity.

The activity teaching notes include an encouragement for teachers to obtain and distribute the *Girls and Puberty* booklets, which are produced by WA Health. The following explanation of the clitoris is included in the booklet:

*The clitoris is just above the urethra. The part of the clitoris you can see is only the tip. This tip is about the size of a pea. It has many sensitive nerve endings. It also has a shaft which extends into the body. When you feel sexually excited, the clitoris fills with blood and swells. When the clitoris is stroked or rubbed, this pleasurable feeling can produce an even more pleasurable and exciting sensation called an orgasm.*

The clitoris is also labelled on the diagram; however, it is difficult to see and does not show the full extent as explained in the text.

**Figure 9-1: - Girls and Puberty Booklet Diagram**

(Department of Health, 2007)
Teachers are also encouraged to distribute the *Relationships, Sex and Other Stuff* booklets, which are produced by WA Department of Health. These booklets contain the following information:

- **Friends and relationships**
  - Communication (friends, mood swings, sorting stuff out).
  - Like? Like a lot? Love! (Love, crushes, falling in and falling out).
  - Types of relationships (sexuality, heterosexual, homosexual).

- **Sex**
  - Masturbation.
  - Sexual feelings in relationships (kissing, reasons for physical involvement, pressure).
  - Sexual intercourse (safe sex, pregnancy, sexually transmitted diseases).
  - Sex and the law (age of consent).
  - Decisions about sex (alternatives, is it right for you?).
  - Important things you need to know about sex (consent, sexual abuse, sexual assault).

- **Getting pregnant:**
  - Contraception (birth control).
  - Conception (falling pregnant).
  - Being pregnant.
  - Birth.
  - After the birth (WA Health, 2015).

The GDHR website includes ‘The Informed Blogger’ activity to support teachers in educating students about staying safe. This activity focuses on cyber safety and features a PowerPoint presentation, which perhaps inappropriately includes adult sex location-based ‘meet up’ apps such as *blendr* and *grindr* (men seeking men). These apps are designed for adults seeking other adults for sexual encounters, not children. They are included under the heading of ‘Online Predators’. Teachers are expressing a need for specific guidelines and resources in how to address this topic and involve parents.

“The guidelines of how to begin introducing this topic to primary school-aged children would be extremely helpful. As well as informing parents of certain strategies to use in the home with their own children could be beneficial. Therefore, taking the pressure off the primary school teachers.”

The GDHR website could help support Years 3 and 4 teachers by developing age-appropriate activities aligned to the WA Syllabus for the ‘Strategies to Manage Change’ activity, which could be retagged as Growing Bodies, and activities could be developed for Media and Health Literacy and Staying Safe. The following quote again demonstrates the need for more resources particularly for PS teachers.
There is a lack of quality Australian DVDs and materials to use in primary schools. We mostly rely upon companies who have an interest in the area ... ie... LIBRA.”

The GDHR website could help support years 1 and 2 teachers by developing age-appropriate activities aligned to the WA Syllabus for Staying Safe, Media and Health Literacy and Emotional Wellbeing. The GDHR website could help support Foundations teachers by developing age-appropriate activities aligned to the WA Syllabus for Staying Safe and Respectful Relationships.

Teaching young students about their sexual and reproductive anatomy equips them with a common language that helps to protect them against sexual abuse. If children can articulate to an adult accurately where someone has touched them inappropriately, then they are more likely to get help than if they use words that adults do not understand (Face the Facts, 2012).

9.3.3.4 Identification of needs of Aboriginal and special needs groups

In Australia there have only been a few evaluations of school-based SE programs and none to date for Indigenous-specific school-based programs. In South Australia there is a school-based program designed for Aboriginal youth called The Aboriginal Focus Schools Program, which is yet to be evaluated (Strobel and Ward, 2012).

Aboriginal youth experience greater STI rates in many areas of the WA (WA Health, 2014). The GDHR ‘Choices and Consequences’ activity utilises a video starring Aboriginal youth, and acts as a culturally appropriate resource for this target group. The following quote supports the need for more culturally relevant resources. South Metropolitan Population Health Unit delivers specific mentoring to schools with Aboriginal students provided by a dedicated Aboriginal sexual health team (WA Health, 2015f).

“With an explicit program, it also needs to take Indigenous youth into account. Often they have different cultural needs and regulations to the learning of S.ed. Where possible it should be delivered by an Indigenous person or elder.”

Currently, the GDHR website does not have any learning activities specific to special needs students. The following quote provides evidence for this need:

“It is often very difficult to teach Sexual Education to teenagers who are intellectually young but physically teenagers. Most information needs to be simplified and it is important to have up to date information to ensure that students receive information on the most important areas/topics.”
“What would motivate me in teaching sexuality in education is resources that are simple enough to use with children with special needs.”

The Canadian Teaching Sexual Health website provides a suite of lesson plans targeted towards special needs students, which could be used as a model for GDHR special needs development:


Additionally, the Government of Canada has a resource entitled Questions & Answers: Sexual Health Education for Youth with Physical Disabilities (PHAC) (Public Health Agency of Canada, 2013), and Alberta Health Services (which owns www.teachingsexualhealth.ca) has a resource called Sexuality and Developmental Disability: A Guide For Parents (Alberta Health Services, 2013). Both of these resources could be modeled for the Australian context to provide support to teachers and parents.

9.4 Educator Training

9.4.1 Guiding Questions

1. What training are educators accessing?
2. How confident are teachers to deliver Sexuality Education?
3. How does SS teacher knowledge of STI & Blood-Borne Viruses compare to SS students’ knowledge?

9.4.2 Summary of Key Findings

Results from the WA Survey show that 46% of respondents have not previously delivered SE (6% of which have had training, 39% have not had training, 2% did not specify) and 54% of respondents have previously delivered SE (20% of which have had training, 29% have not had training, 5% did not specify). 29% of educators who have previously delivered SE have not had training. 65% of these are PS teachers, 14% are school health nurses, 47% are school principals, and 40% are SS teachers (vs. 16% NS).

Of all responses received for training type, educators who had received training indicated that they were most likely to engage in in-service training (18%), undergraduate training (11%), online training (8%) and postgraduate training (51%). Training in SE has a positive effect on SS teacher assessment of teaching against the curriculum; however, PS teachers are assessing against curriculum standards significantly less, and training does not improve this.
Fifty-three per cent (53%) of PS teachers do not expect to deliver SE in the following year. 19% of PS teachers who do expect to deliver SE in the following year have previously delivered SE; however, they have no training. The majority (67%) of school health nurses have training, have previously delivered SE and expect to deliver SE in the following year. The majority of SS teachers who have both previous SE delivery experience and training expect to deliver SE in the following year (36%). 20% of other educator types who had no previous experience delivering SE nor any training expected to deliver SE in the following year.

The overwhelming majority of educators were confident delivering SE education. Prior experience in teaching SE is strongly correlated to their confidence to teach SE, despite not having had formal training. Several professional groups indicated that they were more confident having not received training.

Training in SE seems to have a positive effect on knowledge scores in accordance with the NSASSSSSH, with participants scoring an average of 6% higher in the SS teacher knowledge test. Teachers who specified that they are HPE teachers scored slightly lower than teachers who did not specify their major subject area.

9.4.3 Explanation and Comparison with Previous Research

La Trobe University conducts a national survey every four years to measure SS students' knowledge of STI & BBV. Key findings of the last two surveys include:

- young peoples knowledge of HIV is high
- knowledge of STI and hepatitis is poor but improving
- knowledge of HPV and cervical cancer is alarmingly low

The NS briefly investigated SE training. Results show that SS teachers indicate a desire for more and accessible PD and training. WA is unique in that WA Health has funded free PD for teachers and nurses since 2002 (Estille and Associates, 2009) and also since 2012 has provided free online training to government teachers (Ansell and LaTrobe University, 2015). The WA Survey set out to identify gaps in research knowledge stated in the conceptual framework, which included:

- uptake of PD in WA and its impact
- other workforce groups delivering SE and who has received training
- assessment of educator knowledge levels and teaching strategies to identify PD training needs, policy and program development.
9.4.3.1 Uptake of PD in WA and its Impact

The WA Survey audits the uptake of PD that educators have received and identifies the impact on their confidence, hours of delivery and content provided. Participants were asked: “In Western Australia there are currently no mandatory outcomes for teaching sexuality education. Please describe within the text box your motivation in participating in a PD course related to teaching sexuality education”. There were several reasons provided, which included the interest of students (SS, PS, Aboriginal, rural and remote, and special needs); expressed need to perform role as a teacher competently; availability and support by school; because it will be mandatory; to increase comfort or confidence; to ensure the Catholic perspective; motivated but unaware of training; motivated but time restricted; or simply not motivated due to fear of parental objections.

Many participants shared positive reviews of the WA Health-funded training to support the GDHR curriculum support resources.

“All should do some GDHR training! I have undertaken some with the staff at my school.”

“I was at [redacted] Primary and got two staff into PD provided by the health department, this seemed to be excellent professional development and I would like to access it and have staff at my current school [redacted] Primary also access it as we deal with children who are sexually active at an early age.”

The most notable difference to NS results is the percentage of SS teachers who have undergraduate training in SE (28% vs. 48% NS), although data cleaning and difference in the questionnaire may account for this difference, as discussed in the Methodology chapter. This figure also affects the response rate for participants without any form of SE training (40% vs. 16NS). The results for ‘in-service face-to-face training’ was not affected by either of these factors. The NS returned more teachers trained via in-service face-to-face training (36% vs. 54% NS). Reasons may include:

- The main form of in-service face-to-face training in WA, funded by WA Health, had not been offered during 2012–2014 (WA Health, 2013).
- Perth is the most isolated city in the world. Historically, there have been issues with rural and remote teachers accessing training (Estille and Associates, 2009).
- The NS had a lower representation of rural and remote participants than WA (remote 8% vs. 0.9% NS) (Smith A., 2011). Therefore, it is possible that more rural and remote WA participants who have not accessed training participated in the survey.
The online version of the course ‘Teaching Sexuality Education’ was designed to cater to rural and remote teachers to increase accessibility to PD, particularly in the Goldfields, the Kimberley, Pilbara and Midwest. However, the uptake has been very low in these areas and is mostly used in the Metro, South West and Wheatbelt. Data obtained from the Department of Education of WA indicated that overall 168 PS teachers and 150 SS teachers have completed the online course by the end of 2014.

By expanding on the sample examined in the NS and extending invitation to all types of SE educators, trends in educator PD needs can be identified to accommodate the rollout of the SE component of the new AC.

Findings show that a large proportion of educators are delivering SE without any prior training. According to the NS, research shows that training has a strong influence on teachers’ confidence in delivering the sensitive topics in SE. High rates of educators engaging in teaching SE without training could impact negatively upon the topics taught and quality of sessions provided (Smith A., 2011). This may help to explain why the provision of SS topics of STI, birth control and sexual orientation are low.

Ahead of the mandatory reporting of the WA Syllabus in 2017, it might be beneficial to advertise the course widely to government teachers throughout 2016/17. In particular, years 3 and 4 teachers need to be targeted, considering there is currently a large gap in provision of Puberty compared to the WA Syllabus requirement. Almost one-quarter (26%) of PS teachers are not trained and are required to teach SE in the following year.

Of concern is the 30% of PS teachers and 31% SS teachers who have not been trained, and who have been delivering SE. Of the aforementioned SS teachers, 21% are HPE teachers. The following quote demonstrates that perhaps many of these educators are already confident and don’t feel like they need training.

“Not very motivated as confident in own ability.”

The following feedback quotes provide further insight into the views of educators regarding these issues. This information may assist in promoting training and therefore provision of SE. Many participants sighted passionate reasons for wanting to teach SE to promote the health of their students (SS, PS, Aboriginal, rural/remote, or special needs).

- Interest of SS students

“I think it is important that students are provided with clear understandings and that they get as much information as they need.”
“I am passionate about students being given correct information and that ALL sexual orientations are included in what is covered.”

“To help reduce teenage pregnancy to reduce STD's make students aware of their bodies and what they are capable of.”

“Crucial in teenage life, as students are curious about this topic and are often engaging in sexual activity and therefore need to be well educated on the topic.”

- Interest of PS students

“To give clear facts to students as they move through puberty.”

“I feel that students need to be thinking about and discussing these topics before they leave primary school – on an ongoing basis and not just once a year by the school health nurse.”

- Interest of Aboriginal students

“Remote aboriginal community with a desperate need for frank and informed sex ed.”

- Interest of rural/remote communities

“I would be extremely motivated due to the amount of teenage pregnancies there are in the community I live.”

“As a male teacher and having taught year 7 students as well as high school students in remote and district high school, I felt it was important for me to do the PD in order to be conversant with the material.”

- Interest of special needs students

“So important for my students. They all have an intellectual disability and are very vulnerable.”

“Due to our catchment group of special needs we are greatly needed in educating our students in sexuality education.”

“I work with high school students with special needs and they need sex ed taught effectively.”
“High rate of sexual abuse and inappropriate sexual behaviour in disabled students. Parents, school educators and myself wish this to decrease.”

“The need for students with special needs to be aware of rights and obligations in a sexual relationship and parts and function of reproductive system – especially formal names.”

Other educators sighted professional reasons why they might be motivated to participate in PD. When the WA Syllabus for HPE becomes mandatory, perhaps people motivated in this regard will be more inclined to access training. Many expressed concerns of wanting to deliver the “right” content that is approved and age-appropriate.

“As a primary school teacher, it is important that I am aware of everything that would be deemed important in teaching year 6 & 7 students.”

“So that I have a better understanding of what is expected to be taught and what students need to know. To be able to answer tricky questions that many students ask in an educational and professional way.”

“To understand clearly exactly what content should be taught to specific age groups and what resources are available to access.”

“Lack of experience, so any PD would be good.”

“Further my knowledge, be up to date with issues and information, learn new ideas and ways to present.”

“Having a better understanding of the curriculum pertaining to sexuality education.”

“It would be excellent to have a prescribed curriculum and professional development related to sexuality education because you are never sure you are correctly teaching the subject matter and covering all topics that must be covered.”

Many educators expressed an interest in attending, however sighted that they need the support from their school to attend.

“If PD was provided and the principal let me attend I would gladly like to be upskilled within this area.”

“Schools are hard pressed to fit everything in. Sexuality education would not be a priority for me to attend PD when teaching year 6s, when other PD
would be deemed more important by the school committees, priority imperatives etc.”

“If it was a half-day or full-day maximum that would be possible, anything more would be too difficult with all of our PD and workshop demands.”

“If someone was able to come to our school and talk at a whole school development day at the start of a term, then I know all staff are on the same page and we can implement it into our school plan.”

For many educators, the fact that SE will become mandatory is ample motivation to attend.

“But it WILL be mandatory in two years and I am still planning on teaching at that point.”

“As it is becoming mandatory it is essential that we approach the topic in a consistent and professional way. I would need guidance with this.”

“So that what we teach about sexuality is consistent across all Dept Ed schools.”

Several participants sighted a desire to increase their personal comfort or confidence with the subject area which for many is a huge step.

“I would like to feel more comfortable in teaching sexuality education and have a better understanding of what information students at different ages should be learning.”

“I would participate in a professional development course in relation to teaching sexuality education to feel more comfortable with the topic when presenting it to my students. I would also participate in PD about this topic to ensure that I was up to date with current research and terminology.”

“I would like to become more confident in teaching sexuality education.”

“I am not confident in my skills or knowledge on the appropriate delivery or the presentation of the kinds of things that I may need to talk about with students. I would like PD provided in how to approach the subject appropriately with students, what age groups need to know what kinds of things, etc.”

Despite the WA Health investment in researching parental positive views on SE and developing a resource for parents (Talk Soon: Talk Often) (Dyson, 2010a), many educators sighed fears of parental objections for not wanting to
attend training. This is an important area of support to be addressed for schools and teachers to confidently deliver programs.

“I would be very unmotivated mainly due to the different expectations from parents depending on their social and cultural backgrounds.”

“I am unsure of how keen I would be in participating in sexual education PD. I agree that teaching primary aged children about sexual education is important, but I am also concerned about encroaching into an area of parental responsibility. Having said that any new strategies or resources are always welcome.”

“As an administrator it is important for us to be aware of all changes to curriculum and policy changes with regard to this. Being aware of these things helps us to deal with any parent concerns and support our teaching staff in an informed manner.”

Other participants embraced conservative views and expressed a desire to be trained in how to present SE within a Catholic perspective.

“As part of ensuring we teach in line with the Catholic Church teachings in this area.”

“I am personally interested but see it as problematic in a Catholic school.”

“Personal development and to ensure I am teaching Catholic beliefs.”

“To fully understand the Catholic teachings on sexuality.”

