

**VALUES
IN
SEXUALITY EDUCATION**

Case Studies in HIV/AIDS Prevention Education
in Australia and England.

Submitted for Master of Philosophy Degree (MPhil).
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ABSTRACT

Values in Sexuality Education Case Studies in Australia and England in HIV/AIDS Education

Research focussing on values in sexuality education with a particular interest in good practice and resource development was undertaken in two research settings. These settings are described with examples of interventions, developments and common themes around sexuality education.

The case is made for further research in sex education to provide the context for the two case studies. Models of sex education and the issue of values are discussed. The Action Research method is outlined and the suitability of this approach is presented and reflected upon.

Six research questions emerged, from a teaching context, to become the central concerns of the thesis. These questions were:

How values aware are educators on sexual issues?

What part do human factors play in the expression and perception of values in sexuality education?

Do personal values influence our use of resources for sexuality education?

What are the values implicit or explicit in resources for sexuality education?

Is there any evidence of values-conflict amongst those involved in sexuality education?

Is there any evidence of consensus of values or a framework of values about which sexuality educators can agree?

Much of the qualitative data emerged from the process of developing curriculum materials for schools. The published resource which resulted from this process, "Working Around AIDS Together" (1988), was developed by the researcher and is currently used in Australia.

The thesis draws upon the experience of educators to argue for an increase in values-awareness during teacher training, participation in school sex education policy making and for a process which enables common or core values to become explicit. The thesis highlights the need for all health enhancing values to be respected in educational processes.

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PART ONE
SEX EDUCATION:
A SUITABLE CASE FOR ENQUIRY

CHAPTER 1

Introduction and Background

In this chapter my intention is to describe the historical background to 'sex education' and the main features which make sexuality education an important area for research at this time. I will also give some personal details to indicate my experience and perspective and outline the contexts in which this research was conducted. I will begin by clarifying my usage of three key words in the title.

Sexuality - throughout the thesis I will use the term 'sexuality' rather than 'sex' education unless I am drawing upon resources which use the abbreviated term. The reason for this is that to me 'sexuality' encompasses much more than 'sex' which, in common parlance, has come to be very limited in meaning, usually referring to sexual intercourse. As a consequence even in schools 'sex education' is often taken to mean human reproduction and the biological aspects of conception, birth, contraception, sexually transmitted diseases and abortion. The use of the term 'sexuality' therefore lends itself to a fuller understanding of 'sex'.

Values - 'Values' are reflected in how people behave, in the way they speak, in what they apparently deem as worthwhile and in what they actually ascribe worth to. Educators' personal values will influence teaching methodology, resources, priorities and every aspect of school life. 'Values' pervade the formal curriculum ie, stated planned activities which determine the subjects students can follow and the resources allocated to different aspects of the curriculum. Values also permeate the 'hidden' or 'informal' curriculum, ie, the unplanned interactions and learnings. It is often by participating in or observing the less obvious interactions, activities or relationships that students learn most. This was an essential part of my personal learning during the period of this research.

Education - 'Education' is not merely the imparting of information and the teaching of facts. It is a process which involves reflecting upon attitudes and values and enabling students to think critically. If education is to be effective then it has to develop the person and help individuals to engage in their learning. This has implications for teaching resources, styles, strategies and content.

These three themes of sexuality, values and education recur throughout this thesis and are addressed in more detail in Chapters 2 and 3.

The Researcher - Personal Background

This research evolved out of a personal concern for the quality of sexuality education in the secondary schools where I had taught.

The questions of values in sexuality education first became evident to me whilst attending a Research on Sex Education Conference in 1985. During this conference personal conversations and public comments made me realise that religious views were causing some individuals to teach about sexuality in a particular way whilst those with humanist and secular values adopted different stances. It seemed that the apparent values conflict was symptomatic of differences in basic underlying philosophies concerning human nature, sexual expression, notions of marriage, commitment and individual rights and responsibilities. I found myself agreeing with remarks from the two apparently different positions, being personally challenged by values diametrically opposed to my own and wondering if there is a value-framework about which sexuality educators can reach agreements, or a consensus of values amongst those working in the area.

Further discussions with teachers, parents and students indicated the need for attention to be given to conflicting values, moral issues and educational practice.

As a teacher of Religious and Social Education I have been involved in developing resources for moral education and Health Education issues in schools, using active learning methods for facilitating group and individual work.

My teaching experience has included pastoral responsibilities, policy and curriculum development, and extra-curricular work in drama. My involvement in teaching social education has spanned seven years in three different comprehensive schools within the London Borough of Hillingdon.

Interest in training teachers has lead to experience in teacher in-service courses around the themes of management, GCSE course work in Religious Studies and Sexuality Education within Hillingdon, Haringey (England) and Melbourne, (Australia).

The Research Contexts

Research in sexuality education is an international phenomenon and the questions of values which are addressed in this thesis, (Chapters 3, 6-10), are relevant to a variety of contexts. Decisions had to be made about where to gather data to illuminate the particular research questions.

The opportunity to study teachers at work in a different culture addressing similar concerns can be useful in illuminating central questions without being so involved in the system that one has a limited horizon.

Preliminary enquiries were therefore made and these indicated that there were a group of organisations concerned with sexuality education and teaching in Melbourne, Victoria and that some significant initiatives in HIV/AIDS infection prevention education were underway. Having established contact with the Director in one of these organisations this seemed an appropriate context for data gathering.

The case for further research in Sexuality Education has to be set in the context of the past and present developments which have impacted upon education in this area. Government initiatives, current legislation and social issues all have a bearing upon how schools perceive their role in preparing young people for adulthood. These factors will now be addressed to present the background to this research.

Government initiatives - historical perspective

As early as 1943 the need for sex education in schools was recognised by the Board of Education which issued a pamphlet entitled 'Sex Education in Schools and Youth organisations'.

Although sex education was not explicitly mentioned in early Education Acts, certain paragraphs indicate related concerns:

"It should be the duty of the Local Education Authority (LEA) for every area, so far as their powers extend, to contribute towards the spiritual, moral, mental and physical development of the community." (HMSO 1944).

It was not made clear what the limits of the LEAs powers were, nor what is to be understood by the terms "spiritual, moral, mental and physical". Such open-ended statements continue to be issued without adequate clarification. Another example is in the Education (No 2) Act 1986 which states that where sex education is given, it is to be given in such a manner as to encourage pupils to have due regard to moral considerations and the value of family life. (HMSO 1986).

The ambiguities of this will be discussed in detail later but it is interesting to note that the 1986 Act does not indicate a preferred model of sex education, nor outline what is understood by the terms "moral" or "family" making the statement very open to interpretation by those who have to implement it.

This may have been a deliberate way of coping with the plurality of values in modern society.

Coping with changing attitudes in society and "public indecision over moral issues" was also a theme of the Crowther Report, 15-18:

"Education can only function within the broad directives of right and wrong which society gives. Teachers and youth leaders are, however, well placed to bring to attention the personal bewilderment and disaster to which this public indecision over moral issues often leads the young." (HMSO 1959).

This seems to suggest that there is one commonly held set of values and that the public usually agrees but is temporarily being indecisive. This is obviously not the case in a society where people hold a range of different world views, religious beliefs and personal values. In a society where such a plurality of views is so evident, there may be some common or 'core' values over which there is a fairly widespread agreement. However, the difficulty is in accessing the range of views and determining how to deal with areas of conflict.

Since the Crowther report, which raised the school leaving age, there has been an increasing commitment to including "sex" education in the curriculum.

The Newsom Report, in reviewing schooling for the 'less than average' pupil, also asserted that:

"Positive guidance to boys and girls on sexual morals is essential, with quite specific discussion of the problems they will face". (HMSO 1963).

In the section on objectives the Newsom Report asserted that pupils:

"need to develop a sense of responsibility for their work and towards other people and to begin to arrive at some code of moral and social behaviour which is self-imposed". (HMSO 1963).

The Newsom Report stressed the benefit of courses which focussed upon the "whole field of personal relations in courtship, in marriage and within the family - boy and girl friend, husband and wife, parents and young and old."

Questions of appropriate terminology for use in schools was addressed in the Plowden Report on primary education which stated that:

"a school is not merely a teaching shop, it must transmit values and attitudes". (HMSO 1967).

The DES Handbook of Health Education advocated the study of literature as a means of forming "standards of value and attitudes to sex". (DES 1968). Through the seventies attention continued to be paid to Health Education in Secondary Schools.

The DHSS Report 'Prevention and Health' stated that:

"The Health and Education Departments accept the value of providing sex education in schools. This is, however, a sensitive subject in which any school contemplating the use of controversial teaching material or speakers should tell parents what it intends to do ... (Sex Education) forms part of wider programmes of education in lasting personal relationships, and it should seek to relate factual knowledge to the individual sense of personal responsibility: it should not be confined to physiological aspects and contraception. The emphasis on the importance of responsible and loving relationships is therefore to be welcomed." (DHSS 1977).

The Schools Council argued that:

"success in health education depends more on the formation and development of attitudes than on the provision of facts." (SC Working Paper 57, 1976).

This was reiterated in 1978 in the HMI Curriculum 11-16: Health Education in the Secondary School. So concern with values and attitudes towards sexual behaviour being developed in schools has been acknowledged briefly in several of these educational documents. It would appear that this move away from an emphasis upon facts towards consideration of values and attitudes heralded a new era of debate during the eighties.

The Climate of the Eighties

In 1980 the Education Act required Local Education Authorities and School governors to publish information about "the manner and context in which education as respects sexual matters is given."

This allowed for a range of responses from local authorities and from schools. In 1981 it became evident that:

"Schools are responding in a variety of ways to the need for sound sex education. Sex education is one of the most sensitive parts of broad programmes of health education, and the fullest consultation and co-operation with parents is necessary before it is embarked upon. In this area offence can be given if a school is not aware of, and sensitive to, the cultural backgrounds of every child. Sex education is not a simple matter and is linked with attitudes and behaviour." (DES 1981, para 26).

This raises questions of the adequacy of teacher training: are teachers adequately trained to be aware of the values and cultural backgrounds of every child? It also raises the question of what constitutes "fullest consultation and co-operation with parents" and how this can occur in practice.

Research indicates that many parents feel ill-informed about the sex education programmes their children receive and would like more information (Allen 1987). The increasing interest in this aspect of the curriculum during the eighties is reflected in the amount of space devoted to sex education in "Health Education from 5-16", one of a series on "curriculum matters" produced by HMI. About a fifth of the booklet is devoted to sex education and this probably reflects the concerns felt by teachers when addressing controversial topics, related to sexuality, in the classroom. (HMSO 1986).

The situation was further complicated by the Education (No 2) Act 1986 mentioned earlier. In Paragraph 18 this gave the responsibility for determining whether sex education should be included in the secular curriculum of the school to the governing body. It was the responsibility of the governing body:

"to make, and keep up to date, a separate written statement

- i) of their policy with regard to the content and organisation of the relevant part of the curriculum, or
- ii) where they conclude that sex education should not form part of the secular curriculum, of that conclusion." (HMSO 1986).

The governing body was to determine the policy in consultation with the head teacher, and any representations made by any persons connected with the community served by the school and by the chief officer of police. This section was effective from 1 September 1987. Paragraph 46 of this same Act reads:

"The local education authority by whom any country, voluntary or special school is maintained, and the governing body and head teacher of the school, shall take such steps as are reasonably practicable to secure that where sex education is given to any registered pupils at the school it is given in such a manner as to encourage those pupils to have due regard to moral considerations and the value of family life." (HMSO 1986).

This was effective from 7th January 1987 and in that year the DES Circular: Sex Education at School reiterated these requirements and presented clear guidelines on homosexuality and contraceptive advice to pupils under sixteen years old.

It was considered important that:

"Teaching about the physical aspects of sexual behaviour should be set within a clear moral framework in which pupils are encouraged to consider the importance of self-restraint, dignity and respect for themselves and others, and helped to recognise the physical, emotional and moral risks of casual and promiscuous sexual behaviour. Schools should foster a recognition that both sexes should have responsibility in sexual matters. Pupils should be helped to appreciate the benefits of stable married and family life and the responsibilities of parenthood." (DES 11/87).

It stated that legal understanding of the age of consent for sexual intercourse and homosexual acts should be made very clear to students, and teachers should not advocate homosexual behaviour or present it as the "norm". Teachers were also instructed to avoid giving pupils under sixteen years of age advice on sexual matters without parental knowledge or consent.

In the event of this approach placing the pupil:

"in moral or physical danger, or in breach of the law the teacher has a general duty to warn the pupil of the risks involved." (DES 11/87).

Further action:

"will depend on the particular circumstances involved and the professional judgement of the staff." (DES 11/87).

Ambiguity has given rise to much confusion and debate around notions of 'family', 'responsibility' and 'morality' with regard to Sexuality Education in schools. Developments within the National Curriculum, where 'Sex' Education is placed within Health Education as a cross-curricular theme, has not clarified the issue. (National Curriculum Document 5).

Under 'Processes of Life' (Attainment Target 3) it is said that:

- i) "Pupils should ... understand the process of reproduction in mammals". Key Stage 2, by age 11.
- ii) "Pupils should ... understand the physical and emotional changes that take place during adolescence, and understand the need to have a responsible attitude to sexual behaviour. Key Stages 3 and 4, by age 16.
(HMSO 1989).

The difficulty comes in interpreting what constitutes a 'responsible attitude to sexual behaviour'.

This legislation has implications for all those interested in sexuality education for youth. There is no doubt that young people are learning about relationships; values and attitudes concerned with sexual roles and identity are being continually presented in the media and in life. The historical and current trends indicate a concern to take up the challenge to assist young people to think through the complex issues in a supportive structured environment although it should be recognised that educational legislation reflects particular value stances and some ambiguity.

Social Imperatives - The media

The government's response to social issues does not happen in isolation, it is a result of complex economic, political and social factors.

The role of the media in highlighting causes for concern and in influencing public opinion should not be underestimated. One example is the articles related to teenage pregnancies and the treatment of people under 16 years of age when the Gillick v DHSS case was in the news. Mrs Gillick sought to prevent medical authorities from giving contraceptive advice to her daughters before the age of 16 without her consent. Her case caused considerable debate in the community and in the medical profession. (Dyer 1985).

The coverage of child abuse at the time of the Cleveland Inquiry is another example of the impact that the media can have on public awareness. The Cleveland Inquiry, announced by the Minister of Health in the House of Commons in July 1987 (Hansard), arose from an unprecedented rise in the diagnosis of child sexual abuse during May and June 1987 in Cleveland, primarily at Middlesbrough General Hospital. In five months, Dr Higgs and Dr Wyatt diagnosed sexual abuse in 121 children from 57 families. Public awareness and concern was expressed through the medium of the press both in Cleveland and nationally.

"The extent of public disquiet, reflected in the high level of media coverage, was clear. The pressure upon social workers, doctors and parents, arising from the crisis, was enormous." (Cleveland Report 1987).

This report recommended:

"wider recognition by the media that the freedom of the press carries responsibility and consideration as to whether in situations such as arose in Cleveland it is in the best interests of a child to be identified."
(Cleveland Report 1987, p253 d).

It is no coincidence that the Education Act (No 2) 1986 specifically addresses the issue of the giving of advice to pupils under the age of consent or that DES Circular 4/88 outlines the procedures which are to operate within the Education Department as far as child abuse is concerned.

Writing on the implications of the government White Paper "Broadcasting in the '90s: Competition, Choice and Quality", Carl Miller considers the outlook to be bleak. He reports his views in the National AIDS Trust Newsletter, Spring 1989 and writes:

"The White Paper, offers a future in which television and radio are dominated by the same values as the press. That does not preclude glimmers of reason, but "Broadcasting in the '90s" is a glimpse of a future for television owned by the media barons whose papers created the "gay plague". (Miller 1989).

The media, whatever form it takes, necessitates that educators develop critical thinking and discernment on the part of young people. Young people's exposure to an increasing range of influences which include the mass media and printed matter has meant that they are exposed to values which cross time and cultural barriers. Few parents are able to combat the influences from competing values by holding their young in isolation.

The increase in teenage suicide, drug abuse, rape and sexual assault also receive media coverage and it is to the schools that people often look for the "cures" for many of the perceived "ills" in society. Health Education has developed significantly in recent years and there has been an increasing emphasis placed by the DES upon curriculum developments in this field, and in related areas such as personal and social development. This has been reflected in materials which have become available for classroom use and for the professional development of staff. Some of these materials are referred to in Chapter 2.

The DES report "Health Education at Schools" lists factors which have increased the need for Health Education, and specifically sex education. In Chapter 13 there is the statement that the judgement which allowed the publication of 'Lady Chatterley's Lover' has:

"led to a decade of freedom of speech, of writing and of action which had not previously been experienced in the United Kingdom by anyone now living; a freedom to which attention is drawn in the cinema, on bookstalls and even by broadcasts in sound and on television. This has been a major factor in the so-called "permissive society" - a society which may place a burden of decision making in morals and conduct on immature boys and girls at a progressively younger age,.... The main point which affects the work of schools is that they can no longer avoid their responsibilities in sex education because information, often misleading, is thrust at children out of school." (DES 1977).

The other factors of significance identified in this DES publication were the contraceptive pill, changes in the divorce and abortion laws, a greater understanding that in a multi-racial society many different attitudes, religious beliefs and social customs exist and must co-exist.

This pressure has continued into the 1980s. The extensive media response to AIDS in Britain forced teachers into having to address issues and questions of a highly controversial nature around homosexuality, anal intercourse, condom use, vaginal intercourse, sexual behaviours in different relationships and injecting drug use.

Social Imperative: Fascination and denial

The strongest social imperative for addressing values in sexuality education is that received from young people themselves. Young people are interested in their relationships, their futures, their sexuality and in hearing about the values of other people. Sexuality education is perceived as relevant, and general trends would indicate acceptance of what was stated in the HMI curriculum matters series on Health Education:

"The importance of sexual relationships in all our lives is such that sex education is a crucial part of preparing children for their lives now and in the future as adults and parents.

In sex education factual information about the physical aspects of sex, though important, is not more important than a consideration of the qualities of relationships in family life and of values, standards and the exercise of personal responsibility as they affect individuals and the community at large." (HMSO 1986).

This certainly has been my personal experience in eight years of teaching adolescents. Students are particularly concerned to discuss feelings and their ideas about appropriate behaviours, with a concern for what is 'fair' and 'right'. It is the emotional and moral dimensions which young people want time to explore rather than biological details of the "facts of life".

Balding's questionnaires on Sex Education, administered to 18,000 11-16 year olds in 1989, showed that most young people thought that their main source of information about sex should be their parents then, secondly, their teachers. (Balding 1989).

Some adults however, whether parents or teachers, prefer the stance of denial and this can take many forms:

- denial of sexual behaviour now common in society, especially of adolescent sexual behaviour
- denial of the financial costs of caring for people who are HIV positive/have AIDS

- denial of the need for more effective education programmes
- denial that there is any need for social concern or action.

It is therefore not surprising that Balding's survey results indicate a high dependency upon friends. (Balding 1989).

Summary

The emotional and moral dimensions of sexuality education are charged with political and public interest; they are perceived as pertinent and important by students and parents. Schools have been charged with some formal educational responsibilities for health education and if teachers are to implement these effectively, training and support are important during teacher training, as in-service programmes and from their local advisory team or senior teachers, on a continuous basis.

The extent to which teachers feel equipped for this task has been researched by Williams and Roberts. This research indicated that whilst most student teachers regard sex education as an important element within health education, many felt their teaching skills or knowledge was less than 'good'.

The percentages of those who felt they had inadequate knowledge ranged from 61% (PE and RE) to 79% (modern languages) in 1985. Their research findings support the idea that health education is seen as:

"every teacher's concern, but no one teacher's responsibility In the case of a secondary school most subject teachers would be expected to contribute to the total health education curriculum, either through their own subject or as part of a team of teachers responsible for a specified course of health education". (Williams and Roberts 1985).

The value systems which determine how sexual issues are viewed are themselves constantly evolving. Factors which influence this process include time, locations and philosophies. These, combined with the legitimate right of teachers, parents and students to "own" their own views about these issues, make this an extremely fertile area for learning. However this is not learning about a subject which is "over there", it is learning about the values which underpin our views on these subjects as they exist in our lives and environments.

Sexuality education is a process which is intensely personal and of interest to various significant people - parents, governors, teachers, students, religious leaders, school nurses, school education welfare officers. How these participants can potentially contribute to the Sexuality Education of young people will be examined in more detail in Chapter 2 as perspectives of sexuality education are outlined and consideration is given to what constitutes good practice.

CHAPTER 2

Good Practice in Sexuality Education

In order to consider values in sexuality education some understanding of current thinking and the perception of "good practice" is essential. What is valued or perceived as 'good' in sexuality education can be related to particular traditions, cultural values, philosophical world views or personal experiences. My perception has been shaped by interaction with professionals, by reviewing resources and reading current literature. In this chapter I intend to present a distillation of some of the key points pertinent to good practice. I will begin by considering perspectives or models of 'sex education' which will illustrate the complexity of this subject. This complexity is further compounded by the abstract notion of values. In this chapter I will therefore address the following aspects of sexuality education:

- A - What is sexuality education? ... PERSPECTIVES
- B - Who is involved? ... PARTICIPANTS
- C - What is good sexuality education? ... POLICY
- D - How is good sexuality education
delivered? ... PRACTICE

For each of these questions there are some recurring themes which emerge from a study of the literature. My intention is to outline some of these themes and points relevant to these four aspects.

A. What is sexuality education? - PERSPECTIVES

Kozakiewicz, in his work "A comparative study of Sex Education models in some European countries" (Kozakiewicz 1982), presents four different models for sex education which were identified in different European countries. These are:

1 Population Education

- with an emphasis upon the problems of procreation, population trends, sterilization and contraception.

2 Sex Education

- with an emphasis upon sexual fulfilment in abstraction from marriage and family.

3 Education for inter-personal relationships and Communication

- this approach attempts to promote humane relationships between the sexes.

4 Preparation for marriage and family life

- this model views parenthood as the fundamental value and life goal of every human being and so emphasises marital and parental roles.

Each of these models contain particular values and world views which reflect different worth being ascribed to:

- concerns with world population statistics
- the need for the personal sexual fulfilment of individuals irrespective of marital status
- issues of gender related inequality
- the societal value of the traditional models of marriage and family life.

Kozakiewicz (1982) regards the model "Preparation for marriage and family life" as 'encompassing all of the other three models'.

Beattie outlines the historical trends of sex education to have have included four versions which he presents in the following way:

4 VERSIONS OF SEX EDUCATION

CODES OF KNOWLEDGE

NORMATIVE/PRESCRIPTIVE
(unconditional, authoritative, closed)

<p>'MEDICO-MORAL' model</p> <p>Sexuality as a <u>weakness</u>:</p> <p>needing indoctrination to comply with prescribed norms</p>	<p>'HYGIENE' model</p> <p>Sexuality as a <u>risk</u>:</p> <p>needing instruction to protect and and avoid harm</p>
<p>INDIVIDUAL</p> <p>'BIOGRAPHICAL' model</p> <p>Sexuality as <u>personal fulfilment</u>:</p> <p>needing counselling to interpret experience and to articulate choice</p>	<p>COLLECTIVE OF CONTROL</p> <p>'PLURALIST' model</p> <p>Sexuality as a marker <u>of cultural identity</u>:</p> <p>needing advocacy to assert and defend civil rights</p>

NON-NORMATIVE/NEGOTIATED
(conditional, provisional, open)

(Beattie 1990).

It may be that educators need to consider what is valuable from each of these versions and avoid a total rejection of any one perspective. With the challenge of HIV/AIDS and 'Sex Education' educators have an opportunity to reflect upon the lessons of history and look for creative ways forward which build upon the past, acknowledging positive developments and mistakes.

