

Chapter 6

Education

6.1 This chapter considers, under term of reference (c), the potential role of school-based sexuality, reproductive health and relationships education in preventing and/or reducing the effects of inappropriate or premature sexualisation of children in the media.

Potential benefits of sexual health and relationships education

6.2 Much of the evidence received by the committee went to the issue of education, and its potential to enable children to develop healthy sexual and emotional attitudes. Many submitters expressed the view that education is able to play a defining role in ameliorating or countering any harms that might flow from the premature sexualisation of children. Ms Amelia Edwards, who appeared before the committee in a private capacity, observed:

I think education is the first step. If we educate and empower our young children to make the right choices, to be able to differentiate between what is a healthy image or what is a healthy behaviour and what is not, then they will feel able to make those decisions for themselves...¹

6.3 Ms Ann Brassil, Chief Executive Officer, Family Planning NSW (FPNSW), emphasised that modern conceptions of sexual education involve a broad set of aims and considerations, which seek to protect children from potential harms by enabling them to make informed and responsible decisions or choices about relationships and sex:

The focus of sexual education should be on healthy choices, healthy relationships and healthy decision making. It is not about the promotion of active sexual relationships...it is about getting kids from a very young age to start thinking about what are responsible relationships and how to start making responsible choices in an informed way about issues that are relevant to their lives...²

6.4 On the same point, Professor Anne Mitchell, Director, Community Liaison and Education Unit, Australian Research Centre in Sex, Health and Society (ARCSHS), observed that education can act as a valuable counterpoint to media influence:

...sex education...is inevitably a team activity. But there are good members of the team and less desirable members of the team. On the team for young children, the schools, the parents and the health authorities might be

1 *Committee Hansard*, 29 April 2008, p. 53.

2 *Committee Hansard*, 30 April 2008, pp 3-4.

considered the useful partners; and then the media is an unhelpful partner, maybe even an undermining partner.³

6.5 Ms Kaisu Vartto, Chief Executive Officer, SHine SA, asserted that appropriate education, tied to a child's age and learning ability, could achieve significant health and wellbeing outcomes for children:

I believe, and research indicates, that the countries that have the best results in young people's health, wellbeing and safety—so if you are looking at rates of rape and sexual assault in children, for example—are those countries that have started off with comprehensive relationships and sexual health education, which in the early years is about 'my personal safety' and 'my personal rights'.⁴

6.6 Professor Mitchell agreed that sexual education should properly encompass a range of different objectives across the majority of a child's schooling:

...from a K-12 perspective, the primary objective would be to assist young people to understand their own sexuality...and to make good decisions for themselves in that territory. Of course, secondary things that fall out of that are the reduction of teenage pregnancy, the reduction in STIs, trying to get young people to delay the initiation of intercourse and then, when they do initiate intercourse, ensuring that they are ready and able to prevent some of the negative outcomes. If we look at it more in primary school, we would also have protective behaviours.⁵

6.7 Sexual Health and Family Planning Australia (SHFPA) also supported the creation of a system of 'comprehensive age-appropriate relationships and sexual health education programs in schools beginning in early primary years'.⁶

6.8 Professor Mitchell observed that sex education programs could enable children to more easily resist any compulsion or pressure to engage in sexual activity which might arise from the sexualising influences they are exposed to:

We have to allow...young people [who are not engaging in sexual activity] to live in a world where their behaviour is deemed normal, and [is] even desirable to a certain extent. It is becoming increasingly hard for young people, without the support of authority such as they would get in sex education in school, to feel that they can be abstinent or that they can initiate sexual activity later...⁷

3 *Committee Hansard*, 29 April 2008, p. 82.

4 *Ibid* pp 79-80.

5 *Ibid* p. 83.

6 *Submission 90*, p. 4.

7 *Committee Hansard*, 29 April 2008, p. 83.