Other participants expressed they are motivated, but unaware of training available. This highlights the need for improved marketing efforts of available training.

“I would like to participate in a sexuality education PD course – similar to the way the SDERA package is presented. I am unaware of any at the moment.” [School Drug Education and Road Aware (SDERA)]

“Only if it is funded by the department and is brought to our area.”

9.4.3.2 Other workforce groups delivering SE and who have received training

An identified gap in knowledge was that the mid-term review of the Models of Care Implementation Plans did not address the number of nurses who had
been trained in the WA Health-funded course, *ABCs of the Birds and the Bees* (WA Health, 2013). Despite this, information was obtained from the participant group and all educator types who had accessed training.

### 9.4.3.3 Assessment of educator knowledge levels and teaching strategies to identify PD training needs, policy and program development

Results indicate that training in SE has a positive effect on teacher assessment against curriculum standards. PS teachers are assessing against curriculum standards significantly less than found in the NS, and training in SE does not seem to have any effect. There could be several reasons for this, including lack of coverage of curriculum assessment in training.

The most frequently cited assessment techniques used by educators is a test/quiz. Although this can be useful in gauging knowledge increases, it provides little information on the increases in motivation and behaviour.

The use of the IMB model has been shown to be evidence-based best practice in developing and delivering SE sessions (Public Health Agency of Canada, 2008). In comparison, the AC uses the achievement standards of knowledge, skills and conceptual understanding to evaluate SE (ACARA, 2015b). Although this satisfies the ‘Information’ element of the IMB model, there is no verification to determine if changes in motivation and behaviour have been made as a result of the SE program. Nor are programs necessarily designed to address this IMB model.

The WA State Curriculum support website GDHR provides a suite of learning activities aligned to the AC (WA Health, 2015a). However, no assessments are included and the learning activities do not necessarily align with the IMB model.

The knowledge series of questions was added to the Survey to further explore reasons why WA has such high rates of STI among youth. The hypothesis was that perhaps teachers themselves do not have high knowledge levels of STI/BBV and therefore neither do the students. Results show that SS teachers scored better than the students in the NSASSSH on STI/BBV knowledge questions. In addition, scores also tended to increase 6% for those who have been trained. Results show that SS teachers who have had training had comparable test results to those with previous SE delivery experience. There were a few exceptions. Student knowledge across HPV questions was poor in the NSASSSSH. The teachers scored slightly higher, but also poor overall. Of interest is that teachers who specified that they are HPE teachers scored slightly lower than teachers who did not specify their main teaching area.
PD programs should help to develop teacher HPV knowledge and provide more assistance on IMB teaching techniques for delivering sessions on STI, HPV and Hepatitis C.

9.5 School Policy Requirements

9.5.1 Guiding Questions

1. How do teachers’ views on school policy compare to the National Survey?

9.5.2 Summary of Key Findings

Results from the WA Survey indicated that approximately one-third (34.5%) of teachers reported that their school followed an SE policy. Also, significantly more WA SS teachers stated that their school did not have an SE policy, indicating that fewer schools in WA when compared nationally have an SE policy.

Significantly fewer WA educators indicated that their school followed a policy on sexual diversity compared with the NS (63% vs. 77% NS). Comparable to the NS, WA educators indicated that their school requires that different cultural and ethnic backgrounds are taken into account during SE delivery (69% vs. 78% NS). Additionally, results were comparable for policies providing parents the opportunity to review SE curriculum. Significantly fewer WA educators indicated that their school did not require parental involvement.

No significant differences were found for participants who reported that a whole-school approach is integrated into their school SE policy (Yes – 35% vs. 43% NS, No – 49% vs. 42% NS); however, the inclusion of delivering SE in a cross-curricular manner was indicated in the affirmative by 27% of participants and 52% in the negative. There were significant differences between the NS and WA Survey results in the influence of SE delivery, for faculty/curriculum area, cultural/religious values, availability of training, the crowded curriculum, and the school.

9.5.3 Explanation and Comparison with Previous Research

The WA Survey aimed to identify gaps in research knowledge stated in the conceptual framework, which included:

- School Policy and Practice
- How many schools have a SE policy and does it impact on provision of SE?
9.5.3.1 School Policy and Practice

The following quote addresses the Memorandum Of Understanding (MOU) between the WA Departments of Health and Education for nurses to support teachers in their role as sexuality educators. However, as the following quote describes, nurses often feel that they are typecast into the role of a “glorified first aider”, which detracts from their capacity to assist with health promotion.

“The role of the School Nurse especially in High Schools needs to be supported more, especially by the Principals so we can get on with what we are paid for rather than being a glorified First Aider. The Local Service Agreements state schools are responsible for 1st Aid but schools still rely on us Nurses. This is like dumbing down a Deputy and saying, ‘you know about stationery because you’re a Teacher so you need to do all the stationery ordering for the school.’ Help us Nurses to be freed up to do what we specialise in and are trained for and passionate about please?”

Promotion of the role of the school health nurse may assist in further supporting teachers to deliver SE and increase the capacity of the school to providing a whole-school approach.

9.5.3.2 How many schools have a SE policy and does it impact on provision of SE?

Research by Jones has shown that schools that have a sexual health policy that includes sexual diversity have lower rates of homophobic bullying (Jones, 2015). Considering the proven benefit to students of having a sexual health policy that includes sexual diversity, it would be beneficial for schools and students if WA schools adopted such policies. The support for sexual diversity in the AC would further support this.

There were no significant differences found for policies providing parents the opportunity to review curriculum. Significantly fewer participants indicated that their school did not require parental involvement. Strengthening this aspect of policy would contribute towards building a health promoting school, which is a best-practice model (WA Health, 2015d).

In 2010, WA Health published a report commissioned from La Trobe University’s Australian Research Centre in Sex, Health and Society entitled Parents and Sex Education: Parents’ attitudes to sexuality education in WA schools. This research provides support for the inclusion of parental consultation in school SE policies (Dyson, 2010a). Strengthening the whole-school approach aspect of WA policy would contribute towards building improving a whole-school approach and sustainability of programs. The AC for HPE outlines the following cross-curricular priorities:
• Aboriginal and Torres Strait Islander histories and cultures
• Asia and Australia’s engagement with Asia
• Sustainability (Australian Curriculum).

The AC also identifies the importance of links to other learning areas in the curriculum such as English, Mathematics, History, Science, Geography, The Arts and Technologies (Australian Curriculum).

Support could be provided to schools by providing a template for a SE policy and supportive research by the WA Department of Health on behalf of the GDHR website and its partners, the WA Department of Education and Independent Schools Association. The response rate of ‘available training, workshops, and ongoing support’ was significantly lower in the WA Survey than in the NS. During the period of 2012 to 2014, there were no government-funded face-to-face PD sessions available for teachers (WA Health, 2013). This may have had an impact on WA Survey results.

For SS teachers, the median response for the crowded curriculum (new factor) was ‘a little’, and for PS teachers it was ‘some’. The following quotes illustrate the range of views on this topic:

“Schools NEED to prioritise sexuality education in an already crowded curriculum. This will require informed administrative personnel.”

“I think sex education should be completely mandatory ... and teachers need to be assisted with bringing it into the classroom as easily as possible.”

“You cannot expect a classroom teacher to add to their already overloaded workload the diverse and extreme hot topic of sex edu. It is a medical specialist job these times!!!”

9.6 Significance of the WA Survey

The results of the WA Survey represent a ‘snapshot’ of the state of SE in WA, prior to the adoption of the AC on SE. This is significant, as provision of information on the state of SE can provide information for policy and training development to meet and exceed the requirements of the AC. The WA Survey has provided an exceptional insight into the attitudes and experience of SE educators in WA, which can also be used to identify gaps between the current state of SE delivery and AC requirements.

9.6.1 Roll Out of the Forthcoming Australian Curriculum
The AC aims to provide learning opportunities that are contemporary, inquiry-based, learner-centred, strengths-based, and focused on developing health literacy skills for 21st century learners (ACARA, 2015a). “Inquiry-based learning is an approach to teaching and learning that places students’ questions, ideas and observations at the centre of the learning experience” (Ontario, 2013).

The forthcoming Australian HPE curriculum will replace all current state and territory HPE curricula. However, each state and territory is able to develop its own adapted syllabus, contextualised to fit their teachers. By 2018, in WA all syllabuses will be mandated curriculum for the planning, assessment and reporting of student progress (School Curriculum and Standards Authority, 2015b).
Table 9-1 is an analysis of qualitative data organised by the assessment standards set out within the AC of knowledge, skill and understanding. The categories of motivation, attitudes and behaviours relate to the remaining portion of the IMB model, which is advocated for as best practice within the Canadian Guidelines for Sexual Health Education (Public Health Agency of Canada, 2008). The most frequently cited assessment techniques used by educators is a test/quiz.
Table 9-1: Qualitative Response for Type of Assessment Against Australian Curriculum Assessment Standard

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<tr>
<th>Type of Educator</th>
<th>N (422)</th>
<th>AC Achievement Standards</th>
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<td></td>
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<td>Knowledge (Identify, Research, Investigate, Analyse, Apply, Evaluate, Develop)</td>
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<td>Skills (Demonstrate, Practice, Examine, Plan, Rehearse)</td>
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<td>Conceptual Understanding (Describe, Discuss, Recognise, Express, Explore, Critique)</td>
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<td>Behaviour</td>
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<td>Student feedback forms</td>
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<td>Ability to select/suggest reliable sources for information</td>
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<td>Demonstrated understanding of concepts such as puberty, relationships, peer pressure, consequences</td>
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<th>Type of Educator</th>
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<th>Conceptual Understanding</th>
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<tr>
<td>School Principal</td>
<td>32</td>
<td>Asking students</td>
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<td>questions in class</td>
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<td>(formative assessment)</td>
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<td>IEP goals (Special needs)</td>
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<td>Presenting scenarios</td>
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<td>Puzzles</td>
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<td>SS Teacher</td>
<td>178</td>
<td>Test/quiz (37) (anatomy, sexual health)</td>
<td>Decision-making assessment (3)</td>
<td>Journal writing (1)</td>
<td>Individual education goals (1)</td>
<td>Participation (5)</td>
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<td>Assignment (12)</td>
<td>Role play (4) (assertiveness)</td>
<td>Written essay (1) ie. STI essay</td>
<td>Goal setting</td>
<td>Observation of interaction with activities (5)</td>
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<td>pre/post quiz (2)</td>
<td>Informal assessment activities based on interpersonal skills (2)</td>
<td>Discussion (3)</td>
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<td>Questionnaire (1)</td>
<td>Condom demonstration (1)</td>
<td>Written scenarios</td>
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<td>True False cards (1)</td>
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<td>ASDAN modules (a UK website (2)</td>
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<td>Assessment tasks (7) ie. Puberty survival guide or brochure</td>
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<td>Research tasks (7)</td>
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<td>Presentation (5)</td>
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<td>Projects (1) (create brochures)</td>
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<td>Worksheets (3)</td>
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<td>Workbook (1)</td>
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<td>Work sample</td>
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<tr>
<td></td>
<td></td>
<td>(Perfect Partner Advertisement, Fertilisation Chart, Contraception Pamphlet)</td>
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<tr>
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<td></td>
<td>Recall of information</td>
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<tr>
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<td></td>
<td>Assessments (2) ie. Sources of information</td>
<td></td>
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</tr>
</tbody>
</table>
Type of Educator | N (422) | Knowledge (Identify, Research, Investigate, Analyse, Apply, Evaluate, Develop) | Skills (Demonstrate, Practice, Examine, Plan, Rehearse) | Conceptual Understanding (Describe, Discuss, Recognise, Express, Explore, Critique) | Motivation | Attitudes | Behaviour
--- | --- | --- | --- | --- | --- | --- | ---
Unspecified | 6 | Summative assessment of knowledge | Subjective assessment | IPS KU SMS | School reporting process |  |  | 
Year Coordinator | 5 | Timeline of the development of the baby in the womb | Participation |  |  |  | 

### 9.6.2 The Australian Curriculum as it Relates to Sexuality and Relationship Education

The development of the AC presents a first-time opportunity to institute a standard national approach for SE for all Australian school students (ACARA, 2015a). The curriculum includes “relationships and sexuality education” as a specific focus area for learning from Years 3 to 10 (ACARA, 2015c).

The following is the description provided on the ACARA website for the Relationships and sexuality area of learning.

Addresses physical, social and emotional changes that occur over time and the significant role relationships and sexuality play in these changes. The content supports students to develop knowledge, understanding and skills to help them to establish and manage respectful relationships. It also supports them to develop positive practices in relation to their reproductive and sexual health and the development of their identities. In doing so, students will gain an understanding of the factors that influence gender and sexual identities.

**During Foundation to Year 2, students will learn about:**

- people who are important to them
- strategies for relating to and interacting with others
- assertive behaviour and standing up for themselves.
It is expected that all students at appropriate intervals across the continuum of learning from Year 3 to Year 10 will learn about the following:

- people who are important to them
- strategies for relating to and interacting with others
- assertive behaviour and standing up for themselves
- establishing and managing changing relationships (offline and online)
- bullying, harassment, discrimination and violence (including discrimination based on race, gender and sexuality)
- strategies for dealing with relationships when there is an imbalance of power (including seeking help or leaving the relationship)
- puberty and how the body changes over time
- managing the physical, social and emotional changes that occur during puberty
- reproduction and sexual health
- practices that support reproductive and sexual health (contraception, negotiating consent, and prevention of sexually transmissible infections and blood-borne viruses)
- changing identities and the factors that influence them (including personal, cultural, gender and sexual identities)
- celebrating and respecting difference and diversity in individuals and communities (ACARA 2015).

### 9.6.3 Sexual Diversity

The AC advocates for the inclusion of sexual diversity as follows (ACARA, 2015d); however, there are no specific outcomes on sexual diversity.

All school communities have a responsibility when implementing the Health and Physical Education curriculum to ensure that teaching is inclusive and relevant to the lived experiences of all students. This is particularly important when teaching about reproduction and sexual health, to ensure that the needs of all students are met, including students who may be same-sex attracted, gender diverse or intersex (ACARA, 2015d).

The AC includes sexual diversity as an integral component of the curriculum as follows:

As with other areas of student diversity, it is crucial to acknowledge and affirm diversity in relation to sexuality and gender in Health and Physical Education. Inclusive Health and Physical Education programs which affirm sexuality and gender diversity acknowledge the impact of
diversity on students’ social worlds, acknowledge and respond to the needs of all students, and provide more meaningful and relevant learning opportunities for all students.

The Australian Curriculum: Health and Physical Education (F–10) is designed to allow schools flexibility to meet the learning needs of all young people, particularly in the health focus area of relationships and sexuality. All school communities have a responsibility when implementing the Health and Physical Education curriculum to ensure that teaching is inclusive and relevant to the lived experiences of all students. This is particularly important when teaching about reproduction and sexual health, to ensure that the needs of all students are met, including students who may be same-sex attracted, gender diverse or intersex (Australian Curriculum, 2015).

9.6.4 Australian Curriculum Content Structure

The AC content structure for HPE is shown in Figure 9-2 below.

Figure 9-2: Structure of the Australian Curriculum: Health and Physical Education

(ACARA 2015)
The AC is divided into six bands of learning:

1. Foundation.
2. Years 1-2.
3. Years 3-4.
4. Years 5-6.
5. Years 7-8.
6. Years 9-10.

The HPE curriculum is organised into two content strands to interface with the bands of learning:

1. *Personal, social and community health.*
2. *Movement and physical activity.*

**Table 9-2: Sub Strand Division in the Australian Curriculum for Health and Physical Education**

<table>
<thead>
<tr>
<th>Strands</th>
<th>Personal, social and community health</th>
<th>Movement and Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being healthy, safe and active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Changes and transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Help-seeking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Making healthy and safe choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving our body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Refining movement skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developing movement concepts and strategies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sub Strands and Threads**

| Being healthy, safe and active         | Moving our body                        |
| • Identities                           | • Refining movement skills             |
| • Changes and transitions              | • Developing movement concepts and strategies |
| • Help-seeking                         |                                       |
| • Making healthy and safe choices      |                                       |

<table>
<thead>
<tr>
<th>Communicating and interacting for health and wellbeing</th>
<th>Understanding movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interacting with others</td>
<td>• Fitness and physical activity</td>
</tr>
<tr>
<td>• Understanding emotions</td>
<td>• Elements of movement</td>
</tr>
<tr>
<td>• Health literacy</td>
<td>• Cultural significance of physical activity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributing to healthy and active communities</th>
<th>Learning through movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community health promotion</td>
<td>• Teamwork and leadership</td>
</tr>
<tr>
<td>• Connecting to the environment</td>
<td>• Critical and creative thinking in movement</td>
</tr>
<tr>
<td>• Valuing diversity</td>
<td>• Ethical behaviour in movement settings</td>
</tr>
</tbody>
</table>

SE requirements are housed in Strand 1: Personal, Social and Community health, however more specifically it is addressed in the focus area: Relationships and Sexuality.

