

Parliamentary inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living



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INTRODUCTION

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Human Services. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

Women's Health Victoria does not run specific health promotion programs in schools, however we do believe that schools can play a vital role in promoting healthy community living and we welcome the opportunity to respond to this inquiry.

SUBMISSION

Thank you for the opportunity to contribute to this inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living. In this submission, we consider the areas noted by the Committee, including healthy eating, active lifestyles, sun smart awareness and appreciation of the effects of harmful substances. A gender sensitive approach to these issues is critical to ensure better health outcomes for young people.

Our focus, however, is on the role that schools can play in the promotion of sexual and reproductive health. The Terms of Reference do not refer to sexuality education as an example of the way in which schools currently promote holistic healthy living within their communities. Sexual and reproductive health is a crucial issue that is central to the promotion of health and wellbeing.

1. THE ROLE OF SCHOOLS

Schools are in a unique position in terms of health promotion. They represent the most effective way of comprehensively and universally targeting children and young people.¹ Schools also act as a gateway through which information and messages can be conveyed to the wider community. Because of this, Women's Health Victoria believes it is appropriate for the government to encourage schools to extend health programs to be directed at the broader school community.

This concept is the basis for the Health Promoting Schools Framework which is used by the Department for Education and Early Childhood Development in Victoria to inform its whole school approach to sexuality education. A whole school approach calls for 'consultation and working in partnership with parents, elders and the school community, accessing community resources and involving students'². It should incorporate the school culture, staff morale and student, family and community involvement³. It is an approach that is specific to the local area but is backed up by government policy and the work being undertaken by local governments and community organisations.

Although Women's Health Victoria considers a whole school approach the most appropriate for sexuality education, there are a number of factors that must be considered to ensure its effectiveness. These include:

- a good understanding of the concept of Health Promoting Schools by staff;
- adequate resources and staff skills;
- realistic timeframes;
- effective partnerships with the community; and
- ongoing support to address health issues and implement the program.⁴

2. PROMOTING HEALTHY COMMUNITIES THROUGH SCHOOLS – SEXUAL AND REPRODUCTIVE HEALTH

The World Health Organisation provides an excellent definition of sexual and reproductive health that should form the basis for any program of sexuality education. It reflects the broad scope and heterogeneous nature of sexual and reproductive health, while situating it firmly in its social context:

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.⁵

Sexual and reproductive health has an impact at an individual, family and community level, as well as on the financial costs for the government that are associated with ill health. Rates of transmission in Victoria for many sexually transmitted infections including chlamydia, gonorrhoea and syphilis are increasing.⁶ Teenage pregnancy rates are high and the age of first sexual experience is getting lower.⁷ Potentially harmful messages about sexuality and gender abound in media and advertising and young women are especially vulnerable to unsafe or unwanted sexual experiences.⁸

Sexual and reproductive health sits within broader health promotion policies and current government activities, including the Federal Government campaign to prevent sexually transmitted infections and the Public Health Association of Australia call for a National Sexual and Reproductive Health Strategy.⁹ Sexuality education that reflects the complexity of sexual and reproductive health evident in the World Health Organisation definition must be embedded within schools and their communities. Studies have demonstrated that reduced rates of pregnancy, birth, abortion and sexually transmissible infections occur in areas with positive government policy and the provision of sexual health education and related services such as family planning.¹⁰

The United Nations has set out some key messages in relation to sexuality education in their report *Impact of HIV and sexual health education on the sexual behavior of young people* that are important to note¹¹:

- Sexuality education does not encourage increased sexual activity
- Good quality sexual health programs help delay first intercourse and protect young people from STDs and unwanted pregnancy
- Responsible and safe behaviour can be learned
- Sexuality education should be started before the onset of sexual activity
- Sexuality education must be gender sensitive
- Young people's sexual health is informed by a range of sources
- Young people are a heterogeneous group and not all can be reached by the same techniques

3. SEXUALITY EDUCATION IN VICTORIA

Comprehensive sexuality education is a compulsory health education curriculum component from prep to year 10 in Victorian state schools. It is supported by the Victorian Essential Learning Standards and integrated into Health and Physical Education and Interpersonal Development¹². It incorporates a whole school approach in which sexuality education is regarded as necessary to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships.¹³

This format for sexuality education has been in place since 2008 and is part of the *Catching On* sexuality education training and curriculum materials. Because it is a new program, evaluation is limited. A whole school approach requires systems change which takes time to implement and embed into schools. It is clear, however, that the Department for Education and Early Childhood Development regards sexuality education as a priority, having included it in the Victorian Essential Learning Standards and associated Compliance Checklist. A whole school approach is part of this and is a way of ensuring that there is a shared understanding between the government, schools and the community. It also reflects how young people regard teachers, school counsellors and parents as their preferred and trusted sources of information about sexuality. School-based lessons are also often relied upon by both parents and young people as a key source of information about sex.^{14,15}

4. SEXUALITY EDUCATION WITHIN A HEALTHY COMMUNITIES FRAMEWORK

A whole school approach entails 'teaching sexuality education in the classroom, in the school environment, in the way the school routinely runs itself, and in the various ways the school connects with parents and the surrounding community'.¹⁶ It is a vital opportunity for schools to become a focus for promoting healthy community living. For example, unsafe sex practices are exacerbated by gendered power relations which render women of any age less able to insist on male contraceptive use and more vulnerable to sexual coercion and unwanted sex. Notions of masculinity, femininity and sexual identity must be considered.¹⁷ These discussions on a community-wide level, which can be facilitated through a whole school approach, are essential.