In this thesis the challenge will be considered and the questions of values explored as a step towards establishing more positive and appropriate ways ahead.

A perspective which addresses the issue of what constitutes the sexual system has been Sargeant's coathanger analogy (Sargeant 1984). This attempts to acknowledge the complex nature of the sexual system by likening it to three garments hung upon a coathanger. These are:

- 1 The arousal-response garment
- 2 The sexual-erotic garment
- 3 The reproduction garment

She regards the "outer-garment" as the reproductive garment, this is the "only one which is worn, studied understood and talked about.... It is...most commonly upheld as being the whole of the sexual system: as the reason for sex and sexuality and therefore only those elements of sex which relate directly to reproduction are proper and valid for study and to be identified as the sexual system".

Sargeant points out that the reproductive garment is probably relatively asexual by comparison to the other two garments and this makes it slightly 'more comfortable to "wear"' rather than to give attention to the more personal, complex and fascinating 'under garments'. (Sargeant 1984).

Referring to the other dimensions of sexuality she described the arousal-response garment as referring to those capacities humans have for arousal which are evident from birth and until death; these capacities are those which indicate that all humans are born as sexual beings.

It is undoubtedly the second garment, the sexual-erotic garment, which is:

"the most socially dependent and therefore its study will focus on values, attitudes, beliefs, rules and taboos. The learning of sexual moralities is a part of general moral development and, as with other moral learning, may be strongly socially enhanced or retarded". (Sargeant 1984).

It is the second of these 'garments' which is the most problematical in educational contexts in which perceptions of morality and personal values lie.

"How should they be studied and defined and named? Should they be named as disorders, deviances, dysfunctions, diseases? Should they be the delights, desires, the forbidden and the fun? Should they be the morals, the values and the guilts and the spiritual aspects of sexuality?" (Sargeant 1984).

Some schools may provide minimum coverage of non-controversial issues loosely linked to personal relationships, eg, the facts of human reproduction; others may adopt a more comprehensive approach including work on gender, communication and sexual decision-making. The former being far less personal and therefore potentially less threatening than the latter.

These three perspectives indicate the complexity of sexuality education and the capacity for interpretation. A range of positions along various continuums are possible. If one fuses the models outlined by Kozakiewicz, Beattie and Sargeant the potential variations in practice are considerable. Bruess and Greenberg (1981) outline this complexity as covering the four major components of moral, social, biological and psychological.

The model adopted will be closely linked to the participants' understanding of what sexuality is and their perception of the school's role in addressing the significant issues. For example, if 'sexuality' is interpreted as referring only to the physical dimension of human development as it affects males and females, then the school's role would be regarded as ensuring that the necessary facts are covered. This would have implications for teaching methods and time allocation.

If 'sexuality' is regarded as an essential component in every person's life experience which is extremely broad, involving understanding of relationships on a variety of levels and is seen as having far reaching consequences in terms of behaviour, societal trends and a nation's health then the approach adopted will be significantly different.

Using the four models posed by Kozakiewicz to frame the findings of Farrel (1978) and Allen (1974) it appears that British schools are moving towards a combination of education for inter-personal relationships and preparation for marriage and family life. In British culture the fourth of Kozakiewicz's models would seem to be included within the third rather than the reverse.

Historically one can see evidence of diverse approaches to sex education within schools and communities. These have included:

- avoidance or denial of the need
- presentation of facts only, possibly limiting these to non-controversial medical or hygiene issues

- concentration upon the prevention of unwanted sexual conditions eg, the prevention of contracting sexually transmitted diseases
- contraceptive teaching to prevent unwanted teenage pregnancies (this is an example of the above point)
- a highly religious or moralistic approach advocating and prohibiting particular behaviours
- a personal and social education programme which stresses individual rights and skills development
- a narrow culturally limited presentation which fails to acknowledge the diversity of values and beliefs evident in society.

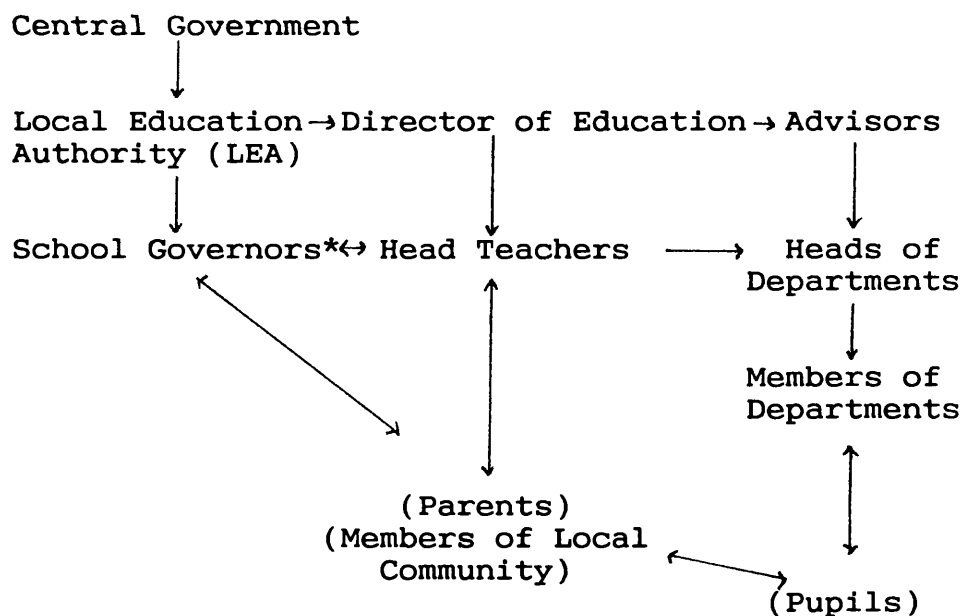
Questions remain about which definition or approach to 'sexuality' is appropriate for the formal education system and who determines the quality of what is delivered. It is however, more apparent who the recipients are and who constitutes the principal participants.

B. WHO IS INVOLVED? - PRINCIPAL PARTICIPANTS

Figure 3 outlines who is involved in the process of policy development, implementation and review in Sex Education in England. It indicates those most involved in the determination of policy and those concerned with practice. (Participants in brackets may also have a bearing on the local school policy but the mechanism for participation will determine at what level).

Figure 3 Principal Participants in Sex Education

Determination of Policy Implementation of policy



* Legally, School Governors are now responsible for determining School policy. Education Act (No 2) 1986, although some LEAs will provide some guidelines and training.

With the introduction of Local Management of Schools, the differing roles of the LEA Advisors and Governors have altered so that, in Hillingdon (1990), Advisors now have an inspecting role and individual schools can be more autonomous within the constraints of the National Curriculum. However, the principal participants remain the same and each of them has a contribution to make towards the ideal of good practice in this part of the curriculum. An indication of what these might include has been summarised as follows:

<u>Participants</u>	<u>Possible Contributions</u>
LEA and officers ie, Director of Education, Advisors	1 Publication of Borough access to resources
	2 Provision of INSET based on teachers' resources
	3 Commitment to adequate resourcing
	4 Appropriate staff selection
	5 Monitoring of good practice across the Borough
	6 Public Education in Health matters, eg, guidance for governors as they develop policy
Head Teacher	(1, 2, 3, 4 and 5 at local level)
	7 Leadership in determining whole school policies which interpret school Governors' policy

<u>Participants</u>	<u>Possible Contributions</u>
	8 Consultation with Board of Governors and parents with regard to aims, content, resources and approach
School Governors	(7 and 3 above)
	9 Formulation of school policy and consultation with Head teacher and staff
	10 Liaison with representatives from local community to determine community values and concerns
	11 Active commitment to resourcing and staffing implications
Teacher	(provision of information for 2, 5, 8, 10 and 11)
	12 Involvement in implementing whole school policies, aims and objectives
	13 Commitment to continued professional development in relevant areas, eg Health Education, active learning methods/ Pastoral Care
	14 Development of evaluation/feedback within the classroom, ie, extending the participatory model to include the pupils
	15 Liaison with parents
Parents	(involvement in 1, 3, 6 and 8 above)
	16 Awareness of child's needs and responses to the programme could be used to achieve 14
	17 Acceptance of the need for schools to present a range of views and values and a supportive attitude are of value

This overview is not exhaustive but it shows that those involved in policy making and those responsible for implementing changes are often different groups of people. Inadequate consultation or communication during the period of policy development can result in a lack of commitment or 'ownership' on the part of those responsible for affecting the change.

Between guidelines issued in national Education Acts and the approaches adopted in a myriad of classrooms within a nation there are clearly several layers of statutory and managerial governance where appropriate participation will encourage sensitive local practice.

Below I have described briefly the interactions which take place in policy making, the interpretation of policy into educational plans at local level and the situational factors which shape the final delivery of those plans. These factors are identified, interpreted and influenced by the principal participants.

a) Policy-Making

Policies do not change significantly unless the actors change or the environment alters radically.

In England there has been an opportunity for change at a local level due to devolving responsibility for Sex Education from the LEA to governing bodies. Previously one would have expected LEA policies to embrace both the national Educational Acts and the value systems of local Head Teachers. Whilst the updated policies may continue to do this the potential for radical change now exists and some schools may develop extreme responses in the provision of sexuality education. This confirms the International Planned Parenthood Federation (IPPF) survey (1975) which describes the British system as "a complex system of local autonomy, with central government checks and balances". This is similar to the situation in Australia where the central government issues general policy guidelines and the school council has the responsibility to see that an appropriate structure exists to ensure that health education can take place. In both countries this has given schools considerable scope to develop or to neglect the area. Whatever the policy making mechanisms, processes of participation are vital to effective implementation.

Some LEAs in England have responded to the 1986 Act by issuing guidelines for schools to assist with this aspect of the curriculum. Other LEAs have been content to leave this to each school to determine. It is possible that policy statements at a local level may constitute a few sentences written in a school brochure. Allen (1987) reported that a high proportion of parents reported a lack of knowledge regarding the sex education which their children were receiving.

b) Educational Plans

Planning for the implementation of policy must take place in the early stages of decision making about the curriculum.

Policies need to be interpreted and negotiated with practitioners so that programmes and plans can be devised which are sensitive to the local environment where other factors, eg, time, human resources and parental expectations influence what happens in the classroom. From these plans individual objectives can be determined, and by careful monitoring and feedback it is possible to be sensitive to changes in the environment and to allow an individual's performance to be appraised.

At a local level staff may plan independently, negotiating directly with the Head Teacher or, they may work as a member of a department or a cross-curricular team. Planning may occur in two sets of negotiations:

- i) The Head Teacher (manager) and the Head of Department (teacher/practitioner)
- ii) The Head of Department (manager) and the Members of the Department (practitioners)

It is at this planning level that schools develop the curriculum and Skilbeck's curriculum development model outlines the process which would ensure constant review and development.

- 1 Situational analysis
- 2 Goal formation
- 3 Programme building
- 4 Interpretation and implementation
- 5 Monitoring, feedback, assessment, reconstruction

c) Situational factors

This third area covers a range of factors which should be considered in relation to the implementation of policies.

Examples of these include: rules, standard procedures, norms, explicit and implicit expectations of the individuals' roles. These all help or hinder the process of policy implementation. They do not themselves create movement towards the organisations' goals but they do influence how effectively stated policy can be translated into practice.

These situational factors are significant and must be analysed carefully if effective planning is to occur. Some factors may be in direct opposition to the stated policies and guidelines. The 'formal' curriculum being the planned activities and the 'informal' curriculum being interactions and unplanned learnings which all contribute to the educational experience students have.

It is difficult to define the principal participants in this area but an attempt must be made to aim at consistency between those situational factors which can be identified and the planning process if curriculum development is to occur.

C. WHAT IS GOOD SEXUALITY EDUCATION? - POLICY

Before any assessment can be made about the worth of any policy or subsequent practice it is necessary for there to be a clear understanding of the needs of students, the expectations of parents and the capabilities of the staff who have to implement any policy decisions.

This leads to a review of the overall aims and objectives which should inform policy making. In this section I will draw on some of the literature which relates to this.

CLARIFICATION OF AIMS AND OBJECTIVES

For policy to be drawn up some thought must be given to the overall aims and objectives of sexuality education; these become more focussed as class programmes are subsequently developed. A study of the literature related to sex education indicates that there has been a shift in objectives.

Dallas (1972) states that in the 1930s the 'negative objectives' of sex education were the prevention of illegitimacy and VD. Examples of these negative objectives can be found in the legislation and educational practices of most countries where concerns over population trends, divorce rates, abortion statistics and treatment of sexually transmitted diseases have determined the public attitudes to sex education and curriculum content.

However, it is now generally accepted that education which is aimed at "fear inducing" and moralising does not produce significant changes in behaviour.

"Fear sets up a need for coping with fear. It is generally easier to cope by disregarding or avoiding the information or rejecting the knowledge, than by changing one's behaviour patterns." (Green 1971).

"Information-giving" strategies have been widely used in tobacco, drugs and alcohol education but with little evidence that they alone will produce immediate or lasting effects. Whether a group decides to evaluate in the short or long term, with a goal of cognitive development or long term attitudinal change, the process of evaluation should be subject to refinement and appraisal.

Dallas (1972) relates the objectives of sex education to the work of Wilson on moral education. Wilson's framework of criteria for the morally educated person has been a useful tool in reflecting upon objectives for health education. His framework addresses:

- i) equal concern for others
- ii) sensitivity and perception of needs
- iii) insights into human behaviour
- iv) social and verbal communication skills
- v) decision making about right and wrong
- vi) action based upon decisions
- vii) psychological disposition which affects judgement

Went (1985) lists a comprehensive set of aims for sex education which could form the basis for discussion and debate in evolving a school policy.

Reid (1982) observed that school sex education is increasingly regarded as a component of social education, whose aims are similar to Wilson's framework outlined above, ie, decision-making skills, raising self-esteem, value clarification, sensitivity to others.

This is reflected in the growth of pastoral systems within schools and the emergence of subjects like guidance, personal and social education, social education, life skills and preparation for life courses. However, the DES is cautious about the extent to which:

"more personal education may require the development of new and separate courses, and how far these needs may be better met by shifts of emphasis and content within existing subjects". (HMSO 1979).

Objectives for Health Education are also outlined in Health Education 5-16 (1986) The Secondary Phase. This also describes a process of discussion, agreeing aims, negotiating areas of responsibility and methods of evaluation which are fundamental to the outworking of good practice.

Having stated that negative objectives and fear are inappropriate for sexuality education I would like to briefly state an appropriate aim which could be used to determine policy in this highly sensitive area.

It is my considered opinion that an appropriate aim for sexuality education in schools is to give young people access to discussions about the values surrounding sexuality; to give an understanding of the social and cultural mores which give sexuality meaning and significance.

As educators thus enable young people to become sexually literate they will also empower them to determine their personal sexual health in an informed manner; aware of the diversity of values in society and the potential outcome of their choices. Such an aim would lead to understanding sexuality in a wider context and sexual health would mean significantly more than just the absence of disease and the reduction of unwanted pregnancies.

The important conclusion is that realistic aims which promote sexual health should be substantially agreed prior to attempting implementation. This may be achieved by principle participants either reviewing and evaluating past practice or in relation to an external framework such as Wilson's seven aspects of a morally educated person. When evaluating past practice this will be influenced by an understanding of student needs, community values, health education research and teacher resources.

D HOW IS GOOD SEXUALITY EDUCATION DELIVERED?

- PRACTICE

Once a policy statement has been negotiated and drawn up it then has to be translated into practice. This involves a participative planning stage as described earlier.

Good practice will be further shaped by:

- Staff selection, training and development
- Resources
- Teaching materials, methods
- On-going evaluation and review

These will now be considered with a view to outlining how they contribute towards good practice.

STAFF SELECTION, TRAINING AND DEVELOPMENT

The appointment of staff to a post will rarely depend upon their likely effectiveness as sexuality educators. However:

"Most authorities point out that the most important single ingredient in a successful human sexuality programme, is a well-qualified classroom teacher." (Ryan and Dunn 1979).

The staff selection criteria may have features which would coincide with the characteristics required of a good teacher of sexuality education, but these would not normally be a central feature at interview. One reason for this is that sexuality education forms only a small component of the traditional subject areas where it is usually found.

These subjects vary from one school to another but the IPPF found that in Britain:

"sex education is not taught as a separate subject but is dealt with mainly under the heading of biology, but also, and importantly, under such subjects as health education, domestic science, home economics and physical education, which tend to deal with the physiological and hygiene aspects. Other areas are explored in religious education, English literature, social studies, mathematics, general studies, geography and history etc." (IPPF 1975).

Where sexuality education is not a separate subject it is possible that some topics of a controversial nature may be omitted, or receive very little attention, within the traditional subject boundaries.

An approach which aims to enable students to make informed choices has been described and recommended in HMI reports and literature on Health Education .

"Health education should give pupils a basic knowledge and understanding of health matters both as they affect themselves and as they affect others, so that they are helped to make informed choices in their daily lives". (The School Curriculum 1981).

The report 'Health Education from 5-16' (1986) makes it clear that the scope of Sex Education at secondary level should include contraception, sexually transmitted diseases, homosexuality and abortion:

"All of these issues involve not only knowledge, but moral and legal questions, are of concern to parents, and may prompt pupils to seek advice from the teacher, either in the classroom or more informally ... it remains necessary to include all these issues as part of the secondary school's programme of sex education since they are brought to pupils attention in a variety of contexts both inside and outside school." (HMI 1986).

This approach to sexuality education means that attention must be paid to initial teacher training courses and staff development; this is particularly true if staff are to be encouraged to cover controversial subjects related to sexuality within the tutorial/pastoral framework of the school.

Inadequate preparation in pre-service training and the lack of formal recognition within many secondary school timetables has been commented upon in Chapter 1. This has been documented in the research of Williams and Roberts (1985) where it appears that only two thirds of secondary schools had programmes.

In 1970 a group of teachers from Exeter identified four main elements in in-service training for work in Personal Relationships. These were:

- 1 Methods of securing and maintaining parental co-operation.
- 2 Factual medical knowledge on:
 - a) the mental and physical development of children
 - b) human reproduction.
- 3 Discussion of attitudes towards ethical and moral issues and preparation for parenthood.
- 4 Practical advice on classroom techniques and visual aids.

Commenting upon suitable preparation for teachers in training the World Health Organisation (WHO 1984) states that training should include:

- facts of human sexuality
- understanding of developmental, psychological and social factors
- acquirement of communication skills needed to transmit knowledge
- development of empathy and understanding of students' needs
- opportunity to develop an awareness of one's own sexuality, its needs and expression, and to recognise personal inhibitions and areas of discomfort.

Went (1985) outlines ten qualities which are desirable for those engaged in sex education, these include concern for others, sensitivity, commitment to confidentiality, communication skills and a comfortable acceptance of one's own and other people's sexuality. This last characteristic was researched in America by Yarber and McCabe (1984) who concluded that teachers who display a comfortable acceptance of sexuality are more inclined to have a positive attitude to comprehensive sex education and a readiness to include topics perceived as relevant by young people.

These factors have consequences for good practice.

Examples of the implications are:

- i) teachers should have an understanding of health related matters and a commitment to implementing sound policy.
- ii) teachers should be good role models for young people.
- iii) teachers should be aware of appropriate teaching resources and methods for health education.

To aim at such an ideal will require a commitment on the part of Local Education Authorities, school governors and Head Teachers to staff development.

Staff attitudes will be influenced by the importance which is attached to such development. INSET courses could be designed to meet the needs as perceived by teachers either as part of a school training event or an LEA course. With a commitment to staff training and development it should be possible for school governors, Head teachers and local education authorities to develop the means to perceive staff training needs and adequately meet them using suitable local personnel, eg, Health Education Officers, General Practitioners and teachers (youth workers) with experience in suitable teaching methods. There is a need for support and leadership from Senior Management. It is important that staff know they have the support of colleagues, senior staff and advisors in areas where they feel vulnerable. Team teaching or courses which allow for full participation can be the means for building up staff confidence and teaching the skills that are necessary for good practice in sexuality education. Iseman (1972) argues that, whilst the introduction of sex education into the curriculum is important, if teachers are unsuitably selected and untrained, it is best not to introduce a programme at all.

The importance of Health Education and the need to appoint co-ordinators was recognised during the 1970s.

The Schools Council (1976) made a case for:

- i) Schools to compile a policy for health and social education
- ii) Schools to appoint health education co-ordinators.

and in 1977 the DES stressed the need for careful co-ordination of Health Education in schools.

RESOURCES

There has been general recognition that Health Education is more than information and content, it is concerned with learning experiences and behaviour. Williams' (1985) research substantiates this view and it is also expressed by the National Council of Women's report (1984) which argues that when material is carefully selected, it is not the resource itself but the way in which the teacher approaches it that matters most. However, resources do reflect the importance ascribed to specific areas of the curriculum, and this means, time, money, staffing and environmental factors.

Messages are conveyed about the relative importance of topics to LEAs, school governors, Head teachers, staff, pupils and parents, by the resources allocated.

When Central Government decides to intervene in a matter of political or national significance then special funding becomes available. This communicates that the Government perceives the topic to be important. This indication of importance was illustrated when special funding was made available for Education on AIDS or Governor training. Conversely, the Government's policy of non-intervention on sex education policy has signalled a relatively low priority for resourcing to LEAs. Local Education Authorities will receive a budget to allocate to schools and some provision may be made for curriculum development and Health Education in particular, but this in itself need not mean that the necessary resources for implementing good practice are available.

With local management of schools (Circular 7/88 Education Reform Act: Local Management of Schools) it is the governing body which determines the priorities but these presumably should be aimed at achieving the National Curriculum Objectives and preparing students for assessment and testing which are a predominant feature of the 1988 Education Reform Act.

The fact that Health Education is not identified as a separate subject in the Education Reform Act (1988) in the section on the National Curriculum may threaten the status it holds in some schools. Health Education is one of the cross-curricular dimensions (National Curriculum Document 5) and what actually happens will be dependent upon the interpretation given to the relevant statements by local governors and teachers.

There needs to be a commitment to adequate resourcing in terms of finance, staffing, time for training and teaching within an accountability system, to ensure that schools are sufficiently resourced to implement policies. There is a danger at each level that staff, money and time which could be used to meet Health Education objectives will be used for other purposes. This may be reduced if the democratic process of participation outlined previously is employed. Given the range of independent bodies which have resources available for sexuality education, Local Education Authorities would be well advised to have a co-ordinator responsible for ensuring that research findings and good practice are being effectively disseminated, and that available resources are being critically evaluated prior to use.

Materials

The range of teaching materials for sexuality education has improved in quantity since 1975 when the IPPF found that "the supply of books and all kinds of audio visual and textual materials was poor."

The extent of qualitative improvement is relative to one's value judgements about the importance of sexuality education and what constitutes 'good' materials. The Schools Council have developed a range of projects which relate to this area of the curriculum:

- Home Economics in the middle years (1979)
- Moral Education 8-13 (1978)
- Humanities Curriculum project (Family, Relations between the sexes) (1970)
- Health Education 5-13, 13-18 (1977).

It is interesting to note that the only 'Sex Education' in the Schools Council Health Education Project for 13-18 year olds was about sexually transmitted diseases.

Other resources include: The Nuffield Science Project 13-16 (1970), Active Tutorial Work (Baldwin 1979), Taught not Caught (Clarity Collective 1983). The BBC and ITV have also produced a range of television and radio programmes which are a useful resource and are accompanied with suggestions for classroom use.

I would wish to reiterate the point that material resources are enhanced or limited by the person who uses them, and even a poor resource can be put to excellent use by a skilful teacher. Resources need to be assessed by those responsible for programme delivery in order to check suitability and implicit values. Some suggestions for possible criteria are given below.

