GUIDING PRINCIPLES FOR THE PROVISION AND PRACTICE OF SEXUAL HEALTH EDUCATION

2003
FOREWORD

These Guiding Principles for the Provision and Practice of Sexual Health Education are the first of their kind in Western Australia (WA). They have been developed by the Department of Health (DOH) in response to the need for education and prevention policy and direction about sexually transmitted infections (STIs) and the human-immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS), commonly termed HIV/AIDS.

The Principles are focused around the provision of community and school-based education programs, with the main aim being to provide a point of reference for the conduct of effective education about STIs including HIV/AIDS. However, reference is also made to the prevention of unplanned pregnancy. Teachers of sexuality and sexual health education in primary and secondary schools, tertiary level educators, community-based health educators and health professionals or policy planners and program managers should find this document of use in conducting and reviewing their programs.

Relevant State and National Policies and Plans have been drawn upon in composing these Principles as well as the collective findings and experience of those working in this domain in WA. This document was originally completed in 1999, and over 40 key stakeholders, agencies and individuals from across the health and education sectors were invited to contribute. Publication was subsequently postponed so that it could function as a companion to the HIV/AIDS and Sexually Transmitted Infections Education and Prevention Plan for Western Australia\(^1\) and the school sexual health curriculum support materials Growing and Developing Healthy Relationships,\(^2\) published in 2002.

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\(^1\) Department of Health, 2002, *HIV/AIDS and Sexually Transmitted Infections Education and Prevention Plan for Western Australia*, DOH, Perth, WA.

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WHY SEXUAL HEALTH EDUCATION?

The provision of good sexual health education will help ensure an individual’s positive social and emotional health, including sexuality and the experience of healthy relationships. It will also help reduce risk-taking behaviour and infection with STIs, and avoid unwanted pregnancies. A particular focus for these Principles are STIs, of which chlamydia, genital herpes, hepatitis B, gonorrhoea, fungal infections, genital warts, syphilis, non-specific urethritis and cervicitis, and HIV/AIDS are the most common. Serious complications can result from these infections, such as 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, so the provision of good sexual health education is imperative.

Background

In the late 1990s, a major review and planning process was conducted by the Public Health Division (now Population Health Division) of the Department of Health (DOH) into the control of STIs and HIV, with the outcomes being endorsed by the Minister for Health. Recommendations and standards for the management of notifiable STIs/HIV were developed, and directions given about how educational activities should be focussed. The need for guidelines on how to best approach teaching and learning in this area was also identified, and hence these Principles were developed.

In addition to this WA review of sexual health needs and services, several national policies underpin these Principles, notably:


All the major evaluations of these National HIV/AIDS Strategies have demonstrated that, over the long term, sexual health education programs are more likely to succeed when sexuality education is approached positively and based is on sound principles that can be applied to multiple target groups.

These Principles are also consistent with the framework advocated in **The Ottawa Charter for Health Promotion** and **The Jakarta Declaration for Health Promotion in the 21st Century** which states that disease prevention and sexual health maintenance and education programs will be most successful when underpinned by supportive societal norms, broad social structural and policy backing, enabling greater capability for individual and community responsibility and behavioural change.

Education about sexual health also belongs to and in the community; it is not just the responsibility of schools.
Guiding Principles for the Provision & Practice of Sexual Health Education

Explanation of the Principles

The Principles therefore seek to provide a framework or approach which will assist in the development and delivery of effective sexual health education, and to supply guidelines to achieve this for those working in this area, in both community and school settings. They aim to communicate a philosophy and common understanding about how best to approach education regarding the prevention of STIs and other sexually transmissible blood-borne viruses (BBVs) as well as the prevention of unplanned pregnancy.

The focus is on education about transmission risk and sexual behaviour. However, because some STIs (HIV/AIDS and hepatitis B) are also transmitted through exposure to infected blood, certain aspects of drug use behaviour are briefly referred to. The Principles do not attempt to fully encompass drug education and the transmission of BBVs such as hepatitis C by means of other non-sexual routes such as injecting drug use, body piercing, tattooing and first aid.

In Summary:

Aim of the Guiding Principles

To provide a guiding reference for the conduct of effective education about STIs including HIV/AIDS and other BBVs, and the prevention of unplanned pregnancies, in community and schools settings in WA.