6.9 A number of submitters called for school-based sexual education programs to include a component dealing with the representation of sex and sexuality in the contemporary media and popular culture. On this issue, Dr Sally Cockburn, observed:

...one of my criticisms of sexual health education in schools to date is that it seems to be very much physiologically and anatomically based, and I believe one of the most important things that we need to teach young people is risk management, body image, understanding exploitation—all of those issues in the broadest sense.⁸

6.10 Similarly, Ms Jennifer Walsh, Education Officer, ARCSHS, observed:

We need to take the subject of sex in hand and critically interrogate all these different messages we get around us all the time—for example, the billboards that we now see on Punt Road and no longer just down in the red-light district. What do those images mean, and what do they mean for me? If I see a pornographic image, how does that relate to an ordinary, everyday person in a healthy, happy relationship? Ultimately, this is about being able to have non-coercive relationships and gain value and favour in the world as something other than a sexual creature.⁹

6.11 Professor Mitchell viewed 'critical literacy around the media as being a really important part of sexual health information', particularly given children's ready access to the internet:

...access to the internet means that we have got a kind of given territory that was not there before. There is almost a protective behaviours process to be developed around that, where young people are given an opportunity to understand what they are reading, what messages they are getting, what is a good internet site and what is a less useful one and what might be damaging, and to discuss some of that stuff in the classroom.¹⁰

6.12 Ms Amanda Gordon, President, Australian Psychological Society (APS), also endorsed the inclusion of media studies as a 'healthy way' of empowering children to critically evaluate the messages delivered via the media.¹¹

6.13 Women's Forum Australia (WFA), however, was more cautious about the benefits of school based sexual health and relationships education, and called instead for a review to inform implementation and models of such programs. Ms Melinda Tankard Reist, Director, WFA, observed that the potential of education strategies to counter negative sexualising influences is not well understood. Equally, she felt there is potential for inappropriate programs or materials to contribute to any harms associated with premature sexualisation:

8 *Committee Hansard*, 29 April 2008, p. 57.

9 *Ibid* p. 83.

10 *Ibid* p. 85.

11 *Ibid* p. 18.

...we need more of an understanding of the effectiveness of school based sexuality and reproductive health education in addressing the sexualisation of schoolchildren. I do not think we have a base point or a starting point to even say what should happen next, because I do not know exactly how the issue of premature sexualisation of children is being addressed in schools as it stands now.

So we have suggested there needs to be some kind of a review of school based programs undertaken to establish how many programs directly address the issue and give students the skills necessary to understand and contend with sexualisation in the media and popular culture.

We have suggested that the review should include an examination of whether age and developmentally inappropriate materials may contribute to the problem.¹²

6.14 Ms Gordon also identified the current understanding of the effectiveness of sex education as deficient:

...we need to know more about how talking about things at an age appropriate level will allow them to engage emotionally in a way that is developmentally growthful...¹³

6.15 She continued:

In Australia we lack significant longitudinal studies about a whole range of things that would help to inform us what is legitimate in the way we look at children. Starting by understanding how a nine-year-old now is different from a nine-year-old 20 years ago and finding out more about nine-year-olds in 10 years time would be extremely useful in informing us about educational policy et cetera.¹⁴

6.16 Professor Elizabeth Handsley, Vice President, Australian Council on Children and the Media (ACCM), also questioned the ability of education strategies alone to counteract the effects of the great amount of sexualising material to which children are exposed. She believed that strategies focused on regulation of advertising and media are therefore essential, observing:

The argument that we often hear about this issue is that it could be addressed by the provision of better, positive sex education for children. While I would not oppose that, I would question what kind of sex education program would be needed in order to counter the onslaught of messages and images that we see in the media...

The amount of resources that would have to go into anything that would be effective to counter the power of the messages that are coming out would be a misallocation of resources. I would suggest that there are far better

12 Ibid pp 34-35.

13 *Committee Hansard*, 30 April 2008, p. 17.