**Table 9-3: Focus Areas Across the Learning Continuum**

<table>
<thead>
<tr>
<th>Focus area</th>
<th>Foundation – Year 2</th>
<th>Years 3–6</th>
<th>Years 7–10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus area</td>
<td>Foundation – Year 2</td>
<td>Years 3–6</td>
<td>Years 7–10</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Alcohol and other drugs (AD)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Medicines only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and nutrition (FN)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Health benefits of physical activity (HBPA)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental health and wellbeing (MH)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Relationships and sexuality (RS)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Safety (S)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Active play and minor games (AP)</td>
<td>✓</td>
<td>✓</td>
<td>N/A</td>
</tr>
<tr>
<td>Challenge and adventure activities (CA)</td>
<td>N/A</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fundamental movement skills (FMS)</td>
<td>✓</td>
<td>✓</td>
<td>N/A</td>
</tr>
<tr>
<td>Games and sports (GS)</td>
<td>N/A</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lifelong physical activities (LLPA)</td>
<td>N/A</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rhythmic and expressive activities (RE)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

SE content is covered within three of the six sub-strands:

- **Sub-strand 1: Being healthy, safe and active**
- **Sub-strand 2: Communicating and interacting for health and wellbeing**
- **Sub-strand 3: Contributing to healthy and active communities** (ACARA, 2015c).

The achievement standard is the level of knowledge that students will be expected to demonstrate upon completion of each band of learning. The highlighted areas in
Figure 9-3 show the relevant outcomes for sexual and reproductive health education.
### 9.6.5 Significance of the WA Survey Against the Forthcoming Australian Curriculum

The WA Survey is significant, as planning for SE delivery improvement can factor into SE long- and short-term achievement goals, and can assist with the identification of key milestones. The WA Survey can then form a baseline for ongoing periodic benchmarking and SE delivery evaluation, to address current issues in WA including high rates of teen pregnancy, STI and BBV, by lifting SE awareness and education statewide.

“I think that this education is extremely important so that students can develop an awareness of sexuality, what it means and how to make an informed decision as they get older.”

“Sexuality Education is too important to be overlooked, too many young people lose their lives over ignorance.”

---

**Figure 9-3: The Australian Curriculum Scope and Sequence for Health and Physical Education (ACARA, 2015c)**

<table>
<thead>
<tr>
<th>Sub-strand 1: Being healthy, safe and active</th>
<th>Sub-strand 2: Communicating and interacting for health and wellbeing</th>
<th>Sub-strand 3: Contributing to healthy and active communities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation</strong></td>
<td><strong>Years 1-2</strong></td>
<td><strong>Years 3-4</strong></td>
</tr>
<tr>
<td>Identify personal strengths</td>
<td>Describe their own strengths and achievements and those of others, and identify how these contribute to personal identities</td>
<td>Examine how success, challenges and future strengthen personal identities</td>
</tr>
<tr>
<td>Name parts of the body and describe how their body is growing and changing</td>
<td>Describe physical and social changes that occur as children grow older and discuss how family and community acknowledge these</td>
<td>Examine strategies to manage physical, social and emotional change</td>
</tr>
<tr>
<td>Identify people and demonstrate protective behaviour that help keep themselves safe and healthy</td>
<td>Practise strategies they can use when they need help with a task or problem situation</td>
<td>Describe and apply strategies that can be used in situations that make them feel uncomfortable or unsafe</td>
</tr>
<tr>
<td>Recognise situations and opportunities to promote health, safety and wellbeing</td>
<td>Identify and practise strategies to promote health, safety and wellbeing</td>
<td>Plan and practise strategies to promote health, safety and wellbeing</td>
</tr>
<tr>
<td>Practise personal and social skills to interact with and include others</td>
<td>Describe ways to include others to make them feel that they belong</td>
<td>Practise skills to establish and manage healthy relationships</td>
</tr>
<tr>
<td>Identify and describe emotional responses people may experience in different situations</td>
<td>Investigate how emotional responses vary in depth and strength</td>
<td>Examine the influence of emotional responses on behaviour and relationships</td>
</tr>
<tr>
<td>Examine health messages and how they relate to health decisions and behaviours</td>
<td>Recognise how media and important people in the community influence personal attitudes, beliefs, decisions and behaviour</td>
<td>Investigate and reflect on how valuing diversity positively influences the wellbeing of the community</td>
</tr>
</tbody>
</table>

**Table:** The Australian Curriculum Scope and Sequence for Health and Physical Education (ACARA, 2015c)
“This is a very important topic, especially in forming relationships and body awareness.”

9.7 Limitations and Improvements

9.7.1 Potential Limitations and Weaknesses

Both the WA Survey and the NS were mainly distributed through the school principals. As discussed in the limitations section of the NS, there could be some selection bias resulting in an overly positive picture of SE due to the nature of the Survey distribution in schools. The WA rate of 19% (34) of all SE educators could be inflated, as principals were not able to specify whether they belong to PS or SS. In addition, the survey distribution through school principals may have increased their participation rate.

The subject of why educators are not delivering SE was partially overlooked during the design of the WA Survey. The addition of a skip logic function for those who selected ‘no’, for whether they had delivered SE previously to explain why, would have added great value to the results. As such, hypotheses have been drawn based upon participant feedback comments.

A contradiction has been identified in the WA Survey, with respect to SE delivery confidence. Answers to confidence questions in the questionnaire returned results of 90% confidence for delivery of SE, with only small deviations (+ or – 2%) between SE educators with or without previous experience and with or without previous training. These figures are in direct contrast to educator feedback quotes, which state reasons for why educators opt not to deliver SE, ranging from conflicting personal values to gender, lack of planning or lack of training, and lack of resources.

During the WA Survey information-gathering period (2014), WA Year 7 government students began transitioning to SS in line with the Department of Education operational directive for Year 7 students to transition fully to SS in 2015 (Department of Education, 2013). This may have skewed some of the results, with respect to Year 7 teachers and PS and SS statistics.

9.7.2 Suggestions for Further Research

Considering the substantial role that school health nurses play in supporting teachers to provide SE, obtaining more data on this population would be valuable. This could be achieved through contacting the nurses directly through their nurse manager.

Educators will commence reporting on the new WA Syllabus to parents in 2017. Repeating the study in term 4 of 2017 would provide a good indicator of how the WA Syllabus has affected the provision of SE. Exploration of why
educators choose not to deliver SE and further exploration of confidence levels would be desirable. In addition, Year 7+ students who attend government schools will have transitioned by this time. This would allow for more clarity in what PS vs. SS teachers are delivering.

Considering teachers have indicated a desire for more and accessible training, further investigation into why the uptake has been relatively low in rural areas would be valuable. Perhaps the course could be marketed better, or teachers have adverse opinions of online training.
10 CONCLUSION

The results of the WA Survey provided an in-depth comparison to the NS, and show several similarities and contrasts. The WA Survey also expanded on the basis of the NS and provided a snapshot into the current state of SE in WA, catering to WA’s unique context regarding policy, training, culture, existing health issues and educator confidence.

The majority of SE teachers are female and aged over 40. The majority are located in the Metro area, with prevalence decreasing with distance away from the Metro. As with the NS, SS teachers who had taught SE were more likely to have less than five years’ teaching experience. Some differences included the age of SE educators. Educators who participated in the WA Survey are also not relying on external providers to the extent that teachers who participated in the NS were. This may be due to lack of awareness of external educator organisations, or the success of the Departments of Health and Education’s MOU.

The GDHR website is the most used resource in WA, with over half of all educators using it. Generally, SE trained educators, more than non-trained educators, utilised a variety of SE resources. Results indicate that WA SS teachers are providing more hours of SE than the NS results. WA SS teachers are mostly teaching about ‘abstinence from intercourse until married’ (76% vs. 62% NS), ‘effects of alcohol/drug use on decision-making’, and ‘sex and ethics’ (Respectful Relationships). The subject of STIs (41% vs. 93% NS), birth control (35% vs. 90% NS) and sexual orientation are not commonly delivered. This could be an indicator as to why WA has some of the highest rates of chlamydia and teenage pregnancy in the country. The WA Syllabus does not contain any specific outcomes for teachers to meet on STI or pregnancy prevention (birth control, reproduction, natural family planning or abstinence) (School Curriculum and Standards Authority, 2015a). Furthermore, the GDHR website does not currently exhibit any learning activities to support pregnancy prevention. Although it “reflects a philosophy where abstinence from sexual activity for school-aged students is the key focus” (WA Health, 2015a). PS teachers are mainly teaching about puberty in years 5 and 6, and ‘protective behaviours’ from Foundations to Year 6. In years 3 and 4 teachers will need to improve on the delivery of ‘puberty’ to meet the new WA Syllabus. Foundations to Year 2 teachers will need to improve delivery in the Growing Bodies area of sexual and reproductive anatomy to meet the WA Syllabus.

Considering that educators express a desire for more and accessible training, further investigation into why the uptake of online training has been relatively low in areas outside of metropolitan Perth would be valuable. Of concern is the one-third of PS and SS teachers who have not been trained, and who have been delivering SE. This includes 21% of HPE teachers. Training in SE
has a positive effect on SS teachers’ assessment of teaching against the curriculum. However, PS teachers are assessing significantly less than the NS, and training in SE does not seem to have any effect. Data shows that lack of available training is not a barrier to the provision of SE. There are several reasons why teachers are not providing SE. This includes lack of planning, needing policy support from the AC, feeling vulnerable as a male, lack of resources for target groups, and personal values and beliefs that it is not their role. Training in SE seems to have a positive effect on knowledge scores, with participants scoring an average of 6% higher on questions related to STI and BBVs. It also has a positive effect on SS teachers assessing SE against the curriculum. However, this is not the case for PS teachers.

NS results showed that two-thirds of SS teachers who had previously delivered SE indicated that their schools followed a policy on SE. Results from the WA Survey indicated that only one-third (34.5%) of teachers reported that their school followed an SE policy. Additionally, significantly fewer educators reported that their school followed a policy on sexual diversity than was reported in the NS (63% vs. 77% NS). Although the WA Survey scored relatively similar to the NS on a number of influential factors, there is room for improvement. This includes increasing the number of policies on SE, diversity, parents, whole-school approach, teaching SE in a cross-curricular manner, increasing availability of training, prioritising SE within the crowded curriculum, and working around religious constraints in faith-based schools.

The WA Survey is an invaluable body of research that can be used as a springboard for a wealth of further inquiry, and can be used as evidence for future policy and training development for the delivery of SE in WA.
11 APPENDICES
Appendix 1 – University of Sydney Ethics Approval Letter
06/02/2013

Research Integrity
Human Research Ethics Committee

Wednesday, 6 February 2013

Dr Steven Cumming
Disability and Community, Faculty of Health Sciences
Email: steven.cumming@sydney.edu.au

Dear Steven,

I am pleased to inform you that the University of Sydney Human Research Ethics Committee (HREC) has approved your project entitled “First State survey of West Australian secondary school teachers of sexuality education”. Details of the approval are as follows:

Project No.: 2012/737
Approval Date: 6 February 2013
First Annual Report Due: 6 February 2014
Authorised Personnel: Cumming Steven; McKay Erin

Documents Approved:

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Version Number and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Information Statement</td>
<td>Version 2 7/8/2012</td>
</tr>
<tr>
<td>General Email Advis</td>
<td>Version 2 7/8/2012</td>
</tr>
<tr>
<td>Letter for participants</td>
<td>Version 2 7/8/2012</td>
</tr>
<tr>
<td>Baseline questionnaire</td>
<td>Version 2 7/8/2012</td>
</tr>
<tr>
<td>Answers to Survey and Debriefing</td>
<td>Version 2 7/8/2012</td>
</tr>
</tbody>
</table>

HREC approval is valid for four (4) years from the approval date stated in this letter and is granted pending the following conditions being met:

Special Condition of Approval

Please provide a copy of the amended questionnaire.

Conditions of Approval

- Continuing compliance with the National Statement on Ethical Conduct in Research Involving Humans.
- Provision of an annual report on this research to the Human Research Ethics Committee from the approval date and at the completion of the study. Failure to submit reports will result in withdrawal of ethics approval for the project.
- All serious and unexpected adverse events should be reported to the HREC within 72 hours.

Research Integrity
Research Portfolio
Level 6, Jane Forster Russell
Email: humanethics@sydney.edu.au
6 November 2013

Ms Erin McKay
Room S159
Faculty of Health Sciences
The University of Sydney
Darlington NSW 2006

Dear Ms McKay

RE: 1ST STATE SURVEY OF WEST AUSTRALIAN EDUCATORS OF RELATIONSHIPS AND SEXUALITY EDUCATION

Thank you for your completed application received 21 August 2013, whereby this project will aim to compare WA teachers’ participation in professional development opportunities and the impact on teachers’ knowledge, and classroom practices specific to relationships and sexual health education. Thank you also for the modifications relevant to Catholic Education that you made to the survey instrument.

The study has been given extensive consideration from a number of sources. I am pleased to advise you that in principle approval is given for this research project. This approval is subject to the following conditions that are consistent with CEOWA policy:

- Participation in your research project will be the decision of the individual principal and staff members.
- This survey and any final reports are not to be used in any way to make comparisons between different educational sectors.
- All publicly available data needs to ensure that individuals, schools or individual education sectors remain confidential (we note that currently some schools can be identified by local government areas requested in questions 24 and 25).
- Any requests for disaggregated data can only be made by the actual education sector and not by any external parties.
- All findings are to be provided to the CEOWA, who will then disseminate to the participating schools.

Responsibility for quality control of ethics and methodology of the proposed research resides with the institution supervising the research. The CEOWA notes that the University of Sydney Human Research Ethics Committee has granted permission for this research project until 6 February 2017 (Project Number: 2012/737).

Any changes to the proposed methodology will need to be submitted for CEOWA approval prior to implementation. The focus and outcomes of your research project are of interest to the CEOWA. It is therefore a condition of approval that the research findings of this study are forwarded to the CEOWA.

Further enquiries may be directed to Tanya Davies at davies.tanya@ceo.wa.edu.au or (08) 6380 5379.

I wish you all the best with your research.

Yours sincerely,

Dr Tim McDonald

50 Russell Street, Leederville WA 6007 PO Box 198, Leederville WA 6903 T (08) 6380 5210 F (08) 6380 5110
E mcdonald.tim@ceo.wa.edu.au  W ceo.wa.edu.au
11.3 Appendix 3 – WA Department of Education Ethics Approval Letter 12/11/2013

Ms Erin McKay
Faculty of Health Sciences, Room S159
University of Sydney
PO Box 170
LIDCOMBE NSW 1825

Dear Ms McKay

Thank you for your application received 16 August 2013 to conduct research on Department of Education sites.

The focus and outcomes of your research project, Survey of Western Australian teachers and sexuality education, are of interest to the Department. I give permission for you to approach school principals to invite their participation in the project as outlined in your application. I also give you permission to approach the Manager of E-Schooling to request data regarding teachers’ participation in the “Teaching Sexuality Education” on-line course. It is a condition of approval, however, that upon conclusion the results of this study are forwarded to the Department at the email address below.

Consistent with Department policy, participation in your research project will be the decision of the schools invited to participate and individual staff members in those schools, and the Manager of E-Schooling. A copy of this letter must be provided to school principals and the Manager of E-Schooling when requesting their participation in the research.

Responsibility for quality control of ethics and methodology of the proposed research resides with the institution supervising the research. The Department notes a copy of a letter confirming that you have received ethical approval of your research protocol from The University of Sydney Human Research Ethics Committee.

Any proposed changes to the research project will need to be submitted for Department approval prior to implementation.

Please contact Ms Beverley Vickers, Principal Evaluation Officer, on (08) 9264 5512 or researchandpolicy@education.wa.edu.au if you have further enquiries.

Very best wishes for the successful completion of your project.

Yours sincerely,

ALAN DODSON
DIRECTOR
EVALUATION AND ACCOUNTABILITY

12 November 2013

151 Royal St, East Perth Western Australia 6004
11.4 Appendix 4 – WA Department of Health Approval Letter
06/11/2014

Research Governance Office
Child and Adolescent Health Service

To Whom It May Concern

APPROVAL TO CONDUCT RESEARCH STUDY WITH CACH STAFF

Please be advised that Child and Adolescent Community Health (CACH) supports the involvement of its staff in the following project:
1st state survey of West Australian educators of relationships/sexuality education.

