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"The Business of Sexuality Education"

Changing practice – the need for professional development

Debbie Ollis

Debbie Ollis has worked as a secondary teacher, curriculum consultant, policy officer, writer and teacher educator across much of the school-based health education area. She has been involved in school-based projects, policy and program development at both the State and national level in Australia; notably in gender and violence and sexuality education. Most recently she was a key member of the Commonwealth funded National Schools project that has developed the *Talking Sexual Health* materials. Debbie is currently undertaking doctoral research on the impact of professional development and classroom resources on a teacher's ability to address sexual diversity, gender and power in the health education classroom.

The business of sexuality education is unrecognisable when compared to that provided even 15 years ago. The issues, approaches and challenges for teachers are both exciting and scary. The latest research tells us that the majority of Year 10 and Year 12 students are sexually active in some way (Smith et al, 2002) and are having penetrative sex at a younger age (Smith et al, 2002). They are engaging in a range of sexual practices including oral sex and are having sex under the influence of alcohol, often when they don't want to (Smith et al, 2002). They have poor knowledge of sexually transmissible infections and 6% have had sex that resulted in a pregnancy. Students are not exclusively heterosexual (Smith et al, 2002) and students who are same-sex attracted or perceived to be homosexual, experience very high levels of violence and abuse, often at school (Hillier et al, 1997). We also know that students are no longer satisfied with the 'chalk and talk' session about the reproductive organs. They want discussions, activity-based learning and relevant content (Ollis, work in progress). They want to explore issues and they want this to be done in the safety of their health education classroom (Smith et al, 2002).

This paints a challenging picture for sexuality education teachers, as the available research also indicates that health education teachers have little background and training in sexuality education, are concerned about parent and/or community attitudes and backlash and are often reluctant to teach the more sensitive issues, particularly issues around homosexuality (Rosenthal et al, 1999; Harrison and Hillier, 1999; Rodriguez et al, 2000). The available research also suggests that teachers find it difficult to recognise and affirm sexual diversity (Harrison et al, 1996; McKay et al, 1999; Rodriguez et al, 2000; Warrick et al, 2001). Overwhelmingly teachers of sexuality education are drawn from the physical education, home economics and science disciplines, in which health education is likely to be presented as a series of topics that bear no relationship to each other (Anderson and Rosenthal, 1995).

So how prepared are our health education teachers to address these challenges in 2003? This is one of the questions I am addressing in my current research. More specifically I have been exploring how to bring about change in teacher practice so that teachers feel able and confident to address some of the more sensitive issues in sexuality education. My research has been looking at whether the provision of effective professional development and classroom materials enables teachers to effectively address the sensitive issues of sexual diversity and gender and power.

Researchers and policy makers agree that professional development of teachers is one of the keys to effectively preparing teachers to address these issues at the classroom level (Harrison and Dempsey, 1998; Epstein and Johnson, 1998; Harrison and Hay, 1997; Health Canada, 1994). However the question of the quality and effectiveness of the professional development needs to be clarified. According to Harrison and Hay (1997),

effective professional development for teachers should include ongoing training. Recent Australian research indicates that 50% of current health education teachers report having had only a small amount of professional development over the course of their careers and only 15% have had any ongoing professional development (Rosenthal et al, 2000).

There is agreement that professional development should include strategies for teaching for sexual diversity and connecting diversity to issues of gender, power and sexual preference (ANCAHRD, 1999; Harrison and Hay, 1997; Health Canada, 1994). According to a number of authors, other key elements of effective professional development should enable teachers to examine their own values, attitudes and actions in relation to issues of sexual diversity, at the same time as assisting teachers to identify the cultural norms, beliefs, attitudes and goals of their students. It will foster comfort levels and prepare teachers to respond respectfully to the sexual health needs of students (Epstein and Johnson, 1998; Harrison and Dempsey, 1998; Harrison and Hay, 1997; Rodriquez et al, 1996).

There is also consensus that effective professional development in sexuality education is more than just the provision of the latest research to teachers. Teachers need to be able to provide teaching and learning experiences for students that will assist them to understand personal values, attitudes and behaviors and to develop skills in decision making around sexual health (Epstein and Johnson, 1998; Harrison and Hay, 1997; Health Canada, 1994).