Objectives

To encourage the conduct of well-planned, effective community and school sexual health education programs which will assist in minimising:

- the transmission of STIs, HIV and other BBVs by encouraging the adoption of safe sex and safe drug-related behaviours
- the personal and social impact of STIs, HIV and other BBVs upon individuals, their families and the community
- the incidence of unplanned, unwanted pregnancy.

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3 Health Department of Western Australia, 1997, Workforce and Education Framework for STD Management: Explicit Performance Standards for a Statewide Plan to Improve the Quality of Health Outcomes for Sexually Transmissible Diseases, HDWA, Perth.
8 World Health Organization, November 1986, Ottawa Charter for Health Promotion, First International Conference on Health Promotion, WHO, Ottawa.
GUIDING PRINCIPLES FOR BEST PRACTICE IN SEXUAL HEALTH EDUCATION

PHILOSOPHICAL PRINCIPLES

1. Sexual Health in Context
A broad view of sexual health should be adopted; sexual health (sexuality) is not confined to the physical body but is linked with cultural, emotional and spiritual well-being.

Sexuality has been described as who and what we are; our identity as unique individuals including our self-expression, gender, relationships, life roles; and involving the whole of being human.

2. Rights
Sexual health encompasses male and female health issues, and includes the following personal rights:

- The right to enjoy and control sexual and reproductive behaviour in accordance with cultural values and practices, age, and individual ethics, where these do not interfere with the sexual health and emotional well-being of others;
- Freedom from fear, shame, guilt and myths about sexuality and sexual relationships;
- Freedom from diseases that are preventable and/or treatable, and which may interfere with sexual life; and
- Freedom from practices that may interfere with the sexual health and emotional well-being of the individual.

3. Individual Responsibility
Each participant must be encouraged to accept responsibility for their own safe sexual or injecting drug use practices in order to prevent becoming infected, as well as to reduce the further transmission of diseases.

Education for the prevention of sexual ill health starts with a focus on the individual becoming aware and concerned about sex and drug-related risk behaviour.

4. Behavioural Change
Transmission of most STIs, HIV and other BBVs is preventable through the adoption of 'safe' behaviour. Education and prevention programs raise individual awareness and, if necessary, encourage behaviour change.

It is essential to promote behaviour change through education. However, 'individual' change will be greatly supported by realistic social attitudes and actions that may require developmental and social policy change over the long term.
5. **Ownership & Leadership**

Education and prevention programs for STI, HIV and other BBV epidemics in specific communities are best developed and delivered by an appropriate agency (community groups, health and education professionals, governments and researchers) in partnership with the affected communities who, ideally, should take on a leadership role.

In the decades of dealing with HIV/AIDS in Australia, the relative success of the National Strategy has been attributed to the partnership between affected communities, governments, health professionals and other key players. The development, delivery and outcome of programs will be even more successful when affected communities take leadership roles.

6. **Method of Delivery**

The technique of delivering sexual health education and the way in which the educator imparts the program is fundamental to the achievement of a successful educational outcome.

In some circumstances, the means of delivery is more important than the content; particularly so when working with culturally diverse students, where the 'who and how' of the program communicates as much as does the 'what'. It may be helpful to consider the use of 'cultural interpreters' in such circumstances.

**PROGRAM DESIGN**

7. **A Sound Research Basis**

Education and prevention initiatives should be founded on rigorous social, behavioural, educational and epidemiological research.

Research has been a core component of the educational response to HIV/AIDS from the outset of the National Strategy’s planned and co-ordinated approach. The resulting body of knowledge provides an ongoing source of tested and credible information.

8. **Facts**

STI, HIV and other BBV education programs should address participant/student needs, and be based on accurate and current facts about unsafe sexual and injecting drug behaviours, and their relationship to acquired diseases.

The design of the education program should be based on an understanding of how relevant the risk of STI/HIV/BBV is to those involved in the program, and convey facts derived from reputable scientific sources.

9. **Social Context**

STI, HIV and other BBV education programs should reflect an understanding of the characteristics of the individual, the social context, and the relationship between the two.

