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Sexualities Education

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Sexualities education denotes the range of pedagogical interventions with children and young people around sexualities, reproduction and reproductive biology and rights, sexual health, and issues concerning sexual consent and protection. These approaches are known by a range of terminologies in different jurisdictions, including sex education, sex and relationship education, comprehensive sexuality education, school-based sex education, and sexual and reproductive health education. Sexualities education curricula are delivered by various actors, including specialist and non-specialist teachers, health workers such as school nurses and health educators, and community-based youth workers (UNESCO, 2015).

The aims of sexualities education may be summarised as providing accurate information about human sexuality and reproduction to promote sexual health and well-being; helping young people develop culturally-contextual healthy perspectives on sexuality; helping them to develop positive relationships by fostering communication, decision-making and assertiveness skills; and encouraging young people to make responsible choices about sexual relationships (SIECUS, 2004: 19). In most Western countries, and in a growing number of jurisdictions elsewhere in the world, the content and delivery of sexualities education curricula in publicly-funded schools are governed by statute or policy (Monk, 2001; UNESCO, 2015: 32). However, provision globally of sexualities education remains patchy, with issues around gender and rights least often included in educational curricula (ibid: 34).

During the late 19th century, educators began to address issues of sexual conduct and sexualities within two distinct strands. The first of these manifested as a normative moral framing of sexuality, sexual practices and marriage. Here, the principal objectives were to regulate sexual activity, and reflected religious and legal prohibitions on sex outside marriage and non-normative sexualities. A second strand addressed 'social hygiene', which

incorporated not only concerns with sexual health but also with a broader conception of the health of human society and the dangers posed by moral decline associated with promiscuity, unplanned pregnancy and dissolution of the heterosexual family unit (Huber and Firmin, 2014: 27; Zimmerman, 2015). These two foci upon individual conduct and social order continue to inform sexualities education up to and into the present, although within framings that reflect contemporary cultural concerns (for example, active decision-making, age of consent, coercion, sexually-transmitted infections (STIs) and social inclusion).

Since the 1970s, mainstream Western sexualities education has been underpinned by a humanist perspective, founded upon the rights of citizens to a full, happy and healthy sex life – as one an element of general mental and physical well-being (Shtarkshall et al, 2007). The ascendancy of this humanist approach has been linked to a broader liberalisation of attitudes and laws on sexual conduct in Western countries during this period (Irvine, 2004: 19; Luker, 2006: 68). Proponents of a liberal-humanist approach have considered schools (rather than parents) as primarily responsible for delivering a comprehensive sexualities education curriculum throughout a child's school career, covering age-appropriate topics related to sexual and reproductive biology, sexual identity and citizenship, issues of sexual health and personal protection, emotions and relationships, and sexual rights and responsibilities, based on 'accurate, realistic, non-judgmental information' (UNESCO, 2009). The emphasis in a humanist approach is upon empowerment (particularly of girls and marginalised young people); supporting individuals to make informed and responsible decisions about how and with whom to pursue sexual relationships, without coercion and with awareness of health and other risks; and challenging gendered double standards concerning sexual conduct.

However, in many jurisdictions, sexualities education remains one of the only areas of a school curriculum where parents retain a right to withdraw their children from lessons on moral, cultural or religious grounds, while in the UK, schools may adapt curricula to meet their religious or ethical frameworks. In some US States, the liberal-humanist model has been rejected in favour of an alternative 'abstinence-only sex education', reflecting local conservative and fundamentalist religious attitudes to sexual morality and non-normative sexualities among both legislators and populace. In other jurisdictions, the content of

sexualities education curricula reflects local cultural and legal frameworks for sexual conduct, which may diverge significantly from a Western liberal-humanist perspective.

Theorising sexualities education

Variations in the content and delivery of sexualities education – both historically and crossculturally – have been analysed in terms of a liberal-humanist/conservative axis, differentiating between 'modern' and 'traditional' or 'repressive' sociocultural attitudes to sexual behaviour and sexualities (Kantor et al., 2008; Mayo, 2008). This analysis suffers from its foundation in an outdated view of history, in which societal development progresses gradually from past ignorance to present enlightenment. It has been criticised as Eurocentric, founded in a colonial model of development that sees the 'liberated and modern' West as a paradigm for the rest of the world (Miedema and Oduro, 2017: 76). Finally, it leaves unexamined the underpinning tenets of a liberal-humanist perspective on education, which privileges an essentialist and autonomous subject and is founded in a normative and apolitical opposition between 'knowledge' and falsehood (Hickox and Moore, 1995: 47).