While there is some agreement about what effective professional development would look like, very little has been available for teachers and, not surprisingly, very little research or evaluation has looked at effectiveness. The same is true of classroom resources that intend to cover sensitive issues such as sexual diversity and gender and power. We have no idea of the impact of effective teaching and learning resources on a teacher's ability to address such sensitive and challenging issues in the health education classroom. At present there are few Australian resources to assist teachers to include such issues in mainstream health education curricula. Of those that are available very few would meet all the suggested criteria in the checklist developed for the most recent policy document – the *National Framework for Education about STIs, HIV/AIDS and Blood-Borne Viruses* [BBV] *in Secondary Schools* (Australian National Council for AIDS Hepatitis C and Related Diseases, [ANCAHRD], 1999:64)

Australia is in the unique position of having developed a set of resources that can, among other things, assist education authorities and schools to support and address some of the more sensitive and challenging issues around sexuality. Since 1999 the Commonwealth government has funded the development of a comprehensive approach to STI/HIV and BBV education for secondary schools in response to research and in recognition that these issues need to be addressed in the context of a broad health and sexuality education background.

The *Talking Sexual Health* kit has four components. The first of these is a framework designed to assist education systems and sectors recognise and address sexuality issues, including sexual diversity, in policy and program development (ANCAHRD, 1999).

A professional development resource (ANCAHRD, 2000) was developed to support schools to implement the framework. This resource has been used by staff in Education Departments and agencies, and by consultants who provide professional development for teachers. Key professional development providers in most States and Territories have been trained and a teaching and learning resource has been developed for student use (ANCAHRD, 2001). It has a focus on addressing issues of gender, power and sexual diversity, as well as a broad range of sexuality and sexual health issues. A parents' resource (ANCAHRD, 1999) to support the role of parents as the primary site of sexuality education, was developed and distributed through schools or parent and school council organisations.

My research has looked at the impact of the *Talking Sexual Health* professional development intervention and classroom materials, on the ability of health education teachers to effectively address issues of sexual diversity and gender and power.

The research process has involved a sample of 15 secondary teachers currently teaching health education in Victorian schools. They participated in the *Talking Sexual Health* professional development intervention and used the teaching and learning activities. These teachers were involved in interviews, classroom observations and analysis of their course outlines and curricula over three phases. The first phase was conducted prior to the professional development, the second immediately following the professional development and the third will be conducted a year after the professional development. The following data is taken from the work in progress toward my doctoral thesis. It gives the reader a small sense of the issues and characteristics of those teachers charged with the challenge of changing the business of sexuality education.

A glimpse of the teachers and the issues

"Well, it's pretty confronting in some ways. We were looking at the vulva area and I had the exterior and the interior and they had envelopes where they had the vaginal opening and then they had to sort through ... they had all the definitions and had to sort through them and stick them on, which means they had to read. A boy said, 'can I draw a penis?' So he drew his penis and it was sort of like a monkey with a big penis and then, because I didn't say anything, I just didn't want to make a big thing of it, he had ... I think it's in there actually ... he drew them all over, penises everywhere and he thought that was funny and I have ... I went out of the room and I know that maybe I should have picked that up immediately and I want him to be open and so I felt a little bit uncomfortable about that so I'm going to talk to him today about ...that wasn't ... it's not appropriate and that ... do you know what I mean? It's sort of those sorts of things between encourage... the other side of it is to encourage them to be open but where must that fine line between them being offensive come into it" (Lynne Phase 1 interview).

Sexuality education can be very confronting, as Lynne points out, particularly for the many health education teachers with little or no experience. Lynne's struggle with where to draw the boundaries around humour and inappropriate behavior was a common one for the teachers involved in the research.

... more and more physical education teachers, including men, are expected to teach sexuality because of their assumed knowledge of health, including sexual health.

Often, like Lynne, sexuality educators are working in isolation, teaching health education at one or all year levels depending on the size of the school and the nature and provision of health education. Their approach to sexuality education varies as much as the students they teach. Teachers may be expected to cover sexuality as an integral component of comprehensive health education or, more commonly, they may be expected to do very little, if any, sexuality education.