Criteria for selection

- i) accurate, recognising the social, moral and physical dimensions of sexuality
- ii) interesting in content and format
- iii) appropriate to the needs of young people
- iv) applicable to the identified aims of sexuality education eg, empathy, sensitivity, and development of moral awareness
- v) suitable for selected teaching methods, eg, discussion, group work
- vi) culturally appropriate

vii) providing positive role-models and values for youth in accordance with DES guidelines.

Materials should enable the teacher to create a supportive climate within teaching groups, involve pupils in their learning experience and explore a range of views and values. Good practice would show evidence of variety, a range of teaching methods employed and adaptation of resources to meet the specific needs of a class.

Teaching methods advocated for GCSE (General Certificate of Secondary Education) and CPVE (Certificate of Pre-Vocational Education) reflect an increasing emphasis being placed on course work and active learning methods and indicate the need for pupil engagement in the learning process. Pupils are to be encouraged to set personal goals, develop objectives, negotiate assignments, and helped to achieve success.

There has been an increasing emphasis upon developing skills and recognising the value of good personal relationships. As Button points out:

"Social skills can be learnt only in contact with other people and it is the purpose of group work to provide opportunities to relate to others in a supportive atmosphere, try new approaches and to experiment in new roles." (Button 1981).

Pastoral care, moral and social development have become increasingly recognised within the British educational system. The subject titles 'lifeskills', 'pastoral care', 'tutorial work', 'guidance', 'health education', 'personal and social education' (PSE) and 'family life' indicate the initiatives and projects which have developed with the increased concern for the social skills and development of young people. The resources which accompany any one of these are extensive. To take PSE as an example there is the work of Pring (1984), Settle and Wise (1986). This plethora of materials and subjects has caused some confusion about the context for sexuality education, the transferability of skills development from one area to another and appropriate methodology.

Nevertheless, Allen's research findings (1987) have observed a growing trend which recognises the need for Personal, Social and Health Education (PSHE) in its variety of forms and this clearly impinges upon sex education.

Methods

The teaching methods I have chosen to outline are those which could have advantages if employed for work in sexuality education.

They have the potential to characterise what I consider 'good' practice in teaching as they encourage the development of:

- participation
- empathy
- exchange of views
- respect
- factual learning
- social responsibility
- moral development
- decision making
- personal reflection
- communication skills
- values awareness and critical evaluation

Methods depend upon the 'climate' in the school and more importantly in the classroom. Many of these methods would obviously fail if there is no rapport between the teacher and the students or if the method chosen is inappropriate for the learning being undertaken. Failure may also occur if the teacher lacks the necessary skills to employ these particular methods. However, carefully used in a positive supportive classroom, these methods outlined below could contribute to the above outcomes.

Discussion

Allen's research (1987) identified discussion as particularly valued by young people. 96% of the young people interviewed appreciated this method and 40% gave the reason for this as being the opportunity to hear a range of views. McPhail's work "In other people's shoes" (1972) encourages the use of discussion. Teachers need to structure questions or materials to ensure that the range of views or values are acknowledged and respected when dealing with sexuality or Health issues. Students will often require a stimulus to generate discussion and focus upon an issue. A range of stimuli can be used to encourage variety, eg, videos, visiting speakers, role-play. The method can be adapted to focus on one person using the 'hot-seat' technique or upon a group as in the 'goldfish bowl' method.

Debate

Debates can be organised to present factual information and present opposing views on controversial issues. Careful selection of participants should enable justice to be done to a range of opinions and the teacher can take the role of a neutral chairperson to conduct proceedings in a balanced and respectful manner.

Stenhouse advocates the principle of teacher neutrality:

"Neutrality means that the teacher should not propagate his own view but be prepared to see the pupils treat all views according to consistent critical principles." (Stenhouse 1969).

Young people can be encouraged to hold debates 'in role' but this requires considerable input beforehand if it is to be realistic and educational.

Role-play

This method is useful in enabling young people to act out imaginary situations which can become a basis for discussion. It allows children to determine the boundaries of what is discussed because they can influence what happens when they are 'in-role'. This technique ensures confidentiality as issues are raised about a fictitious character and not an actual individual within the class. Role-play is useful in developing empathy, focusing attention on a central issue and giving opportunities for children to explore ideas or values in a non-threatening situation. Young people can be given opportunities to rehearse situations which may actually occur to them and these can be discussed and reflected upon corporately.

Barker (1977) maintains that within such play children will reflect the values or choices which they are in the process of assessing - their play will reflect their culture. Role-play does involve risk-taking for both teacher and students and care should be taken to prepare, implement and evaluate the role play to ensure that it promotes learning. Role-play as a method requires time and skill if it is to move beyond entertainment and become a 'tool' for encouraging reflections upon behaviours, emotions, beliefs and values.

Games and Quizzes

Caillois (1962) has comprehensively outlined properties of play and some of the classifications he has drawn up indicate the need human beings have for games. Role-play acknowledges the pleasure people have in secrecy, make believe and guises. Another characteristic of games he identifies is the joy of improvising infinitely variant solutions; this can occur when children 'brainstorm' the alternative solutions to complex problems. The satisfaction people have in solving mysteries or riddles is yet another property of games outlined by Caillois. This can be harnessed in any form of educational activity although in sex education one would wish to reduce the competitive element and create a climate of support which ensures correct information is being assimilated.

There are examples of quizzes on contraception, sexually transmitted diseases and puberty, in the book 'Taught not Caught'. Simple ideas for games with the emphasis on acceptance and trust can be found in drama resources, eg, Gamesters' Handbook. (Brandes and Phillips 1979).

Drama

"Dramatic activity is a process of engaging with something outside of oneself in an 'as if' mental set in order to activate, sustain or intensify that engagement." (Bolton, 1986)

Dramatic methods therefore are concerned to engage children in their learning and I would maintain that this medium is particularly useful in education which is concerned with attitudes and behaviour in social relationships. This method could involve the use of 'Drama in Education' or 'Theatre in Education'. Drama can be a means of harnessing young people's interest in the visual media to focus on issues related to sexuality, and to participate within the classroom. The teacher can elect to organise a theatre trip, use sixth formers to present a performance to second years, or act as teacher in role with pupils in a range of improvisations.

The aim will be to engage the class in active participation or involvement which will change understanding on a particular issue.

McPhail's work, "In other people's shoes" (1972), uses the drama medium to encourage empathy as suggested by the title.

The combination of materials and methods employed in a school should be such that controversial issues are addressed in a sensitive manner. Some of the topics which cause concern in this regard are pre-marital sex, values and feelings, masturbation, contraception, sexual variance and abortion. However, a curriculum that is not comprehensive is shortsighted:

"omitting areas that youngsters are curious about will simply turn them to other sources, often far less accurate and far more immature." (Dickson 1982).

Evaluation and Review

Good practice in sexuality education in any school will continue if teaching practice, students' interest and needs and community values are continually informing matters related to policy, planning and implementation. If the mechanisms for consultation, feedback and reviewing are established this should ensure that the school Health Education policy and programme continue to be appropriate, sensitive and realistic.

Research by Williams and Roberts (1985) indicated that only 18% of the schools surveyed consulted parents in the period of programme preparation. Consultation is essential on a continuous basis if true co-operation between home and school is to occur.

It is necessary for evaluation to take place in policy making, planning, situational factors and implementation. If there is a commitment to such evaluation and review by the principal participants then the concept of what is perceived as good practice will be refined and developed in an appropriate way.

Summary

In this chapter I have arranged contextual data concerned with what constitutes good practice in Sexuality Education in relation to four areas:

- Perspectives
- Participants
- Policy development
- Practice

In the next chapter I shall consider the challenge of HIV and AIDS in sexuality education and discuss further the matter of values.

CHAPTER 3

HIV/AIDS Education as a challenge in Values and Sexuality Education

In Chapter 2 I presented various perspectives on sexuality education and suggested some guidelines for good practice. This is subject to appraisal by individuals and organisations each with a values-base. In this chapter I intend to focus on the challenge of HIV/AIDS to Sex Education and the concept of values. Some attention will be given to the values-clarification (VC) approach and this highlights some of the complexities of research in this area.

Education which is concerned with the whole person rather than the learning of factual content must address issues of values, attitudes and morality. Sexuality education with its focus upon relationships, personal values and social issues is one aspect of the curriculum which can be a vehicle for such learning.

The reality of HIV/AIDS worldwide has raised many questions of attitudes and values which need to be considered by educators if effective prevention work is to be undertaken. HIV/AIDS and sexuality education is addressing many issues common to Religious Education and both of these areas of learning are emotive, as they relate to intrinsically personal experience and beliefs.

My involvement in HIV/AIDS Education and my experience in teaching Religious Education enabled me to perceive many areas of common concern between these two areas. Attendance at conferences, workshops and knowing people with HIV/AIDS and their carers have enabled me to compile a list to indicate the complex number of issues HIV/AIDS Education work can raise. Some of these issues were listed in the RE journal (Spring 1988).

- | | |
|---------------------------|---------------------------|
| * the fragility of life | * the meaning of sexual |
| * the meaning of death | intercourse |
| * respect for privacy | * morality |
| * respect for individual | * notions of guilt, blame |
| choice | and forgiveness |
| * centrality of sex in | * comforting the |
| personhood | afflicted |
| * human need for intimacy | * serving others when it |
| * the consequences of | involves personal risk |
| personal choices | * value of a personal |
| * the options of life | faith |
| styles | * prayer and trust in |
| * the support in the | God for healing |
| community | * the ethics of |
| * the value of chastity | contraception |
| * reducing discrimination | * the ethics of abortion |
| * social outcomes of | |
| particular values | |

These concerns highlight the challenge of HIV/AIDS education work and show that such education must facilitate learning and reflection on sexuality, mortality and morality. "Sex", "death" and ethical issues are difficult to work through systematically within the formal curriculum despite the obvious relevance of these aspects of life.

The diversification of religious beliefs and the pluralism evident in contemporary society have increased the difficulties of addressing such value-laden issues. These personal and social dimensions are therefore an immense challenge to educators within a range of settings and greater demands are made of teachers to address this challenge.

Responding to the Challenge

Responses to HIV/AIDS vary, as with any major crisis. One can observe denial, scape-goating, ignorance or total involvement at personal and community levels, or combinations of these depending upon the issues being addressed. Educators in schools may face pressures from the Government or parents to adopt a range of different stances on the related issues of homosexuality, male-female roles, adolescent sexual behaviour, contraceptive use, family life and "moral frameworks".

These varying influences are placed upon individuals and schools which themselves have values and beliefs about these issues. Many of these personal and social values will be the result of an uncritical acceptance of another range of influences such as parents, traditions, religious beliefs or the media. Sexuality education is an area where such influences can be examined and evaluated. This process can enable people to be more aware of their own values, to have the opportunity to explore their feelings and the rational basis for their beliefs. Creating opportunities for a critical examination of the personal and social issues raised by HIV/AIDS Infection Prevention Education does not necessarily mean destroying or undermining what individuals or communities value. However, it does raise the possibility of dialogue and confrontation between people who hold different perspectives. Such education should enable participants to question, analyse and to change as they consider their values in relation to the wider social context and other people. Schools, like parents, are educating young people either consciously or not, either in a positive or in a negative way.

How HIV/AIDS and Sexuality Education work is implemented in schools will itself reflect values:

- how is policy developed?
- who is selected to facilitate sessions?
- how much attention is given to staff support?
- whose "moral framework" is accepted as the one to be presented?
- which organisations are used?

Then within the sessions further values will be communicated about:

- * sexual behaviours
- * sexual language
- * life-styles
- * male and female roles
- * contraception

Questions of acceptability, norms and appropriateness are all related to our beliefs, values and experience. These values and "messages" will be communicated either explicitly or implicitly by the educator or the organisation. However this communication occurs it is surely more desirable that it is done consciously on the part of the educator or the organisation and that it is a part of a continuous evaluation process. HIV/AIDS specifically raises the sensitive topics of - condom use, homosexuality, adolescent sexuality, anal and vaginal intercourse, and safer sex.

Educators need "space" to consider how they feel about such issues before having to work with students.

In concluding this section on HIV/AIDS as a challenge in Sexuality Education I would stress the following:

- * HIV/AIDS forces educators to consider the personal and social dimensions of human life - sexuality, mortality and morality
- * Education in these dimensions has become more complex due to the plurality of value-systems in contemporary society
- * Responses to this challenge are being made, some consciously and others by default.

If teachers are to contribute effectively in this challenging educational process there needs to be a willingness to engage in the necessary personal and social interactions which will increase genuine understanding of people and their values, needs and beliefs. This may involve working with parents, religious leaders and students in a way which respects differences and encourages sensitive yet critical awareness of the views held by other people. It will certainly mean becoming confident with discussing sexual language and behaviours which may be different to those adopted personally.

HIV/AIDS education work means considering the place of sexual "encounters" in modern Western Society, the role of the media in education, the acceptance or rejection of concepts like commitment, love, trust and the "double-standard". It means that different cultural, religious and societal norms may need to be challenged if they fail to motivate people to live in considerate health enhancing ways. This raises the question of whose definition of health do we accept and how do we decide what enhances it? Is it sufficient to think only in terms of physical outcomes or do emotional, spiritual or psychological factors have to be considered too? As HIV/AIDS education raises so many of these questions it presents a useful focus for considering the values of the principal participants in sexuality education. Whilst it is only one current topic, it raises many issues requiring values-clarification (VC) in sexual health education.

Values Clarification (VC)

'Values' describes those affective responses which have an element of permanency which people are loathed to change. These may be "feelings" which develop into "attitudes" then "values" and finally "beliefs". The name we ascribe to these may be determined by the extent to which individuals or groups sustain, articulate, defend and act in accordance with certain positions.

Defining what one understands by values is complex if one wishes to cover the emotional or 'affective' dimension, the volitional element which leads to dispositions or commitments and the rational "cognitive" element which enables one to make value judgements.

A simple definition is that to value something is to ascribe worth to it, to consider it worthwhile or "having worth". Values may be held by individuals or communities, they may be absorbed unquestionably from parental or social influences or develop because of particular experiences or personality traits. One fact is clear - we cannot escape values, they underpin all our educational efforts and it is therefore important that educators become increasingly sensitive to "values", in all their complexity.

In Education, values are concerned as much with process as with content. A discussion of the rationale for values-clarification, a teaching method which was popular in the 1960-70s, illustrates this concern with process and the complexity of dealing with values.

Forcinelli objected to the apparent amorality of this approach, pointing out that:

"an educational system can produce a dishonest and potentially dysfunctional product and then merely say these are legitimate expressions of individual values". (Forcinelli 1974).

Riches, The National Honorary Secretary of Family and Life Concern, objects to VC because of what she perceives as its consequences. She writes:

"We believe that there is a very great need to get away from the VC, situational ethics experimentation which has proved to be so disastrous, and move on to effective moral and character training, supplementing school organisation based on social attitudes which enhance respect, courtesy, punctuality and other characteristics which will influence the values of pupils in all spheres of their lives. Children learn morals by being with moral people and wishing to emulate them". (Private Correspondence Hillingdon, England [HE] 4.3.89).

The 'rationale' underpinning the VC methodology

VC aims to help people develop their own code of values by identifying their feelings and working out what they give worth to. The VC strategies of Raths, Harmin and Simon (1976) have been criticised for advocating the equality of all value positions (Fraenkel 1977).

The work of Raths, Harmin and Simon was readily received by many teachers as they presented techniques which could involve students in their own learning. However, in the area of sexuality education, the words of caution found in the techniques section of "Taught not Caught" are important:

"This approach is not about the content of values, but about creating a process whereby young people can begin to learn the skill of deciding what they value and making choices and decisions. Once this skill has been learned it can be applied throughout life. Some examples of values which young people may clarify in sex education are trust, love, honesty, chastity, independence, integrity, belonging and respect. However, when choosing the techniques to use, be aware that VC is not always the most appropriate.

If you want to convince or persuade, then don't use VC. For example, do not use it if you are trying to convince a group that rape is wrong". (Clarity Collective 1983).

Some would argue that VC assumes the worth of many of these desirable values. Hyland, for example, criticises approaches which have been influenced by a VC philosophy for significantly different reasons. He argues that:

- 1 "they are not value-neutral but assume that certain key values (eg, tolerance, fairness and respect for others) are uncontroversial".
- 2 "their superficial objectivity renders the evaluative premises of such programmes immune from rational criticism". (Hyland 1988).

Hyland sees the values implicit in the VC approach as assuming those values which Riches desires to see inculcated, and which she feels are neglected in this style of teaching.

Goodlett (1976) argues for the inclusion of 'responsibility' in VC. The content and the process of Health Education, and of Sexuality Education as a component of that, have therefore both been the subject of debate and conflict. The overemphasis on the personal dimension, when it is isolated from social, cultural or religious influences which give contextual meaning to individual decisions, is in itself reflecting a value.

Hyland warns:

"the hypnotic notions of individual freedom of choice and autonomy which have become part of the cultural hegemony unquestioned common-sense understanding of the world ... Our natural attachment to individual freedom should not, however, blind us to the difficulties in such a perspective". (Hyland 1988).

Hyland agrees with Tones who is said to be:

"against a value-neutral stance on the ground that health educators "cannot realistically avoid subscribing to certain key values'". (Tones 1981 quoted by Hyland 1988).

Hyland concludes that health educators should:

"turn their backs on both individualism and value-neutrality and instead start to take positive steps to establish programmes based on social morality and justice and rooted firmly in critical analyses of the social determinants of health and illness".
(Hyland 1988).

School programmes and the teaching methodology employed reflect assumptions about pedagogy and cultural expectatations. Such assumptions are not 'value-free' or neutral. In Dalis and Strasser's review of Health Education in the USA (1981) they move beyond VC to what they describe as 'values development by design' where it is acknowledged that some values require promotion or active endorsement. The challenge is to identify those which could be described as central or core.

Shils explains in his comments on the structure of society:

"There is a limit to consensus. However comprehensive the spread of consensus, it can never be all-embracing ... Some persons will always be a bit closer to the center; some will always be more distant from the center". (Shils 1981).

The challenge is the process of working towards this consensus by increasing awareness of values, recognising the range of values and dealing positively with value-conflict. Such matters are addressed in the following chapters.

CHAPTER 4

Research Methodology

The consideration of what constitutes good practice in sexuality education and the challenge of investigating values in this area raised the question of the most appropriate research method.

In this chapter I intend to justify the use of qualitative action research methodology given the issues and questions which I was concerned to examine. The main benefits and potential problems of this research will be outlined to illustrate the suitability of this approach.

JUSTIFICATION OF FURTHER RESEARCH

Research to date has afforded us considerable information on the sexual behaviour of young people, attitudes to sex education and sources of information on sexuality. The work of Schofield (1965), Farrell (1974) and Allen (1987) used large scale surveys and interviews of representative samples to draw conclusions on a range of related issues so that some trends can be observed and general comments made. Whilst this is useful there are other important issues which cannot be addressed by such methods.

My research sought to illuminate some of the following issues which have not been addressed in depth by the current research material:

- the morals or values which underpin the educator's approach in sexuality education programmes
- the values implicit in resources used
- the ways in which values-awareness is encouraged or discouraged
- the evidence of learning experiences in the environment which are contrary to the aims of a particular programme
- educators' perceptions of good practice, methods and resources
- educators' perceptions of student needs and parental views
- the interaction between individuals and organisations concerned with Health Education/Sex education in particular geographical locations
- the correlation between research findings, theory, policy and actual classroom practice, addressing the problems as perceived by teachers

These issues stem from a concern with values which influence teachers' practice and human behaviour. The nature of values make them difficult to quantify and descriptive research work is needed to construct vicarious experience to enable others to reflect upon the complex issues listed above.

Examples of quantitative research which are useful but limited are surveys of the attitudes of parents towards sex education programmes. Positive parental support of school-based sex education is consistent with the findings of Libby (1974), Shope (1975), Yarber (1979) and Allen (1987). However, Szirom (1985) observed that these positive survey results were not reflected in parents' active involvement in school programmes in Victorian schools in Australia.

Isobel Allen's research in England indicates that the majority of parents (96%) are supportive of school sex education programmes and 63% of parents are satisfied with the sex education their children have received. The main source of dissatisfaction was about the lack of information about the sex education their children receive. So this study also suggests poor consultation between schools and parents.

Such information does not indicate what the parents understood by the terms "sex education" nor why schools were failing to inform parents adequately as indicated by the Williams (1985) research. Quantitative results and large scale surveys are useful but these need to be set alongside detailed case studies which can shed light on those aspects which are impossible to measure or even identify from such surveys.

My professional experience indicated a need for the area of "values" in sexuality education to be more thoroughly addressed than had been evident from previous research. The next section of this chapter will outline further why action research would be an appropriate method for research into values in sexuality education.

WHAT IS ACTION RESEARCH?

Action Research aims to investigate problems or concerns which have been identified by practitioners with a particular view to increasing understanding and improving practice. As a method it enables a practitioner to collect in-depth data about a particular case, to consider the inter-related external factors and to build up an impression of how all this information is related to the participant's own background, belief systems and experience.

The use of a case-study is a means of making the experience of action research accessible to the judgement of others, either the public or other professionals. Both of these forms of research are concerned with the detailed study of the particular in uncovering the complex facets involved, with a view to understanding and promoting good practice.

Action Research enables the researcher to enter into the process being reviewed and to interpret the evidence from within the system. It means that issues which cannot be measured can still receive attention and recognition, attempting to provide a whole picture rather than merely highlight the data which is susceptible to quantification.

As Stenhouse states:

"The field situation in which the action takes place is unique. No attempt to replicate it can succeed The research must aspire to situational verifiability". (Stenhouse 1981).

It should be clear that the essential themes of action research are involvement, participation, intervention and reflection.

Clark suggested five types of research differentiated by the researcher's problem orientation, the dominant diffusion channel and whether it is a single or mixed audience.

In his view:

"Action research has three task masters: the sponsor, the behavioural science practitioner, and the scientific community". (Clark 1972).

Action research influences the stock of knowledge of the sponsoring enterprise, but is also concerned with increasing the knowledge of scientists. Clark quotes a definition of action research which is adapted from Rapoport:

"Action research aims to contribute both to the practical concerns of people in an immediate problematic situation, and to the goals of social science by a joint collaboration within a mutually acceptable ethical framework." (Clark 1972).

So Action Research is about:

- direct involvement in organisational change/problem solving

and

- increasing knowledge about the field being researched.

The process has been described as follows:

"Action research for us differed from research alone, chiefly in its avoidance of the static, controlled and contrived model, and its emphasis on a fluent, on-going approach, one not afraid to attempt poorly guarded assessments in unpropitious circumstances. Action research differed from action alone, mainly in the constant feeding back of evaluation and the effect this had on crucial shifts of direction in the action." (Midwinter 1972).

Brown's comments focus upon the changes in practice and the improvement in practice itself. He writes:

"Action research ... has as its central feature the use of changes in practice as a way of inducing the improvement in the practice itself, the situation in which it occurs, the rationale for the work, and the understanding of all these. Action research uses strategic action as a probe for improvement and understanding. In fact the action researcher selects a particular variation of practice with these two criteria uppermost". (Brown 1982).

Action research is characterised by the researcher being a principal actor in interventions and concerned with the improvement of practice, understanding and particular situations.

This form of research acknowledges the complex interaction between the research situation and the researcher, an effect which classical research often goes to extraordinary (and artificial) lengths to counteract or eradicate. Action Research in Health Education, and particularly focussing upon values, sexuality and education will also acknowledge fully the importance of:

- interpersonal relationships
- deeply-held belief systems and values
- the role of significant personalities
- the differing effect of educational philosophies
- the different understandings people have of sexual health.