Sexuality education must be connected to the real issues and choices that young people face. It should encompass activities that address social influences, develop communication and negotiation skills, encourage openness and equip young people with the skills to decode media messages¹⁸. These issues are covered by existing Victorian curriculum for sexuality education. The negative effects of repeated media imagery in which children are sexualised include harm to self-image and healthy development; diminished sexual health; a decrease in protective behaviours; body dissatisfaction; low self-esteem, and other mental health factors including depression; and an adverse affect on girls' overall beliefs and ideas about women and gender roles.^{19, 20, 21} Comprehensive sex education can counter the influence of the media by teaching girls and boys the importance of autonomy and mutual respect in sexual relationships.²² Programs should be age-appropriate and should teach girls and boys to critique and understand the salience of sexualising images in the media. These themes can be extrapolated to the areas of health promotion that are noted by the Education and Training Committee – healthy eating, active lifestyles, sun smart awareness and education about harmful substances.

In order to promote health community living, however, these ideas must be conveyed to the wider school community. One way this can be achieved is through the involvement of parents. This could occur in a number of ways, including:

- the adoption of a partnership approach with the involvement of some parents in the development of the school's sexuality education program;
- learning activities to be completed by both parents and children;²³
- the ability of parents to access the syllabus; and
- the development of resources for parents that support their role as sexuality educators.²⁴ In Victoria, a parent engagement kit is currently being developed in line with the *Catching On* resources.

This is an important way in which a whole school approach can be used to raise awareness, challenge attitudes and confront stereotypes. It is a process that benefits the whole community as it can promote holistic healthy living. It also reiterates government policy including, for example, the current national campaign to reduce sexually transmissible diseases.

Partnerships could also be developed with local organisations including the police and community health organisations. Local representatives from sexual health services, local universities and voluntary groups that have expertise in certain topic areas could give talks or lead discussion on certain issues to complement the lessons given by the teachers in the school. There should be guidance for schools around how this could be achieved.

5. THE ROLE OF TEACHERS

The important role that is played by teachers must be acknowledged in relation to any program in which schools are used to promote healthy community living. Experience and qualifications, confidence, attitudes towards sexuality and comfort in teaching the material affect the ability of teachers to deliver sexuality education effectively.²⁵ Teachers have a difficult and complex role in ensuring a safe classroom atmosphere. They must be sensitive to different levels of experience, values and sexualities of students within their class and must feel confident in addressing sexual diversity, gender and power.^{26, 27}

Ongoing training, development and capacity building is crucial.^{28, 29} Sexuality education within Victoria sits in the Health and Physical Education domain and teachers therefore often have a science or physical education background.³⁰ The skills and confidence of teachers may need to be developed. In the SHARE (Sexual Health and Relationships Education) program in Scotland, teachers went on a five day training program with a sex education expert. This was reported to boost their confidence in teaching the material, although some teachers continued to adapt the curriculum to suit their level of comfort.³¹ Ongoing evaluation and a clear syllabus with exercises that have been proven to work well can be used in these cases. High quality training has the potential to greatly improve the quality of the lessons.

Team teaching is considered by the Department of Education and Early Childhood Development as another way in which messages about sexuality education are delivered effectively. This could be in the form of, for example, male teachers

responsible for some aspects of the curriculum and female teachers for others, or it could involve external educators or experts in the field, such as community health nurses. It is seen as a further layer of a whole school approach and part of a capacity building program in which schools are supported to implement the curriculum.

6. EXISTING SUCCESSFUL PROGRAMS

The following examples provide an illustration of successful sexual and reproductive health programs that have been instituted in schools in Australia, and internationally. All contain important elements of a whole school approach.

6.1 School-based sexual violence prevention

Sexual coercion is a common experience that has detrimental effects on various aspects of people's lives. It most often occurs at the ages at which people become sexually active, with women more likely than men to be sexually coerced³². The following is a good practice example of school-based violence prevention.

CASA House Sexual Assault Prevention Program for Secondary Schools (SAPPSS)

CASA House uses its own advocates to conduct workshops with students from Years 9, 10 and 11. Between three and five sessions are delivered that cover an introduction to sexual assault and harmful behaviours; the meaning of consent and social pressures that influence communication; the impact of sexual assault on male and female victims; and social action strategies to prevent sexual assault in society. The program is tailored to the school and, where possible, sexual assault education is incorporated into other programs.