Programs should contain a comprehensive, multi-faceted approach and incorporate aspects of both the individual and the social elements of sexual health / drug use, and the interplay between the two.
10. Customised Programs
Educational material aimed at preventing STIs, HIV, other BBVs and unwanted pregnancy must be planned and implemented to meet the particular learning and cultural needs of specific target groups.

*Education strategies, methods and resources need to be appropriate to 'fit' the risk behaviours of the target groups. The use of innovative, explicit or even controversial messages and materials may be necessary because of their 'significance' to the target group.*

11. Diversity
Education and prevention initiatives need to be inclusive and take into account participant/student diversities and factors influencing sexual behaviour such as gender, age, cultural and linguistic backgrounds, socio-economic status, sexual orientation, disability and geographic location.

*Consistent with ensuring a supportive legal and ethical environment,* sexual health and drug education programs which take 'difference' into account, will be more meaningful for participants than those that use a homogeneous approach.

12. Involvement of Youth
Programs targeting youth should involve young people in the design and development of the content and materials.

*The involvement of young people will ensure the program achieves a strong youth focus and communicate more clearly to them.*

PROGRAM CONTENT

13. Relationship between HIV, and Other STIs and BBVs
Education and prevention programs should reflect the clear connection that exists between the prevention of HIV, and the prevention of other STIs and BBVs.

*People who have an STI are more likely to contract HIV. Therefore, other STIs and BBVs need to be addressed concurrently with HIV, as they are spread by similar risk behaviours and affect similar target groups.*

14. Non-Discrimination
STI, HIV and other BBV education programs should include awareness about issues of discrimination on the basis of sexual practice, race, disability, and/or drug use behaviour, as well as against those who have an STI or HIV/AIDS.

*A supportive community, legal and ethical environment is of paramount importance. Non-discrimination is a key element in upholding 'supportive' environments, and sustained educational efforts in this area are essential.*
15. Harm Reduction
STI, HIV, other BBV and unwanted pregnancy education programs need to inform people about the availability of resources that assist people to reduce risks including condoms and other latex barriers and contraceptives, sterile injecting equipment, and sterile equipment for other risk practices such as body piercing and tattooing.

There is no intention to encourage sexual or drug using behaviours requiring these resources, but rather, to inform those considering, or already involved, about the need to use protection.

16. Knowledge, Attitudes and Decisions for Life
The objectives and strategies of STI, HIV other BBV and pregnancy education programs should include the development of knowledge, attitudes and skills to enable informed, responsible decisions about sexual and drug use behaviour as part of a healthy life.

Programs need to contain information and learning experiences that will have application outside the formal educational setting. This 'social learning approach' includes a broad range of strategies, methods and activities with skills development in communication and decision-making that supports information and knowledge.

17. Basis in Values
STI, HIV, other BBV and pregnancy education programs should include strategies that explore values, attitudes and behaviours at all levels: the individual, and society and the various communities within it.

Sexual health and drug use behaviours are influenced, not just by individual belief systems, but also by the surrounding social environment. Therefore, there is a need to include awareness and understanding of personal and social/community values and attitudes, how they are developed, and their effect on individual sexual behaviour.

18. Participation of Affected People
The partnership and participation of HIV-positive people and those with other BBVs and STIs, is a valuable component of prevention and education programs.

The involvement of HIV-positive people has been a central feature of successful HIV/AIDS prevention education initiatives and can be used in education about other STIs and BBVs.

19. A Range of Strategies
Educators need to employ a range of strategies relevant to the group and setting.

Appropriate peer education, communication and assertiveness development, self-efficacy training and social skills rehearsal are useful strategies to consider for the target group.

20. Hierarchy of Risk
'Hierarchy of risk' information about sexual and drug-related behaviours are essential program components.

Hierarchy of risk strategies in sex and drug education range from 'abstinence' to 'protected sex' and 'low-risk drug use'. It is important to include the interaction of drugs and alcohol, and their impact on sexual behaviour.
PROGRAM EVALUATION

21. Evaluation

STI, HIV, other BBV and pregnancy education programs should be evaluated, including process, impact and outcome evaluation.

Realistic and achievable objectives, that take into account other influences on people’s behaviour (family, peers, media, culture etc.), need to be formulated and regularly monitored for reaching objectives, achievement of outcomes and identifying areas for review.