Pedagogies of sexualities can also be explored in terms of a foundational tension between – on one hand – an emancipatory project aimed at educating young people to have healthy, enjoyable and fulfilling sex lives, and on the other a concern for (and on occasions, a 'moral panic' over) these young people's (and in some cases, society's) protection from health and other risks associated with sex and reproduction, unplanned pregnancy and parenting, and sexual exploitation and violence (Monk, 1998: 240). This tension is revealed throughout the history of sexualities education, from its earliest formulations in the late 19th century to the present, with its different manifestations reflecting changing public, private and political framings of sexuality, sexual health and sexual mores over this period (Moran, 2009). In the contemporary period, the former may be seen in an emphasis upon an individualistic model of a rationalist sexual actor, free to choose between an ever-widening panoply of sexual options. The latter concern is reflected in an emphasis within sexualities education since the 1980s to promote safer sex, in the wake of the emergence of HIV/AIDS as a health issue, and the efforts by the UK Labour government in the 1990s to promote young people's active citizenship and participation in the workforce by reducing teenage pregnancy and parenting (Alldred and David, 2010: 26; Alldred and Fox, 2017; Kidger, 2004).

A third theoretical perspective acknowledges that all sexualities education curricula are contextual, framed within systems of thought and received wisdom concerning sexual conduct, sexual health and so forth. Post-structuralist scholarship has revealed how shifts in emphasis within sexualities education over time (for instance, from concerns with social hygiene to a rights-based focus upon individual choices in sexual matters) may be understood as founded upon particular historically- or culturally-specific bodies of knowledge, which have variously derived from religious doctrines; medical understandings of the body, gender and sexuality; society's patriarchal, misogynistic and heteronormative biases; psychology and psychoanalysis; and the liberal-humanism mentioned previously (Jones, 2011).

New materialist writers have similarly analysed sexualities education as contextual, but seeing it as a material assemblage (Alldred and Fox, 2017; Allen and Rasmussen, 2017: 7) comprising educators and children, parents and peers, physical spaces and places, educational curricula, pedagogic approaches, teaching aids (such as condoms, models of reproductive organs), professional codes and conventions, as well as broader contexts including attitudes, values and beliefs about sexualities, genders, health and education. Different professional approaches to sexualities education by teachers, school nurses and youth workers affect both the pedagogy enacted and the capacities of students as active decision-takers concerning sexual conduct and sexualities, with consequences for their participation as citizens (Alldred and Fox, in press). The objective of sexualities education in this perspective becomes the enabling of people's capacities to act and interact with others in ways that open up rather than constrain opportunities, thereby enhancing equality and diversity, assuring consent and challenging sexual violence, and overcoming gendered double standards.

Issues and challenges in sexualities education

The theories and practice of sexualities education has been subjected to a range of commentaries and critiques. Pedagogically, the aim of sexualities education – to empower people to take control of their sex lives and conduct themselves in ways that at physically and emotionally pleasurable – is both substantial and challenging. Nor may the extent to which a curriculum is successful in achieving this aim be easily evaluated, when effectiveness outcomes (such as health, happiness and participation in satisfying personal relationships) are

long-term and in many cases subjective. As a consequence, sexualities education has often focused on more specific short-term objectives such as reducing STIs or unplanned pregnancies. However there is little concrete evidence for the success of sexualities education. US studies indicate that abstinence-based policies do not result in improved sexual health outcomes for young people (Weaver et al., 2005) while a recent meta-analysis of research studies indicated no measurable effect of school-based sexual and reproductive health educational interventions in reducing teenage conceptions, though there was some evidence that incentivising school attendance may have an effect (Mason-Jones et al, 2016: 2).

Foundationally, the appropriateness of addressing young people's sexualities within an educational context may itself be questioned. An emphasis upon the development and assessment of intellectual capacities has effectively excluded the body from the modern school curriculum (Alldred and David, 2007; Fine, 1988), while the role of pleasure in sexual development and relations is not acknowledged in sexualities education (Ingham, 2005). Furthermore, sexualities education straddles uncomfortably a divide between doing health work in an educational context, or educating within a health setting. Sexualities education in schools has consequently been considered a low status, non-academic add-on within the school day. Research suggest this has limited the time devoted to sexualities education, the resources available and the training provided to teachers (Alldred and David, 2007), but – perhaps more importantly – has established an inappropriate and ineffective framing for young people to discuss and learn about their sexualities (ibid: 168).

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