14 Ibid.

things that we could be spending our education dollars on than trying to undo the damage that has been done by the media in this field.¹⁵

6.17 Submitters and witnesses generally stressed the importance of parents in the sex education of children. Ms Gordon suggested that public information campaigns could be worthwhile in assisting parents with their own understanding of the operation of the media:

Parents have to know that it is okay to talk to their children about everything, but they also have to understand how to critically evaluate what they see...[The] problem is that parents were not taught to critically evaluate the media, so, when their children ask them to do it, they do not know how to; they cannot do it.¹⁶

6.18 Ms Gordon continued:

The Australian Psychological Society is convinced that, if we could support parents to talk about what they see and evaluate things themselves rather than just staring at the idiot box, then they are going to be better able to help their children. Parents who have a diet of soap operas and who are not critically evaluating what they are seeing on the television are not going to be able to help their children in their discussions and in their growth.¹⁷

6.19 Accordingly, the APS called for a national public education campaign designed to:

...increase adults' awareness of the risks of cumulative exposure to sexualising messages in our community, the importance of parents' monitoring their children's exposure to media and, more specifically, as a way of deliberately modelling how to develop skills in critically viewing media.¹⁸

The current approach to sexual health and relationships education in Australia

6.20 The committee heard that Australia does not have a nationally consistent sexual health and relationships education program. SHine SA submitted that this represents:

...a serious imbalance between the profile, importance and resources invested in the selling of sex and that invested in dealing with the problems potentially caused by this promotion. For example, Australia is one of the last developed countries without comprehensive relationships and sexual

15 *Committee Hansard*, 29 April 2008, pp 100-101.

16 *Committee Hansard*, 30 April 2008, p. 17.

17 *Ibid* pp 17-18.

18 APS, answer to question on notice, 30 April 2008 (received 30 May 2008).

health education programs delivered to children and young people as a part of the compulsory core school curriculum.¹⁹

6.21 Ms Brassil observed that, although there were examples of well-delivered sexual education programs across Australia, the lack of an agreed national curriculum resulted in disparate experiences and outcomes:

...there are vast differences in the experience of children in terms of their sexual health education, and in the experience of parents in terms of their access to sexual health education, and therefore in the impact of that on their healthy choice making.²⁰

6.22 Professor Mitchell advised that comprehensive sex education programs are not well integrated into Australian schools funding and national curriculum standards and frameworks. Sex education is predominantly resourced by health departments. Limited funding restricts the scope and consistency of teaching programs.²¹ Professor Mitchell described the teaching of sex education in Australian schools as 'very ad hoc', explaining:

There are some schools who do nothing at all, even though it is in the curriculum standards. They might cover a bit about puberty in a science class or they might have a bit of a pastoral care subject where there is one lesson that the school nurse runs on contraception or something like that. It is very easy to cover your bases with a one-off and tick the box that says, 'Yes, we have covered that bit of the curriculum.'²²

6.23 Ms Walsh identified lack of teacher training as further contributing to unsatisfactory levels of sex education:

...the research overseas and locally shows time and again that the reason that teachers do not teach sex ed is that they do not get any training; that the principals are reluctant to take it on because they are concerned about the flak that they will get if they start teaching it...[Again,] we need to see it as part of a department stamped part of education.²³

6.24 SHFPA also identified the role of 'trusted and trained teachers' as a needed improvement to the delivery of effective sex education programs in schools.²⁴

19 *Submission 39*, p. 2

20 *Ibid* p. 3.

21 *Ibid* p. 82.

22 *Ibid* p. 90.

23 *Ibid* p. 82.

24 *Submission 90*, p. 4.

SHARE program

6.25 Ms Vartto informed the committee that, since 2003, her organisation, SHine SA, has run a sexual health and relationships education program, SHARE, which is targeted at years 8, 9 and 10 in South Australian secondary schools. The program is being expanded in 2008 to involve 60 per cent of South Australian secondary schools, from coverage of around 10 per cent previously.