Action research offers greater potential for monitoring such aspects than do standardised tests, national surveys or large representative samples. Some of these advantages and features will be further explored in the next section.

WHY IS ACTION RESEARCH AN APPROPRIATE METHOD?

Action Research offers potential in the:

- depth and richness it can convey of the practice within particular locations/settings
- specific examples it could yield as a basis for further learning or research
- significant issues it acknowledges which have not been sufficiently covered by other means of research.

As a technique action research offers the following five advantages:

i) Flexibility

Action research allows the researcher to respond to opportunities for gathering data as they present themselves. It makes use of formal and informal means in order to gain a comprehensive understanding of the given situation.

The same model/framework of action research could be used with a range of participants, giving it a degree of transferability, but one which allows for divergence and differences to emerge.

ii) Relevance

As it is the practitioner who identifies the problem in need of research or innovation, this method of working is essentially pragmatic. It is concerned with the issues as defined by those directly involved in the area of study. The application of skills and principles, ie, interpretation and implementation, are specific to the given situation.

iii) Potential for change

"A change process which involves throughout the persons whose understanding, acceptance, time and skills are needed to carry out the change has a far greater chance of success than an approach which ignores them at any point along the way". (Lindquist 1978).

This method of research has the advantage of allowing re-definitions of problems to emerge and modifications to take place, and of evaluating the effects of change upon the system whilst the research is in progress.

iv) Potential for participation

Action research encourages all those involved in a given situation to be involved in the diagnosis of problems, the evaluation of the process and the implementation of recommendations. Although action research does not have to be a corporate effort, joint efforts would ensure that there is a wider recognition of any conclusions reached through the research. This participation at various stages reduces resistance to change.

"Action research functions best when it is co-operative action research. This method of research incorporates the ideas and expectations of all persons involved in the situation". (Hill and Kerber 1967).

v) An holistic approach

This method of research recognises the network of forces at work in a social setting and seeks to analyse them systematically. It adopts an integrated approach to knowledge and looks for the means of making decision-making better informed.

Cohen and Manion maintain that:

"Action research interprets the scientific method much more loosely (than applied research) chiefly because its focus is a specific problem in a specific setting. The emphasis is not so much on obtaining generalisable scientific knowledge as a precise knowledge for a particular situation and purpose." (Cohen and Manion 1984).

It is however still a systematic examination of a situation which will be fully recorded and available for public scrutiny and criticism, as such it is valid research.

Action research encourages practitioners to "own" the problems and the interpreted data which arise through the work. This results in a higher commitment to evaluation, innovation and continuing research into educational issues. It is important that this process is encouraged within school contexts and that schools are truly places of real learning.

Stenhouse (1983) points out that we should "improve our capacity to criticise our practice in the light of our beliefs and our beliefs in the light of our practice." This is particularly important in aspects of education which are highly sensitive and political, as is true of sexuality education. Stenhouse made a strong case for teachers to adopt the role of teacher-researcher.

Brief consideration will now be given to his understanding of action research as it is one which offers potential for the improvement of education.

Stenhouse argued for experimental action research based upon curriculum and teaching strategies, with the action being the action of the teacher which is undertaken primarily for the benefit of the learning experience of the pupils.

Such action, he maintained, should be regarded as part of a process which contributes towards good educational practice, and in this sense it is experimental, subject to revision and further refinement. He stated that research would only improve the art of teaching if it:

- 1 Offered hypotheses (ie, tentative conclusions) whose applications can be verified because they can be tested in the classroom by the teacher, or
- 2 Offered descriptions of cases or retrospective generalisations about cases sufficiently rich in detail to provide a comprehensive context in which to better one's own case.

Action research can therefore be a means of encouraging thoughtful reflection and sensitive curriculum innovation. The extent to which it promotes good practice will depend upon the level of participation, subsequent evaluation and the audience to which any description or hypotheses is made. Action research by teachers should strengthen professional judgements. It should ensure that research is grounded in the problems and realities as practitioners perceive them and is communicated in terms which they understand. In presenting this thesis I hope to present sufficient detail to enable practitioners to reflect on the issue of values in sexuality education.

ANTICIPATING POTENTIAL PROBLEMS

Having outlined the main features of action research and why it is an appropriate methodology for addressing the values in sexuality education it is important to acknowledge that, as with every type of research, it is likely to present some problems. The most common objection to action research is researcher-bias, the problem of subjectivity. The involvement of the researcher is integral to the whole notion of action research, and as Brugelmann (1984) argues the task of the researcher is not objectivity, which he regards as dangerous in social science, but rather the presentation of as full an account as possible of the perspectives available.

Other potential barriers to effective action research concerned with the values implicit in sexuality education are listed below. The extent to which they compromise the quality of the research depends in large measure upon the relationship of the researcher to the field and the nature of the interventions carried out.

1) Access to information

- * Receiving permission from LEA and Head Teacher to undertake research in particular schools.

- * Locating sexuality educators within the school and sexuality education on the time-table, in appropriate documents or in classroom practice.
- * Liaison with staff, given the pressures of time.
- * Being accepted by teachers or pupils and clarifying a role (unless they are your own classes and the role is therefore established).

2) Securing commitment of participants

- * Establishing credibility.
- * Raising awareness of issues or possibilities.
- * Liaison with parents, school nurse, members of the local community and other educators.

3) Ensuring confidentiality or understanding of procedure

- * Conducting interviews.
- * Appropriate disclosure of findings.

4) Environment

- * A 'climate' which inhibits learning.
- * A 'culture' which prevents participation and negotiation.

5) Human factors

- * Emotional responses, eg, fear, dogmatism.
- * Personality conflicts, eg, lack of co-operation.
- * Value consonance and dissonance.
- * Conflicting belief systems between participants.
- * Researcher subjectivity and bias.

6) Time

- * Required for interviews, observation, discussion and evaluation.
- * To prepare resources, eg, curriculum package to be implemented and evaluated. (Stenhouse acknowledges this to be a significant factor preventing teachers' involvement in research).

7) Resources

- * Access to a range of resources to devise an appropriate curriculum package which would make it possible to detect values and preferred teaching and learning styles.
- * Access to appropriate resources for recording participants' values and comments and evaluating these in the light of practice.

8) Research tools

- * Devising appropriate 'tools', eg, questionnaires, letters, teaching packs.
- * Conducting interviews effectively.
- * Accurate observation and interpretation of classroom interaction, school procedures, discussions and interviews.
- * Appropriate selection of participants or subjects for observation.

Whether these actually became issues for the case studies which form this thesis will become apparent in Chapter 12 as part of the reflections on the research.

As interviewing became one of the principal means of collecting data I will comment upon how this was undertaken in Chapter 5. I will now present an overview of the research questions and the approach I adopted.

Overview of research questions and approach

This first part of the thesis has so far outlined some of the factors which make "sexuality education" a suitable case for enquiry:

- 1) There has been a growing acknowledgement of the need to educate the whole person and this includes their sexual awareness and development. This responsibility has now been given to school governing bodies indicating its ambiguous nature in the school curriculum.
- 2) Historically, Health Education has been increasingly recognised as an important dimension of the curriculum.
- 3) Strong social imperatives have contributed to the need to pay attention to the health needs of adolescents including their education in sexual matters.

'Values' have become part of a much wider debate as they underpin all educational efforts and have implications for teaching methodology, content, assessment and training. I became interested to engage in research focussing on values in sexuality education as a result of discussions with parents, teachers and students where value-conflicts became apparent. Resources to assist in educating adolescents also seemed to reflect varying value-stances and careful consideration needed to be given to the question of what constitutes good practice.

The notion of 'values' is extremely difficult to define and it therefore follows that it is not an easily measurable dimension. Methods for gathering data appropriate for this subject area were case study and action research. Such approaches allowed me to use a range of methods for accessing the views of principal participants on the subject of values in sexuality education.

The wide range of participants with a potential role to play, as outlined in Chapter 2, further complicated research in this area. Before beginning any field work it was clear that the research was going to be dynamic, evolving as opportunities emerged, responding to individuals with an interest in the sexual health of young people and looking for issues to address which would result in contributing to an important task.

Researching attitudes and values in a highly personal aspect of life is both complex and relevant. It should have implications for those concerned with education at a range of levels: politicians, policy makers, health educators, parents, students and the media. These case studies are primarily problem orientated, describing participation in the area being researched, with a view to making available practical resources and distilled reflections upon the process, which may contribute to raising awareness of values in sexuality education amongst educators.

This research was concerned to work with principal participants in two different cultural settings to consider how values impinge upon sexuality education.

The theoretical consideration of perspectives on sexuality education and features of good practice, as described in Chapter 2, indicated the need for a qualitative approach to be used to address values in sexuality education. The approach I intended to adopt has been described in this chapter. The research questions which emerged as the focus of the field work are presented below. These questions are inter-related and represent different aspects of the concern which I had decided to consider.

Research Questions

- * How "values-aware" are educators on sexual issues?
- * What part do human factors play in the expression and perception of values in sexuality education?
- * Do personal values influence our use of resources for sexuality education?
- * What are the values implicit or explicit in resources for sexuality education?
- * Is there any evidence of value-conflict amongst those involved in sexuality education?
- * Is there any evidence of consensus of values or a framework of values about which sexuality educators can agree?

The chart on the following page presents the way varying types of data were selectively used to address the six research questions. (Key to letters included).

	A	B	C	D	E	F	G	Relevant Chapter/s
(1) Values Awareness	x	x	x	x				6
(2) Human Factors	x	x	x	x	x			6
(3) Personal Values	x	x	x	x	x			7 and 8
(4) Implicit/ Explicit Values	x	x	x	x		x		9
(5) Values Conflict	x	x	x	x			x	10
(6) Core Values	x	x	x	x				11

Key

A : Observation
 B : Researcher Participation
 C : Interviews
 D : Values Indicators (Behaviour/Statements)
 E : Management/Organisational Values
 F : Visual Resources
 G : Printed Resources

This indicates the general emphasis, I did not apply it
 rigidly as the questions were clearly interrelated and
 an inflexible approach would have resulted in a
 distortion of the data.

Research Overview

Sources of Evidence

In addressing these questions with a range of interested participants in England and Australia, the following means were used:

1) Documentation.

(eg, letters, agendas, reports, newsclippings)

2) Interviews.

(these were usually open-ended, some focussed interviews were conducted and were tape recorded)

3) Questionnaires and evaluation forms.

4) Direct observation of meetings, classrooms, conference presentations.

5) Participation - observation in courses, meetings, workshops and classroom work relevant to sexuality education.

The work undertaken included the following stages although not always in this precise order:

1) Identification of problem or concern within a particular context.

- 2) Preliminary discussions with appropriate contacts.
- 3) Review of relevant educational literature.
- 4) Observations of situation, further discussions with principal participants.
- 5) Detailed close analysis.
- 6) Agreeing appropriate intervention or action.
- 7) Implementation.
- 8) Monitoring effects of action.
- 9) Facilitating feedback.
- 10) Evaluation.

In Part Two the research will be described and discussed in relation to the six questions.

PART TWO
THE STUDY OF VALUES

CHAPTER 5

An Overview of the Case Studies in Australia and England

Introduction

The two case studies presented in this chapter are concerned with sexuality education particularly HIV/AIDS infection prevention in England and Australia. The research described in this chapter extended from 1985-1989 with one year (1988) spent in Victoria, Australia.

During these years my role varied from full-time teacher (1979-87) to part-time consultant (1988) to full-time researcher (1989). My part in any change process varied according to the amount of time available, my role and the different prevailing cultures.

During the research period I was a delegate to the World Health Organisation Conference, "Healthy Public Policy", in Adelaide (1988) and the Fifth International Conference on AIDS in Montreal (1989). I was also the rapporteur for the national FPA Conference in Melbourne (June 1988).

I will now describe my role within the two research settings, outlining the various phases of the work and the opportunities which emerged. After a description of each of the cases I will briefly summarise the fieldwork and identify the key people, the perceived problems and the planned interventions.

The research work clearly had various components and phases. Briefly, these were:

Phase I - Hillingdon

Case Study: Policy Development Work
Data gathering

Considering the Research Questions and
methodology

Phase II - Melbourne

Case Study: Resource Development
Course Attendance
Focus Workshops
Training educators
Interviews
Data gathering

Case Study

(continued): Interviews

Data selection

Evaluation of Phases I and II

Reflecting on the implications

The Hillingdon work focussed upon formulating the questions, classroom practice and the process of policy-development. There was very limited time to review resources and develop a curriculum package. The time in Australia was committed very much to these aspects of the work. Interviews were conducted in both settings as was evaluation of interventions and discussion of the research questions. The task of working through the collected data, selecting quotations which were representative whilst not ignoring the unusual, proved very time consuming. In subsequent chapters the initials HE will refer to data drawn from the Hillingdon, England Case Study and MA will identify the data from Melbourne, Australia.

CASE STUDIES

Despite the differences between the two research contexts, common areas, recurring themes and similar concerns emerged from both case studies; questions of values were a central feature.

MELBOURNE CASE STUDY

Participating in HIV/AIDS education in Melbourne, Victoria between January-December 1988 enabled me to learn more about the questions of values which will be addressed in Section III. This phase of the research involved the following activities:

- * Course attendance
- * Interviewing teachers and educators
- * Resource development in HIV/AIDS education for Church Schools
- * Education and evaluation related to resource material

Course Attendance

Participating in courses with professional health workers and community groups in Victoria enabled me to conduct many open-ended conversations with teachers, parents and students. I attended courses with the Social Biology Resources Centre, the Family Planning Association, Melbourne State College, local churches, the Victoria Curriculum Assessment Board, and the Health Department. Many courses involved participants from the Education Department, Church groups, the Health Department and the Family Planning Association. In excess of fifty days were spent in course attendance, in either a participant or a facilitating role. (Appendix 1 - Personal Evaluation of courses attended at SBRC).

Interviewing

The discussion of values presented in Chapters 6-10 was largely drawn from the experiences and interactions which this course participation allowed. Interviews were held with Health Educators, students, teachers, parents and clergy. I decided to interview people whenever opportunities arose, responding to participants on courses, or by prior formal agreement.

Formal interviews were obtained with key personnel in:

The Clarity Collective - authors of "Taught not Caught"
Family Planning Association of Victoria
Social Biology Resources Centre
The Education Department
Health Promotion Unit, the Health Department
The Family Life Movement
Royal College of Obstetricians and Gynaecologists
Life Education Centre
Melbourne State College (University of Melbourne -
Institute of Education.)

I preferred to keep all dialogues informal and to allow people to cover issues which they had particular concerns or views about, whilst at the same time guiding the focus of attention to 'values questions'. Interviews, therefore, tended to be 'open' and free-flowing rather than highly structured.

I did attempt to cover similar issues with each interviewee, but how these were covered varied according to the types of issues raised by the other person, the time available and the location. I attempted to build upon the comments or remarks offered by the interviewee and to ask questions related to values, resources, personal biases and perceptions of 'good' practice.

The pre-arranged interviews, of which there were twenty four in Melbourne and thirteen in Hillingdon, tended to be approximately one and a half hours in length, although some were substantially longer. The location of the interviews varied and included FPA premises, schools, my own home and LEA offices. I informed all interviewees of my research in values and sexuality education and indicated that my purpose was to listen to their views on good practice, available resources, their personal opinions or concerns. Typical questions which I asked included:

- What do you understand by the word 'values'?
- How would you define 'values' or 'sex education'?
- Have you ever experienced any conflict of values in this area?
- What do you think are the values which we should be endeavouring to engender in young people as far as sexuality is concerned?
- What characteristics would you look for in a good sexuality educator?

- Are there any resources which you think are particularly good or particularly poor?
- Do you have any comments to make about the sex education programme in this (or your child's) school?

Approximately half of the interviews were tape recorded; some interviewees preferred not to be recorded and on some occasions it was inappropriate. However, no-one objected to me making notes on the conversations. All those interviews which were recorded were later replayed so that detailed notes could be made and relevant quotations obtained. The information was sorted according to the research questions which I have stated in Chapter 4.

Further data was gathered from participants during workshops, from the completion of questionnaires and from personal correspondence. 'Workshop' style activities were also specifically designed to engage key participants in dialogue around questions of values. Examples of the range of settings together with the approximate number of participants are given below:

- Teachers' In-Service training (100)
- Church Sex Education sessions for mothers (80)
- School Chaplains' AIDS education In-Service training (30)
- Family Planning Association educators' In-Service training (8)

- Teacher training Sex education course (40)
- Clergy/Church personnel AIDS training session (40)

Resource Development in HIV/AIDS Education for Church Schools

In March 1988 an opportunity arose to work with Anglican Church schools in Melbourne to develop curriculum materials for HIV/AIDS prevention work. There are currently 26 Anglican Secondary Schools in Victoria and together they represent a more significant part of the education system than Church schools in England. Enrolments in independent schools (roughly 25% of the school population) increased by 17% between 1972 and 1982, by comparison to a 3% increase in state schools during the same period (Smart 1986). Church Schools in Australia generally enjoy an extremely good public image and are well resourced.

The opportunity to develop curriculum resources with teachers from Anglican Schools gave further opportunities to listen to concerns about values in sexuality education as perceived by teachers. All Anglican Church Schools were invited to complete a questionnaire indicating the current resources being used for sexuality education, their perception of needs and to comment upon the preferred format of future resources.

In addition, six schools participated in pilot trials and the subsequent evaluation and review sessions, where five days were devoted to discussing values implicit in resources, personal experiences of values conflict and evaluating curriculum materials.

The six schools were:

- 1 Camberwell Grammar School (boys)
- 2 Yarra Valley Anglican School (mixed)
- 3 Caulfield Grammar School (mixed)
- 4 Mentone Grammar School (girls)
- 5 Firbank (girls)
- 6 Lowther Hall (girls)

Opportunities were taken to receive comments from teachers in State Schools and from Youth and Community Settings by presenting resources for comment during participation on courses. Some of the materials were piloted amongst adults and unemployed young people in Melbourne.

Consultation with teachers and the questionnaires identified a need for curriculum resources on HIV/AIDS education to be set in a Health Education context and to be:

- i) Practical for the Classroom
- ii) Useful in addressing values systems and beliefs

iii) Focussed upon the students needs for the
development of skills

Teachers also expressed the desire for comprehensive notes to assist with the use of classroom materials and concerns with the role-models being presented in some of the educational materials available to schools. There were varying perceptions from those teaching in girls schools to those in all boys schools on occasions. There was a unanimous commitment by those involved in piloting materials to affirm the right of students to 'say no' to risk behaviours. This option was to be presented as positively as possible whilst ensuring that accurate information about sexual behaviours was still available to all students. It was felt that many of the resources available did not present the full range of options or positive role models to students.

The people involved in piloting the materials were asked to identify the values which they wished to see permeate the resource and these were included in the 'Preliminaries' Section of the final educational kit which was entitled "Working Around AIDS Together" (WAAT). For the value statements which were agreed and examples of where or how these values were reflected in the content see Appendix 2.

Educating and evaluation opportunities

Throughout the year I had opportunities to work with a range of different groups as a speaker or a facilitator. This was sometimes with mixed community groups interested in HIV/AIDS work or with those from one discipline, eg, FPA educators, State School Chaplains, Uniting Church Chaplains. After the publication of WAAT I conducted two one-day sessions, and one evening session for teachers and health educators to discuss "Values in Sexuality Education".

Evaluation of the resource development work was an on-going process and an evaluation form was included in each copy of the resource which was distributed to schools (Appendix 3). The values underpinning WAAT were often used as a starting point for groups of teachers to clarify their values in this part of the curriculum.

Summary of Melbourne fieldwork

- identifying needs in one location

- * Resources for HIV/AIDS Education acceptable to Church Schools

- * Raising Values-awareness and analysis as an issue for educators

Accepting a role as an educational consultant for Church Schools in Melbourne gave me access to a range of meetings in which sexuality was discussed, eg, teacher training courses, in-service training, workshops for chaplains and clergy and an HIV/AIDS strategy group which organised Update Sessions. This role enabled me to raise questions of values in a variety of settings and to engage in discussions with educators, teachers, parents and clergy. The resource development phase was useful in enabling me to meet to discuss specific issues in a more focussed way with teachers and to develop resources in keeping with values they owned.

The training sessions which were conducted after the publication of the resource gave further opportunities for discussion of values, evaluation of the materials and skills development.

The key participants during the research work in Melbourne were:-

- * Anglican Church Schools especially the six pilot schools
- * Educators at Family Planning Association
- * Educators at Health Promotion Unit, Health Department
- * Educators at Social Biology Resources Centre
- * State School chaplains, teachers and representatives from the Education Department

- * Educators in Family Life Movement
- * Parents, youth and social workers met on courses
- * Students and staff at Melbourne State College on Human Sexuality Course

HILLINGDON CASE STUDY

From January 1985 until June 1989 I took a participant-observer role in one mixed comprehensive school in Hillingdon, North West London. My initial teacher role was as Head of Religious and Social Education and I was concerned with monitoring how Sex Education was addressed within the school. In the period of fieldwork in Australia several colleagues kept records of developments and I interviewed these people upon my return.

My role from March-September 1989 was to work with the curriculum sub-committee which is focussing on this area. Research work within the school during this time has included classroom teaching, Health Education Committee Meetings, informal and formal interviewing, Guidance Standing Committee meetings and a project in Peer Education using drama as a teaching medium. There were also opportunities to become aware of practice in other local schools through an INSET course on AIDS education, by interviewing teachers, students, governors and parents, by involvement in an LEA AIDS Education group and the Hillingdon voluntary AIDS group.

SCHOOL SITUATION: Background

Since 1988, the school has been a mixed Comprehensive with over 900 students having previously been a Grammar School. The average class size is 30, the sixth form has approximately 150 pupils. The school has a strong academic tradition and an emphasis upon games, music and drama. There is a house system for competitive and social purposes and, until 1989, there was a year head for each of the year groups, within a Head of Lower, Middle and Upper School.

GUIDANCE

In 1981, timetable changes were made to incorporate a 'Guidance' programme into the timetable. This was to include pastoral work and social issues and skills perceived as relevant by tutors and year heads. Tutors were encouraged to contribute to this work and to deliver programmes devised by their colleagues. Since its introduction into the timetable there has been a Guidance Standing Committee with responsibility for evaluating the development and implementation of the programme. The work of the Standing Committee on Guidance has enabled files to be kept each year and a resource bank has been built up.

Concern that the Health Education working party and the Guidance Standing Committee overlapped was minuted at a Planning Meeting:

- 4.3 "Some overall co-ordination of Guidance, Health Education, R.S.E (and perhaps careers) is necessary and this should include Sex Education, and in time Multi-Cultural and Gender Education". (Minutes HE 19.2.87).

In November 1987, the Headmaster indicated that the whole area was to be reviewed in 1988/9 but in the interim the Senior teacher (curriculum) who chaired the Health Education Working party tried to raise awareness of the need for all staff to support the aims of Health Education and to be informed of progress. Becoming more public in health issues did give rise to some antagonism from staff particularly when changes were made in the school canteen. When a salad bar was introduced there were comments about the "food only fit for rabbits" and on one occasion the Health Education Working Party was referred to as the "carrot group". Feelings of insecurity and resentment were also apparent in the responses of some teachers when they were presented with material for Guidance Sessions. The remark made by one member of staff who said, "I wasn't trained to do this sort of thing" reflects a general lack of comfort with the content and methods being required in these sessions.