SPECIAL CONSIDERATIONS FOR SCHOOL PROGRAMS

While the previously described general Principles apply in all STI, HIV, other BBVs and pregnancy educational settings, the school sexual health educator is faced with other factors warranting special consideration.

Schoolteachers should also find WA’s latest school sexual health education publication, Growing & Developing Healthy Relationships Curriculum Support Materials, to be a useful resource.

The three key principles of the policy framework of this resource for the implementation of school sexuality education are to:

- Promote abstinence and postponement of sexual activity for young people
- Support sexual activity in the context of respect, intimacy, readiness, love, and the law
- Encourage harm reduction strategies for those young people who are sexually active.

The Commonwealth Government publication, Talking Sexual Health is also an excellent educational text for secondary school teachers. The concept of the whole school approach and the health promoting schools model is discussed, and the following five key components for ensuring effective STI, HIV/AIDS and other BBV education are advocated:

- Taking a whole school approach - developing partnerships
- Acknowledging young people as sexual beings
- Acknowledging and catering for the diversity of all students
- Providing an appropriate and comprehensive curriculum context
- Acknowledging the professional development needs of the school community.
Finally, issues of student psycho-social developmental stages, principles of child-learning, teacher expertise, and teachers’ and parents’ religious and social values are important ingredients, unique to each school’s setting. Some of these specific concerns are addressed in the following Principles, based on those in the document, *Principles of Best Practice*.

### SCHOOL BASED PRINCIPLES

- **The usual classroom teacher is ideally placed to conduct sexual health education in schools.** Selected external resources and people (e.g. school nurses, FPWA [formerly Family Planning WA]) can be incorporated to enhance, but not replace, the teacher.  
  The classroom teacher, with specific knowledge of students’ needs and learning context, can best identify and respond to student needs and questions, and co-ordinate sexual health education with other class/school activities.

- **Teachers undertaking these type of programs should be willing to teach sexual health education, and be adequately trained and equipped in this domain.** This is likely to require additional professional preparation and training.  
  Teachers who are not adequately trained in sexuality education may have difficulties in dealing with cultural and social attitudes, beliefs and values about sexual health. They should not be expected to teach in this area until they have both a factual and attitudinal capacity to do so. This needs to be recognised and appropriately addressed.

- **Sexual health education, including STI, HIV, other BBVs and pregnancy, is best taught in the context of an ongoing and developmentally appropriate school health curriculum.**

- **Health messages must be regular, timely, and credible to the student, and be communicated at relevant ages/stages of learner development in order to build on and reinforce associated social development and decision-making skills.**

- **A co-ordinated series of short-term programs linked to the achievement of the overall program’s outcomes should be given priority over superficially attractive, stand-alone, one-off, ‘quick-fix’ alternatives.**

- **The content of STI, HIV, other BBV and pregnancy education programs needs to be consistent with the Health and Physical Education Learning Area Statements of the WA Curriculum Council’s Curriculum Framework, and if relevant, the achievement of the Department of Education’s Health and Physical Education Student Outcome Statements.**
STI, HIV, other BBV and pregnancy education will be more effective when taught within a health promoting schools model where policies and practices support classroom learning, and inter-relate with the wider community. Staff, students and parents should be involved in the planning and implementation.

Attention to the whole school-learning environment will reinforce and maximise the achievement of desired sexual health educational and behavioural outcomes. ‘Comprehensive’ school health education employs a wide range of strategies, policies, practices, supportive messages and collaborations inside and outside the classroom, such as parent courses in understanding sexuality and communication.

Schools also need to ensure they have BBV and student pregnancy-related policies implemented and regularly updated.

It should also be noted that the scenario of ‘intoxicated sex’ and teenage binge drinking may need particular attention with young people in the school setting.
DEFINITIONS

Hierarchy of Risk
This term is part of the ‘harm reduction’ approach and usually used with regard to actions aimed at reducing potential harm to those involved in unsafe sexual or drug using behaviour. A ‘hierarchy of risk’ sets out those behaviours from least to greatest risk, and describes ways in which people can protect themselves. For example, the top of the hierarchy would advocate abstaining from sexual intercourse (or drug use). For those who continue to have sex or use drugs, the next stage would outline safer behaviours, moving down to the least safe behaviour.