Yours sincerely

Lisa Brennan
A/Executive Director
Child and Adolescent Community Health
6 November 2014
11.5 Appendix 5 – Modification of the National Survey

The original text in (black) is the La Trobe studies and the track changes in (red) represent the updates in the current study. These updates were made in consultation with Key Stakeholders including experts in academic research, education and policy making. E:\My Documents\Doctorate\Admin stuff\2014

The first National Survey of Australian Secondary Teachers of Sexuality Education

1st State National Survey of Western Australian Secondary Teachers Educators of Relationships/Sexuality Education

WELCOME

Thank you for participating in the 1st National Survey of Secondary Teachers of Sexuality Education.

Thank you for participating in the 1st Western Australian Survey of Educators of Sexuality Education.

The survey contains five sections:
1. the teaching workforce,
2. sexuality education – what, when and how does it happen,
3. your views and opinions,
4. your school policy on sexuality education, and
5. about you and your school.

Important terminology:
In the course of this survey we will repeatedly use the term ‘sexuality education’. For this study, sexuality education is defined as any instruction about human sexual development, the process of reproduction, or interpersonal relationships and sexual behaviour. It includes a variety of topics, such as discussions of puberty, male and female reproductive systems, pregnancy and childbirth, abstinence, contraception and birth control, sexually transmissible infections, HIV/AIDS, relationships, communication, and sexual decision making. Please keep this definition in mind when responding to the questions in this survey.

If you have any questions or experience technical difficulties completing this survey please contact Dr Marisa Schlichthorst on (03) 9285 5169 or email to
This survey might be circulated again next year. To enable us to match your anonymous data now with your responses later, please enter the name of your street and the last 4 digits of your mobile telephone number in the space below.

Street name:
Last 4 digits of your mobile telephone number:

Section A: THE WORKFORCE
1. Is sexuality education taught at your school (either as a special session or integrated into other areas of the curriculum)?
   ❑ Yes ➜ go to Question 2
   ❑ No ➜ go to Section E
   ❑ Not sure ➜ go to Section E

4. Have YOU taught sexuality education before? (Note: This was used as a filtering question. Participants who answered no were directed to the end of the survey via skip logic).
   ❑ No
   ❑ Yes (Please indicate how many years you have been teaching sexuality education)

2. Have you ever been OR are you currently the person who delivers curriculum-based sexuality education at your school
   ❑ Yes ➜ go to Question 3
   ❑ No ➜ go to Section E

3. What is your main subject area? Please select one of the below subject areas in which you teach most.
   ❑ Civics and citizenship
   ❑ English
   ❑ Food technology
   ❑ Health and physical education
   ❑ Home economics
   ❑ Science
   ❑ SOSE/Humanities
4. How many years have you been teaching sexuality education (including schools you worked at before)? Please write the number of years in the box below. Please use whole numbers counting from the start of your teaching career through to 2009.

**Years of teaching sexuality education:**

In 2015, how likely do you think it is that you will be involved in delivering sexuality education to students?

<table>
<thead>
<tr>
<th>Very unlikely</th>
<th>Unlikely</th>
<th>Likely</th>
<th>Very likely</th>
<th>certain</th>
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</table>

5. Have you completed any training related to sexuality education? Choose multiple options if applicable.

- No
- Yes, pre-service/undergraduate training in sexuality
- Yes, post graduate training in sexuality
- Yes, in service education face-to-face training in sexuality education
  - If yes, who provided the training?
- Yes, in service online training – Teaching Sexuality Education (Department of Education teachers only)

**Other (please specify)**

Please specify the undergraduate training you received related to sexuality education.

<table>
<thead>
<tr>
<th>Other (please specify)</th>
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</table>

Please specify the post graduate training in sexuality education.

What type of inservice training have you completed? (Choose multiple options if applicable) (Note: Included to reflect the WA situation)

- The Sexuality and Relationships Education (SRE) PD September 15th and 16th 2014 (Curtin University)
- Growing and Developing Healthy Relationships (GDHR Curriculum support resources and website, WA Health/WA Health Education Services (WAHES)/Concord)
- ABC's about the Birds and the Bees course (school health nurses only)
- Understanding Catholic Teaching about Human Sexuality (Catholic schools)
- Understanding Contemporary Moral Issues from a Catholic Perspective (Catholic schools)
- Human Sexuality in the K7
- Religious Education Program (Catholic schools)
- PASH (Sexual and Reproductive Health WA Formally FPWA)
- Nuts and Bolts (Sexual and Reproductive Health WA Formally FPWA)
- Mooditij Aboriginal (Sexual and Reproductive Health WA Formally FPWA)
- Respectful Relationships (Sexual Assault Resource Centre SARC)
- Sexuality Concepts Special needs (Sexuality Education Counseling and Consultancy Agency)
- Other (please specify)

In Western Australia there are currently no mandatory outcomes for teaching sexuality education. Please describe in the text box your motivation in participating in a professional development course related to teaching sexuality education.

6. What curriculum support resources did/do you use for your teaching of sexuality education? Choose multiple options if applicable. (Note: Added WA specific resources)
- Growing and Developing Healthy Relationships (WA State website)
- PASH, Nuts and Bolts, or Mooditij (Sexual and Reproductive Health WA formally called FPWA)
- Respectful Relationships (Sexual Assault Resource Centre)
- Choicez Media Resources (Catholic schools)
- Religious Education Program (Catholic schools)
- All About Growing Up, Me, Myself and I (School Health Nurses)
- Sexuality Concepts (Special needs Sexuality
- Education Counselling and Consultancy Agency)
- Mooditij (Aboriginal Family Planning WA)
- Kaiyai Girl (Aboriginal WA Health)
- Focus Schools’ Curriculum (South Australia)
- Teaching Sexual Health (NSW State website)
- Teacher Resource Centre (Queensland website)
Talking Sexual Health (National resource)
State curriculum package (e.g. Catching On (Victoria)
Growing and Developing Healthy Relationships
Family Planning materials such as ‘Teach It Like It Is’
Websites
DVD’s
CD Rom’s
Interactive Whiteboard Resources
Other, please specify

7. Who else besides yourself delivers curriculum-based sexuality education in your school? Please choose as many options as applicable.
Civics and citizenship teacher
English teacher
Food technology teacher
Health and physical education teacher
Home economics teacher
School Chaplain
School counsellor
School nurse/ Sexual Health Nurse
Science teacher
SOSE/Humanities teacher
Student welfare staff
Other, please specify

3. During 2014, have you engaged an educator to deliver sexuality education? (Choose multiple options if applicable). (Note: We want to know if teachers are sharing responsibility with others).
No
School Health Nurse
School Chaplain
School Counsellor
Sexual and Reproductive Health WA (Formally called FPWA)
WA AIDS Council
Respectful Relationships (Sexual Assault Resource Centre)
Sexuality Education Counselling and Consultancy Agency (SEECA)
YEP Crew (Youth Affairs Council)
Agents of YEAH (Youth Empowerment against HIV/AIDS)
Loving for Life (Catholic schools)
Natural Fertility Services (Catholic schools)
Other (please specify)

8. Did you teach sexuality education at least once in the 2009 school year?

- Yes → go to Question 9
- No → go to Section E

9. Did you team teach with anyone?

- No
- Yes, please specify the subject or job title of the person with whom you were team teaching:

10. In what format did you teach sexuality education in 2009? Choose more than one option if applicable. Did you teach sexuality education...

- in one special session or event
- as part of your health education program
- as part of another subject; please specify__________

11. What was the total number of hours you spent teaching sexuality education in each year level in 2009? Please give your best estimate. If you taught no hours, write 0.

- Hours taught in year 7 : _______
- Hours taught in year 8 : _______
- Hours taught in year 9 : _______
- Hours taught in year 10 : _______
- Hours taught in year 11 : _______
- Hours taught in year 12 : _______

In 2014, how often have YOU delivered lessons in sexuality education to students? (Note: This is to reflect the new bands of learning in the Australian Curriculum)

<table>
<thead>
<tr>
<th>K/F years</th>
<th>1&amp;2 years</th>
<th>3&amp;4 years</th>
<th>5&amp;6 years</th>
<th>7&amp;8 years</th>
<th>9&amp;10 years</th>
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<tbody>
<tr>
<td>never</td>
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<tr>
<td>1 hour</td>
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</table>
Approximately how many individual students did you teach sexuality education to in 2014?

Section B: SEXUALITY EDUCATION – WHAT, WHEN AND HOW

12. A list of sexuality education topics is provided below. Please indicate in which year level you covered these topics. Choose more than one year level if applicable. If you did not teach the topic in any year level please choose ‘None’. Year levels in which you covered the topic: Please indicate in which year level you covered OR will cover these topics during 2014. (Choose more than one year level if applicable. If you did not teach the topic in any year level please choose ‘None’). (Note: Department of Education made this suggested wording in order to make it more succinct)

(Note: This is to reflect the new bands of learning in the Australian Curriculum. Many statements were removed in the interest of brevity, and also based on the findings of the original survey that they were commonly taught. The Catholic Education Office requested for Natural Family Planning to be included).

<table>
<thead>
<tr>
<th>babies and stages of life</th>
<th>None</th>
<th>7 K/F</th>
<th>8 years 1&amp;2</th>
<th>9 years 3&amp;4</th>
<th>10 years 5&amp;6</th>
<th>11 years 7&amp;8</th>
<th>12 years 9&amp;10</th>
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</thead>
<tbody>
<tr>
<td>sexual and reproductive anatomy</td>
<td>None</td>
<td>7 K/F</td>
<td>8 years 1&amp;2</td>
<td>9 years 3&amp;4</td>
<td>10 years 5&amp;6</td>
<td>11 years 7&amp;8</td>
<td>12 years 9&amp;10</td>
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<tr>
<td>natural family planning (fertility awareness – identifying fertile and infertile times which includes lactational)</td>
<td>None</td>
<td>7 K/F</td>
<td>8 years 1&amp;2</td>
<td>9 years 3&amp;4</td>
<td>10 years 5&amp;6</td>
<td>11 years 7&amp;8</td>
<td>12 years 9&amp;10</td>
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<td>Reproduction (babies, pregnancy and birth)</td>
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<td>Birth control methods e.g., use of contraceptives and condoms</td>
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<td>Safe-sex practices including using condoms</td>
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<td>Abstinence from intercourse until ready</td>
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<td>Abstinence from intercourse until married</td>
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<tr>
<td>Where to go for birth control</td>
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<td>Emergency contraception</td>
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<td>HIV/AIDS</td>
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<td>Sexually transmissible infections other than and HIV/AIDS</td>
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<td>Dealing with emotional issues and consequences of being sexually active</td>
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<td>Sexual abuse and protective behaviour</td>
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<td>Puberty</td>
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<td>Factual information about termination of pregnancy</td>
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<td>How to manage peer influences</td>
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<td>Decision making specific to sexual activity</td>
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<td>Communication and negotiation skills with a sexual partner</td>
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<td>Sexual orientation/same sex attraction</td>
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<td>Different types of relationships and feelings—family and friends</td>
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<td>Teen parenthood</td>
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<td>How to avoid unwanted or unplanned sex</td>
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<td>Gender roles and stereotyping</td>
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<tr>
<td>Effects of alcohol/drug use on decision making</td>
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<td>The impact of media on sexuality and identity</td>
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<td>The impact of communication technology on sexuality and relationships</td>
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<td>How and where to find trustworthy information on sexuality issues</td>
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<tr>
<td>Sex acts other than intercourse</td>
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<td>Communicating with parents about sexuality issues</td>
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<td>Sex and ethics (respectful relationships)</td>
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<td>The pleasures of sexual behaviour/activity</td>
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</table>
13. For the topics that you have NOT taught what were the most common reasons for not teaching them? Choose multiple options if applicable.
- I felt pressured from the community/parents not to teach these topics.
- Our school policy did not support teaching these topics.
- I did not feel comfortable teaching these topics.
- I did not have the resources/funding to teach these topics.
- I did not have the right training to teach these topics appropriately.
- These topics were covered by another teacher.
- These topics were not part of the curriculum.
- Time constraints did not allow me to include these topics.
- Other, please specify

14. There are many different teaching and learning experiences an educator can include in a sexuality education session. Some of these are listed below. Please tell us how often you used these methods in your teaching during 2014 for sexuality education classes in the 2009 school year. (Note: The Catholic Education Office requested that educating for values be added)

<table>
<thead>
<tr>
<th>Method</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information session</td>
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<tr>
<td>Class discussion</td>
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<tr>
<td>Small group work</td>
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<tr>
<td>Audio visual material</td>
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<td>Fictional text/case study</td>
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<tr>
<td>Educating for values (used in Catholic schools)</td>
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<tr>
<td>Values clarification</td>
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<tr>
<td>Outside speaker</td>
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<tr>
<td>Interactive session</td>
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<tr>
<td>Excursion</td>
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</table>

Other (please specify)
15. Did you assess student learning in sexuality education against recognised learning outcomes for your State/Territory?

- Yes (please comment – what did you assess? How?) (Note: This was suggested by La Trobe)
- No, please explain briefly why not

How confident do you feel to teach sexuality education?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Not confident</th>
<th>Ok</th>
<th>Confident</th>
<th>Very confident</th>
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</thead>
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Section C: TEACHERS’ PERSPECTIVE

16. Do you feel you need assistance with teaching some sexuality education topics? What kind of assistance, if any, would help you teach about each of the following topics?

<table>
<thead>
<tr>
<th></th>
<th>I would not cover this topic</th>
<th>I do not need assistance</th>
<th>I need assistance with factual information</th>
<th>I need assistance with teaching materials</th>
<th>I need assistance with teaching strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproduction (babies, pregnancy and birth)</td>
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<tr>
<td>Birth control methods e.g., use of contraceptives and condoms</td>
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<tr>
<td>Safe sex practices including using condoms</td>
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<tr>
<td>Abstinence from intercourse until ready</td>
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<tr>
<td>Abstinence from intercourse until</td>
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<tr>
<td>Topic</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>married</td>
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<tr>
<td>Where to go for birth control</td>
<td></td>
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<tr>
<td>Emergency contraception</td>
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</tr>
<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Sexually transmissible infections—other than HIV/AIDS</td>
<td></td>
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<tr>
<td>Dealing ______ with emotional issues and consequences of being ______ sexually active</td>
<td></td>
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<tr>
<td>Sexual abuse and protective behaviour</td>
<td></td>
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<tr>
<td>Puberty</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Information about termination of pregnancy</td>
<td></td>
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</tr>
<tr>
<td>How to manage peer influences</td>
<td></td>
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<tr>
<td>Decision making specific to sexual activity</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Communication and negotiation skills with a sexual partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation/same sex attraction</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Relationships and feelings</td>
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<td></td>
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<tr>
<td>Teen parenthood</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>How to avoid unwanted or unplanned sex</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Gender roles and</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
17. Many sexuality topics are taught at several year levels in schools. In your opinion, when should the topics listed below be covered for the first time?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Never</th>
<th>Early Primary</th>
<th>Late Primary</th>
<th>Year 7-8</th>
<th>Year 8-9</th>
<th>Level 11-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproduction (babies, pregnancy and birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception and birth control methods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. You may have experienced both positive and negative forces that affect your teaching of sexuality education. The statements below describe possible barriers or facilitators in your educational environment. Please state to which degree you agree or disagree regarding your personal situation and experience.

**YOUR PERSONAL SITUATION**

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither disagree/nor agree</th>
<th>Somewhat agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am careful what sexuality topics I teach because of possible adverse community reaction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have the full support of my school administration to meet the sexuality education needs of my students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents generally support my efforts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
to meet the sexuality education needs of my students.

Students don’t feel comfortable talking with their teacher about sexuality.

I have access to the right training to provide the sexuality education needed.

There is insufficient time for teaching the amount of sexuality education needed.

<table>
<thead>
<tr>
<th>19. To what extent do the following statements describe your opinion on sexuality education and its impact on students? Please state your level of agreement regarding your personal opinion.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOUR PERSONAL OPINION</strong></td>
</tr>
<tr>
<td>All students are entitled to school-based sexuality education.</td>
</tr>
<tr>
<td>Providing information about birth control and safe sex encourages young people to have sex.</td>
</tr>
</tbody>
</table>
Information about birth control and safe sex should be given whether young people are sexually active or not.

Abstinence should be taught as the only option for preventing pregnancy and sexually transmissible infections.

Sexually abstinent students who are taught about contraceptives are more likely to become sexually active.

Sexuality education is the responsibility of parents and should not be taught at schools at all.

Sexuality education is a shared responsibility of parents and schools.

Sexual orientation and same sex issues should not be included in sexuality education at school.

Teaching about feelings and relationships gives students a good foundation to manage their own sexual
**health and safety:**

- Sex before marriage is acceptable.
- Homosexuality is always wrong.
- Abortion is always wrong.

