ARE YOU GETTING IT?

A report by the UK Youth Parliament
“All young people should leave school equipped with skills for life and this needs to include the skills that good quality Sex and Relationships Education (SRE) should bring.

Yet I know from personal experience and from my work with teenagers just how badly we’re failing in this country.

As a young person on the Independent Advisory Group on Teenage Pregnancy, I talk to ministers about the need for good quality, compulsory SRE in all schools, at all key stages.

I welcome this excellent report which contains the voices of so many young people. Now, hopefully, someone will listen to what we’ve got to say, and act on it.”

Rhiannon Holder (19), Independent Advisory Group on Teenage Pregnancy
Introduction

The issue of Sex and Relationships Education (SRE) in schools is and has been of concern to young people to UKYP’s knowledge, for at least seven years. Since UKYP’s first Manifesto in 2001, Members of the Youth Parliament (MYPs) have consistently said that the SRE they are receiving in school is too little, too late, too biological and doesn’t provide enough (if any) information on relationships.

The Government is not listening to the views of children and young people receiving SRE. OFSTED in, “Time For Change? Personal, Social and Health Education” (2007) reported, “Many young people say that parents and some teachers are not very good at talking about the more sensitive issues in PSHE, such as sex and relationships ... In the case of SRE young people do not want just the biological facts but want to talk about feelings and relationships.” Inspectors also found that teachers, governors and parents have not received sufficient guidance and support to help them talk to young people about sensitive issues.

In 2006 MYPs chose SRE as a national campaign theme for UKYP, aiming to get Government to listen and change the way SRE is delivered. We are now able to show that the provision of SRE is not just the concern of one or two young people in one small part of the country, but that thousands of young people from across the UK are unhappy with the SRE they are receiving and that it is now time for a change. It is already widely known that the UK has the highest rate of teenage pregnancies in Europe and that sexually transmitted infections (STIs) are also more prevalent than ever before, particularly in young people aged 16 – 19.

What We Did

In 2006-07 we surveyed the views of thousands of young people under 18 through a questionnaire designed by MYPs in the South East, which was available online and distributed through MYPs’ places of education. 21,602 people responded to a simple survey of six questions which ascertained the level of Sex and Relationships Education in schools across the country and what young people thought of it. The data was carefully collated and this briefing summarises our findings.
How Good Is The Sex And Relationships Education In Your School?

Nationally 40% of young people between the ages of 11 and 18 thought that their SRE was either poor or very poor, whilst a further 33% thought it was average.

Taelor Moul from Essex (aged 13), “My sex education was rubbish, we mostly just watched videos and got so bored nobody really listened. There wasn’t any conversation about it, it was all boring worksheets and everybody just binned them!”

Have You Ever Been Taught How To Use A Condom?

Despite the Government’s recommendation that, “Sex and relationship education should inform young people about condom use and safer sex in general” (Sex & Relationship Education Guidance, DFEE, 2000) our statistics show that 55% of all 12 – 15 year olds, and 57% of girls between the ages of 16 – 17 had not been taught how to use a condom. This is a clear example of the variation in SRE being taught in our country today.

Shola Shobowale from Lambeth (aged 18), “I was taught how to use a condom, but the teaching was very poor. They just shoved the condom on a banana and that was about it. I didn’t learn much at all.”
Do You Know Where Your Local Sexual Health Clinic Is?

In our survey only 49% of respondents knew where their local sexual health clinic was. In addition, young people reported that the sexual health clinics that were available were often open at times that were not convenient to young people.

The UK has the highest rate of teenage pregnancies in Europe and “HPA (Health Protection Agency) data also showed 12% of young women aged 16 to 19 were infected with chlamydia, which can damage fertility” (BBC News Website 13.09.06), whilst the rate of other sexually transmitted infections continues to rise.

Reducing rates of teenage pregnancy and sexually transmitted infection are key Government targets. To reduce these statistics young people need to be able to access confidential sexual health clinics where they can obtain information and support.

Katrina Mather, from East Sussex (aged 15), “In Seaford, East Sussex the Sexual Health Clinic is open for only 2 hours a week, which equates to each young person in the area being able to access it for just 2 minutes and 45 seconds a year.”

The Health Protection Agency found that, “Although most acute STIs can be diagnosed and treated effectively within a short time, the large increase in infections seen in recent years has had a significant impact on sexual health services. Improving access to GUM clinics is one of the key sexual health targets of the English Public Health White Paper.” (A Complex Picture: HIV and other sexually transmitted infections in the United Kingdom. 2006 The Health Protection Agency).
Have You Been Taught About Teenage Pregnancy?

Overall 55% of our respondents said they had been taught about teenage pregnancy, leaving just under half of our sample who had not. Many of the young people that UKYP spoke to whilst carrying out this survey felt that they knew about how having a baby could impact upon their lives, but knew little about the development of a baby in the womb and the impact that pregnancy could have upon their bodies.

Have You Been Taught About Personal Relationships At School?

Alarmingly 61% of boys and 70% of girls over the age of 17 reported not having received any information about personal relationships at school. Overall 43% of all young people surveyed stated that they hadn’t been taught about personal relationships at school.

Max Sztyber (aged 17), “The education about sex I received was good. I can’t really imagine how it could have been much better. We had teenage mums come in who spoke about teen pregnancy and the implications it has. It might have been useful to have more info on STIs though, and we didn’t receive anything about relationships.”
What Age Do You Think You Should Receive Sex And Relationship Education?