HEALTH EDUCATION WORKING PARTY (HEWP)

This group began meeting in July 1984 with between six and eight members of staff present. Those departments which were considered to make a significant contribution to Health Education were usually represented. These were: Physical Education, Home Economics, Science, Religious and Social Education and English. It was felt that the group should reflect a range of staff views. The group had two meetings of one and a half hours duration discussing the aims of health education and looking at a range of models for health education. It was decided that a survey should be conducted amongst staff and students to determine present provision and needs in Health Education.

SURVEY OF PRESENT PROVISION

In the Spring of 1984, Heads of Department were asked to complete the Schools Council Proforma R14-15 to indicate the main content areas within their departments. This was to be returned to the co-ordinator of Health Education by 7th February 1984 to be analysed. This exercise highlighted the need for more detail as it failed to show the depth of what was covered, the time allocated, the resources used or the methods employed.

The results of this survey indicated that some topics were not adequately covered in years 1-3 and this was considered important as a pupil's Health Education curriculum beyond year 3 tended to be determined by his/her option choices. The survey did raise staff awareness of the need to address health issues.

SURVEY OF STUDENT NEEDS

The Health Education Working Party (HEWP) agreed to administer the Balding 'Health Related Behaviour Questionnaire' in an attempt to assess how students' needs, behaviours and interests mapped onto the education they were receiving. This was completed during the Friday Guidance lesson on the 29th March 1985. Questionnaires and instructions were distributed to tutors with members of the Health Education Working Party liaising with specific year group tutors. Year tutors were encouraged to ensure that the exercise was taken seriously by students. Members of the Health Education team were allocated to study one particular year group's results, to collate these and to note any points of particular importance which could have a bearing on policy making or implementation.

The results of the questionnaire were to be used to identify which Health Education topics should be taught. The results were studied across year groups and then thematically.

The HEWP decided to select four issues which they considered particularly important for whole school policies and curriculum implementation. The group determined that the following four issues were addressed:

- 1 Drug Abuse (Smoking, Alcohol)
- 2 Food and Nutrition
- 3 Health Related Fitness
- 4 Sex Education

Members of the HEWP were asked to liaise with other members of staff to determine more precisely the present situation. The topics were allocated and those staff who had indicated on the staff survey that they covered the topic were interviewed by members of the HEWP. These interviews were to determine what the previous responses had meant in terms of time, resources and methods. The aim of this exercise was to continue to raise awareness of issues, increase staff communication and discuss possible ways forward.

Sex Education Case Study in Hillingdon School

The survey of staff conducted amongst staff in Spring 1984 as described above indicated the following:

- i) All pupils covered reproduction in Biology during Year 1.
- ii) Relationships/sexuality were not formally covered within the timetabled curriculum during year 2.
- iii) Religious and Social Education (RSE) and Drama were the two subjects which addressed relevant topics in Year 3.
- iv) RSE was the only subject which all students engaged in during years 4 and 5 and which covered aspects of Sexuality Education. Biology and Child Development enabled some students to extend their understanding of sex, human-reproduction and parenthood.
- v) Some sexuality education may be incorporated into the Guidance programme in Year 5, or at any other stage if the Year Heads and tutors consider it to be appropriate. In practice, this rarely occurred as several teachers refused to deal with sexual issues.

Informal discussions revealed a reluctance on the part of some staff to discuss any moral/social aspects of sexuality. The reasons for this varied, but included a rigid approach to subject boundaries, lack of training and lack of resources.

The Health Related Questionnaire (Balding 1985)

The questionnaire issued to students on 29th March 1985 showed that:

- i) A significant number of pupils in each year group feel a little uneasy with members of the opposite sex. This appears to decrease in Year 5 indicating that this might be an appropriate time for more detailed discussion of sensitive topics.
- ii) In Years 1 and 2 parents appear to play a very important role in this aspect of education. 61% of children in Year 1 would receive information about sex from parents, and 50% in Year 2. These figures indicate that some children still depend on school for sex education.
- iii) In Year 3, teachers and parents were deemed less important than friends as a source of information. However, this is often a year of transition when young people need to be well informed and given opportunity to express their feelings, doubts and views.

- iv) Students at this school did not perceive school as a good place to learn about sex.
- v) Fathers were rarely the prime source of sex education for their children.

DISCUSSIONS

Classroom sessions with first year students showed that many 11-12 year olds received no formal instruction on sexuality or puberty in their primary schools. On one occasion the primary school had a well developed Health Education component on 'Growing Up' which included some aspects of sexuality which the children had not related to "Sex Education". The two main "feeder" primary schools were asked specifically about their school policy on sex education and according to the Head teachers, the schools did not address this topic unless children asked specific questions. Such questions would then be answered honestly and at an individual level.

Discussion and children's written work during lessons which I conducted with all first year students showed that some parents did not talk with their children about sex or body changes. The fact that children say their parents do not talk to them about sex does not necessarily mean that this is the case.

It may indicate that the child did not understand what has been said or that they do not wish to be questioned about it in school. However, according to Allen's research findings (1987), many parents do feel ill-prepared to talk freely with their sons or daughters about their developing sexuality and most parents support sex education within schools.

In order to develop a 'spiral' curriculum and whole school policy on sexuality education a proforma was designed by the HEWP and used to ask Head of Departments for information and opinions. This outline requested details about the provision of sex education and covered:

"aim, target group, number of lessons or weeks, timing in the school year, teaching methods used and resources".

The use of questionnaires and proformas was limited in that some staff did not return them or the returns were so lacking in detail that they were of no practical use.

The lack of response on these proformas resulted in further discussions with those teachers who had indicated that they covered issues related to sexuality education. Interviews with library staff and Heads of Year were also conducted. It was evident that provision in this part of the curriculum was lacking, there were few books for students to read on sexual issues from the school library.

Omissions in the formal curriculum were particularly acute in Years 2 and 3. There was an expressed reluctance on the part of several tutors to address personal and social sexual matters in all year groups.

Suggestions for interim measures were identified and made to Library Staff, the English Department, the Head of Drama, the HEWP and the Head. These included suggesting resources, developing English materials which gave attention to relationships, discussing the need for policy development and inservice training for staff. This resulted in a meeting with the Health Advisor on the 17th February 1987 in which we were advised that we should trust our professional judgement and not be overconcerned to involve parents in Sex Education. "We don't consult parents about English or Maths and I don't think Sex Education is any different".

I disagreed with this and said it was important for the Borough and Schools to have a well developed policy which involved real consultation and awareness of the need for support, training of teachers and co-operation with parents. It was not seen as a priority for immediate action although the HEWP did develop a policy statement on Sex Education, and in-service on Child Abuse was arranged. There was also a Borough course on AIDS in March 1987. This ran for four Tuesday evenings 6.00-8.00pm and approximately twenty teachers attended, two members of staff from the Case Study School were present.

Members of the HEWP discussed the aims of sex education and the following statement was drawn up in the Summer term 1987:

"Sex education should be integrated throughout the schools curriculum. Without it, irresponsible sexual behaviour is likely; research indicates that with it, neither promiscuity nor experimentation increase.

Sex education is concerned with promoting responsible behaviour, socialisation processes, values, attitudes, relationships and feelings about sex. It must consider cultural differences and religious attitudes. It aims to:

- develop a healthy attitude to sex, parenthood and our physical selves.
- encourage the desire to make others feel secure, loved and accepted.
- impart factual knowledge and information which will promote responsible attitudes.
- facilitate communication on sexual matters and encourage sex to be seen as part of secure and loving relationships
- explore attitudes, values and influences'."

This was not presented to the whole staff and was not therefore formally adopted as school policy. The Health Education Working Party did not continue during 1988 and the task of developing policy was still on the agenda for completion before September 1989.

A member of staff was identified to carry forward the development of Personal, Social and Health Education and this is to include developing policy and practice in Sex Education. Discussions with the teacher, the Head and the Heads of Upper and Middle School on 13th April 1989 made it clear that this policy development would be carried out by the member of staff and would be presented to governors for comment and refinement. My suggestion of working more closely with governors to draw up any policy statement was rejected on the basis that governors do not have the necessary expertise.

During 1988, the Borough did have to develop a more detailed LEA statement policy on Sex Education and a conversation with the Health Advisor on 14th March 1989 indicated that this was done in isolation, to meet a dead-line for a return within a week. This policy statement was distributed to all Secondary Schools in the Borough subsequently and it certainly was more detailed than the previous guidelines.

Another development during 1988 was the appointment of a person to be Hillingdon's HIV/AIDS Liaison Officer. This person approached me to be part of The Borough Education Group and the first priority was to be the formation of a Borough policy on AIDS education, which was to include work in Secondary Schools. There was also research conducted by a project team for Christ Church Canterbury and they sought to assess students' attitudes to HIV and AIDS education. I visited Canterbury University on 25th April 1987 to learn more about this research and the work to date indicates the need for teachers to address the notion of blame. Some of my work during the early part of 1989 involved learning about these initiatives and building upon what was happening.

Summary of Hillingdon Fieldwork

- identifying needs in one specific school
- * Lack of a whole school policy on sex/health education
- * An inadequate approach to Personal Social and Health Education
- * A traditional school ethos which tended towards didactic and teacher-centred education rather than the more participative methods.

Involvement in the HEWP led to Sex Education being placed on the agenda for review and debate. (20 October 1986). As the initiator and a participant observer of this process it was important to collect information to indicate the need for a more comprehensive approach. (17 February 1987 and 26 March 1987). My role as Head of Religious and Social Education also enabled me to suggest on a number of occasions that Religious Education be separated from Social Education to allow for a more extensive Personal and Social Health Education Programme to be implemented. This role also allowed me to work with the Drama department to initiate some participatory work on RSE and drama involving the use of sixth form students in three local primary schools. (Spring 1987). The model of peer education adopted for this work was proposed for addressing aspects of sexuality education with younger students (Summer 1989).

The participants identified during the research work with Hillingdon were:

- * staff on the Health Education Working Party
- * teachers in English, Science and Physical Education, and Drama Departments
- * Head Teacher and Senior Staff
- * Health Advisor
- * Educational Welfare Office
- * Hillingdon AIDS Liaison Officer
- * Hillingdon AIDS Voluntary Action Group

- * Education Group on AIDS
- * Sub-curriculum group on Sex Education in Vyners
- * Christchurch Canterbury HIV and Young People's Project
- * Students in three primary schools involved in Peer Education Work on "Changes"
- * Students in two secondary schools where I ran sessions on Sexuality
- * Teachers from other schools who attended courses, or with whom I had contact, were also interviewed

Whilst the work was predominantly based upon the case of one school, attempts were made to monitor the local authorities response to HIV/AIDS Education more widely and to assess the situation in other Hillingdon Schools.

COMMON THEMES

Resources: All resources, Australian or English reflect social norms, values, educational messages. The range of resources available to educators in both countries is similar including educational courses, personnel, videos printed materials and audio-visual aids. The need for educators to be skilled in their use is important.

Educators: Opportunities for professional development are available in both countries and this was acknowledged as very important by teachers in both settings. Sexual issues demand particular skills and confidence on the part of teachers or educators and these do not come automatically, they require nurturing, experience and time. Most educators in both countries acknowledged areas which caused them to feel uncomfortable and which they needed to be aware of.

Values Conflict: Examples of this between staff, parents and teachers, schools and community groups and teachers and students in the delivery of sex education are indicative of the sensitive nature of this aspect of education. Such conflicts were evident in England and Australia and the scale of these varied from a lively staff room debate, to a high profile media covered disagreement or to expressed tension between different organisations.

Parental Involvement: In both cultures the role of parents and the need for home-school liaison is acknowledged in all government publications. How this is translated into practice with the role of the parent-teacher groups do vary but the expressions of concern, the means of assessing needs and evaluating practice are strikingly similar.

Adolescent Sexuality: There is no doubt that some adolescents in both cultures are engaged in sexual or IV drug using behaviours which put them at potential risk of HIV infection. The sensitive nature of the data for these and other related issues (eg child abuse, HIV infection and contraceptive use) makes it difficult to ascertain to what extent. Figures for such behaviours are difficult to collect due to issues of confidentiality, stigma and the human tendency to ascribe blame or guilt. However this probably results in under reporting and there is sufficient evidence to indicate that HIV prevention education and sexuality education are important for adolescents in both cultures.

Organisational Responses: In both countries there are organisations which are involved in Health Education and are therefore concerned about HIV/AIDS education. These offer support for teachers by providing training, information and resources. Evidence of the role of the Government Health Department in media campaigns is an example of interventions which were witnessed in both countries.

Personal and educational methods to deal with resources, values issues and conflict: The ways of dealing with difficulties or conflict in both cultural settings reflected:

- avoiding the issues completely
- skilled facilitators and educators
- concentrating upon one value position and ignoring all other perspectives
- acknowledging the range of values and failing to evaluate the implications
- forming groups whose task is to identify common aims, resolve conflict and find acceptable ways forward.

In both countries there were examples of individuals or groups holding polarised positions on sexuality education which leads to direct opposition rather than co-operation.

Many of these issues emerged as points for discussion with teachers, health educators and representatives of the key organisations in both cultural settings. Both of the case study contexts gave educators the opportunity to respond to the challenge of HIV/AIDS Prevention as outlined in Chapter 3. In subsequent chapters I will consider the questions associated with values which I sought to address and I will document the research as it emerged from these contexts.

CHAPTER 6

Personal Values in Sexuality Education

Values and Sex Education

In Chapters 6-10 I will present comments from a range of participants involved in sexuality education in both Australia and in England to address the questions of values. I will identify the case studies by the initials MA for Melbourne, Australia and HE for Hillingdon, England. The evidence will be presented as it relates to the Research Questions.

In this chapter I will begin with the first two research questions which cover the awareness of values of educators and the part human factors play in the expression and perception of values in this area.

The nature of evidence

The contexts from which the following material was drawn has been outlined in Chapter 5 "Summary of Fieldwork". It has been gathered by the various processes described in Chapter 4 "Sources of Evidence". It has been necessary to select from course notes, letters, interviews and a range of other sources, the data which relates to the questions being addressed.

Given the nature of these questions a responsive means of data-gathering was essential so that any opportunities related to HIV/AIDS education during the period of the research were regarded as occasions for data-gathering. Interviews and discussions covered similar issues but were not rigidly structured. The selected examples indicate some of the apparent values of educators, organisations and resources. Many of the incidents, comments and issues were verified in several contexts, or shared by a range of people.

In the data which follows I will attempt to identify the degree of verification or divergence. The extent to which these selections are accepted as legitimate forms of evidence will vary according to the experience of other researchers and their perception of the worth of qualitative research. The questions I used to help me to assess the values of course participants and educators are listed below. I used these to reflect on committee meetings, classroom observation and Health Education courses.

- Who listens to whom?
- How much time is allocated to particular issues?
- Who determines the content?
- How do people identify assumptions, challenge them, ask questions, encourage consistency or evaluation?

- How are personal and interpersonal value-conflicts addressed?
- How are the emotional or moral dimensions of values identified and questioned?
- Are participants being encouraged to think critically about what they are experiencing and the assumptions which are being made?
- Are any values-conflicts likely to emerge or is everyone being very reserved?
- Is this discussion ignoring certain perspectives?
- Which questions are being asked?
- Which issues are being ignored?
- Is the educator/chairperson making any explicit value statements about what they perceive as 'good' or about what they consider inappropriate within the group?
- Who is being openly affirmed in their values?
- Which values are being modelled in the way that people are being responded to?
- Which resources are being used?

Research Question 1: How "values-aware" are educators
on sexual issues?

This question can be taken in stages; firstly, how 'values aware' are educators'? and secondly, how does this carry through to sexuality education? Values Education has increasingly been recognised within the Education system as an area requiring attention and the general acceptance of the Values Clarification (VC) strategies in the 1970s was indicative of this. One possible reason for the concern to address values is the plurality of values in society which was referred to in Chapter 1.

Educators may be first made aware of values issues when they are confronted with materials which present ideas or values different from their own. This was evident in the response of one teacher in the Hillingdon school who when presented with a copy of 'Taught not Caught' replied:

"I wouldn't touch that with a barge pole". (HE 1986).

My personal response to resources and people's views has heightened my awareness of their implicit values. Confrontation and questioning are methods of causing people to reflect on their personal values and this can often lead to new awareness and reflection on values.

This person understood values as being shared in groups of people and for this reason advocated that the development of school sex education programmes should involve all the key participants (teachers, students, parents and principal) to ensure that "one gets a better idea of overall values".

One teacher defined values in the following words:

"The ideas that we bring as a result of our experience; you know, basically our home-life, our school-life. The values I have are the lessons I've learned up to then, that's what I feel. We all have a different set of values that we bring to each situation." (HE 27.7.89).

This acknowledges the role of the family and the school in values education.

There has been an increasing exposure of young people to a wide range of values and the strength of those agencies that have traditionally taken a major role in values education (eg, family, church) has declined.

One Australian educational writer suggests that:

"The schools' interest...reflects the general growing concern in western societies since World War II with the moral values that are at stake in all kinds of social practices." (Crittenden 1981).

Teachers' values awareness in sexuality issues is likely to be related to their broader sensitivity to values issues. If, for example, they are critical of some traditional resources for history and geography; aware of classroom dynamics and the disproportionate amount of time often given to male students; and striving for consistent Health Education messages in the school canteen, then it is quite likely they will be values aware in the sexuality education issues.

That the Hillingdon Education Department is advocating this interest in values is apparent in the 5-16 curriculum Policy Guidelines on Personal, Social and Health Education which states that this subject should:

"help young people to lead lives and make decisions that are both personally satisfying and to make socially constructive decisions"

and,

"help pupils to clarify their own ideas, values and attitudes, and give them an opportunity to rehearse choices and decisions to be made in later life."
(Hillingdon LEA 5-16).

In Victoria, the Ministerial Paper No 6 stated that students should progressively be able to:

"establish a sustaining system of personal beliefs and values ... respect the rights of others to hold different points of view and to maintain their own belief and value system". (Ministry of Education 1984).

Clearly teachers have been charged with values education which involves identifying values, considering why they are held and exploring their personal and social implications. The question needs to be asked, are educators equipped for the task? The starting point for this process for values-awareness and education has to be the educators own "values awareness", critical thinking, understanding of different world views and skills in values education in the classroom.

The Council for Christian Education in Schools in Melbourne identified a need to address the area of values in education and approaches were made to the Ministry of Education which resulted in a teacher being seconded to work part-time as an officer in values and beliefs with the brief:

"to be a consultant with schools on values issues and where applicable to present a Christian viewpoint."

In November 1988 this person said that:

"teachers don't seem to really understand about values and they don't really know how to use me." (MA).

On another occasion addressing a group of sexuality educators I raised the question of values implicit in a resource and it was interpreted by one person as:

"what is valuable about the resource?" (MA).

Whilst participating in a teacher training course a student admitted:

"I don't know what makes a value good or bad."

Values-awareness does not seem to be common amongst educators, the day-to-day routine of education work is extremely hectic and can easily prevent adequate time and energy being made available for staff to discuss and review the values presented through their formal teaching and informal organisational life together. Personal values, religious beliefs, and general knowledge will impact upon our ability to encourage significant values-education. Such education is not concerned with promoting one particular set of values or doctrine but is concerned with encouraging students to reflect upon values which underpin their own perspectives or those of other groups or cultures and those values underpinning any educational material which educators use.

There were examples of educators seeming to have a blinkered perspective on some issues which were at variance with their own values systems. One person who attended a course on Human Sexuality at SBRC objected to a part of the course which involved hypnosis and meditation. She explained her reasons but felt that she was dealt with in a very patronising manner, she felt that the course facilitator failed to understand the Christian teaching on a spiritual dimension and to treat it seriously.

This person made another comment pertinent to values-awareness on courses on sexuality:

"I don't think that critical thinking was encouraged, I don't think we were being encouraged to be critical of what we were doing or seeing on the course".

This person felt that her Christian experience was not respected and that conservative values failed to be acknowledged as viable opinions.

As several educators commented, it is important for educators to have:

"Self awareness of values, recognising why we are emotionally strong about certain values, exceptions and inconsistencies."

In other words:

"We should be aware of what the issues are for us."

One course facilitator commented at a teacher-training course:

"I'd better make sure you have the same time to explore the reasons for saying 'no' to sexual intercourse as you did for saying 'yes'." (MA 1.9.88).

He had just corrected himself from being about to give less time to the saying 'no' option, indicating an increase in his own values awareness.

One observation of this experience was that the teachers did not raise any positive options for saying 'no' to sexual intercourse. This was interesting given that a Victorian Ministry of Education memorandum stated that:

"Education programmes about AIDs and STDs should explore the total range of options in preventing STDs, including the right to say 'no'." (MA 11.8.87).

It seemed that the saying 'no' option was perceived as an undesirable one by this group of 24 qualified teachers. (MA 1.9.88).

On a more personal level a female educator aged 33 stated:

"I have been with many more than one partner. I would be more careful now and practise safer sex".

When I asked this person if she had ever found a resource she disagreed with, which promoted values that she felt uneasy with or which had made her feel uncomfortable, she said "No, never". This hardly reflects a high level of values-awareness although this person rightly commented that she is a role-model for her daughter, and presumably for any students she teaches.

Each educator brings a value presence into their organisation and their interpersonal relationships. The organisation itself has values as reflected in the ethos, policies, aims and structure.

For teachers in schools the decisions they make about what is appropriate or worthwhile will usually be influenced by their understanding of the values reflected in school policy or staff meetings.

In their interpersonal relationships and classroom practice much will be determined by their life experience, religious or cultural background and personal beliefs. Awareness may be raised by formal training and educational opportunities if these encourage discussion of values, critical thinking, personal reflection and learning.

I would like to conclude this section by commenting upon some apparent gaps as far as values-awareness in sexuality education is concerned. Both case studies indicated that the following areas need recognition:

1) Ethnic Groups

Ethnic groups were rarely represented in courses for teachers and as a consequence genuine cultural dialogue and exploration of differences with such groups is very limited. In the Hillingdon case study the number of students from ethnic minorities were few and they tended to be reticent in class, making it difficult to balance the different cultural understandings of health and sexual behaviours.

Cultural differences create difficulties for Western health education programmes, eg, the acceptance of the "double standard" mentality in some cultures which allows men sexual license whilst women have to remain virgins until marriage and be faithful thereafter. On this subject one female educator said:

"I couldn't teach values which were different to mine, the only way I could tackle this is to challenge it, discuss it and to do some role-reversals." (MA 12.12.88).

This example raises the question of whether "challenging" is an appropriate means of dealing with divergence of views.

2) Conservative and Religious Values

In the Hillingdon case study conservative values appeared to dominate the expectations of the Head Teacher and some members of staff:

"I would want sex education presented clearly within a Christian framework, sex only within marriage." (HE June 1987).

Similar views on controversial issues, eg, sexism, masturbation, and homosexuality, frequently became apparent in some of the other responses collected during the research period.

However, these conservative values were rarely expressed on the courses in Victoria with

qualified teachers and student groups. It appeared that there was a sense of group "norms" which had an inhibiting effect on those who felt more conservative than the apparently accepted liberal group ethos. The reverse was probably true in church seminars although this was not apparent to me. It is clear that if participants feel inhibited from expressing a contrary value then true engagement and education in values is failing to take place. If some people feel that they are unable to articulate concerns or reservations for fear of scorn or rejection then the whole group is deprived of an opportunity to identify, compare and evaluate a range of values. Tolerance and intolerance can both be displayed by those who hold extreme values, whether liberal or conservative.

3) Gender

Women appeared more concerned about health education, including sex education in the Hillingdon case study. The number of women on the Health Education Working Party exceeded the number of men and the female understanding of sexuality tended to be broader and more concerned with relationships and emotions than the mechanics or "facts".