6.26 SHARE was developed with La Trobe University. It is designed with a focus on 'education', 'prevention and early intervention', and includes:

...training of teachers to deliver the South Australian curriculum framework around relationships and sexual health, which is a direct model of the national curriculum framework.²⁵

6.27 SHARE also involves parents in the broader aims of the program:

It is about parents talking to their young people. It is also about a school community ethos of developing respectful relationships and having knowledgeable young people who know about safe decisions and unsafe decisions and where they can go for assistance if they get themselves into a difficult situation.²⁶

6.28 Ms Vartto emphasised that parents' involvement is a fundamental aspect of the SHARE program's design. Ms Vartto advised that parents are included on teams established to tailor the design of SHARE programs to the particular ethos and curriculum of individual schools:

...[The SHARE program] takes a whole-of-school-community approach...[which]...is about having trained teachers and involving parents...[We] assist each school to establish a student health and wellbeing team, which comprises teachers, school counsellors, parents, health services that are in that regional school community, and students. The student health and wellbeing team looks at things like the school ethos and looks across the broad curriculum areas to see how it might implement [SHARE] policy, for example, in that school.²⁷

6.29 Research by La Trobe University had found positive outcomes for parents through the SHARE model of parental involvement. Parents' knowledge of SHARE subject matter and curriculum had improved their ability to effectively communicate with and educate their children about sex health and relationships:

...[SHARE] has subsequently been reviewed and very thoroughly researched by La Trobe, not only in terms of the impact of the delivery of the curriculum for young people but also in terms of the impact on parents'

25 *Committee Hansard*, 29 April 2008, p. 68.

26 *Ibid* p. 69.

27 *Ibid* p. 74.

levels of comfort and knowledge about relationships and sexual health. It is about parents talking to their young people.²⁸

6.30 The committee notes that this aspect of the SHARE program—whereby parents are able both to influence program design and to improve their own knowledge and ability to communicate around the subject of sexual identity and health—complements the repeated emphasis in this report on the critical role and responsibility of parents in their children's exposure to certain types of media and development.

6.31 The committee rejected calls for media information campaigns targeting parents because, on balance, it was felt that such approaches were unproven and unlikely to result in measurable benefits for parents and children alike. However, the committee feels that there are good arguments for the content and implementation of SHARE-type programs in the future to expand on the current involvement of parents in both the design and delivery of sexual health and relationships education in schools.

6.32 Significantly for the subject of the inquiry, the committee heard that the SHARE program involves 'media literacy training for teachers' that is specifically designed to counter the effects of sexualisation of children in the media.²⁹ Various forms of media are used as resources for this component of the curriculum, including magazines, 'video clips and general advertising'.³⁰

6.33 In terms of the program's effectiveness, Ms Vartto explained that, despite the limited coverage of SHARE to date, there was some indication that it had had a positive effect on children's sexual behaviour since its inception:

A good indicator of the sexual health of young people in any country is the teenage pregnancy rate, and it is used as a major indicator in developed and developing nations. The teenage pregnancy rate in South Australia for 15- to 19-year-olds has reduced from 47.4 per 1,000 in 2002 to 36.1 per 1,000 in 2005. That is a significant reduction and it has occurred both in births and in terminations of pregnancy.³¹

6.34 Ms Brassil confirmed that pregnancy and abortion rates are meaningful indicators or factors 'in determining the effectiveness of sexual education'.³²

28 Ibid p. 69.

29 Ibid.

30 Ibid.

31 Ibid.

32 *Committee Hansard*, 30 April 2008, p. 4. Supplementary information provided by Ms Brassil cites research which demonstrates that comprehensive relationships and sexuality education is overwhelmingly positive in its outcomes, reducing the risk of pregnancy, vulnerability to sexual abuse and, in some studies, delaying the onset of sexual activity (SHFPA, answer to question on notice, 30 April 2008 (received 4 June 2008)).

6.35 In addition, Ms Vartto compared the average age of first intercourse in Australia to countries where comprehensive sexual health and relationships programs are in place. In the 1950s, the average age of first intercourse in Australia was 18; in 2005 it had fallen to 16. In Sweden, Finland and Holland the reverse had occurred, with the average age going from 16 to 18. Ms Vartto concluded:

So there is very good evidence out there that says, if you have a comprehensive relationships and sexual health education program in place in the country, it actually delays the onset of sexual activity.³³