73% of all respondents felt that SRE should be delivered under the age of 13, with 56% of boys under 11 wanting SRE in primary schools.

Holland starts teaching sex and relationships education at the age of 5 and also has the lowest teenage pregnancy rate in Europe. Sweden starts to teach about SRE from 10 – 12.

Cecilia Ekéus, a nurse midwife with a PhD in public international health who works at the Institute of Women and Child Health at the Karolinska Institute in Stockholm, says, “Swedish society teaches that sex should occur in a committed relationship, and also that teenagers should use contraceptives, be informed and take responsibility. But in general we are open and positive and think that it’s OK.”

Clarissa McDonald, Dudley (aged 14), “At my school sex education isn’t very regular. I’m now in year 10 and the last time we had education to do with sex was year 8 – it wasn’t very clear, they just went through the basics.”
Our recommendations

1. SRE should be an entitlement for all children and young people and taught as part of statutory provision of PSHE.

   The UNCRC, Article 13 states, “The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child’s choice.”

   Parents should not be able to make the decision to withdraw their child from SRE. If SRE within PSHE was a statutory subject, parents would not have this right, just as they do not have the right to withdraw their child from other subjects such as History or Maths.

2. No school should be able to opt out of delivering good SRE to their pupils and this includes primary schools, faith schools and academies.

   Young people in all types of schools need to learn about how to use a condom and safer sex, even if their faith or culture does not promote or accept these. The 2001 Guttmacher Institute report, drawing on data from 30 countries in Western and Eastern Europe concluded, “Societal acceptance of sexual activity among young people, combined with comprehensive and balanced information about sexuality and clear expectations about commitment and prevention, childbearing and STDs (sexually transmitted diseases) within teenage relationships, are hallmarks of countries with low levels of adolescent pregnancy, childbearing and STDs.”

   Alice Bean from Cambridgeshire (aged 16), “When I was at school I missed SRE in Year 6 because I changed schools. My first school delivered SRE after I left and my second school before I started. I later missed the science topic of reproduction because my science teacher refused to teach it and in year 9 I missed out on the only SRE lesson of the key stage because I had another commitment during that hour with another subject.”

3. SRE needs to be taught throughout a pupil’s time in education.

   This means teaching the foundations of relationships and how to keep healthy and safe in primary school and ensuring that pupils are taught about sexual health as soon as they enter secondary school from year 7.
Schools should employ more trained staff and specialist personnel to teach SRE, and not rely on geography, history, science teachers etc.

Jessica Masaun from Sandwell, “The only downfall of Sex Education at my school is the fact that teachers are not trained to teach it. The science teachers have a bit of knowledge about it, however I feel the staff at my school are not necessarily comfortable with the subject themselves.

I honestly feel that the Sex Education could be improved immensely in my school if the teachers actually had specific training in the subject and are also able to handle any questions thrown at them by the students.”

Relationships should be taught as part of SRE.

Gareth Griffiths from Worcestershire, “The teachers in our schools aren’t trained to deliver Sex Education. Also LGBT relationships (lesbian, gay, bisexual, transgender) aren’t accepted which leaves lots of homophobes in our school.”

The implications of teenage pregnancy should be taught to all students.

Both sexes have an equal obligation to avoid unwanted pregnancies, and to be able to make an informed choice.

OFSTED should inspect PSHE more effectively and take into account what pupils’ experience of their SRE has been.

This mirrors OFSTED’s own recommendation that, “Schools should improve the assessment of pupils’ progress in PSHE by evaluating changes in attitudes and the extent to which pupils are developing relevant skills.”

All young people should be able to access a confidential Sexual Health Service which should be clearly advertised through PSHE lessons, and be open at times convenient to young people.

Young people should be informed of the location of their local sexual health clinic and their right to confidentiality. Better links with Sexual Health and Genito-Urinary Medicine (GUM) Clinics, including planned visits to local services, should be considered.
In 2006 the Government announced an unprecedented response to its Youth Matters Green Paper and celebrated that it had received over 19,000 responses directly from young people. Ruth Kelly, then Secretary of State for Education and Skills stated, “Young people and those that care about them have made their views very clear. We have listened to what they told us and in this document (Youth Matters: Next Steps) report on our implementation plans.”

“We will only achieve lasting and positive change for young people if we place them at the centre of our policies and services,” and “We are committed to opening up opportunities for all young people to become actively engaged in their communities and influence provision.” (Youth Matters: Next Steps 2006, DFES).

UKYP received a very impressive 21,602 responses to its SRE survey. We want the Government to listen to us and implement a fundamental change in the way that SRE is delivered in schools and adopt UKYP’s 8 key recommendations.

“I believe SRE should be made compulsory as part of statutory PSHE because it has been made very clear though our consultations with young people that this is what they want as well as the quality being dramatically improved. The current method of SRE obviously isn’t effective, as even though the teenage pregnancy rate is the lowest it has been for 20 years it is still persistently high and the rates of STIs continue to rise.” Stephanie Shaw, from Cheshire (aged 18).
ABOUT THE UK YOUTH PARLIAMENT

The UK Youth Parliament (UKYP) aims to give the young people of the UK between the ages of 11 and 18 a voice, which will be heard and listened to by local and national government, providers of services for young people and other agencies who have an interest in the views and needs of young people. Run by young people for young people, UKYP provides opportunities for 11-18-year-olds to use their voice in creative ways to bring about social change. To find out more about our work, please go to www.ukyouthparliament.org.uk