The SAPPSS program:

1. Uses a whole school approach which 'sends a clear message that young people are not solely responsible for addressing the issue of sexual assault'.³³
2. Includes ongoing staff training which was found to result in better policies and procedures within the school.³⁴
3. Holds separate classes for girls and boys until the final session where girls and boys debate their opinions with each other.
4. Has an open debate about how to differentiate between sex and sexual assault and how to communicate consent.
5. Discusses the impact of media representations of violence, sex and sexuality.
6. Includes local police officers at key points to reinforce that sexual assault is both harmful and criminal.³⁵

6.2 Safer sex, positive development, empowerment and choice

The *SAFE Project* involved twenty-six European countries united in developing new ways for information provision, service, support and policy development around the sexual and reproductive health and the rights of young people.³⁶ It is based on an approach to sexual and reproductive health that links safer sex with positive development, empowerment and choice rather than traditional approaches that link sex

with risk taking and the prevention of pregnancy and infections. The following example of good practice in action is a program that was developed as part of the SAFE Project. Although it is not run through schools specifically, it could be adapted within the Australian context to form part of a whole school approach. It provides a useful example of involving parents and developing their skills concurrently with schools.

Speakeasy programme (UK)

This is run by the UK Family Planning Association and provides training to enable parents and carers to become sex and relationship educators at home. Topics include puberty, contraception, STIs, social pressures and abuse. Additional training is available to parents who want to then teach other parents. This program has been adopted by Ireland, Lithuania, Bosnia and Russia among others.³⁷

7. OTHER OPPORTUNITIES FOR PROMOTING HEALTHY COMMUNITY LIVING

The Committee noted a range of opportunities for schools to promote healthy community living. These include healthy eating, active lifestyles, sun smart awareness and appreciation of the effects of harmful substances. A whole school approach can undoubtedly be taken in respect of these issues and there is great benefit in providing a consistent message between government policy and school-based learning. It is appropriate for the State to encourage schools to extend health programs to promote healthy community living, as long as schools are provided with:

- adequate resources and support to build capacity;
- guidelines and support regarding implementation and running programs; and
- flexibility to adapt the programs to suit the specific issues and demographics of the school community.

Procedures must be in place to ensure that programs are consistently delivered across schools in Victoria. Programs must also be independently and regularly audited to ensure consistency and effectiveness.

The whole school approach using the Health Promoting Schools framework that was taken in relation to sexuality education is a useful example when considering other healthy community opportunities for schools. There are, however, some important points to note.

7.1 Gender sensitive health promotion

A gender sensitive approach must be taken in relation to any health promotion work that is carried out by schools. Lived experiences as well as biology are different for girls and boys and as a result, health responses cannot be gender neutral. Differences exist between the way young women and men behave in relation to their health and illness. Various factors, including gender roles and socio-economic status, mean that behaviours such as dieting, sun exposure, exercise and alcohol and drug use differ between young women and men. These factors must be considered when designing a program about these issues. A gender sensitive approach acknowledges and addresses the impact of gender on health.

The role of the media and attitudes towards women in our society, for example, affect issues such as body image, sun exposure, dieting and exercise for girls in a way that is different to boys. An exploration of the messages conveyed through media, as suggested above in relation to sexuality, could be considered here. Similarly, the reasons why young women drink or take drugs may be very different to that of young men. Risk taking behaviour as a result of alcohol and drug abuse, and the consequences of that behaviour, can also be very different for young women and young men. This highlights the way in which health issues are interconnected and can have a broader impact on health outcomes, such as mental health. These considerations, and the role of gender differences, must be incorporated effectively into any school health promotion plan.

8. CONCLUSION

Women's Health Victoria believes that schools are in an excellent position to become a focus for promoting healthy community living. The work that has already been carried out in relation to Health Promoting Schools should be used as a guide for how this can be achieved. A whole school approach has the potential to make a difference at a much wider level. Although a whole school approach is used in relation to sexuality education, this can be further entrenched to ensure consistency across schools and to build the capacity of teachers in this area. The involvement of parents and the wider school community can also be developed. A similar approach can be taken in relation to other areas of health promotion. It is critically important that program design be gender sensitive and address the differences in the experiences of young women and men. Such an approach will be much more effective at an enduring, community-wide level.

RECOMMENDATIONS:

- 1. It is appropriate for the State to encourage schools to extend health programs to the broader school community.**
- 2. A whole school approach should be adopted to promote healthy community living.**
- 3. Sexuality education in Victoria is an excellent approach of how a whole school approach can be implemented for health promotion purposes.**
- 4. A whole school approach must include adequate resources, guidelines, support and flexibility.**
- 5. A gender sensitive approach must be taken in relation to any health promotion work that is carried out by schools.**

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