However, at preliminary discussions about the Sex Education Policy in this school I was the only female present, meeting with three male staff members and a male Headteacher. (HE 1989) Meeting with the Sub committee addressing sex education (HE 25.5.88) it was interesting to note that five women were present whilst the meeting was being chaired by one male member of staff.

Several members of staff expressed concern that in appointing two males in changes to Senior Management a clear message was being conveyed to female staff and students which is indicative of some implicit organisational values.

Women in the school appeared more concerned to address issues of emotions, sexuality and gender than did several of the male members of staff (personal observations on an INSET day Spring 1989).

On courses in Australia in 1988 there were significantly more females than men. The majority of sexuality educators were female although the director of the FPA and the person responsible for the Health Promotion Unit, Health Department Victoria were both male.

These observations on gender were interesting rather than conclusive and raise questions about the nature of courses, the role of women in implementing and managing sexuality education and the socialisation process.

The way in which these values influence the choice of resources is difficult to assess but there were examples of this process happening.

Summary of findings in respect of the first research question - How 'values aware' are educators on sexual issues?

The evidence suggested that there was a need to increase awareness of 'values' amongst educators. Ignorance of values was not uncommon amongst sexuality educators, especially those working in relation to HIV/AIDS.

Intolerance towards people who held different values was evident. Educators often seemed to perceive an imaginary "enemy", they spoke of those who didn't share their 'cause' or views often with animosity or contempt. Such polarisation could be related to a range of causes such as conflict over moral or religious perceptions, funding, or over the fact that the 'enemy' had a wider perspective and was not totally 'AIDSCENTRIC'.

Working co-operatively with people with shared values and philosophies can be difficult; the challenge of working with those who may hold extremely different views and values presents a much greater challenge. This involves educators using this conflict creatively to give new insights. The pre-requisite of this must be an increase in knowledge, understanding and awareness of the range of values on sexual matters.

This has implications for teacher training in sexuality and for the in-service training of educators. Without a commitment to values-education for educators which explores questions of values, reflecting on attitudes and philosophies from a range of perspectives, educators will be inexperienced in developing tolerance and critical analysis among students.

Research Question 2: What part do human factors play in the expression and perception of values in sexuality education?

The importance of appropriate staff selection has been mentioned in Chapter 2. The values of those responsible for this selection process will have consequences for the appointments made, the allocation of responsibilities and policy development. Interviews with Headteachers, LEA advisors and senior teachers indicated some of the values or concerns which influenced their decision making in these matters.

One Hillingdon Headteacher, when approached with a proposal for work on sexual health and AIDS prevention education among sixth formers, gave an immediate response of:

"Let me just see - are there any religious parents who might object? No, I don't think we have any at the moment. Okay, go ahead with it." (HE March 1989).

This response illustrates the influence of parental approval and the value placed upon this by one Headteacher. Headteachers may also be motivated or constrained by the teaching staff and their enthusiasm or reluctance towards engaging in sexuality education. Further examples of the way in which powerful individuals or groups influence the type of sexuality education implemented will be considered later when examples of 'value conflict' are discussed.

An example of a very different type of constraint upon educators emerged in a dialogue with a person who had been employed by three of the key organisations concerned with Sexuality education in Melbourne: Social Biology Resources Centre (SBRC), Family Planning Association (FPA) and the Family Life Movement (FLM). This educator (MA 1.12.88) commented upon her values as being those feelings of comfort, and she valued acknowledging her own feelings. In describing areas of personal disquiet she identified organisational values which made her feel uncomfortable.

She found that, as an educator in the FLM, the concern with raising funds in order to survive as a viable organisation was a source of embarrassment to her. In her role in SBRC she said that the staff were very supportive but were made up of individuals who were 'very like each other' and who constituted a 'fairly "closeted" environment of workers'. One of the features she drew out was that SBRC was very political and some of the staff were 'into power' in a way that she wasn't. It was clear that her personal style and approach was most congruent with that of the FPA and she regarded this as a more relaxed environment.

Human resources then, are themselves influenced by other motivating or constraining factors which may be the values of organisations or of significant others. Perceptions of these may be inaccurate, judgemental, harsh or narrow understandings but these understandings affect our emotions and therefore can have consequences for resource selection. This is particularly true if the perceptions are those of a Head or Senior teacher, school governors or an LEA employee with some responsibility for Health Education. The understandings and values held by those responsible for policy decisions and the education of others are significant in determining the type of resources which will be employed. Examples which may highlight this point are given below. These examples are selected to illustrate how personal awareness of values impact upon other people and employing organisations.

STATEMENTS: PERSONAL PERCEPTION OF SIGNIFICANT PERSONNEL

At a meeting organised by the Australian Christian Medical Fellowship and Scripture Union (MA 5.10.88) one Headteacher made comments to me about the Director of SBRC. He was emphatic that he would never allow any of his staff to attend courses at this centre. He regarded its approach to sexuality as very suspect as he considered it amoral and he questioned the integrity of the Director. It was therefore clear that his perception of the organisation was having consequences for the staff employed at his particular school as any requests for INSET at SBRC were being refused. It was interesting that this same Headteacher was very supportive of my work in 'Working Around AIDS Together' as he perceived this as being commissioned by a church and therefore in keeping with his values. I did not inform him of my attendance at courses at SBRC! This incident was an example of what had been described to me on another occasion by a mother who was reflecting upon the process of selecting a school for her daughter. She commented that:

"you can usually pick schools by their principals and by the sorts of policies that they've got going ... generally, if I'd had a good time with the principal it would usually follow that the staff are fairly open and in keeping with what he was saying." (MA 1.12.88)

This was certainly verified in a number of schools; those in positions of authority have the capacity to generate practice which reflects their concerns and beliefs.

An example of this occurred in the Hillingdon case study school, when the school sex education sub-committee, a sub-set of the curriculum committee, recommended the involvement of school governors in the policy development process. The Headteacher decided that this was inappropriate at the early stages of policy development, confirming what he had said to me personally on a previous occasion, as "governors do not have the necessary expertise". This decision and his comment reflect his beliefs about the respective roles of governors and teachers in policy making and his understanding of the consultation process. (HE 15.6.89)

BEHAVIOUR: PERSONAL INDICATIONS OF VALUES BY EDUCATORS

One educator said she frequently invited several homosexuals to participate as speakers in the courses she organised; their high profile in the course suggests a pattern of acceptance which is not reflected in society. She admitted that doing this had been an unconscious part of her commitment to educating adults about sexuality. She had not considered it rationally and then decided to confront course participants and societal prejudices. Rather this practice had emerged because she had placed a high value on hearing about the sexual experiences of homosexuals particularly in relation to HIV and AIDS.

This educator said she was challenged by one course participant who said:

"You are assuming that this is the norm, and I don't."

Her reflective response to me was:

"This incident made me realise that my values influence the things I do and who I involve in courses". (MA 14.12.88)

When educators responsible for programmes on sexuality select resources or make decisions, they give some indication of their personal values. For example, the Senior teacher who advocated the use of GPs and medical personnel as visiting speakers for a school sexuality programme, but who objected to training sixth formers to become group facilitators to work with younger students, was revealing some of her values. (HE 17.4.89).

Her views indicate an acceptance of a particular model of sex education which perceives sexuality in the medical model concerned with biomedical aspects such as reproduction and the associated dysfunctions, or to refer back to Chapter 2, Sargeant's "green coat". The concern over the use of sixth formers was probably more an apprehension of how they would cope with a discussion of the erotic "red coat" and a desire to maintain the emphasis on information giving.

This teacher raised her concerns with the Headteacher and several members of staff, making her values and views on peer education and sexuality clearly evident.

PHILOSOPHIES: PERSONAL PERCEPTIONS OF EDUCATOR'S VALUES

People in positions of responsibility or power can convey their values by their statements, behaviour, decisions or philosophies. Philosophies or beliefs may be made known by word, by lifestyle or by association with particular groups or organisations. These philosophical views or belief systems are communicated to others and will be perceived or interpreted according to the experiences, values and beliefs of the listener or observer.

One HIV/AIDS liaison officer, commenting to me about the organisation ACET (AIDS Care Education and Training), said that he didn't agree with some of their attitudes and approach. After we had both attended a church training day in Harrow, England (4.3.89) he referred to an aside, made by one of the educators, which he had found offensive. The educator had used the phrase "the gay community" and added "there's a misnomer if ever there was" which the HIV/AIDS liaison officer had interpreted as implying that homosexuals cannot possibly be 'gay' in the sense of carefree and happy.

I had interpreted the aside very differently as referring to the concept of community. I had become very aware that many homosexual men did not identify with any group as such, and so to talk solely of the 'gay community' when referring to homosexuals was in fact inappropriate and a misnomer. I therefore did not take exception to the comment although after the discussion I realised that the differing interpretation we placed upon this remark reflected the different perceptions we had of this organisation, the organisational values and the educators. People interpret verbal, non-verbal and visual communications in different ways according to their own backgrounds, experiences, beliefs and knowledge. Irrespective of what was intended, the spoken words were interpreted in two strikingly different ways and these interpretations contributed to our respective views of the educators and the organisation they represented. (HE 14.3.89).

Interviews indicated the great diversity between teachers on sexual issues. Personal values clearly had an impact on professional judgement. In a discussion on sexual behaviours with a science advisor, he argued strongly that homosexuality should be presented in the classroom as normal. He said that such education was essential because:

"the trouble is, young people who are homosexual do not have positive role models and this perpetuates stereotypes. Homosexuals are not all effeminate nor 'promiscuous' for want of a better word."

When asked about morals or values he replied:

"What's morals got to do with it?"

He felt the only value which really counts is honesty, and this he considered to be a universal value. He regarded this as the value of most importance and said that so long as the individuals are adult and honest, they should be free to have whatever sexual encounters they desire. He commented upon the higher proportion of Roman Catholic boys he observed in and around gay bars and, whilst acknowledging that this was a purely subjective impression, he felt it was due to how sex and sexuality have been dealt with in Roman Catholic tradition. He felt that society's attitudes and responses have forced some young men to radical extremes which may have been unnecessary if society generally was more accepting of homosexuality. He quoted instances of people who become transvestite or who live totally in the homosexual environment. He argued that reduced STD infection amongst homosexuals due to the wider acceptance of safer sex practices, indicates that if we accepted all forms of sexual behaviour as natural and left morals out of the discussion, except for encouraging honesty and safer sex than we'd be 'better off'.

This advisor was involved in working with science teachers in a supportive capacity and it was clear that his personal values would influence any discussion he engaged in with teachers on the subject of sexuality education. Belief systems, personal values and lifestyles do have implications for our attitudes towards others and our acceptance or rejection of the value positions they apparently hold.

PUBLIC PERCEPTIONS OF ORGANISATIONAL VALUES

Our beliefs about the values of others and our response to those values have consequences for our resource selection and usage. However, on occasions popular or personal perceptions of particular groups, individuals or organisations may be misguided or ill-informed.

It became clear through discussions with the directors of the FPA (MA 8.2.89) and the FLM (MA 9.2.88) that church schools had a tendency to use personnel from the latter organisation rather than the former. The reason for this seemed to rest in the popular belief that the FLM must be emphasising family life and conservative views more. The titles of the organisations and their historical background had helped to create a public image which was hardly substantiated by interviews with educators from both organisations.

It was interesting to learn that the Victorian FPA Education and Training Unit ran courses on Human Sexuality and that whilst many teachers from Roman Catholic (RC) schools frequently participated in courses, they tended not to invite the FPA to the RC schools. This may have been due to concern over parental approval given the traditional RC teaching with regard to contraception. The FLM however, found that a large proportion of their schools work tended to be in Church School settings. One factor which became apparent through the process of interviewing educators from these two organisations, was that many of the staff had been employed in both organisations and considered the content and style of presentation to be very similar. This would imply that the decision to use one organisation substantially more is not based upon the actual performance and educational input but upon a popular concept of the values that they are supposed to ascribe to.

A lecturer at Melbourne State College indicated his perception of the difference between FPA and SBRC when he made a passing comment that he preferred staff to receive in-service at the FPA because 'the FPA is more practical and down to earth than SBRC'. This opinion was confirmed by the respective directors of both organisations. The director of the FPA said that they do offer a more 'hands on' type of training, whereas the director of the SBRC emphasised the need to have a sound theoretical basis and good academic underpinning.

It was clear that the values ascribed to different organisations by staff, course participants and the public contributed to the general understanding of the organisational values. There were examples of this which I considered inaccurate and others, as in the difference just noted between FPA and SBRC, which I would agree was reflected in practice as I observed it.

Summary of findings in respect of the second research question - What part do human factors play in the expression and perception of values in sexuality education?

The following chart summarises the main points:

<u>VALUE</u> <u>INDICATOR</u>	<u>Person</u>	<u>Example</u>	<u>Impact or</u> <u>Consequence</u>
STATEMENT	Head Teacher MA	Stated low opinion of SBRC and the director	Staff are not granted permission to attend courses
	Parent MA	Personal interaction with Head Teacher to be a means of assessing school ethos	Head Teacher considered to be a key influence in determining school values
	Head Teacher HE	Rejection of recommendation to work with governors to develop school policy	Governors are not consulted as sex education policy is devised

VALUE INDICATOR	Person	Example	Impact or Consequence
BEHAVIOUR	Educator MA	Selection of visiting speakers indicates a bias towards including a disproportion- ate number of homosexuals	Value conflict with some course members. Raised self awareness
	Senior Teacher HE	Objection to a peer education programme involving sixth formers working alongside younger students.	Discussion of educational philosophy and values with other members of staff. Barrier to intervention
PHILOSOPHIES	AIDS liaison officer HE	Stated interpretation of another educator's comments and value position	Discussion of organisational values and personal discomfort with different value systems
	Science Advisory Teacher	Personal opinions and expressed values as reflected during an interview and in resource materials	Influence upon other educators
	FPA director MA	Lack of invitations to visit RC schools by comparison to State Schools	RC schools who wish to use external health education staff use different resources
	FLM director	Higher proportion of visits to Church schools	Perceived difference on part of public in the philosophies of the FPA and FLM

Key

FLM	Family Life Movement
FPA	Family Planning Association
HE	Hillingdon, England
MA	Melbourne, Australia
RC	Roman Catholic
SBRC	Social Biology Resources Centre

In conclusion, my research fieldwork indicated that human factors do play a significant role in the expression and perception of values in sexuality education.

In this Chapter I have argued that people are an important resource in the classroom. It is the skills, values and attitudes brought by individuals into the learning environment which have a significant influence on the quality of the educational process. This section has been concerned to illustrate that the human factors and personal values of key participants do affect the area of values and the use of resources. The extent of influence will be related to the autonomy of the person concerned to act in accordance with their perception of what is 'good' or appropriate, to employ people who agree with, or will conform to, their guidelines and their personal capacity to learn and change.

The examples which have been presented illustrate that human factors and personal values do determine teachers' perceptions of human and organisational resources and their ideas of good practice. All educators have personal values, however that word is defined, and these may be congruent with those prevalent in the local community or the employing organisation or they may be divergent, resulting in examples of conflict. Examples of value-conflicts will be taken from the case studies to indicate the scope of such value-conflicts in Chapter 10 of this thesis.

The next two chapters will focus specifically on the use of resources and the interrelating questions of:

Do personal values influence our use of resources?

What are the values implicit or explicit in resources?

CHAPTER 7

Values in Resources

Research Question 3: Do personal values influence our
use of resources for sexuality
education?

In this chapter I intend to present an overview of the patterns which emerged from the data related to values in resources before considering the questions of visual and printed resources in more detail.

In assessing the values in a resource an educator may need to 'read between the lines' as aims and beliefs of organisations or groups may not be explicitly stated. Some organisations hold values which are extreme or make assumptions which other people would wish to question. A series of questions may help an educator to consider implicit values in resources. The questions which I used for this process were:

- What is included in this resource?
- What teaching methodology is encouraged?
- How acceptable is the resource to the various groups of main participants?
(ie, students, parents, teachers)

- Are any topics omitted?
- How are different values and beliefs presented?
- How are the sensitive or controversial matters presented?
- Is the focus on people or on facts; on attitudes or information?
- How will the students respond to the material?
- Is it racist?
- Is it sexist?
- Is it individualist; is attention given to the social determinants of health?

Even where values are stated, the materials need to be examined carefully in order to determine whether these values are actually reflected in the resource. All materials will be influenced by values as selections are made, content explained or process outlined and this is inevitable. The challenge to educators is to be aware of this and to detect bias or value stances so that they can be presented accurately in the educational context.

Criteria for resource selection

One FPA educator, in discussing the characteristics of good resources identified the following criteria as important. These were aspects she had identified as important to her in her professional work with teachers, nurses and students:

- * culture: 'it's got to be Australian'
- * time: 'it must leave time for discussion'
- * approach: 'we've gone away from information based videos; take Esty Deez for example. Films which we have here which are old are all information-based - the 'experts' telling the 'ignorant' what the facts were, almost to the point of making them mini doctors'
- * content: 'it would include some information
some demonstration of skills development,
for example someone being assertive or even
someone not being assertive to be able to
use that to point out 'how could they have
handled that differently?' It doesn't
necessarily have to have something about
values in it, but if you can have these
three elements (some information, skills,
values) it is something you can take them
through in a session'. (MA 29.11.88)

This educator's selection of resources and how she used them were influenced by the above criteria. On interview panels for FPA educators, these personal views may also have influenced her responses to potential candidates and their expressed values.

A similar set of criteria were suggested during an interview with a person who was employed as a 'values and beliefs officer's by the Council for Christian education in Schools and by the Education Department as a part-time teacher, a similar set of criteria were suggested. This was in answer to a question about what constitutes a good resource. The following were suggested:

- "- interesting
 - clear, unambiguous
 - relevant to young people
 - appropriate language
 - something not too intricate for teachers, ie, doesn't need too many other resources
 - doesn't depend on kids being co-operative, good, etc
 - ought to identify where it is coming from, highlights its values
 - achieves the aim of your lesson
 - gives some sort of motivation and interest level
 - is accurate in the information it conveys".
- (MA 17.11.88)

These two educators had clearly considered what they valued in resources.

In considering the impact of personal values on the selection of resources, it has been interesting to detect certain patterns in the case study research data. These will be outlined to indicate the key features of this section.

a) Deference to 'authority' or experts

In some instances particular organisations, experts or authorities are held in such high regard that the resources made available from those sources may be uncritically accepted and used. Examples of organisations which were regarded in this way by different educators were:

Department of Education and Science

Health Departments

Health Education Authority

Family Planning Association

Catholic Education Office

This deferring to experts is reflected in remarks such as:

"If there's a video that's been produced by the Health Education Council hopefully they have the top brains and ideas in that field, so we'd use that". (HE 27.7.89).

"Some schools have used the FPA for training days; they are the experts, perhaps we could use them". (HE 17.2.89).

The two previous examples given in Chapter 6 of responses to SBRC and FPA on the part of some Church Schools and Headteachers, indicate that responses to particular organisations may be uncritical or reflect a negative bias.

b) Influence of interest or pressure groups

Some groups of people hold power in certain communities and there was evidence of these influencing the responses of educators. Examples of such interest groups which were able to impact upon the availability, acceptability and subsequent resource selection included:

Parents

School council representatives

Governing bodies

Activists from the gay community

Activists from Christian churches or other
religious traditions

Organisations which focus on sexuality education,
particularly library staff and educators

Bookshops concerned with Health promotion and
education, particularly sales representatives

The interaction between educators and representatives from such groups was another factor in determining resource selection. Where educators closely identified with particular groups, this had a bearing on their perspective. The above interest groups were not totally distinct and some educators could belong to several groups and reflect some of the values or beliefs associated with each.

The concern of Headteachers to avoid conflict with parents was clearly seen in both of the research contexts. Avoidance of controversial issues and reluctance to implement programmes was valued because this approach avoided conflict, however, some Headteachers, parents and teachers were prepared to view such conflict positively and take up the challenge. Examples of this will be given when examples of values conflict are considered in Chapter 10.

c) Differences in educational philosophies

Educators' beliefs about the nature of education and their preferred styles of learning and teaching will have implications for use of resources. A variety of approaches were evident in the different educational contexts which formed part of the case study work.

It was apparent that even within one school, members of staff hold differing views and concerns and adopt varying teaching resources and methods. These views, concerns and styles of delivery influence the extent to which teachers confront, challenge, test, encourage, question, negotiate, liaise with other colleagues or parents. The educational philosophies held, along with the teacher's skills, knowledge of students, personality, strengths and weaknesses, will have a bearing on the resources selected and the mode of delivery. In the case of sexuality education the educator's concept of what this consists of, ie, their perspective of human sexuality will also be important. This, combined with their preferred style of operation and their personal attributes will all combine to influence their implementation of policy and their perception of good practice.

A teacher of Combined Science in the Hillingdon case study school made remarks about the different approaches of members of the Science Department to the unit on human reproduction:

"It's largely discretionary what we can say; some people talk about mammalian reproduction and other people will talk and get the kids to ask about abortion, contraception and things like that. It is very varied and diverse in the way it is approached by the different members of staff ..."

"There is a great disparity of views amongst the staff and some of them would confuse an adult let alone a child". (HE 27.7.89).

He had taught the unit to seven year-groups and had seen other members of staff teaching the same material.

If sexuality education has a low priority in comparison to other educational issues this will also determine the resources made available to draw up policy and implement it. In the Hillingdon school one interviewee revealed:

"There was a long delay in setting up the working party because we decided on the composition of the working party and the Head wouldn't let us do that until all the other working parties and all other major committees had been filled". (HE 27.7.89).

The way in which schools carry out policy development is in itself a reflection of values and a philosophy of educational management.

Summary of findings in respect of the third research question - Do personal values influence our use of resources for sexuality education?

The answer to this is inevitably 'yes', but of more importance is our consciousness of the process. The educators' awareness of their own personal values, their willingness to think through the criteria for selecting and using resources with other colleagues who hold differing views and the ability to think about perspectives which challenge personal values are all important.

Awareness of factors which have had an impact upon our values and feelings about sexuality should be subjected to critical evaluation and held under review, especially if it means our values are significantly different from those espoused by parents or other significant adults.

This type of personal education has implications for particular styles of learning such as group work, discussion, debate, personal reflection and other active methods. It is because our personal values, backgrounds, beliefs, preferences and experiences do impact upon our professional lives that work in this area should involve developing a consciousness of these personal biases and considering how they impact upon practice. This will mean educators being willing to confront areas of discomfort and admit those issues to which they have a high emotional response.

These emotional responses will differ from person to person, for one it may be gender issues, for others: child abuse, marriage, rape or religion. Being aware of our own values, even when they are highly charged with emotion can be the starting point for learning. Such education assumes that people have the support necessary to disclose such matters and to work through fears and feelings.

This again has implications for how teacher training and in-service training is conducted. Venues and work settings will need to be 'people friendly'. Facilitators will require high interpersonal skills and the ability to create the necessary culture conducive to the 'values education', involving hearing the range of values and being open to a form of personal learning which means acknowledging the influences one has been subject to, the moral framework one functions within and the values one has unquestioningly accepted or rejected.

CHAPTER 8

Values and Visual Resources for Sexuality Education

In Chapter 7 I outlined the means I used to assess values in a resource by giving an indication of the type of questions which I apply to materials. I also gave examples from educators of the criteria that are often the basis for decisions about the appropriateness of materials. This overview sought to show that personal values do influence our use of resources. I now intend to focus on specific visual resources in more detail and to build further on that theory.

Research Question 4: What are the values implicit or explicit in resources for sexuality education?

In both Chapters 8 and 9 it has been necessary to refer to resources which may be unfamiliar to the reader. Brief details are given so that unfamiliarity does not detract substantially from the points being made about values and resource selection. Where possible, a range of comments on particular resources are presented from the perspective of different individuals, to demonstrate diverse values influencing resource selection. The diversity of opinions presented exist amongst educators who presumably share a common concern for the sexual health of the adolescents in their charge.