---

20. Overall, how satisfied were you with:

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither / nor</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>...the sexuality education curriculum you taught most recently</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>...the school policy on sexuality education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...the school support for your teaching of sexuality education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...the parents/community support for your teaching of sexuality education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...training available to you for the teaching of sexuality education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...the resources available for the teaching of sexuality education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...the external support network available to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. In your opinion, how effective is today’s sexuality education in Australian Secondary Schools with regard to the objectives listed below?

<table>
<thead>
<tr>
<th>Objective</th>
<th>Not at all effective</th>
<th>Hardly effective</th>
<th>Somewhat effective</th>
<th>Very effective</th>
<th>Extremely effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing knowledge and understanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploring feelings, values and attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing and strengthening skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoting and sustaining risk-reducing behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Please select all applicable options to the following questions. Do you think sexuality education should…

- [ ] not be taught at school
- [ ] be voluntary for students
- [ ] be part of the national curriculum
- [ ] be mandated in the health curriculum
- [ ] be taught in a cross-curricular manner where possible
- [ ] be taught in some other subjects; please specify ___________________________

23. Please list THREE things that would help you most in improving the delivery of sexuality education to secondary students. Please handwrite your responses in the boxes below.

First:
Second:
Third:

Section D: SCHOOL POLICY

24. Does your school follow a policy on teaching sexuality education?
25. Different jurisdictions across Australia usually have different requirements for how sexuality education is taught at school. Does your school require that ...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>… a school sexuality education policy is followed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>… there is a whole school approach to sexuality education?</td>
<td></td>
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</tr>
<tr>
<td>… you notify/inform parents about the topics that will be covered in sexuality education?</td>
<td></td>
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<tr>
<td>… you ask for parental permission for students to attend sexuality education classes?</td>
<td></td>
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<tr>
<td>… you inform parents that they have the option of removing their child from sexuality education classes?</td>
<td></td>
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<tr>
<td>… you give parents the opportunity to review curriculum content?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>… different cultural and ethical backgrounds are taken into account?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>… sexual diversity is accounted for?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>… sexuality education is taught in a cross curricular manner?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other (please specify)*

26. In your opinion, who or what has had an influence on determining the sexuality education topics that you taught in 2014? Please give an indication of how much influence you think the listed authorities/groups have had.
<table>
<thead>
<tr>
<th>Influence at all</th>
<th>A little influence</th>
<th>Some influence</th>
<th>A lot of influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Authorities (Federal Government/State Government/Diocesan office/Regional Catholic Education Office)</td>
<td></td>
<td></td>
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<tr>
<td>School (ie. Cultural/religious values of the community/school)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>School policy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Faculty/curriculum area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal values and beliefs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural/religious values of the community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available curriculum and other resources/teaching material</td>
<td></td>
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<tr>
<td>Available training, workshops, ongoing support</td>
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<tr>
<td>Your own feelings of confidence and competence</td>
<td></td>
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<tr>
<td>Crowded curriculum</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Other (please specify)

27. Is there any information that is not included in your sexuality education curriculum that you feel students need to know?

Section E: ABOUT YOU and YOUR SCHOOL

28. Are you male or female?
- [ ] Male
- [ ] Female
- [ ] Other
29. What is your age? Please type your age in years in the box below. Please use whole numbers.

years of age

30. Do you hold
   ☐ an undergraduate degree, please specify
   ☐ a graduate degree, please specify

31. What type of school do you currently work at? Please select one option in each list.
   ☐ Government
   ☐ Independent
   ☐ Catholic
   ☐ Agency or organisation
   Other (please specify)

Do you teach a large proportion of any of the following priority populations: (Choose multiple options if applicable)
   ☐ Young people
   ☐ Aboriginal and Torres Strait Islander peoples
   ☐ At risk youth (street youth)
   ☐ English as a second language or CALD
   ☐ Youth in custodial settings (youth detention)
   ☐ Special needs students
   Other (please specify)

32. Is your school
   ☐ for boys only
   ☐ for girls only
   ☐ co-educational

33. Please type the postcode of your school into the field below:

Your school postcode: (Note:-The Department of Education did not want postcodes used in order to maintain confidentiality).

34. Is your school in
   ☐ Australian Capital Territory
   ☐ New South Wales
   ☐ Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

- North Metropolitan area (Perth to Yanchep)
- South Metropolitan area (South Perth to Mandurah)
- Rural area (Great Southern, Midwest, South West, Wheatbelt)
- Remote area of Midwest, South West, or Wheatbelt
- Remote area (Goldfields, Kimberley and Pilbara)

35. Is your school in a
- Capital city
- Regional town/city
- Rural area
- Remote area

North Metro
Please specify the area of your school in the North Metro area

- Bassendean, Town of
- Bayswater, City of
- Cambridge, Town of
- Claremont, Town of
- Cottesloe, Town of
- Joondalup, City of
- Mosman Park, Town of
- Nedlands, City of
- Peppermint Grove (plus suburbs of North Fremantle, Wembley Downs and Churchlands), Shire of
- Perth, City of
- Stirling, City of
- Subiaco, City of
- Swan, City of
- Vincent, City of
- Wanneroo, City of
Other (please specify)

South Metro
Please specify the area of your school in the South Metro area

- Armadale, City of
- Belmont, City of
- Canning, City of
- Cockburn, City of
- East Fremantle, City of
- East Metropolitan Regional Council
- Fremantle, City of
- Gosnells, City of
- Kalamunda, Shire of
- Kwinana, City of
- Mandurah, City of
- Melville, City of
- Mundaring, Shire of
- Rockingham, City of
- SerpentineJarrahdale, Shire of
- South Metropolitan Regional Council
- South Perth, City of
- Victoria Park, Town of
Other (please specify)

Rural area
Please specify the rural area

- Great Southern
- Midwest
- South West
- Wheatbelt
Other (please specify)

Remote area of Midwest, South West, or Wheatbelt
- Midwest
- South West
- Wheatbelt
Remote area
Please specify the remote area
- Goldfields
- Kimberly
- Pilbara

What type of educator are you?
- Primary school teacher
- Year coordinator
- School Principal
- School Chaplain
- School Counsellor
- Secondary school teacher
- School health nurse
- Non government organisation educator
- Freelance educator
- Other (please specify)

36. What is the school’s total secondary enrolment? Please write the total number of students in the box below.

Students

Section F: Final question

37. Before you post your survey to La Trobe University is there anything else that you would like to tell us?

THANK YOU FOR YOUR PARTICIPATION.

**The next section is applicable to Secondary School Teachers only.

National Survey of Australian Secondary Students and Sexual Health 2013

The following are questions about Human immunodeficiency virus (HIV). Please check a box for each question to show whether you think the answer is yes or no.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Could a woman get HIV (the AIDS virus) through having sex with a man?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If someone with HIV coughs or sneezes near other people, could they get the virus?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Could a man get HIV through having sex with a man?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Could a person get HIV from mosquitoes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. If a woman with HIV is pregnant, could her baby become infected with HIV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Could a person get HIV by hugging someone who has it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does the pill (birth control) protect a woman from HIV infection?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Could a man get HIV through having sex with a woman?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. If condoms are used during sex does this help to protect people from getting HIV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Could someone who looks very healthy pass on HIV infection?</td>
<td></td>
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</tr>
</tbody>
</table>
The following are statements about sexually transmissible infections (STIs). Please tick a box for each question to show whether you think the statement is true or false.

<table>
<thead>
<tr>
<th>Yes True</th>
<th>No False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone can have a sexually transmissible infection without any obvious symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Chlamydia is a sexually transmissible infection that affects only women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Chlamydia can lead to sterility among women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Once a person has caught genital herpes, then they will always have the virus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Possible symptoms of STIs include (tick all that apply)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge from penis or vagina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain or discomfort when urinating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular soreness in the thighs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumps and bumps in genital area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discoloured skin in the genital area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A rash in the genital area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following are statements about bloodborne viruses (BBVs). Please ✓ a box for each question to show whether you think the statement is true or false
The following are statements about the Human papillomavirus (HPV). Please ✔ a box for each question to show whether you think the answer is True or False.

<table>
<thead>
<tr>
<th></th>
<th>Yes True</th>
<th>No False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard of the HPV virus?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. HPV affects only or mainly men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. HPV affects only or mainly women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. HPV affects both men and women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. HPV is virus that causes genital warts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. HPV causes cervical cancer in women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. HPV causes cancers of the head and throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Using condoms when you have sex gives complete protection against HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. You can’t tell if you have HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Being infected always leads to cervical cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Vaccinating young people against HPV would encourage them to become sexually active</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The vaccination</td>
<td></td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>won’t work if a person is already sexually active</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The vaccine gives you HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. My GP can give the vaccine free of charge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. If a woman has had the vaccination she also needs to have regular pap tests</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
11.6 Appendix 6 – Letter to Principals of Government Schools

1st State survey of West Australian Educators of relationships/sexuality education

Consent Form for Department of Education Site Managers

• I have read this document and understand the aims, procedures, and risks of this project, as described in it.

• For any questions I may have had, I have taken up the invitation to ask those questions, and I am satisfied with the answers I received.

• I am willing for this school to become involved in the research project, as described.

• I understand that participation in the project is entirely voluntarily.

• I understand that the participants are free to withdraw participation at any time prior to submitting the anonymous survey, without affecting the relationship with the research team.

• I understand that this research may be published provided that the participants or the school are not identified in any way.

• I understand that the WA Department of Education will be provided with a copy of the findings from this research upon its completion.
Name of Site Manager (printed):

Signature:

Please scan and email back to emck2200@uni.sydney.edu.au.

Or mail to:

Erin McKay
PO Box 4041
WA 6133
Australia
1st State survey of West Australian Educators of relationships/sexuality education

Dear Principal,

The Australian Curriculum for Health and Physical Education is now available for teachers to trial. From year three onwards, teachers will soon be required to meet content descriptors for the health context of learning for relationships and sexuality education.

We are conducting a research project that aims to compare WA teachers participation in PD opportunities and the impact on their knowledge, and classroom practices specific to sexual health education to the results of the 1st National Survey of Australian Secondary Teachers of Sexuality Education study (La Trobe, 2010).

This research study will contribute towards the PhD candidature of Erin McKay, a University of Sydney student. The results will be made available to the WA Department of Education and will assist in supporting teachers to deliver the new Australian Curriculum.

We would like to invite all the teachers at your school to take part in the research study. Obtaining a baseline needs assessment of teacher’s comfort, confidence and knowledge levels will assist in informing future professional development and support for schools to deliver this sensitive topic area.

This study is of particular importance, considering the investments made by both the WA Departments of Health and Education since 2002 in providing sexual health education curriculum support resources (www.gdhr.wa.gov.au) and professional development opportunities. Additionally, since 2012 an online professional learning course has been available via the portal for Department of Education teachers – Teaching Sexuality Education.

Is this research approved?

- The research has been approved by Human Research Ethics Committee of the University of Sydney, and has met the policy
requirements of the Department of Education Office of Western Australia as indicated in the attached letter.

What does participation in the research project involve?
I seek your willingness to support this valuable research by:

**Forwarding the attached advert to teachers:** The survey will take approximately 5-10 minutes to complete and is anonymous. Participants are provided an opportunity to enter into a draw for an iPad as an incentive.

**Provide consent for your school to participate:** Please reply to this email that you agree for your school to participate. Attached are the details of the study, consent form, and a copy of the DoE approval letter.

Kind regards,

Erin McKay

1st State survey of West Australian Educators of relationships/sexuality education

Participant Information Statement

**To what extent is participation voluntary, and what are the implications of withdrawing that participation?**

Participation in this research project is entirely voluntary. Participants will be prompted to provide an anonymous identifier in order to potentially match responses should the study be repeated again in future years.

If any member of a participant group decides to participate and then later changes their mind, they are able to withdraw their participation at any time prior to submitting their anonymous survey.
There will be no consequences relating to any decision by an individual or the School regarding participation, other than those already described in this letter. Decisions made will not affect the relationship with the research team or the Department of Education.

What will happen to the information collected, and is privacy and confidentiality assured?

Data will be collected via an online hyperlink to a survey account such as Survey Monkey. This is a confidential and anonymous online survey tool. No identifying indicators will be requested. Participant data will be matched via the last four digits of their phone number and street name. The data is then stored securely in a password protected website and can only be accessed by Erin McKay and her supervisor Steven Cumming. The data will be stored for a minimum period of 7 years, after which time it will be destroyed. This will be achieved by the closing down of the online account.

Participant privacy, and the confidentiality of information disclosed by participants, is assured at all times. The data will be used only for this project, and will not be used in any extended or future research without first obtaining explicit written consent from participants.

Consistent with The Department of Education Office policy, a summary of the research findings will be made available to the participating site(s) and the Department. You can expect this to be available by the end of 2014.

Who do I contact if I wish to discuss the project further?

If you would like to discuss any aspect of this study with a member of the research team, please contact me on the number provided below. If you wish to speak with an independent person about the conduct of the project, please contact The Manager, Human Ethics Administration, University of Sydney on +61 2 8627 8176 (Telephone); +61 2 8627 8177 (Facsimile) or ro.humanethics@sydney.edu.au (Email).

How do I indicate my willingness for the teachers at this school to be involved?

If you have had all questions about the project answered to your satisfaction, and are willing for the teachers at your school to participate, please complete the Consent Form on the following page and forward on the survey advert.

This information letter is for you to keep.
Consent Form for Department of Education Site Managers

Consent Form

• I have read this document and understand the aims, procedures, and risks of this project, as described in it.

• For any questions I may have had, I have taken up the invitation to ask those questions, and I am satisfied with the answers I received.

• I am willing for this school to become involved in the research project, as described.

• I understand that participation in the project is entirely voluntarily.

• I understand that the participants are free to withdraw participation at any time prior to submitting the anonymous survey, without affecting the relationship with the research team.

• I understand that this research may be published provided that the participants or the school are not identified in any way.

• I understand that the WA Department of Education will be provided with a copy of the findings from this research upon its completion.

Name of Site Manager (printed):

Signature: ____________________________ Date: / /2013

Please scan and email back to emck2200@uni.sydney.edu.au.
ALL EDUCATORS CAN PARTICIPATE IN STUDY

(Teachers, School Nurses, Chaplains, Counsellors, Educators, etc.)

The Australian Curriculum for Health and Physical Education is now available for teachers to trial. From year three onwards, teachers will soon be required to meet content descriptors for the health context of learning for relationships and sexuality education.

This is your opportunity to share your experiences and help to improve the provision of relationships and sexuality education in Western Australia.

The study aims to obtain a baseline needs assessment of educators’ comfort, confidence and knowledge levels. This will assist in informing future professional development and support for schools to deliver this sensitive topic area.
The survey will take approximately 5-10 minutes to complete and is anonymous. Participants are provided an opportunity to enter into a draw for an iPad as an incentive.

To access the survey please follow this link –

Thank you very much for sharing your experiences with us. We look forward to receiving your responses.

Kind regards,

Erin McKay
ALL EDUCATORS CAN PARTICIPATE IN STUDY

(Primary and Secondary School Teachers, School Nurses, Chaplains, Counsellors, Educators, etc.)

Enter for your chance to win a new IPAD

And get a free Swag Bag!

The Australian Curriculum for Health and Physical Education is now available for teachers to trial. From year three onwards, teachers will soon be required to meet content descriptors for the health context of learning for relationships and sexuality education.

This is your opportunity to share your experiences and help to improve the provision of relationships and sexuality education in Western Australia.

The study aims to obtain a baseline needs assessment of educators’ comfort, confidence and knowledge levels. This will assist in informing future professional development and support for schools to deliver this sensitive topic area.
The survey will take approximately 5-10 minutes to complete and is anonymous. Participants are provided an opportunity to enter into a draw for an iPad as an incentive.

All participants are eligible to receive a free swag bag including resource materials and offer to book free peer educators from YEAH (Youth Empowerment Against HIV/AIDS).

**To access the survey please follow this link –**

Thank you very much for sharing your experiences with us. We look forward to receiving your responses.
State Survey of West Australian Educators of Relationships / Sexuality Education

The Australian Curriculum for Health and Physical Education is now available for teachers to trial. From year three onwards, teachers will soon be required to meet content descriptors for the health context of learning for relationships and sexuality education.

This is your opportunity to share your experiences and help to improve the provision of relationships and sexuality education within Western Australia.

The study aims to obtain a baseline needs assessment of educators’ comfort, confidence and knowledge levels. This will assist in informing future professional development and support for schools to deliver this sensitive topic area.

The survey will take approximately 5-10 minutes to complete and is anonymous. Participants are provided an opportunity to enter into a draw for an iPad as an incentive.

All participants are eligible to receive a free swag bag including resource materials and offer to hook free peer educators from YEAH (Youth Empowerment Against HIV/AIDS).