Overwhelmingly, the teachers I have worked with are women with backgrounds in the home economics and physical education disciplines. However more and more physical education teachers, including men, are expected to teach sexuality because of their assumed knowledge of health, including sexual health. This is also a result of the health and physical education learning area coordinators trying to bring some consistency to the teaching of health education. Physical education teachers are assumed to be qualified yet most have no formal qualifications in sexuality education, either as part of their undergraduate studies or any postgraduate studies. This presents a real challenge for many health education teachers, as Allan's experience demonstrates. Allan began teaching sexuality in his 15th year of teaching. This came about when he moved schools and it was assumed that health education would be part of his allotment as he was a physical education teacher. Initially this wasn't an issue for Allan because, as he points out,

> "I was reasonably comfortable with the Year 9 health because there's a lot of ... yeah, there's structural sort of anatomy and physiology type stuff and a bit of cigarette smoking, alcohol, that sort of business which I felt pretty comfortable with" (Allan: Phase 1 interview).

It was a different story when he was expected to take the Year 10 health education classes the next year, as the program had a very large component of sexuality education. Allan, like many teachers in his position, did not have a background in sexuality:

> "Basically I've not had that much experience... I'm sort of treading water a bit. I felt that at the time you know, I was treading water and didn't know how to approach some of these subjects and didn't think I had enough knowledge about them" (Allan: Phase 1 interview).

Like most health education teachers, Lynne and Allan are lucky to see their students for more than one double period a week. They have had little or no professional development in sexuality education beyond an hour or two at ACHPER conferences. They are concerned about parental backlash and worry about stepping over the imaginary line of appropriate content if they include sensitive issues such as sexual diversity or the broad range of sexual practices. Their concerns include, "being fearful of overstepping a line, that imaginary line and have the system close in" (Kathy: Phase 1 interview). Or as Mandy says, "always concerned that parents are going to ring up and abuse me and that's happened probably once a year for all the years that I've taught" (Mandy: Phase 1 interview). They teach a compartmentalised curriculum with little or no interrelationship between issues such as sex and drugs or sex and mental health. Sex is viewed as a negative aspect of self, with programs concentrating overwhelmingly on the prevention of diseases, avoiding pregnancy and sometimes sexual assault.

Sexuality education is generally positioned as about penetrative and heterosexual sexuality. Teachers struggle with the possibility that students may be same-sex attracted: "I probably wouldn't have thought the students wouldn't have been as aware of homosexual feelings" (Pam: Phase 1 interview). There is little or no examination of issues around gender and power. Any exploration of gender issues reinforce traditional notions i.e. men as assertive and sexually aggressive and women as passive and the keepers of safe sex.

Teachers are also highly committed to providing students with up to date and accurate information that can be used in their daily lives. This means trying to fit an enormous amount of content into what is, very often, a short time allocation. Sue captures the nature of this dilemma when she says, "Probably we've got a case of a crowded curriculum again and as with everything, there's always too much to be fitted in to too small a time" (Sue: Phase 1 interview). Moreover, the business of classroom teaching is difficult enough for most of these teachers without trying to change the school environment: "It's beyond me as one person to change a whole school culture. What I feel I can do is improve my own teaching" (Kathy: Phase 1 interview).

Kathy's remark is characteristic of comments made to me by sexuality education teachers during the course of my research. Although Kathy sees the need to address sexuality as part of a whole school approach she is realistic about her capacity to bring about change in the business of sexuality education.

Although professional development can do little to change the structural nature of the provision of health and sexuality education, it may have the capacity to assist teachers to take on board some of the challenges identified in the latest research. Pam's response immediately following the two-day *Talking Sexual Health* workshop gives hope that some of the challenges identified in this paper may be meet.

> "Yeah, the workshop has certainly given me confidence to lead activities in the area of sexuality, some of that confidence being for me personally, with what I actually do with the students and the other is the fact that I've done some training, that I can look people in the eye, principals, parents and ask them, look I am a professional, I am getting training with professional development in these

areas. I'm doing the latest training, everything I can to teach these sensitive areas in the most appropriate, most professional manner and I feel pleased about that because I think that I am ... say for example, Admin. would respect my judgment as a teacher. However, if there were questions of these sensitive areas, I've got the fact that I have done some training, really will add to my case. I'm not just a ... I'm a sensible teacher but I am also trained in those areas that other people aren't getting trained in so it's given me confidence" (Pam: Phase 2 interview).

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