Given the range of resources available in both England (HE) and Australia (MA) I have chosen to include a selection based upon the comments of the key participants in the two case studies as outlined in Chapter 5, and examples derived during the data-gathering phases of the research. The resources referred to are illustrative rather than inclusive or representative of the whole range. One possible source is indicated after each resource. These initials are explained in the References section.

Owing to the number of opportunities to review resources with different groups of educators, a high number of the examples given about specific resources are Australian. The points made about specific school practice tend to be drawn from the Hillingdon material. My experience in both cultures indicated that many of the issues raised were common to teachers in both settings.

Visual Resources

The great impact of the visual medium in enhancing a person's understanding has particular consequences in the field of sexuality education. Visual resources frequently became an area of contention amongst educators leading to 'value' questions being asked:

- Is this material offensive to me?
- Is this an appropriate resource for teenagers?

- Would parents object to this?
- Is that still shot too explicit?
- What 'messages' are implicit in the material?
- Is this educational or pornographic?
- Has the media campaign been effective?

The intensity of some of the debates which followed viewing such visual materials indicated that images have the capacity to stir our emotions more powerfully than the spoken or printed word alone. The most common forum for such discussions occurred when groups had opportunities to view resources developed for particular target groups whose values were significantly different to the apparent values of the audience. Some of these materials and the responses they elicited are documented to illustrate the extent to which espoused personal values influence responses to resources and the subsequent selection or rejection of them.

I will begin by considering some of the visual resources available to educators. In the summary of findings I have distilled those issues which appeared pertinent to educators in both cultures. I accept that I may not have been dealing with a completely representative sample however, I would argue that there were approximately 400 teachers over the period of the research and that these conclusions are therefore significant.

I include illustrative comments and examples to enable practitioners to compare these conclusions with their own experience. As the matter of implicit and explicit values in resources also relates to printed material I will summarise my findings in respect of the fourth research question at the end of Chapter 9.

VIDEOS

Videos have become a common teaching tool in classrooms and, with proper preparation and follow up, can be a useful way of raising social and moral issues.

However, they do present the potential for passivity on the part of students or teachers. In this chapter some of the sex education videos which formed part of the case studies will be considered.

'Esty Deez' (HPU)

This dramatised 11-minute video addresses various issues surrounding sexually transmitted diseases in the context of relationships and sexuality. It presents a group of young people who are sexually active, usually with their regular partner. However, it becomes clear that whilst Leanne, Greg's girlfriend, is away on holiday he has intercourse with Helen. Upon Leanne's return, and after their sexual reunion, Greg develops symptoms which are described as like "pissing razor blades".

It becomes necessary for him to attend an STD clinic and he is told to use condoms next time and also to tell his partners. Greg assumes that he has contracted his infection from Helen and there follows a confrontation involving accusations and name-calling. Helen's visit to the clinic results in her being given the all clear and having the satisfaction of telling Greg that his "faithful" girlfriend Leanne must have given it to him. Greg is unable to comprehend this and responds:

"Leanne wouldn't sleep around She's my girlfriend - she doesn't have one night stands".

Helen tells him to grow up, reminding him that he's her boyfriend and he does. Thus ending at an ideal moment to discuss the issue of double standards.

This video was rated highly by some educators and one said:

"if I was to use any video in school, it would be 'Esty Deez'". (MA 9.3.88)

Other comments during an FPA course on sexuality education after viewing 'Esty Deez' were:

"it brings up some issues about how some boys view women",

"there is a presumption about what's the norm about sexual behaviour",

"it has a middle class feel about it". (MA 26.7.88)

The response from other teachers met in different contexts were:

"It has a wealth of material and would be excellent to use".

"A good opener for discussing the transmission of STDs, communication values and relationships" (male, Marcellin College)

"... good, particularly the focus on relationships, decision making and double standards" (male Marcellin College)

"Superb - at first I was worried about the language, it has great appeal, a clear message and the kids can relate to it" (PSE advisor)

"I have viewed one video but I would not use it because of the language" (Deputy Head)

"In one of the videos (Esty Deez) it's the language; it's putting the girl down; it's her responsibility to be tested; it's her responsibility for contraception - just the assumptions that she has done the wrong thing. I don't like the way the final scene is; the way the girl has done all wrong when there is a dual relationship. It doesn't really tackle the responsibilities of both people in the relationship ... I don't like the language; I don't like the assumptions. It may be where the kids are at, but I don't think that we necessarily have to portray that in a school. If we put it up on our school video machines it's telling the kids that that's okay - that we as teachers accept that it's okay".

In an interview with an FPA educator on the question of the extent to which videos are providing positive role models for young people Esty Deez was considered:

"the most positive role model there is; the role of the girlfriend when you compare that with the role of the boyfriend he really wasn't out for his friend's best interests; he was just out for a bit of a laugh".

I asked if this FPA educator considered the overall message in Esty Deez to be a positive one. Her response was:

"Why I like it is not so much about STDs but for discussion about relationships and the qualities of a good relationship and then with the students coming up with what they think is a good relationship and then measuring it against relationships in the video, and then discussion about double standards and sex roles". (MA 29.11.89).

An FPA educator (MA 29.11.89) described 'Esty Deez' as an example of a new kind of resource in that it is no longer information based but rather is a tool for developing skills and talking about the issues. This educator said that there were certain schools where it would be inappropriate because of the language but that it was useful because it contained some humour.

At one workshop (MA 13.5.89) this video was viewed by teachers and staff concerned with sexuality education in the six Anglican schools concerned to trial curriculum materials on AIDS. The comments which followed clearly showed some of the values which influenced resource selection.

One school Welfare Officer said that she would never use it; she didn't like it because of the language and the way boys were presented. She had shown it to students (all girls) and she felt it made them very antagonistic towards men. A male teacher from a mixed school disagreed, he said he found the resource excellent, and commented:

"the boys particularly enjoyed it".

Certain beliefs, values and perceptions had clearly influenced those teachers in regard to this material. It could have been that the male teacher was assessing the material on its entertainment value rather than its educational merits and that the presence of boys in the class determined the subsequent discussions, or, that in the case of the school Welfare Officer, the issues of language and class were too extreme for the video to be an effective 'tool' in the girls' school. It is possible that both educators made appropriate choices for their students but it raises the question of what criteria they used in coming to their respective decisions?

This video raised some particular issues about role modelling and language:

- How important is it that there were no young people shown in the video who had decided not to have sexual intercourse?

- How important is it that 'street language' was used?
Is it offensive to any of the students? How would parents feel?

By showing the video in class, is the teacher:

- accepting that all young people are sexually active?
- promoting sexual experimentation?
- condoning adolescent sexual relationships?
- perpetuating the double standard?
- encouraging swearing?

The fact that some teachers thought it was excellent and others found it offensive indicates that some form of selection criteria have been applied and value judgements have been made.

'It's OK to Say No' (FPA)

This video and teaching resource does not claim to be value free. In the resources manual the Ringwood Pregnancy Action Centre state that:

"The audio-visual 'It's OK to Say No' and its accompanying manual is not intended to give both sides of the argument as to whether or not teenagers should be sexually active before marriage. It is designed to provide the major physical or medical arguments for chastity and marriage, along with some of the more apparent social and emotional reasons".

The authors of this material regard the values of educators as contributing to the moral confusion which teenagers experience:

"A subjective morality which tells young people that there is no such thing as normative behaviour or objective standards, but rather issues of whether or not it feels right or whether or not he or she is prepared to cope with the consequences of their behaviour is incorrectly labelled as an 'neutral' approach".

According to the Pregnancy Action Centre this value-based programme aims to fully inform teenagers about the facts and risks associated with teenage sexual involvement and to present chastity as the best option for their consideration. It claims to be:

"the only chastity programme in Australia ... it is in over 800 Australian schools, both secular and church-based, and is selling internationally to over a dozen countries". (Letter to editor of 'On Being' MA 8.7.89).

The responses of teachers to this resource varied and I received comments like:

"I was surprised how well it went down with the groups I used it with",

"It was selective and inaccurate in parts but it provides an interesting balance to some of the other resources available" (FPA educator MA 2.8.89),

"It's contrived and artificial, poorly produced" (Christian male teacher, Secondary school MA 7.6.89),

"I prefer the moving type of film. I wouldn't use it with the young people I work with" (Female Youth Worker MA 12.7.88),

"I think 'It's OK to Say No' focuses in on one issue" (School Chaplain, female, MA 12.7.88).

The interesting observation here is that those people who might be expected to agree with the value stance of the resource were amongst its critics, ie, the Christian teacher and the School Chaplain. It is also interesting to note that the FPA educator was relatively positive about the resource and I found this surprising given the explicit value position it advocated. The FPA educator appeared to value the opportunity to have chastity advocated as a balance to the main messages implicit in the other materials available. The Christian teacher may have been disappointed because the format did not compare favourably with other resources which tended to assume that adolescents are sexually active rather than pointing out some of the benefits of delaying sexual experience until marriage and adulthood.

Personally I objected to the format which I found very contrived and sterile. My review of this resource was published in the magazine 'On Being' (MA 7/88). This resulted in an example of value conflict between myself and the Education Officer for the Pregnancy Action Centre who felt I only gave a 'tepid approval of the value of its message' hence doing the chastity option less than justice to the readers. (Personal correspondence [MA 12.7.88]).

This resource was interesting in that it was explicit about the desired learning objectives. The format reflected a philosophy which valued the role of medical experts and adults to inform adolescents of what is the best option for them. The use of slides or 'stills' in the video was justified as the most appropriate means of enabling students to personalise the issues and relate them to their own situations. This video reflected different implicit messages to those in 'Esty Deez' but there were still issues around role models and language:

- How important is the gender issue? Many of the speakers on the video were women.
- There was a definite white middle class flavour to the resource; what messages does this communicate?
- Students are taught the appropriate vocabulary and proper medical terms are used on the video.
- There is considerable emphasis on delaying sexual intercourse until marriage, the undesirable side effects of the pill and the trauma of abortion.

By showing this video in class, is the teacher:

- encouraging critical thinking and decision making skills?

- helping those students who are in a sexual relationship?
- perpetuating a distorted view of human society, by failing to acknowledge diversity of culture, class and values?
- perpetuating a stereotype of women exclusively as the nurturers and carers?
- advocating one option as the right answer for everyone irrespective of their age, culture, sexual orientation and belief system?

Again teachers came to differing conclusions and had their own criteria to determine whether this constituted a 'good' resource.

Close Encounters (of the Sexual Kind) (FPA)

This 13-minute video was available to Hillingdon teachers through the Health Education Unit, George Street, Uxbridge and I first viewed this in England. The teaching notes which accompanied the video described it as:

"an exciting new sequel to 'Contraception - Ready or not', dealing with the myths, facts and attitudes about sexually transmitted diseases. It aims to encourage a responsible attitude towards sex, contraception and especially the prevention of STDs. The issues raised include AIDS, the need for medical check-ups, communication and condoms".

Amongst educators these are often referred to as the 'three Cs'.

I was struck by the title of the resource, which was probably selected due to the popularity of the film 'Close Encounters of the Third Kind'. However, I thought the title conveyed a subtle but powerful idea, namely that sexual encounters are an accepted part of modern life, encounters rather than relationships. This notion was reinforced by the fact that most of the young people in the video were sexually active and there were no references to chastity or commitment in relationships. In the resource 'Working Around AIDS Together' I tried to address this imbalance (Appendix 4\WAAT Resources p6-9).

"One video ('Close Encounters of the Sexual Kind')... the interviewer is going round a group of young people and asking them if they know what an STD is. I think he interviews about ten young people and gets to the final girl ... and says, 'Do you know what an STD is?' and her statement is something like 'oh, I don't need to worry about that because I don't have sexual intercourse". All I remember is the commentator's face in complete shock and horror that she doesn't participate in sexual intercourse and that's actually something that the kids brought up, ...'why is he so shocked that she doesn't have sexual intercourse?'.

It makes this figure (creates the impression) that nine out of ten young people know it all, do it all and one of them chooses to say 'no I don't need to, and she's the odd one out, the oddball, the strange one". (MA 28.4.88).

There were other examples of the obvious impact of facial expressions, body language and brief remarks indicating the real need for educators to be aware of their own values and critical of those being communicated through the resources they select.

On the range of options being presented to young people there was some expressed concern over the emphasis on sexual activity and what constituted the norm:

"there is probably too much of an emphasis on all young people being sexually active and that's just the status quo. You don't get too much to show that maybe not everybody is. It is presenting one particular area of society probably and it's usually middle class people that are in the videos ... they are tending to get away from the typical middle class, well groomed, very articulate, no pimples type of people". (MA 29.11.89).

This video resource was used frequently in secondary schools in Victoria, according to the FPA Director (MA 12.8.88). He believed it ranked second to 'Esty Deez' in popularity.

Timmy and Vicki (formerly 'Coping with Puberty') (HPU)

These were two interlinked plays recorded by the BBC at the request of the School Broadcasting Council for the UK. They were aimed at the 12-14 age range and portrayed two young people in their early teens struggling with their first 'serious' relationship. The programme is in two parts, part one focusses on Timmy and part two focusses on Vicki. Responses from students (all aged 13-14 years) to the programmes varied and highlighted its value to me as an educator:

"I thought that it wasn't all that realistic, I mean you don't go around talking about things like that as openly as Timmy did. What I mean by 'things like that' is how girls have periods etc. If you don't know about it it's highly unlikely that you will ask your friend because he might take the mick out of you for not knowing about certain aspects of growing up". (HE male student).

Other student responses were:

"Anyway your parents don't always tell you about things, you usually find them out when you are talking to your mates ... I reckon though it's quite realistic because some people don't know a lot". (HE female student).

"Timmy seemed to turn more to his friends for advice, than his family which is the same for most boys his age. But friends sometimes exaggerate or lie so Timmy should have asked his parents or read a book". (HE female student).

"I would like to talk about what boys think about and if they have different views". (HE female student).

"Instead of a friend telling Tim what to do maybe it would have been better to allow events to run their natural course". (HE male student).

"I thought that the storyline was quite realistic and it happens to a lot of boys. Timmy was worried about being uninformed". (HE male student).

These responses enabled the class to discuss questions like:

- What happens when people somehow miss out on learning about the basic facts about sexual development; what sources of information are there?
- How could you open up a conversation on sexual matters with a trusted adult?
- How might people react if they felt embarrassed or ignorant?
- What are the dangers of being ignorant or 'letting nature take its course'?

It became apparent that although many of the students did not appreciate the video in terms of entertainment, it did prove to be a useful educational tool.

HIV Prevention Videos

An AIDS educator, in referring to one video used in Melbourne prisons, said:

"this video shows a female putting a condom on a male; it's a saucy little video but they like it, that's why I use it".

A Health Department Officer responsible for the selection of resources for the media campaign on AIDS admitted that one of the main criteria for selecting particular advertisements was that they were not offensive to the drug users. (MA)

These two examples again emphasise that the expected responses of the target group form a major consideration. However, as one educator points out:

"I find that often students and teachers seem to confuse a video being for entertainment with a video being for education, as an educational tool. They seem to evaluate it on that ground (ie, entertainment) and it is not meant for that purpose". (MA 29.11.88).

Videos on Adolescent Sexual Development

One American video which seemed to find approval amongst educators was entitled 'Am I normal?' (FPA).

This was concerned with male puberty and, in the words of one educator:

"it showed how one person's observation and enquiry skills led to his personal growth and to him becoming a positive influence upon his peers. In 'Dear diary' (the female counterpart) however, there were a group of girls who stole the diary of a young girl and discover their common experiences. I don't think the ends justified the means". (MA 29.11.89).

"Some videos, for example PID and Esty Deez, can sometimes seem to be promoting early sexual intercourse and also promiscuous behaviour". (MA 16.11.88).

CONTROVERSIAL VALUES IMPLICIT IN SEXUALITY VIDEOS

Video on sexual harrassment

On another occasion in Hillingdon, England (10.4.89) a different bias was perceived in one video being used. On an INSET day on Equal Opportunities a video about sexual harrassment was used and the group who had opted to view it consisted of six males, mainly members of the Science Department, and three females including myself. A female member of staff commented on the responses from the male members of this group who had chosen this issue:

"It's almost as if they want to undermine the whole issue and trivialise it". (HE 6.4.89).

This teacher had been angered by another response from a male teacher about the female facilitator:

"it's okay as long as she doesn't go too far".

I felt that viewing the sexual harrassment video with this predominantly male group could prove interesting. The men thought that the video was biased and one-sided, to which one woman replied that it (sexual harrassment) is more of an issue for women.

The group was asked to indicate whether they had ever been sexually harrassed and all the females raised their hands. Apparently none of the men had any personal experience of sexual harrassment. The response to this was:

"Well what does that prove? ... it's natural, it's the way men are and it's the females' fault because women undress for page 3 of 'The Sun'".

The video had implied that sexual harrassment was more of an issue for females than for males and presumably the male teachers present disagreed with this. They certainly felt that inadequate attention was given to the harrassment of males. The group engaged in a lively debate over this issue.

This is of note because on other occasions during the data-gathering phase of the research where it was apparent that, in small groups, certain people were deferring to the values of others and that true discussion of values was not taking place. On occasions this was related to things like gender, professional status, passivity or shyness.

'Baby's Story' - A cartoon video on birth (FPA)

At one FPA training session course participants were invited to bring in a resource which they considered to be good. One teacher participant brought in a video entitled 'Baby's Story'. She described it as a good light-hearted resource to round off a course. It was animated with funny cartoon characters so that male sperm were represented as active, violent, aggressive competitive creatures whilst the female ovum (a cracked egg with an old woman inside it) was passively sitting knitting babies' clothes. Personally I was horrified by the images as I considered them highly sexist and inaccurate and I was interested to observe how the group responded. The FPA Director was the first to speak when he said:

"I'm speechless; I liked the condom/sheath".

He was followed by his co-leader who said:

"I missed some of it but what I saw looked very confusing. I couldn't believe it. I didn't like it. The bits with the child in the womb looked very sexist". (MA 2.8.88).

Other than these comments there was very little significant response, indicating either passivity or an acceptance that the use of humour legitimises such bias or inaccuracy.

'Let's talk about Love' (FYC)

Another video which one member of staff from the Hillingdon case study school selected as an appropriate resource was entitled 'Let's talk about love'. This video was produced by the Responsible Society, the organisation which is now known as 'Family and Youth Concern'. The main aim of the material is to stress the benefits of commitment in relationships. Valerie Riches tells the viewers:

"It's well worth waiting to have sex for marriage".

Carol Lee, author of the book 'The Ostrich Position' described how she liked to use the material provided by "the opposition" against itself, she continued:

"I'm thinking of a film 'Let's talk about love', a blue rinsed lady giving a cosy chat, which made me laugh so much I was longing to show it to some of my groups". (HE 12.7.85).

Clearly her perception of this resource was different from the teacher in the Case Study school and this would no doubt influence the way in which it would have been viewed and discussed.

Education videos produced by the Victorian AIDS Council

On several occasions I viewed three video clips which were produced by the Victorian AIDS Council (VAC) to be shown without sound in night venues and late night discos. The videos aim to demonstrate skills and promote safer sex. They address:

- saying no to anal sex
- use of condoms

With several groups of educators there was extensive discussion of these videos because it was felt that there were other implicit messages. These messages were those of:

- casual sexual relationships being acceptable
- erotic sexual behaviour in public places being encouraged
- homosexuality being presented as normal

Educators from different organisations debated the question of whether these video advertisements were ethical, given the values on which they were based (MA 24.3.89).

The VAC outline of their Health Centre Prevention

Education Strategy 1987/88 states that they advocate:

"intervening in people's behaviour to create the maximum possible impact in preventing the spread of HIV while causing the minimum possible disruption to their lifestyles and making the minimum possible demands on them to change their behaviour".

This raised questions of whether, by accepting lifestyles which encouraged multiple sexual partners, health educators were promoting unhealthy behaviours and whether there should be more emphasis placed on discouraging casual sexual encounters and encouraging commitment in relationships. A discussion with two educators from VAC led to them saying that men engaging in casual sex are more likely to be practising safer sex than those young gay men who do not regard themselves to be at risk because they are in a 'relationship'.

In discussions with different groups of educators it became apparent to me that health educators who were openly 'gay' and were committed to presenting homosexuality and safer sex in a positive light, upheld one particular value system. This was distinctly different from some other educators who held religious convictions or who reflected more conservative community values.

Expressions of concern over these videos and the planned Safer Sex campaign came from individuals from a range of backgrounds. There was particular concern from members of religious organisations including the following range of denominations or groups: Anglican, Baptist, Catholic and Jewish, as well as those who held no religious views. (MA 9.3.89; 29.3.89; 21.4.89; 4.5.89; 27.8.89). These differences in personal beliefs influenced how people responded to these video resources, although there was general support for their use in 'gay' bars given the urgent need to reduce the rate of HIV infection in the gay community.

On 4.5.89 one educator concerned with peer education in the gay community gave an example of changing climate and attitudes by encouraging people to feel that the desired behaviour change was the norm. He cited a media campaign in San Francisco where posters stated '85% of homosexuals are practising safer sex'. This media campaign raises the question of whether it is ethical to adopt a form of peer pressure in the media to influence individuals to change their behaviour.

I found it interesting that there was often a very strong antagonistic response to any form of religious teaching which appeared to be promoting other options deemed less desirable by some sexually active adults, ie, commitment to one sexual partner or limiting sexual intercourse to marriage.

The difference between the proponents of such views seemed to be one of content rather than approach. The media campaign from San Francisco was based on an acceptance of sexual behaviours which people of different backgrounds, beliefs and values considered to be ultimately unhealthy.

It is difficult for people to think beyond those behaviours which they deem healthy and normal within their own culture and belief system. The discomfort of doing so is threatening and people prefer to identify with those values, life-styles and behaviours which are congruent with their own. To consider the radical messages from those who are clearly 'different' from oneself presents a challenge to people whatever their own belief system. For some people the promotion of concepts like commitment, responsibility and fewer sexual partners is regarded as undermining significant personal freedoms rather than guarding the fabric of society. For other people advocating safer sex, condom use, abortion, the removal of any sense of guilt from STD infection or illegitimate pregnancies is regarded as threatening important traditional values. These values of family life, marriage and sexual restraint are no longer the main messages received by young people. It has been argued by Alex Comfort that, even when they were apparently the norm, the double standard was rife, prostitution flourished and the only restraint on sexual behaviour was not to do anything 'immoral' in public.

The sexual permissiveness which is now found in many cities around the world will have international consequences in terms of the incidence of STD infection, including HIV/AIDS. It is important for people to consider the implications of different values and views and where possible to think in the long term and on a global scale. This concern for personal and public health will involve people working together to advocate those choices which are risk free and which are socially responsible. Whilst the 'no risk' options of chastity and fidelity may seem difficult, and some may say idealistic, they should nevertheless still be respected, recognised and promoted as positive viable options. If they are disregarded then educational efforts which stress safer sex options are no longer presenting the full range of choices, but are actually influencing social behaviour in a particular direction, ie, towards more permissive sexual attitudes. Hence media campaigns designed for one purpose are extremely influential in respect of others.

FILMS

The use of films for sexuality education has all the impact of a visual resource and the presentation on large screens can make it even more powerful.

Some argue that using this medium for education is counterproductive as people do not personalise the content but regard it as something happening 'over there to somebody else', rather than something relevant to their personal learning and educational experience. This objection, which applies to video and drama as well, is one of the reasons why it can be a useful medium, allowing students to discuss issues without focussing on themselves and their personal choices.