Thank you very much for sharing your experiences with us. We look forward to receiving your responses.
11.9 Appendix 9 – 2014 Adjustments to Survey Questionnaire in Track Changes

1st Western Australian Survey of Educators of Sexuality Education.

Based on stakeholder feedback the following edits have been made:

- All references to "teachers" has been replaced with "educators". Mainly this was within the PIS.
- Question 9 - we have now removed "the listed authorities/groups". Now the question reads, "In your opinion, who or what has had an influence on determining the sexuality education topics that you taught in 2014? (Please give an indication of how much influence these factors have had)."
- Question 17 – added "The Sexuality and Relationships Education (SRE) September 15th and 16th (Curtin University)."
- Page 22 - Added "swag bag – including resource materials and offer for free peer educators from YEAH (Youth Empowerment Against HIV/AIDS) (Secondary school teachers only)."
- Question 33 - Added "Coolbellup" to postal address.
1. Participant Information Statement

[Click "yes" at the bottom of the page to continue]

(1) What is the study about?

You are invited to participate in a study investigating the depth of relationship and sexuality education provided in WA and identifying educators' professional development needs.

The survey contains seven sections:
A. Teaching practice (sexuality education – what, when and how does it happen).
B. Opinions, values and attitudes
C. Skills, comfort and confidence
D. Environment
E. Training
F. Demographics (About you and your school)
G. Knowledge (Secondary school teachers only)

(2) Who is carrying out the study?

The study is being conducted by The University of Sydney under the supervision of Dr. Stevan Cumin, Associate Professor. This research study will contribute towards the PhD candidature of Erin McKay, a University of Sydney student. The results will be made available to the WA Department of Education and Catholic Education Office. This will assist in supporting educators to deliver the new Australian Curriculum.

(3) What does the study involve?

The study involves a brief anonymous on-line questionnaire (also available in hard copy).

The nature of the questions are similar to National studies such as:
1. Sexuality Education in Australian Secondary Schools (Smith et al. 2014)

(4) How much time will the survey take?

The questionnaire should take 5 - 10 minutes to complete. (Skip logic is applied and the time taken will vary depending on your experience teaching sexuality education)

(5) Can I withdraw from the study?

Participation in this study is completely voluntary and you are not under any obligation to consent to complete the questionnaire/survey. Submitting a completed questionnaire/survey is an indication of your consent to participate in the study. You can withdraw at any time prior to submitting your completed questionnaire/survey. Once you have submitted your questionnaire/survey anonymously, your responses cannot be withdrawn.

(6) Will anyone else know the results?

All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?

Page 1
Sexuality Education in Western Australian Schools - 2014

We cannot and do not guarantee or promise that you will receive any benefits from the study.

(8) Can I tell other people about the study?
Yes.

(9) What if I require further information about the study or my involvement in it?
When you have read this information, you may contact Steven Cumming, PhD to discuss it further and answer any questions you may have. Email: steven.cumming@sydney.edu.au

(10) What if I have a complaint or any concerns?
Any person with concerns or complaints about the conduct of a research study can contact The Manager, Human Ethics Administration, University of Sydney on +61 2 6029 3176 (Telephone); +61 2 6029 8177 (Facsimile) or 10.humanethics@sydney.edu.au (Email).

*1. I agree to the terms and conditions of this research study.

☐ Yes

2. Welcome!

Thank you for participating in the 1st Western Australian Survey of Educators of Sexuality Education.

Important terminology:
In the course of this survey we will repeatedly use the term 'sexuality education'. For this study, sexuality education is defined as any instruction about human sexual development, the process of reproduction, or interpersonal relationships and sexual behaviour. It includes a variety of topics, such as discussions of puberty, male and female reproductive systems, pregnancy and childbirth, abstinence, contraception and birth control, sexually transmissible infections, HIV/AIDS, relationships, communication, and sexual decision making. Please keep this definition in mind when responding to the questions in this survey.

*2. This survey might be circulated again next year. To enable us to match your anonymous data now with your responses later, please enter the name of your street and the last 4 digits of your mobile telephone number in the space below.

Street name: ____________________________
Last 4 digits of your mobile telephone number: ____________________________

3. A. Teaching practice (sexuality education - what, when and how does it happen...
3. During 2014, have you engaged an educator to deliver sexuality education? (Choose multiple options if applicable).

- [ ] No
- [ ] School Health Nurse
- [ ] School Chaplain
- [ ] School Counselor
- [ ] Family Planning WA
- [ ] WA AIDS Council
- [ ] Respectful Relationships (Sexual Assault Resource Centre)
- [ ] Sexuality Education Counselling and Consultancy Agency (SECCA)
- [ ] YEP Crew (Youth Affairs Council)
- [ ] Agents of YEAH (Youth Empowerment against HIV/AIDS)
- [ ] Living for Life (Catholic schools)
- [ ] Natural Fertility Services (Catholic schools)

Other (please specify)

4. Have YOU taught sexuality education before?

- [ ] No

Yes (Please indicate how many years you have been teaching sexuality education)
Sexuality Education in Western Australian Schools - 2014

5. What curriculum support resources do you use for your teaching of sexuality education? (Choose multiple options if applicable).

- Growing and Developing Healthy Relationships (WA State website)
- PASH (Family Planning WA)
- Respectful Relationships (Sexual Assault Resource Centre)
- Choose Media Resources (Catholic schools)
- Religious Education Program (Catholic schools)
- All About Growing Up, Me, Myself and I (School Health Names)
- Sexuality Concepts (Special needs - Sexuality Education Counselling and Consultancy Agency)
- Moolool (Aboriginal - Family Planning WA)
- Kairali Girl (Aboriginal - WA Health)
- Talking Sexual Health (National resource)
- Outback Ox (Victoria)
- Renou School's Curriculum (South Australia)
- Teaching Sexual Health (NSW State website)
- Teacher Resource Centre (Queensland website)

Other (please specify)


6. In 2014, how often have YOU delivered lessons in sexuality education to students?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>K/F</th>
<th>years 1-6</th>
<th>years 7&amp;8</th>
<th>years 9&amp;10</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
<td></td>
<td></td>
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<tr>
<td>2 hours</td>
<td></td>
<td></td>
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<tr>
<td>3-5 hours</td>
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<tr>
<td>6-10 hours</td>
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<tr>
<td>11-15 hours</td>
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<tr>
<td>16-20 hours</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20+ hours</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Other (please specify)


7. Approximately how many individual students did you teach sexuality education to in 2014?
8. Please indicate in which year level you covered OR will cover these topics during 2014. (Choose more than one year level if applicable. If you did not teach the topic in any year level please choose ‘None’).

<table>
<thead>
<tr>
<th>Topic</th>
<th>None</th>
<th>KF</th>
<th>years 1 &amp; 2</th>
<th>years 3 &amp; 4</th>
<th>years 5 &amp; 6</th>
<th>years 7 &amp; 8</th>
<th>years 8 &amp; 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different types of relationships - families and friendship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies and stages of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender roles and stereotyping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual and reproductive anatomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective behaviours</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with parents about sexuality issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The impact of media on sexuality and identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproduction (babies, pregnancy and birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence from intercourse until married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence from intercourse until 18 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to manage peer influences</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Birth control methods e.g.: use of contraceptives and condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural family planning (Fertility awareness - identifying fertile and infertile times which includes lactational amenorrhoea)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmissible infections and HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision making specific to sexual activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects of alcohol/drug use on decision making</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Communication and negotiation skills with a sexual partner</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sexual orientation/same sex attraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The impact of communication technology on sexuality and relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## 5. B. Opinions, values, attitudes

9. In your opinion, who or what has had an influence on determining the sexuality education topics that you taught in 2014? Please give an indication of how much influence you think the listed authorities/groups have had.

<table>
<thead>
<tr>
<th>Higher Authorities (Federal Government/State Government/Catholic Education Office)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (i.e., cultural/religious values of the community/school)</td>
</tr>
<tr>
<td>School policy</td>
</tr>
<tr>
<td>Faculty/curriculum area</td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Media</td>
</tr>
<tr>
<td>Personal values and beliefs</td>
</tr>
<tr>
<td>Cultural/religious values of the community</td>
</tr>
<tr>
<td>Available curriculum and other resources/teaching material</td>
</tr>
<tr>
<td>Available training, workshop, ongoing support</td>
</tr>
<tr>
<td>Your own feeling of confidence and competence</td>
</tr>
<tr>
<td>Crowded curriculum</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

## 6. C. Skill, comfort and confidence
**Sexuality Education in Western Australian Schools - 2014**

10. There are many different teaching and learning experiences an educator can include in a sexuality education session. Some of these are listed below. Please tell us how often you used these methods in your teaching during 2014 for sexuality education classes.

<table>
<thead>
<tr>
<th>Method</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information session</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Class discussion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Small group work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Audiovisual material</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fictional text exercise study</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Educating for values (used in Catholic schools)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Values clarification</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Outside speaker</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emergency session</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Discussion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other (please specify):

11. Did you assess participant learning in sexuality education?

☐ No

Yes (please comment - what did you assess? how?)

12. How confident do you feel to teach sexuality education?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Not confident</th>
<th>OK</th>
<th>Somewhat confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comment:

7. D. Environment
### Sexuality Education in Western Australian Schools - 2014

13. Different jurisdictions across Australia usually have different requirements for how sexuality education is taught at school. Does your school require that...

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a school sexuality education policy is followed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>there is a whole school approach to sexuality education?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you notify/notify parents about the topics that will be covered in sexuality education?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you ask for parental permission for students to attend sexuality education classes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you inform parents that they have the option of removing their child from sexuality education classes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you give parents the opportunity to review curriculum content?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>different cultural and ethical backgrounds are taken into account?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sexual diversity is accounted for?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sexuality education is taught in a cross-curricular manner?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (please specify):

---

### B. E. Training

14. In 2015, how likely do you think it is that you will be involved in delivering sexuality education to students?

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Very unlikely</th>
<th>Unlikely</th>
<th>Likely</th>
<th>Very likely</th>
<th>Certain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sexuality Education in Western Australian Schools - 2014

15. Have you completed any training related to SEXUALITY education? (Choose multiple options if applicable).
   - [ ] No
   - [ ] Yes, preservice undergraduate training
   - [ ] Yes, postgraduate training
   - [ ] Yes, in-service face-to-face training
   - [ ] Yes, in-service online training - Teaching Sexuality Education (Department of Education teachers only)
   - Other (please specify):

9.

16. Please specify the undergraduate training you received related to sexuality education.

17. What type of in-service training have you completed? (Choose multiple options if applicable)
   - [ ] Growing and Developing Healthy Relationships (GDHHR Curriculum support resources and websites, WA Health/WA Health Education Services (WAHES/Concept))
   - [ ] The Sexuality and Relationships Education (SRE) September 14th and 15th (Gurtin University) [Added course]
   - [ ] ABC’s about the Rings and the Bones course (school health nurses only)
   - [ ] Understanding Catholic Teaching about Human Sexuality (Catholic schools)
   - [ ] Understanding Contempory Moral Issues from a Catholic Perspective (Catholic schools)
   - [ ] Human Sexuality in the K-7 Religious Education Program (Catholic schools)
   - [ ] PASH (Family Planning WA)
   - [ ] Meced (Aboriginal-Family Planning WA)
   - [ ] Respectful Relationships (Sexual Assault Resource Centre)
   - [ ] Sexuality Concepts (Spica sexual education and consultancy Agency)
   - Other (please specify):

11.
Sexuality Education in Western Australian Schools - 2014

18. Please specify the pre-service/undergraduate training in sexuality education

19. In Western Australia there are currently no mandatory outcomes for teaching sexuality education. Please describe within the text box your motivation in participating in a professional development course related to teaching sexuality education.

20. Please list THREE things that would help you most in improving the delivery of sexuality education to secondary students.

<table>
<thead>
<tr>
<th>First</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
</table>

13. F. Demographics (ABOUT YOU and YOUR SCHOOL)

21. What type of school do you currently work at?

- Government
- Independent
- Catholic
- Agency or organization
- Other (please specify)

22. Do you teach a large proportion of any of the following priority populations? (Choose multiple options if applicable)

- Young people
- Aboriginal and Torres Strait Islander peoples
- At-risk youth (street youth)
- English as a second language or CALD
- Youth in custodial settings (youth detention)
- Special needs students
- Other (please specify)
23. What is your gender?
- Male
- Female
- Other

24. What is your age? Please type your age in years in the box below using whole numbers.

25. Is your school in
- North Metropolitan area (Perth to Yanchep)
- South Metropolitan area (South Perth to Mandurah)
- Rural area (Great Southern, Midwest, South West, Wheatbelt)
- Remote area of Midwest, South West, or Wheatbelt
- Remote area (Goldfields, Kimberley and Pilbara)

14. North Metro
26. Please specify the area of your school within the North Metro area

- Bassendean, Town of
- Bayswater, City of
- Cambridge, Town of
- Claremont, Town of
- Cottesloe, Town of
- Joondalup, City of
- Mosman Park, Town of
- Nedlands, City of
- peppermint Grove (plus suburbs of North Fremantle, Wembley Downs and Churchlands), Shire of
- Perth, City of
- Stirling, City of
- Subiaco, City of
- Swan, City of
- Yokine, City of
- Wanneroo, City of

Other (please specify):

15. South Metro
Sexuality Education in Western Australian Schools - 2014

27. Please specify the area of your school within the South Metro area

☐ Armadale, City of
☐ Belmont, City of
☐ Canning, City of
☐ Cockburn, City of
☐ East Fremantle, City of
☐ East Metropolitan Regional Council
☐ Fremantle, City of
☐ Gosnells, City of
☐ Kalamunda, Shire of
☐ Kalamunda, City of
☐ Mandurah, City of
☐ Meelville, City of
☐ Mundaring, Shire of
☐ Rockingham, City of
☐ Serpentine-Jarrahdale, Shire of
☐ South Metropolitan Regional Council
☐ South Perth, City of
☐ Victoria Park, Town of
Other (please specify)

16. Rural area

28. Please specify the rural area

☐ Great Southern
☐ Midwest
☐ South West
☐ Wheatbelt
Other (please specify)

17. Remote area of Midwest, South West, or Wheatbelt
Sexuality Education in Western Australian Schools - 2014

25. Please specify the remote area
   - Midwest
   - South West
   - Wheatbelt

18. Remote area

30. Please specify the remote area
   - Goldfields
   - Kimberley
   - Pilbara

19. G. Knowledge

31. What type of educator are you?
   - Primary school teacher
   - Year coordinator
   - School Principal
   - School Chaplain
   - School Counsellor
   - Secondary school teacher
   - School health nurse
   - Non government organisation educator
   - Freelance educator
   
   Other (please specify):

20. 

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Sexuality Education in Western Australian Schools - 2014

32. What is your main subject area? (Please select one of the below subject areas in which you teach most).

- [ ] Health and physical education
- [ ] Civics and citizenship
- [ ] English
- [ ] Food technology
- [ ] Home economics
- [ ] Science
- [ ] SOCE/Humanities
- Other (please specify)  

21.

33. The following are statements about sexually transmissible infections (STIs). Please tick a box for each question to show whether you think the statement is true or false:

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone can have a sexually transmissible infection (STI) without any symptoms.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia is a sexually transmissible infection that affects only women.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia can lead to sterility among women.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a person has caught genital herpes, then they will always have the virus.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34. Possible symptoms of STIs include (tick all that apply):

- [ ] Discharge from penis or vagina
- [ ] Pain or discomfort when urinating
- [ ] Muscular soreness in the thighs
- [ ] Lumps and bumps in genital area
- [ ] Sore throat
- [ ] Discoloured skin in the genital area
- [ ] A rash in the genital area

Page 15
35. The following are statements about the Human papillomavirus (HPV). Please √ a box for each question to show whether you think the statement is true or false.

- Have you heard of the HPV virus? (Yes/No/Don't know)
- HPV affects only men or mainly men (Yes/No/Don't know)
- HPV affects only women (Yes/No/Don't know)
- HPV affects both men and women (Yes/No/Don't know)
- HPV is a virus that causes genital warts (Yes/No/Don't know)
- HPV causes cervical cancer in women (Yes/No/Don't know)
- HPV causes cancer of the head and throat (Yes/No/Don't know)
- Using condoms when you have sex gives complete protection against HPV (Yes/No/Don't know)
- You can tell if you have HPV (Yes/No/Don't know)
- Being infected always leads to cervical cancer (Yes/No/Don't know)
- The vaccine won’t work if the person is already infected (Yes/No/Don't know)
- The vaccine gives you HPV (Yes/No/Don't know)
- A G.P. can give the vaccine free of charge (Yes/No/Don't know)
- If a woman has had the vaccination she also needs to have regular pap tests (Yes/No/Don't know)

36. The following are statements about blood-borne viruses (BBVs). Please √ a box for each question to show whether you think the statement is true or false.