6.36 Professor Mitchell advised that the ARCSHS had evaluated the SHARE program as being 'very successful'.³⁴

6.37 Concerning the acceptance of the program, Ms Vartto advised that, despite some initial controversy, SHARE is finding increasing support from, for example, Catholic schools. Principals surveyed by La Trobe University and the University of South Australia regarded share as a 'really good program'.³⁵ Professor Mitchell observed that SHARE 'seems to have widespread acceptance in the school communities, if not across South Australia as a whole'.³⁶

6.38 The committee believes that the SHARE program and overseas experience amply demonstrate the benefits that can flow from sexual health and relationships education, both in encouraging responsible sexual behaviour and in equipping children to deal with the pressures placed on them in contemporary society. A vital component of such programs is education that enables young people to think critically about the media images and constructions that this report has been examining.

Recommendation 13

6.39 The committee recommends that state and territory governments, which have the responsibility for education, consider the introduction into all Australian schools of comprehensive sexual health and relationships education programs which are inclusive of both young people and parents, adopting a consistent national approach to the question.

Television

6.40 The Australian Children's Television Foundation (ACTF) identified the positive potential of television for education and socialisation of children:

Because of its ubiquity and influence, television is a powerful agent of socialisation. Recent research has suggested that viewing of children's programs with pro-social messages enhances children's own pro-social

33 *Committee Hansard*, 29 April 2008, p. 77.

34 *Ibid* p. 84.

35 *Ibid* p. 76.

36 *Ibid*.

behaviour, understanding and managing emotions and learning interpersonal skills. A child's exposure to the medium can be a positive influence on his or her development of identity and sense of self.

Conversely...lack of access to television programs that depict positive and relevant representations of characters...is considered to be harmful to children...³⁷

6.41 In relation to television, Ms Jenny Buckland, Chief Executive Officer, ACTF, emphasised the importance of the Children's Television Standard (CTS) requirements for the screening of P- and C-classified programs:

We cannot underscore enough how important we think it is that, in a media environment where children are exposed to so many different images, that they are exposed to, or have available to them, some content that reflects children being children and reflects to them our Australian culture, our values, our way of life and material that is entertaining to them.³⁸

6.42 Ms Buckland continued:

It is not only about the important issue of protecting children from content that is harmful to them but also about promoting content for children that is positive and is advantageous for children to be exposed to.³⁹

6.43 On the particular issue of sexualisation of children, Ms Buckland felt that it is important that such negative influences are balanced by the positive messages contained in Australian content created for children and family viewing:

We have all got a different view and a different tolerance level as to whether...[certain] content is sexualising children or sexualising them too early, but, if that is all that you see, that is obviously a really negative influence. If you do not see real children and real families, then you are missing out. We think that is what is special about some of the Australian content that is created.⁴⁰

6.44 The ACTF suggested the establishment of a dedicated ABC digital children's channel (outlined at paragraph 4.60) as having the potential not only to educate children in its own right but also to integrate with government and/or school educational programs more generally.

6.45 The committee observes that education strategies appear particularly well-suited to Australia's main approach to regulation of advertising and media content standards. Systems of self- or co-regulation are not prescriptive of public tastes and community standards but instead seek to strike a responsible balance between the

37 *Submission 55*, p. 1.

38 *Committee Hansard*, 29 April 2008, p. 43.

39 *Ibid.*

40 *Ibid* p. 49.

protection of children and the preservation of the individual's right to choose what they see and hear.

6.46 Well-designed sexual health and relationships education can equip children to contextualise and interpret the great variety of media and messages to which they are exposed. On this point, Professor Catharine Lumby, Director, Journalism and Media Research Centre, University of New South Wales, and Dr Katherine Albury, Postdoctoral Research Fellow, Journalism and Media Research Centre, University of New South Wales, observed:

Like other aspects of contemporary culture, sexuality is rightly the subject of vigorous inquiry and debate. It is important that children and young people's rights to age-appropriate sexual expression and learning are not undermined by the over-regulation of media content. It is equally important that mechanisms are in place to assist parents, educators, children and young people in understanding and discussing representations of sex, love and relationships in media and popular culture.⁴¹

**Senator Anne McEwen
Chair**

41 *Submission 146*, pp 3-4.