Health Care Provider
This term covers any professional group providing health care (nurses, doctors, psychologists, Aboriginal Health Workers etc.), or individual government or non-government workers who provide services that improve the health of others (e.g. WA AIDS Council, FPWA and Sexual Health Clinics).

Education and Prevention
In the sexual health field the terms ‘Education’ and ‘Prevention’ describe two separate and different types of processes. Educational processes are generally well understood, however the term ‘Prevention’ may not be. ‘Prevention’ is most commonly used to classify those programs and strategies related to, for example, the provision of and easy access to condoms and/or needles and syringes. Other Prevention strategies may involve changes to systems and structures in order to facilitate or enable healthy behaviours.

A Whole School Approach
This approach denotes more than the implementation of the formal curriculum. It means ensuring that the messages students learn through the formal and informal curriculum are supported by policy, guidelines and practices in, for instance, the student pastoral care area. It incorporates all learning experiences, both in and out of the classroom, and requires an integration of formal programs, general school policies and complementary linkages to community agencies.

Health Promoting Schools
This is a model or type of whole school approach to health issues endorsed by the World Health Organization. It builds on the idea of partnerships and the interrelationships of the various areas of the school community: curriculum and teaching; school organisation, ethos and environment; and parent community links/involvement.

Curriculum Framework
The Curriculum Framework sets out the broad areas for teaching and learning from kindergarten to Year 10 in WA schools. The Curriculum Council of WA developed the Framework and oversees the implementation process. The Curriculum Framework can be viewed and downloaded at www.curriculum.wa.edu.au/pages/framework/framework00.htm.
### GLOSSARY OF TERMS AND ACRONYMS

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<tr>
<th>Acronym</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>BBV</td>
<td>Blood-borne Virus</td>
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<td>DOH</td>
<td>Department of Health (formerly Health Department of WA)</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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| STI     | Sexually Transmitted/Transmissible Infections  
          (these used to be called Sexually Transmitted Diseases or STDs) |
BIBLIOGRAPHY


LIST OF CONTRIBUTORS*

Writer: Maryrose Baker, Sexual Health & Blood-borne Virus Program, DOH

Shelly Beatty, Curtin University of Technology
Mark Bebbington, WA AIDS Council
Larina Bromley, Hepatitis C Council
Clare Chamberlain, Communicable Disease Control Directorate, DOH
Jenny Collins, Curtin University of Technology
Department of Health & Ageing (Commonwealth) – HIV/AIDS & Hepatitis C Section
Maxine Drake, Health Consumers’ Council
Bruno Faletti, School Drug Education Project
Irene Franklin, Curtin University of Technology
General Practice Divisions of WA
Marcelle George, Health Promotion Services, DOH
Jon Gibson, Department of Education, WA
Gail Greville, Applecross Senior High School
Russell Grieg, Gascoyne Public Health Unit
Sue Hamilton, Rockingham/Kwinana Health Service
Peter Horacek, FPWA
Glenda Jackson, Edith Cowan University
Kathy Kirwan, FPWA
Michelle Kosky, Health Consumers’ Council
Vicki Lambert, Women’s Health, DOH
Dr Donna Mak, Kimberley Public Health Unit
Lorel Mayberry, School Drug Education Project
Shane Moore, WA Alcohol & Drug Authority
Dr Richard Murray, Kimberley Aboriginal Medical Service
Felicity Naylor, Sexuality Education Counselling and Consultancy Agency
Rani Param, Office for Aboriginal & Torres Strait Islander Health, Department of Health & Ageing
Suzanne Paust, Sexuality Education Counselling and Consultancy Agency
Kay Pearson, John Forrest Senior High School
Tracy Pratt, Office of Aboriginal Health, DOH
Jo Rees, Eastern Perth Community and Public Health Unit
Delia Riley, Goldfields Public Health Unit
Sexual Health & Blood-borne Virus Program Staff, DOH
Lyn Smith, Eastern Hills Senior High School
Lorraine Telfer, School Drug Education Project
WA Health Promoting Schools Association Members

*Many contributors’ positions have changed since they were consulted.