- People who have injected drugs are not at risk for Hepatitis C (True/False/Don't know)
- Hepatitis C can be transmitted by tattooing and body piercing (True/False/Don't know)

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Sexuality Education in Western Australian Schools - 2014

37. The following are statements about Human immunodeficiency virus (HIV). Please ✓ a box for each question to show whether you think the statement is true or false.

- Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?  
  □ Yes  □ No  □ I'm not sure

- Could a woman get HIV (the AIDS virus) through having sex with a man?  
  □ Yes  □ No  □ I'm not sure

- If someone with HIV coughs or sneezes near other people, could they get the virus?  
  □ Yes  □ No  □ I'm not sure

- Could a man get HIV through having sex with a man?  
  □ Yes  □ No  □ I'm not sure

- Could a person get HIV from a mosquito?  
  □ Yes  □ No  □ I'm not sure

- If a woman with HIV is pregnant, could her baby become infected with HIV?  
  □ Yes  □ No  □ I'm not sure

- Could a person get HIV by sharing someone who has it?  
  □ Yes  □ No  □ I'm not sure

- Does the pill (birth control) protect a woman from HIV infection?  
  □ Yes  □ No  □ I'm not sure

- Could a man get HIV through having sex with a woman?  
  □ Yes  □ No  □ I'm not sure

- If condoms are used during sex does this help to protect people from getting HIV?  
  □ Yes  □ No  □ I'm not sure

- Could someone who looks very healthy pass on HIV infection?  
  □ Yes  □ No  □ I'm not sure

22. This is the end of the survey.

Thank you for participating! Your comments have been very valuable and we appreciate your support for this research.

Please email emoci2200@uni.sydney.edu.au for the following:
- to be included in the draw for an iPad,
- receive information about the survey results, or
- Swag bag – including resource materials and offer for free peer educators from YES-I (Youth Empowerment Against HIV/AIDS) (Secondary school teachers only).
38. Is there anything else that you would like to tell us?

Please send hard copy surveys to:
Appendix 10 – University of Sydney Ethics Approval Letter 09/10/2014

Research Integrity
Human Research Ethics Committee

Wednesday, 8 October 2014

Assoc Prof Steven Cumming
Disability and Community, Faculty of Health Sciences
Email: steven.cumming@sydney.edu.au

Dear Steven,

Your request to modify the above project submitted on 27 August 2014 was considered by the Executive of the Human Research Ethics Committee at its meeting on 3 September 2014.

The Committee had no ethical objections to the modifications and has approved the project to proceed.

Details of the approval are as follows:

Project No.: 2012/737
Project Title: 1st State survey of West Australian Educators of relationships/sexuality education.

Approved Documents:

<table>
<thead>
<tr>
<th>Date Uploaded</th>
<th>Type</th>
<th>Document Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/10/2014</td>
<td>Advertisements/Flyer</td>
<td>Advert_v2</td>
</tr>
<tr>
<td>09/10/2014</td>
<td>Questionnaire/Survey</td>
<td>Survey, tracked changes</td>
</tr>
</tbody>
</table>

Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely,

Dr Helen Mitchell
Chair
Human Research Ethics Committee, Executive

This HREC is constituted and operates in accordance with the National Health and Medical Research Council’s (NHMRC) National Statement on Ethical Conduct in Human Research (2007), NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007) and the CPMP/ICH Note for Guidance on Good Clinical Practice.
To: Erin Moira
Cc: Nelson John

Dear Erin,

Apologies for my late reply.

The CEDWA notes and are happy with:

- the updated survey and updated flyer advert
- and the University of Sydney's HREC ethics approval for the modifications to the study

In turn, please use this email as confirmation of the CEDWA's in-principle approval – however, as you are aware, it is the decision of the individual school Principal if they wish to participate in this research project.

All the best with your research project and we look forward to reading the findings.

Kind regards,
Hi Erin

Thank you very much for the amended survey and advertisement. You are welcome to readminister the survey. Best of luck with your research.

Kind regards

Dr Adriaan Wolveerdt

Senior Information Officer
Evaluation and Accountability Directorate
Department of Education
151 Royal Street
East Perth, Western Australia 6004
T: (08) 9264 5512
11.13 Appendix 13 – Record of Data Cleaning Decisions

Question 3
Other (please specify):
• South Metro Public Health Unit (SMPHU).
• SMPH.
• South Metro Health Unit.
• Population health sexuality educator – moved to column 23.
• PD through SEECA – moved to column 468.
• GDHR – moved to column 27 resources.
• Get the Facts – moved to column 41 resources.
• Straight Talk-Qld – moved to column 41 resources.
• Choicez – moved to column 30 resources.

Question 4.

Yes (Please indicate how many years you have been teaching sexuality education)
• All values were changed to whole numbers where possible.
• Anything complicated was changed to 1
• Anything 5+years previously and no specific amount of time is counted as 1
• Where a range was given, the highest number was selected.
• Unspecified, ie. Protective behaviours was given a 0
• Anything less than a term was counted as 0
• Many or several years counted as 2
• Anything such as 20+ years is counted as the numerical value given

Question 5
• Other.
• SECCA Board – Sexuality Concepts – resources.
• SECCA & Protective Behaviours Program – Sexuality Concepts – resources.
• Growth and Development (WA) – Growing and developing healthy relationships (WA State website) – resources.

Question 7.
All values were changed to whole numbers where possible.
• Where a range was given, the highest number was selected.
• Whole class changed to 30.
• Hundreds changed to 200.
• Anything sited as more than x years, the highest number was selected.
• Professional development.

Question 15. – Other (please specify)
• If participant selected ‘no’ or left the fields blank, but in the ‘other (please specify)’ column wrote a comment related to being mentored, then this was scored as a ‘0’ in the ‘no’ column. A new column for ‘mentorship’ was created to assist with representing this group.

• Through the analysis this will identify participants who have been trained through mentorship or site based PD but not in a formal capacity.
  o Mentored teaching, shadow teaching, Small group consensus
  o No formal training but I have educated myself through school nurse, curriculum resources and experienced staff.
  o Mentored teaching, shadow teaching, Small group consensus
  o Worked with a sexual Health youth worker and sexual health nurse in programs learnt on the go. Did seek training but do not off PASH program anymore at Family Planning WA.

• If a participant selected ‘Yes, pre-service/undergraduate training in sexuality’ they were directed to specify the undergraduate training they had received. If the comment indicated that they had not participated in a formal pre-service/undergraduate training program in sexuality education then their response was scored as a ‘0’ in the ‘Yes, pre-service/undergraduate training in sexuality’ column as many listed their undergraduate degrees, which do not necessarily cover sexuality education training. We know from research in Australia that there is a lack of undergraduate training programs available in education and nursing degrees (Curtin, 2015 – tba).

Responses that scored a ‘0’ included:

• Bachelor of Science (Health Promotion)
• Major Health Education as part of Bachelor of Education
• Applied Science (Disability Studies)
• Bachelor of Education - Primary
• Bachelor of Science and Diploma of Education in Health and Physical Education
• Child development module during my four year Bachelor’s degree in the 90s
• Bachelor of Nursing Degree
• Discourse and discussions re ethics and healthy behaviours and choices
• University
• I don’t recall the specific training
• I have a nursing qualification and nursed for 30 years prior to teaching in junior primary full time
• Degree in Health
• Observation of mentor teacher, observation of school nurse
• Health education syllabus western Australia
• DIP ED - Primary
• Standard training for Health Ed Course at that time. WA Ed Dept.
• Personal Health Unit
• Diploma of Teaching - Health and Physical Education Bachelor of Education
• Through the human biology degree
• Dip Ed Health training
• during nursing training
• Uni
• Bachelor of Health Science: Double Major in Nutrition & Addiction Studies
  Graduate Diploma in Education: Home Economics & Health Studies
• Cert iv youth work diploma in practical theology
• Too long ago to remember specifics!
• Bachelor of Education
• Health Ed is my minor teaching area
• Mandatory Reporting PD during university
• Unsure of 'undergraduate' All I have done is BED ECS, health units at uni and
  protective behaviours PD twice
• Bach Arts(english)/Bach Ed(english/health)Health minor at university
• Bachelor of Education (Secondary) Health and PE

Programs that were scored as a ‘1’ included:

• Covered range of topics
• Basic guidance in Education units as to how to deal with ideas pertaining to
  sexuality (in the English context)
• Sex ed unit in teaching course
• brief training as part of a health unit
• As part of Health and Phys Ed units
• University units
• It was a topic covered in our Health unit at Curtin University.
• Health Education unit at Murdoch University
• Health Education units at ECU.
• Completed a unit of Sexual Health whilst undertaking Grad Dip Ed
• Dip Ed UWA - Health Unit (Sexuality)
• Unsure, but it was part of the course content
• BPE Dip Ed course work and H Ed methodology
• Physical and Health Education degree (via Ken Burns/sexual education - main
  lecturer at WACAE)
• As part of Bachelor Health and Physical Education
• As part of a Bachelor in Education (Physical Education)
• University of Auckland: One unit on adolescent sexual health
• Health units at University of Notre Dame
• Biology: maturation, reproductive system, family planning, STDs (now I's)
• Sexology 350 at Curtin: secca training protective behaviours
• Several units at university
• Certificate in sexual and reproductive health - FPWA Hepatitis C certificate from QLD university
• Part of my degree course in severe learning difficulties
• Part of HPE degree
• A unit on sexuality education
• Teaching religion and sexuality unit at university.
• Health Ed unit

The following was coded for under ‘Yes, in service face-to-face training in sexuality’.
• Standard training for Health Ed Course at that time. WA Ed Dept.
• FPWA NUTS & BOLTS
• ASDAN (a UK-based training program) [see if it has been evaluated]

One participant responded as follows: ‘PIP Train the Trainer and Sexuality Specialism as a Graduate Teacher in the UK’. This was broken up into two. ‘PIP Train the Trainer’ was counted as ‘Yes, in service face-to-face training in sexuality’. ‘Sexuality Specialism as a Graduate Teacher in the UK’ was counted as ‘Yes, postgraduate training in sexuality’ and included in the comment section.

The following was coded for under ‘No’
• Nil
• None

If a participant selected ‘Yes, postgraduate training in sexuality’ they were directed to specify the postgraduate training they had received. If the comment indicated that they had not participated in a formal postgraduate training program in sexuality education then their response was scored as a ‘0’ in the ‘Yes, postgraduate training in sexuality’ column.

Responses that scored a ‘0’ included:
• Graduate Diploma of Education (Primary), Health unit
• UWA PE and Health Diploma of Education
• Professional development certificate in PSHE
•
Responses scored as ‘0’ in the ‘Yes, post graduate training in sexuality’ and moved to ‘Yes, in service face-to-face training in sexuality’:

- Was done many years ago and mostly protective behaviours with junior primary
- FPWA
- SECCA People first WA
- Growing and developing healthy relationships
- Nuts and Bolts Numerous courses at FPWA

Responses that scored a ‘1’ included:

- PGDip (Sexology)
- Sexuality Specialism as a Graduate Teacher in the UK
- part of HPE unit in the Master of Teaching

**Question 18 – What type of in-service training have you completed?**

Participants were invited to provide open ended responses in the ‘Other (please specify)’ section.

The following comments were scored under the new column for ‘mentorship’ in question 15.

- Training from School Nurse
- Informal with health nurse

A new column was created to capture all comments related to obtaining protective behaviours training, ReLate, ASDAN (a program from the UK), No appologies training, Sexuality and Disability, Victorian Family planning, Can't remember, Tools of the Trade, Foundations of Sexual Health Nurses Course, The Rite Journey Training, Diversity training, and Keeping safe.

The following comment was coded for under Mooditj - ‘Can not remember - it was specific to aborigianl students and was completed in approx 2005’.

The following comment was coded for under GDHR training - growth and Development course WA Ed Dept. The assumption is made here that if they had taken the online course – Teaching sexuality education, the nature of the course as being online would have been specified. This participant had also ticked the box in question 15 – ‘Yes, in service face-to-face training in sexuality’ and not the box ‘Yes, in service online training – Teaching Sexuality Education Department of Education teachers only).

A new field was then created to collate all participants who have engaged in a form of PD in an in-service capacity (face-to-face, online, or mentorship). Anything not related to teaching sexuality education such as protective behaviours or mandatory reporting was scored as a ‘0.25’, and the response ‘can’t remember’ was coded as ‘0.1’ to differentiate the levels of training.
The following comments were not counted in the scoring:

- it was an elective at a conference I attended
- Prevention Education Health Syllabus supplement

This data was then matched to the responses participants provided in question 15 to provide an audit for consistency. In question 15, if participants selected either ‘Yes, in service face-to-face training in sexuality’, or ‘Yes, in service online training – Teaching Sexuality Education (Department of Education educators only)’, or if they were coded for ‘mentorship’ then they were given the following scoring.

1. ‘Yes, in service face-to-face training in sexuality’, or ‘Yes, in service online training – Teaching Sexuality Education (Department of Education educators only)’
2. ‘Mentorship’
3. ‘Mentorship’ + ‘Yes, in service face-to-face training in sexuality’, or ‘Yes, in service online training – Teaching Sexuality Education (Department of Education educators only)’

The reason for this approach is that several people indicated they had participated in various types of in-service, but had not selected a box in question 15. For example, two participants indicated in question 18 that they had participated in PASH and, another 21 participants indicated that they had participated in GDHR training. However, they did not select the box in question 15 ‘Yes, in service face-to-face training in sexuality’.

Overall, 13 participants indicated that they had received protective behaviours or mandatory reporting training. When compared to the audit column, if the total was 0.25 then this indicates that is the only training they have had. Although this information is interesting and protective behaviours is part of sexuality education, it is not as relevant as some of the other training courses available. As such this was also coded as ‘0’ in the column ‘Yes, in service face-to-face training in sexuality’ in question 15.

Now we have a complete picture of how many participants have completed professional development in sexuality in order to make comparisons throughout the data. The total is 240 with PD training.

- 89/248 - Secondary school educator
- 86/444 - Primary school educator
- 20/27 - Nurse
- - School support staff (Principal, Chaplain, Counsellor, Year Coordinator)
- 4- External educator (freelance educator, or Non-government organisation educator)

A further 117 participants have received sexuality training while at university, and 5 have received on the job mentorship. When all three training groups are
combined the total is 313 participants who have received some form of training.

A remaining 558 participants have indicated they have had no training.

**Question 21**

Other
Moved all independent public schools to government
If they said all, then I ticked all 3

**Question 22**

Under the ‘Other (please specify) the following responses were coded under young people:

- teenagers/young adults
- Young people

**Question 31**

- 177 participants indicated that they were primary school educators.

Due to the possibility that there could be more primary or secondary school educators in the sample who did not explicitly identify themselves in this question we investigated further for any clues. This question was one of the last questions in the sample and many may have dropped out or stopped answering questions.

The blank Participants were filtered ‘4. have you taught sexuality education before’. This generated 128 participants.

Four different survey links were sent out to each of the different types of schools.

- Government Primary Schools
- Government Secondary Schools
- Independent (AISWA) Schools
- Catholic Schools

**Government Primary Schools**

There were 52 participants who completed a survey with the Government Primary Schools link who were assumed to be Primary school educators unless they indicated otherwise in the comments section of ‘6. In 2014, how often have YOU delivered lessons in sexuality education to students?’ Or, indicated that they had provided education to year 9&10 students in question 6.
Was not included:
- year 11/12/13 about 5 hours a week
- I work in a Senior College Yr 11 & 12
- 1 hour - 9&10

The sample was further filtered in question 31 for ‘Other (please specify). The following groups were also excluded:
- Secondary School educator
- Deputy Principal
- Associate Principal
- Education Support educator

This was further compared to the responses provided in question 6. None of the participants selected had indicated that they had taught in year 9&10. This activity generated 43 more participants who are considered Primary School Educators.

**Government Secondary Schools**

There were 31 participants who completed a survey with the Government Secondary Schools link who were assumed to be Secondary school educators unless they indicated otherwise in the comments section of ‘6. In 2014, how often have YOU delivered lessons in sexuality education to students?’ Or, indicated that they had provided education to year 9&10 students in question 6.

Was not included:
- I have been an Education Assistant in Health Ed Class

The sample was further filtered in question 31 for ‘Other (please specify). The following groups were also excluded:
- Education Support educator, Primary area special education
- Education assistant
- Deputy principal

This was further compared to the responses provided in question 6. One participant was excluded for indicating that they had taught a year 5&6 class sexuality education. This activity generated 27 more participants who are considered Secondary School Educators.

**AISWA or Catholic**

There were 33 participants who completed a survey with either the AISWA or Catholic link. When looking at the comments section in question 6, the following comments were scored as follows:
Secondary
  • In 2014 only year 11
Neither
  • Administration only

When looking at the comments section in question 31, the following comments were scored as follows:

Secondary
  • Primary and secondary Health and Physical Education Educator
Neither
  • Deputy Principal

The sample was further looked at for indicators in question 6. 3 were counted as Primary school educators, and 3 were counted as Secondary School educators based on the year levels taught.

Therefore, this effort generated another 5 Secondary school educators, and 3 Primary school educators.

Overall,
  • 46 Primary
  • 37 Secondary

[Note: there is a possibility that they could be the school nurse, however we assume that if this is the case they would have nominated themselves as such].

Duplicates
Start 1019 Participants
The data filtered for the last four digits of the participants phone number followed by street name. This resulted in 19 duplicates and 32 matches of 2013 and 2014 data. The sample was therefore reduced to 1000.
Appendix 14 – WA Survey Questionnaire

1st State survey of West Australian Educators of relationships/sexuality

1. Participant Information Statement

[Click "yes" at the bottom of the page to continue]

(1) What is the study about?
You are invited to participate in a study investigating the depth of relationship and sexuality education provided in WA and identifying educators’ professional development needs.

The survey contains seven sections:
A. Teaching practice (sexuality education – what, when and how it happens)
B. Opinions, values and attitudes
C. Skills, comfort and confidence
D. Environment
E. Training
F. Demographics (About you and your school)
G. Knowledge (Secondary school teachers only)

(2) Who is carrying out the study?
The study is being conducted by The University of Sydney under the supervision of Dr Steven Cumming, Associate Professor. This research study will contribute towards the PhD candidature of Edin Mollay, a University of Sydney student. The results will be made available to the WA Department of Education and Catholic Education Office. This will assist in supporting educators to deliver the new Australian Curriculum.

(3) What does the study involve?
The study involves a brief anonymous on-line questionnaire (also available in hard copy)

The nature of the questions are similar to National studies such as:
i. Sexuality Education in Australian Secondary Schools (Smith et al. 2011)

(4) How much time will the survey take?
The questionnaire should take 5 - 10 minutes to complete. (Skip logic is applied and the time taken will vary depending on your experience teaching sexuality education)

(5) Can I withdraw from the study?
Participation in this study is completely voluntary and you are not under any obligation to consent to complete the questionnaire/survey. Submitting a completed questionnaire/survey is an indication of your consent to participate in the study. You can withdraw any time prior to submitting your completed questionnaire/survey. Once you have submitted your questionnaire/survey anonymously, your responses cannot be withdrawn.

(6) Will anyone else know the results?
All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?

Page 1
**1st State survey of West Australian Educators of relationships/sexuality**

We cannot and do not guarantee or promise that you will receive any benefits from the study.

(8) Can I tell other people about the study?

Yes.

(9) What if I require further information about the study or my involvement in it?

When you have read this information, you may contact Steven Cuming, PhD to discuss it further and answer any questions you may have. Email steven.cuming@sydney.edu.au

(10) What if I have a complaint or any concerns?

Any person with concerns or complaints about the conduct of a research study can contact The Manager, Human Ethics Administration, University of Sydney on +61 2 9327 8176 (Telephone); +61 2 9327 8177 (Facsimile) or ro.humanethics@sydney.edu.au (Email).

*1. I agree to the terms and conditions of this research study.

[ ] Yes

**2. Welcome!**

Thank you for participating in the 1st Western Australian Survey of Educators of Sexuality Education.

Important terminology:

In the course of this survey we will repeatedly use the term ‘sexuality education’. For this study, sexuality education is defined as any instruction about human sexual development, the process of reproduction, or interpersonal relationships and sexual behaviour. It includes a variety of topics, such as discussions of puberty, male and female reproductive systems, pregnancy and childbirth, abstinence, contraception and birth control, sexually transmissible infections, HIV/AIDS, relationships, communication, and sexual decision making. Please keep this definition in mind when responding to the questions in this survey.

*2. This survey might be circulated again next year. To enable us to match your anonymous data now with your responses later, please enter the name of your street and the last 4 digits of your mobile telephone number in the space below.

<table>
<thead>
<tr>
<th>Street name:</th>
<th>[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last 4 digits of your mobile telephone number:</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**3. A. Teaching practice (sexuality education – what, when and how does it happen...**
3. During 2014, have you engaged an educator to deliver sexuality education? (Choose multiple options if applicable).

- NO
- School Health Nurse
- School Chaplain
- School Counselor
- Sexual and Reproductive Health WA (formerly called FPWA)
- WA AIDS Council
- Respectful Relationships (Sexual Assault Resource Centre)
- Sexuality Education Counseling and Consultancy Agency (SECCA)
- YEP Crew (Youth Affairs Council)
- Agents of YEAH (Youth Empowerment against HIV/AIDS)
- Loving for Life (Catholic schools)
- Natural Fertility Services (Catholic schools)
- South Metro Population Health Service (Educators Jo and Lunsey)
- Other (please specify)

4. Have YOU taught sexuality education before?

- No
- Yes (Please indicate how many years you have been teaching sexuality education)
5. What curriculum support resources do you use for your teaching of sexuality education? (Choose multiple options if applicable).

- Growing and Developing Healthy Relationships (WA State website)
- PASH, Nuts and Bolts, or Nnodii (Sexual and Reproductive Health WA – formerly called FTPWA)
- Respectful Relationships (Sexual Assault Resource Centre)
- Choices Media Resources (Catholic schools)
- Religious Education Program (Catholic schools)
- All About Growing Up, Me, Myself and I (School Health Nurses)
- Sexuality Concepts (Special needs – Sexuality Education Counselling and Consultancy Agency)
- Nodii (Aboriginal – Family Planning WA)
- Kaliy (Aboriginal – WA Health)
- Talking Sexual Health (National resource)
- Catching On (Victoria)
- Free Schools’ Curriculum (South Australia)
- Teaching Sexual Health (NSW State website)
- Teacher Resource Centre (Queensland website)

Other (please specify):

5.

6. In 2014, how often have YOU delivered lessons in sexuality education to students?

<table>
<thead>
<tr>
<th></th>
<th>M/F</th>
<th>years 12</th>
<th>years 13</th>
<th>years 14</th>
<th>years 15</th>
<th>years 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
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<td></td>
<td></td>
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<tr>
<td>2 hours</td>
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<td></td>
<td></td>
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<tr>
<td>3+ hours</td>
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<td></td>
</tr>
<tr>
<td>5-10 hours</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-15 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - 20 hours</td>
<td></td>
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<td></td>
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<tr>
<td>20+ hours</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Other (please specify):

7. Approximately how many individual students did you teach sexuality education to in 2014?
**1st State survey of West Australian Educators of relationships/sexuality**

8. Please indicate in which year level you covered OR will cover these topics during 2014. (Choose more than one year level if applicable. If you did not teach the topic in any year level please choose ‘None’).

<table>
<thead>
<tr>
<th>Topic</th>
<th>None</th>
<th>K/F</th>
<th>years 1/2</th>
<th>years 3/4</th>
<th>years 5/6</th>
<th>years 7/8</th>
<th>years 9/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different types of relationships - families and friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies and stages of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender roles and stereotyping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual and reproductive anatomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective behaviours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puberty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with parents about sexuality issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The impact of media on sexuality and identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproduction (babies, pregnancy and birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence from intercourse until married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinence from intercourse until ready</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to manage peer influences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth control methods e.g., use of contraceptives and condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural family planning (Fertility awareness - identifying fertile and infertile times which includes lactational amenorrhea)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary tract infections and HIV/AIDS</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision making specific to sexual activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Effects of alcohol/drug use on decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication and negotiation skills with a sexual partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation: same sex attraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The impact of communication technology on sexuality and relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. B. Opinions, values, attitudes

9. In your opinion, who or what has had an influence on determining the sexuality education topics that you taught in 2014? Please give an indication of how much influence you think the listed authorities/groups have had.

<table>
<thead>
<tr>
<th>Influence Source</th>
<th>No Influence at all</th>
<th>A little influence</th>
<th>Some influence</th>
<th>A lot of influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Authorities (Federal Government/ State Government/ Catholic Education Office)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School (i.e. cultural/religious values of the community/school)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/curriculum area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal values and beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural/religious values of the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available curriculum and other resources/teaching material</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available training, workshops, ongoing support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your own feelings of confidence and competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowded curriculum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. C. Skill, comfort and confidence
10. There are many different teaching and learning experiences an educator can include in a sexuality education session. Some of these are listed below. Please tell us how often you used these methods in your teaching during 2014 for sexuality education classes.

<table>
<thead>
<tr>
<th>Method</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information session</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Class discussion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Small group work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Audiovisual material</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Fictional/realistic study</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Educating for values (used in Catholic schools)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Values clarification</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Outside speaker</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Interactive session</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Excursion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

11. Did you assess participant learning in sexuality education?

☐ No

Yes (please comment - what did you assess? how?)

12. How confident do you feel to teach sexuality education?

<table>
<thead>
<tr>
<th>Level</th>
<th>Not at all confident</th>
<th>not confident</th>
<th>ok</th>
<th>confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. D. Environment

Page 7
13. Different jurisdictions across Australia usually have different requirements for how sexuality education is taught at school. Does your school require that...

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>...a school sexuality education policy is followed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...there is a whole school approach to sexuality education?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you notify/inform parents about the topics that will be covered in sexuality education?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you ask for parental permission for students to attend sexuality education classes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you inform parents that they have the option of removing their child from sexuality education classes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...you give parents the opportunity to review curriculum content?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...different cultural and ethnic backgrounds are taken into account?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...sexual diversity is accounted for?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...sexuality education is taught in a cross curricular manner?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (please specify):

9. Training

14. In 2015, how likely do you think it is that you will be involved in delivering sexuality education to students?

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Very unlikely</th>
<th>Unlikely</th>
<th>Likely</th>
<th>Very likely</th>
<th>Certain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. Have you completed any training related to SEXUALITY education? (Choose multiple options if applicable).
- [ ] No
- [ ] Yes, pre-service/undergraduate training in sexuality
- [ ] Yes, post-graduate training in sexuality
- [ ] Yes, in service face-to-face training in sexuality
- [ ] Yes, in service online training - Teaching Sexuality Education (Department of Education teachers only)

Other (please specify): 

16. Please specify the undergraduate training you received related to sexuality education.


17. Please specify the post-graduate training in sexuality education


12.
1st State survey of West Australian Educators of relationships/sexuality

18. What type of in-service training have you completed? (Choose multiple options if applicable)

- The Sexuality and Relationships Education (SRE) PD September 15th and 16th 2014 (Gorlin University)
- Growing and Developing Healthy Relationships (GDHR Curriculum support resources and website, WA Health/WA Health Education Services (WAHES)/Concord)
- ABC’s about the Birds and the Bees course (school health nurses only)
- Understanding Catholic Teaching about Human Sexuality (Catholic schools)
- Understanding Contemporary Moral issues from a Catholic Perspective (Catholic schools)
- Human Sexuality in the K-7 Religious Education Program (Catholic schools)
- RASH (Sexual and Reproductive Health WA - Formally FPWA)
- Nuts and Bolts (Sexual and Reproductive Health WA - Formally FPWA)
- Moodill - Aboriginal (Sexual and Reproductive Health WA - Formally FPWA)
- Respectful Relationships (Sexual Assault Resource Centre - SARC)
- Sexuality Concepts - Special needs (Sexuality Education Counseling and Consultancy Agency)

Other (please specify):

---

19. In Western Australia there are currently no mandatory outcomes for teaching sexuality education. Please describe within the text box your motivation in participating in a professional development course related to teaching sexuality education.

---

20. Please list THREE things that would help you most in improving the delivery of sexuality education to secondary students.

First

Second

Third

---

14. F. Demographics (ABOUT YOU and YOUR SCHOOL)

---

Page 10
21. What type of school do you currently work at?
- Government
- Independent
- Catholic
- Agency or organisation
- Other (please specify)

22. Do you teach a large proportion of any of the following priority populations: (Choose multiple options if applicable)
- Young people
- Aboriginal and Torres Strait Islander peoples
- At-risk youth (street youth)
- English as a second language or CALD
- Youth in custodial settings (youth detention)
- Special needs students
- Other (please specify)

23. What is your gender?
- Male
- Female
- Other

24. What is your age? Please type your age in years in the box below using whole numbers.

25. Is your school in
- North Metropolitan area (Perth to Yanchep)
- South Metropolitan area (South Perth to Mandurah)
- Rural area (Great Southern, Midwest, South West, Wheatbelt)
- Remote area of Midwest, South West, or Wheatbelt
- Remote area (Goldfields, Kimberley and Pilbara)
26. Please specify the area of your school within the North Metro area

- Bassendean, Town of
- Baywater, City of
- Cambridge, Town of
- Clarkson, Town of
- Cottesloe, Town of
- Joondalup, City of
- Mosman Park, Town of
- Nedlands, City of
- peppermint Grove (plus suburbs of north Fremantle, Mambrey Sound and Currumbin), Shire of
- Perth, City of
- Stirling, City of
- Subiaco, City of
- Swan, City of
- Vincent, City of
- Wanneroo, City of

Other (please specify)

16. South Metro
27. Please specify the area of your school within the South Metro area

- Armadale, City of
- Belmont, City of
- Canning, City of
- Cockburn, City of
- East Fremantle, City of
- East Metropolitan Regional Council
- Fremantle, City of
- Gosnells, City of
- Kaurna, Shire of
- Kwinana, City of
- Mandurah, City of
- Mervue, City of
- Mundaring, Shire of
- Rockingham, City of
- Serpentine-Jarrahdale, Shire of
- South Metropolitan Regional Council
- South Perth, City of
- Victoria Park, Town of

Other (please specify) 

17. Rural area

28. Please specify the rural area

- Great Southern
- Midwest
- South West
- Wheatbelt

Other (please specify)
32. What is your main subject area? (Please select one of the below subject areas in which you teach most).

- Health and physical education
- Civic and citizenship
- English
- Food technology
- Home economics
- Science
- SOSE/Humanities
- Other (please specify)

22.

33. The following are statements about sexually transmissible infections (STIs). Please ✓ a box for each question to show whether you think the statement is true or false.

- Someone can have a sexually transmissible infection (STI) without any obvious symptoms.
- Chlamydia is a sexually transmissible infection that affects only women.
- Chlamydia can lead to sterility among women.
- Once a person has caught genital herpes, they will always have the virus.

34. Possible symptoms of STIs include (tick all that apply)

- Discharge from penis or vagina
- Pain or discomfort when urinating
- Muscular soreness in the thighs
- Lumps and bumps in genital area
- Severe headache
- Discoloured skin in the genital area
- A rash in the genital area
### 35. The following are statements about the Human papillomavirus (HPV). Please ✓ a box for each question to show whether you think the answer is True or False.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard of the HPV virus?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV affects only or mainly men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV affects only or mainly women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV affects both men and women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV is a virus that causes genital warts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV causes cervical cancer in women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV causes cancer of the head and throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living conditions when you have sex gives complete protection against HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You can tell if you have HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being infected always leads to cervical cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The vaccination won't work if a person is already sexually active</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The vaccine gives you HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS can give the vaccine free of charge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a woman has had the vaccination she also needs to have regular pap test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 36. The following are statements about blood-borne viruses (BBVs). Please ✓ a box for each question to show whether you think the statement is true or false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who have injected drugs are not at risk for hepatitis C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C can be transmitted by tattooing and body piercing</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
37. The following are questions about Human immunodeficiency virus (HIV). Please check a box for each question to show whether you think the answer is yes or no.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could a person get HIV (the AIDS virus) by sharing a needle and syringes with someone when injecting drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could a woman get HIV (the AIDS virus) through having sex with a man?</td>
<td></td>
<td></td>
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<tr>
<td>If someone with HIV coughs or sneezes near other people, could they get the virus?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could a man get HIV through having sex with a woman?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could a person get HIV from mosquitoes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a woman with HIV is pregnant, could her baby become infected with HIV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could a person get HIV by hugging someone who has it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the pill (birth control) protect a woman from HIV infection?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could a man get HIV through having sex with a woman?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If condoms are used during sex does this help to protect people from getting HIV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could someone who looks very healthy pass on HIV infection?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. This is the end of the survey.

Thank you for participating! Your comments have been very valuable and we appreciate your support for this research.

Please email emck2200@uni.sydney.edu.au for the following:
- to be included in the draw for an iPad, or
- receive information about the survey results
38. Is there anything else that you would like to tell us?

Please send hard copy surveys to:

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