Birth Films

The personal experiences of educators can influence how they respond to particular films, for example, one educator's personal experience of giving birth caused her to regard the film 'The First Days of Life' (FPA) as far too poetic. She preferred the 'Living Body' (FPA) rendering, as this "showed the pain of it all". She also objected to some of the cute images in films available at Family Life Movement (FLM) and to the implicit assumptions about two-parent families and the notion that 'one day you may like to get married and have children'. (MA 1.12.88)

The use, in schools, of films showing birth can be very upsetting to staff and students. Comments from the School nurse and welfare officer in the Hillingdon case study school indicated this:

"I always know when they are doing human reproduction in Science because of the kids who come down to the medical room upset".

One member of staff jokingly commented:

"it upsets me (I don't know about them) I always sit at the back so that I can slip outside if I need to!" (HE May 1987).

I visited one Girls Grammar School which was dealing with reproduction, pregnancy and birth in which we viewed the film 'The First Days of Life'. After the viewing session involving all of year ten, about a hundred and fifty girls aged 14-15, they returned to their classes with an FPA educator. In the class I observed varying responses to the film, ranging from:

"I'll never have children",

to

"I think it was wonderful". (MA 3.6.88)

The venue and the number of students made this event seem very impersonal. The decision to conduct the session in this way communicated messages to the students. It communicated such messages as:

- regular classroom teachers are either unable or unprepared to teach this

- this is unusual or special; it is different to any other part of the curriculum.

Sex Films

Two human sexuality courses at Melbourne Institute of Education provided training for teachers. The films selected for each of these courses differed because the tutors were different and whilst the content was intended to be the same, tutors had distinct views on the suitability of particular resources. (MA 27.6.88-1.7.88; 7.11.88-11.11.88).

Interviews and discussions with the tutors prior to the course programmes to determine content and responsibilities, and later for evaluation purposes, highlighted how their personal values affected their selection of resources.

One resource was in film format and was entitled 'The Physiological Response of the Human Female and Male'. (MFL).

The situations presented were very clinical and arousal was brought about by music, erotic literature and masturbation. The films both contained close-up shots of the genitals of the people participating in the research and they were produced for educational purposes.

The female tutor who worked on the first course said:

"I chose not to use the physiological responses because I don't find them helpful",

whereas one of the male tutors on the second course said he like the resource because:

"you'd have to work very hard to regard it as pornographic".

In a different context, when an educator was introducing the film to a group of adults she assured the group not to be concerned if they personally experienced physiological responses to the visual stimulus because that would only be natural. This resource made a considerable impact on one participant who had viewed it years previously on such a course; she said she resented the visual images which she now has as a result of watching it. This person did not consider the resource to be necessary or appropriate. (MA 17.11.88).

"I remember a bloke lying on a table ... I don't remember what the point of it was, my problem with it was, as I am still a single person, Jesus' words that what is done in the mind is done in the body, and this is not something which is in the realm of my experience. I have pictures and information in my mind now which I may not find helpful, that bothered me ...". (MA 17.11.88)

A similar concern was expressed by two students in discussion the following day:

"I don't know why we watched that film, do you?"

"No, I'm not sure what the point of it was". (MA 9.11.88)

It was clear that some students felt distinctly uncomfortable during the session when these films were shown.

These resources were only shown in adult settings, although one teacher had apparently used it with some adolescent girls and to good effect, at least according to the person relating this use of the material.

However, this was not advocated as it was felt that many adults would consider it inappropriately explicit.

As the above responses show, some adults had personal difficulties with the material. Overall it became evident that responses to resources were often emotional rather than cognitive or rational; this was particularly true when viewing sexually explicit scenes.

Complex criteria come into play as educators select or view such materials. These include the perceived needs of the audience, the objectives of the course, personal subjective responses and feelings about issues such as nudity, masturbation and fantasy.

Another film which was shown to the first group of student teachers (MA 27.6.88-1.7.88) was 'One Quiet Afternoon' (a National sex film, Laird Sutton). This was selected by the female tutor in preference to 'The physiological response of female and male' on the grounds that it was more human.

In this film a heterosexual couple engage in sexual intercourse following a relaxed time of massage. The film shows cunnilingus and fellatio and is explicit, including close-up shots of the couple, in various positions, engaging in sexual intercourse. In the subsequent discussion with the group one person commented on the lack of love and commitment shown, to which one male teacher replied:

"Well what has love got to do with it?"

Here was evidence of different values being publically declared in this exchange. When I interviewed the tutor I asked why she had shown this film. She said that her reason for using this was to ensure that all students, including those who were sexually inexperienced, had the opportunity to visualise what the words for particular sexual behaviours are actually referring to. Judging from the responses from some of the students this may have been unnecessary or inappropriate, particularly for some of the younger students:

"I wanted to walk out; I didn't want to watch that" (female student teacher),

"If that's the horniest film we are going to see then this course will be a disappointment" (male student teacher),

"I felt so embarrassed; I didn't enjoy yesterday - especially that film" (female student teacher).

In fairness to the tutors all students were told that they could leave the course at any point although, as one of the tutors admitted:

"we do encourage them to stay and to be confronted by the material".

To leave the room would have involved admitting acute personal discomfort or embarrassment to the whole group and it was only exercised as an option once, whilst viewing a video on child abuse. As the students viewed the film 'One Quiet Afternoon' at least one female student preferred to close her eyes most of the time and several students needed to divert their attention from the screen on occasions.

Similar feelings of discomfort were expressed on this course after viewing a film entitled 'Nick and John'. Particular statements in this film make clear some of the values or presuppositions which it contains. These included:

"Sex is the best way to communicate - you really get into someone",

"We are animals too ...",

"We let our thoughts and conceptions get in the way - even if we didn't talk we'd need to fuck. The only way to 'get it on' is to stop thinking about what you are doing",

It doesn't give the young woman a context in which to say no ... because I'm going to be a lawyer, or I'm going to be a doctor or whatever, or I have these things I want to do in my life and having a sexual relationship at the moment is not going to help me do that. And we don't have, I mean we don't promote in our society celibacy as an option which is valuable or valid; unless you're a married woman, or in a relationship, then there's something wrong with you". (MA 12.12.88).

During interviews, I asked teachers and educators questions about the values implicit in resources and their views on the resources available. There were some expressions of concern with some of the audio-visual materials, as the following quotations show:

"It's a film that Family Planning have called 'Then One Year' (FPA). It has this scene half way through that has this time clock and it talks about a boy and a girl growing from 9 through to about 18. When it starts they are standing equally ... boy on one side, girl on the other; they are sort of cartoonish figures, they are not a real boy and girl and they are standing with their hands by their side. As they grow the girl sort of grows with her hands going behind her back and her head sort of cute on the side, and as the boy grows he grows tall, with his hand up and leaning like this (puts her hand up at shoulder height to the side). The message that gives is like this (clicks her fingers). It's over in a flash but that, over and over again, is the message in our society. That says more in some ways than what the teacher can ever say. Nobody has rushed out and changed that bit of film. It's not the only one but it is a most vivid visual example". (MA 12.12.88).

Drama

Before concluding this chapter on visual resources I intend to consider drama and to focus on a few examples where this teaching method raised questions of values.

The benefits of using drama as a teaching method have been outlined in Chapter 2 where different methods of teaching practice were considered in the light of their contribution to 'good practice' in sexuality education with adolescents. In that section I proposed that drama, in its various forms, can be a useful means of engaging participants or audience in a learning experience. Educational drama can be an effective means of raising awareness and exploring the emotional dimension of issues. It can be a useful technique to open a discussion and explore a range of alternative options in problem solving and in relational situations.

Drama can model positive options to young people and it has the benefit of moving beyond information-giving and the facts, very quickly. Learning can be enhanced by the use of humour and the breaking down of barriers. In my experience these can both occur through the skilful use of drama. Any theatrical input to an educational situation needs to be supplemented with other teaching methods; theatrical presentations or drama exercises should not stand alone. As with other approaches, drama should be set firmly within an ongoing programme and educators require the information and skills to facilitate critical analysis and review after any presentation or exercise.

Despite the potential positive characteristics of drama as a teaching method, its use does raise similar questions about values to those identified at the beginning of the section on visual resources. It raises questions of implicit messages, parental objections, cultural sensitivity and educational effectiveness. Some examples of resources reviewed or experienced during the period of the research will now be referred to, in order to highlight some of the implicit values which they assume or raise.

In a 1981 paper in the Journal of School Health, Young wrote on the subject of 'Role Playing in VD Education'. Each of the role plays outlined involved students in roles such as a VD investigator, a person who has VD and casual pick-ups. Such materials involve students in developing language and assertiveness skills in an area where some will be totally inexperienced. It would therefore be important for time to be given to explore how individuals feel about being given such roles; how some parents may react to hearing about such lessons and what overall messages are being communicated as the norm to the groups involved. One of the role-plays, admittedly designed for college students, includes a scene with three prostitutes and the brothel owner. It is important for teachers to at least consider the extent to which such dramatic opportunities do in fact endorse or condone particular behaviours.

Participatory methods have been advocated in VD education, as in Health Education generally, because of the growing recognition of the power of the situational and emotional factors which influence behaviour as it affects decisions in health issues. Snegroff (1975) encourages health educators to consider the range of motives which young people have in indiscriminate sexual activity. He emphasises the following as powerful influences on young people's sexual decision-making:

- the meaning of masculinity and femininity
- the need to prove oneself
- the concept of love.

These influences upon young people are difficult to deal with if the educator adopts an information-giving model of Health Education. Resources employing dramatic techniques involve the students in participatory learning and necessitate that the educator places value or worth on a participatory model for effective learning. This value is therefore implicit in the use of any drama resources which are designed for Health Education purposes. The educators must believe that exploring options, rehearsing styles of behaviour and analysing the dramatised outcomes are effective means of helping people to learn.

Drama Performances

During one six-day AIDS course at SBRC I had the opportunity to view a "safe sex" cabarette with approximately 40 other participants. This theatre presentation, called 'Unnatural Acts', was being shown on some college campuses in and around Melbourne during 1988. It was a show of sketches and songs aimed at promoting condom use and 'safe sex liaisons of all kinds - without moralising'. The project was assisted by the Health Promotion Foundation and the stated aims of the project were:

- 1 "To present information on the transmission of sexually transmitted diseases, including AIDS.
- 2 To promote a safe-sex consciousness within the general community.
- 3 To encourage peer support for safe-sex practices.
- 4 To increase awareness of the dangers of sharing needles and syringes.
- 5 To promote the idea that safe-sex is fun.
- 6 To accomplish all of the above in the context of good theatre".

In the presentation it was apparent that all of the young adults being depicted were sexually active, most of them with one or more partners, the gender of whom was regarded as irrelevant. There was no suggestion of any need for commitment or responsibilities beyond those of keeping oneself physically free from STD infection. The presentation could accurately be described as amoral; others might add that it presented a realistic picture.

The format was such that it was very amusing and most adults found it acceptable although one prison medical officer in the audience I was in, found it offensive. I raised the question of implicit values with the director who assured me that, in the production for youth, attempts were being made to incorporate such notions as commitment and abstinence as options. As I watched informally after the presentation, most of the actors went for a cigarette outside, and I reflected upon the health messages which they were communicating in their performance and after it. I was left unconvinced that it was positively health-enhancing for young people. Any sexually inexperienced young person could have felt that they were abnormal and that to engage in sex with a range of partners was the norm. In this respect I felt that the presentation was imbalanced.

Some other educators expressed their responses:

"I felt fairly confronted by the openness in some of that ('Unnatural Acts'). That was a good experience for me because it reminded me that the material I use is material which I have selected because I know that I am going to be able to cope with that material and, even though my educational justification is that I have chosen these themes and these resources because I feel that they are going to best fulfil the aims of the programme, I know that I also choose them because they are the ones which I feel comfortable with. So to be confronted with something which makes me sit back a bit because of its openness and brashness was a good experience for me, because I thought I haven't been confronted like that for a while and it's important in dealing in this area to be confronted once in a while". (Lecturer, Melbourne State College).

She continued:

"I felt its main aim was to convince people that sex can be much safer and it must be safe. It did not deal with an exclusive relationship; it was presenting safer sex as not being deadly boring. The most important message was 'it's not uncool to be safe'".

Young people may need to be in situations where such messages are presented clearly and in a format which is acceptable to them. However, as educators it is important to consider the extent to which such performances may in fact be contributing to values and attitudes which are diametrically opposed to the principles underlying sexuality education in the school or college setting. If young people need practice in discussing and challenging the values often presented in media presentations of human relations, love and sexuality, such drama performances as the one outlined above at least requires an extensive follow up if it is to contribute positively to the student's personal development.

The presentation I have briefly referred to, 'Unnatural Acts', clearly made some experienced educators feel uncomfortable and one wonders what the unplanned learnings or responses may have been on the part of students from a range of different ages and backgrounds. For some it would have seemed to be crude, uninformative and lacking in respect or affection for people.

A less extreme drama performance was presented by a youth production at the Interface Day of the International FPA Conference held in Melbourne (MA 19.6.88). Two young women comically enacted the roles of two young females discussing sexual issues. One line particularly struck me as I viewed this performance:

"We all have sex at one time or another".

The impact of such lines or small incidents is difficult to measure but, as with some of the visual examples, they may contribute to the sexual learning of young people in powerful ways.

Drama teaching methods can be used as a means to engage students in issues relevant for implicit or explicit learning about relationships and sexuality. The use of drama as a theatrical stimulus is another resource available to educators.

The examples in this section have been selected to indicate the need for values-awareness on the part of those responsible for the selection of resources and teaching methodology. It should be acknowledged that incidents occur in the classroom which contribute to the social learning experienced by students and teachers. Dramatic interactions and incidents can occur which educators can use to reinforce desired learning. It must be acknowledged that not every incident can be processed and discussed, so teachers will have to decide when intervention is appropriate. One example of how the values held by teachers can have a dramatic impact upon a sexuality session is given in the section below where I outline some of the emerging common themes. This demonstrates the need for the careful selection of people involved in sexuality education and is another example of differences between educators.

COMMON THEMES

EDUCATOR/ The person responsible for using the resource
TEACHER identified as the most significant factor determining the usefulness of a resource as an educational tool. This emerged strongly in discussions and interviews. What teachers do with the material is paramount, the activities, the personal comfort, the questions or lack of them.

One extract highlights the importance of teachers and classroom practice, which is the context of any resource use.

"values won't come out of content but out of process".

When asked 'what would you be looking for in the way a teacher uses a resource for it to be described as a good one?' The interviewee's response reflected a concern with accuracy and with the implicit messages communicated by the teacher. In amplifying this latter point he said:

"the number one resource of course with a group is the people within it and fortunately or unfortunately the most significant person is the leader, whoever that may be, the facilitator. There are lots of hidden messages there. There are the hidden messages of eye contact, the look of shock or what we gloss over and what we don't gloss over, so I think I'd be looking at the hidden messages from the teacher and from what the teacher brings in. I think we should reflect on it, there are things we can learn from our own behaviour and there are some things we can never learn. A specific example is the one that there has been a lot of discussion about in terms of managing a class - where the attention is focussed and how much time you are spending managing a group of boys or relating to a group of boys because they are jumping up and down and behaving in a different way.

Now that is a big challenge to balance your attention, if in a particular class you have 14-year-old boys dominating, that may be very difficult to actually work around but there is a hidden message there in terms of group dynamics, about who is important and who is getting the teacher's attention and what the implications are for the females within that room.

I think there are implications in terms of maybe the books you are reading in English, who are the doers and who are the achievers. All of which, in isolation, are probably really insignificant and you can't process everything but I don't think it hurts to reflect upon them".

A broad awareness of values on the part of educators is therefore necessary. Teachers need to be skilled in identifying values questions, underlying assumptions and personal or cultural biases in order to select resources appropriately and use them well.

CULTURE

Cultural norms are important and resources must be culturally sensitive. Consideration must be given in classes to children whose family background may be significantly different to what is being watched or discussed in class. I recall one incident when a teacher related to me that two muslim girls had approached her and asked why they were spending so long learning about sexually transmitted diseases. They considered this irrelevant to their lives and futures as they intended to wait until they were married before having sexual intercourse.

The teacher explained that their future partners may not have the same idea and that they could potentially be at risk, to which the girls said that their religious code is very strict for males too, and that boys often are virgins when they marry. The teacher said to me:

"I feel that perhaps much of what we had spent time on was probably irrelevant to them and I found it hard to justify".

One might argue that if a comparable amount of time were spent on learning about the benefits of abstinence or monogamous marriage, then at least the curriculum would be addressing the range of views on sexual ethics.

Many educators stressed the need for students to be able to identify with the culture being viewed. This is not always possible, and it may be overcome if the class was responsive. Frequent criticisms were made of certain American videos. Films and materials which were professionally developed were highly valued. Young people are particularly sensitive to dated clothes, accents or colloquialisms and care in selection of resources is therefore important.

Students sometimes resent viewing materials which they cannot relate to, eg, videos on arranged marriages or differing world faiths, and this may cause a rise of intolerance, prejudice and lack of agreement.

Whilst this point is important educators have to consider the extent to which their role is to broaden the horizons of students or to reinforce the 'status quo' or accepted cultural norms. If educators accept that certain social mores should be perpetuated and others challenged, this should be a matter for public debate and community participation. In a pluralist society, it may be difficult to work through cultural differences and value systems but it is a challenge which educators must face.

PACE

The amount of material covered was another feature referred to by educators. Teachers were particularly anxious to have time to discuss issues and so did not want videos which took most of the lesson time. Some materials were criticised as trying to cover too many issues, eg 'Be a Mate', whereas others were rejected because they were considered too slow, focussed or narrow.

One Korean resource aimed at youth was entitled 'We Want to Become Adult' and was very stilted and tame; as one educator commented:

"you'd be surprised if the question of sex ever came up". (MA 19.6.88). (FPA).

There were also concerns expressed about the appropriate content for particular age groups, with many teachers seeking explicit guidance. In practice, working with teachers highlighted the difficulty in drawing up concrete guidelines as teachers and students varied so much.

FORMAT

The use of approaches such as slides and cartoons were frequently discussed. Some students objected to the use of videos which were intended to make light-hearted entertainment of STDs, an issue they considered important and warranting serious consideration. Some educators preferred to avoid those videos which introduced puppets or cartoons as being too confusing, whereas others thought they were particularly good for low ability students.

The Johnstone and Johnstone 'It Happens to Us All' slide pack is valued by some teachers as they address puberty with late primary students, others prefer some of the television programmes which cover the same content. When resources require skills from educators beyond what they feel comfortable with, they are rejected. This was sometimes witnessed when resources required role-play, discussion or group work. It was clear that some teachers did not want to go beyond the information-giving model of education in which they felt secure.

CONTENT

The accuracy of information was another concern raised when considering the selection of resources. The way in which information was given was sometimes objected to. For example, the videos 'PID, It doesn't hurt to know' and 'STDs, not a long distance phone call' were both criticised for using a TV street interviewing technique to rush through imparting factual information. Some resources which outline clearly the facts about HIV and its transmission were appreciated, but many teachers emphasised that working through information like that is not enough.

Some concerns were expressed over resources which presented negative role models, patronising adults or scenes considered offensive by others. It was generally agreed that students should perceive the work as relevant and enjoyable if any real learning is to occur.

In this chapter I have presented examples from the research data which relate to the values underpinning visual materials. I found this medium easier to evaluate than printed resources; this was partly due to the ease of establishing a 'common base' from which to discuss issues given that there is inadequate time to read the same book together. With films and videos it was possible for a group to view it together and then to discuss the extent to which they would find it useful or appropriate.

In the next chapter I intend to make some comments about the different types of printed materials which sexuality educators can draw upon and some of the concerns which I identified in relation to the fourth and fifth research questions about values.

CHAPTER 9

Values and Printed Resources

Research Question 4: What are the values implicit or explicit in resources for sexuality education?

In this chapter I will continue to consider the question of implicit/explicit values and values-conflict further by examining some of the printed materials which are available for sexuality education. Although it will only be possible to present a limited number of examples they should be sufficient to indicate different perspectives and both implicit and explicit values. I will also continue to present cases of conflict which emerged as evidence for value-conflict. I will continue to use HE to indicate the source as Hillingdon, England and MA for Melbourne, Australia.

Methods of Health Education are often implicit in text books for students and in particular the medico-model, with an emphasis on information-giving, is often accepted as a 'safe' approach to sex education. It is interesting that in an analysis of the STD content in school textbooks Kroger and Yarber maintain that:

"existing health science textbooks may be contributing little or nothing towards reducing STD incidence, prevalence or sequelae. School health textbooks tend to omit almost all information about personal STD prevention behaviours". (Kroger and Yarber 1984).

Whilst Kroger and Yarber acknowledge that sex education texts do provide a more comprehensive coverage of STD content, they point out that they also require even more advanced reading skills. It is suggested that the health interests of students would be better served by more emphasis on people rather than germs, and upon the behaviours required to prevent or eliminate sexually transmitted diseases.

The avoidance of the personal dimension and the teaching of STD preventative behaviours reflects a belief that to address these issues in school may increase teenage sexual relationships or be seen to be condoning behaviours which many parents would wish to discourage. It is therefore often considered safer to 'stick to the facts' - the impersonal and the non-controversial areas. The different values which people hold about teenage sexuality is reflected in the articles or books which are written to assist educators in their work.

The underlying concepts of what constitutes 'sexual health' or 'responsible sex', as well as the model of 'Health' being assumed, are reflected in resources. It is important to consider the differing purposes of the materials, the target groups and the perspective of the author or organisations.

Educators will often decide to use resources to compliment each other as materials can be one means of showing the diversity of values which exist, as long as the educator is able to identify implicit assumptions, conceive the counter arguments and spot the omissions.

BOOKS AND VALUES

The suitability of books for student use involves considering many of the issues raised for visual resources, ie, language, assumptions, levels of explicitness, exploration of options, presentation of information. Parents and teachers will assess resources according to such criteria and where there are differences of opinion conflict may result.

One FPA educator particularly valued the resource 'Be Yourself - Love, Sex and You' and her reason was that she felt it did talk about 'saying no and was written clearly and simply so that young people could relate to it. This was later not reprinted and a different book 'From 12-20' was said to have replaced it "but it didn't". The educator felt that the resource 'From 12-20' was too busy and, as one young person said:

"that's how adults think we like the information, in a magazine style with lots of cartoons and stuff, but we don't".

Here the conflict around this book was concerned with presentation style as well as the valued emphasis in the content on 'saying no'. Despite pressure from a group of FPA educators it was not reprinted (MA 26.7.88). In this instance, I was unclear about how widely the FPA's opinion was shared amongst other educators. The decision not to reprint would probably relate to the financial viability of a re-run rather than its 'true' worth.

One teacher's perception of what was needed for schools' printed resources on AIDS was:

"It is important for materials to adhere to implicit Christian values. Teachers leading discussions are usually sensitive to and accepting of different values but positive guidelines for students are required". (MA 26.7.88).

This teacher's concern indicated that she placed a higher value on one value system in comparison to others and resources where these values were not reflected were deemed unsuitable. This criteria for resource selection could therefore become a point of conflict where teachers hold differing values, as occurred in the Case Study School. In this instance one male member of staff objected to resources from 'Taught not Caught' on this basis.

It was interesting to learn that this same resource was:

"considered by many Australian post primary teachers to be their 'Bible' of teaching strategies". (MA 23.5.88).

In England the FPA has given its approval to this teacher's guide by the Clarity Collective. I talked about one section from this printed resource, 'Taught not Caught', in several of the courses attended during 1988, that is the framework for sexual decision-making as outlined on pages 5-10. The implicit value in the framework is that all the choices and consequences relate to the 'yes' or 'active' dimension and the weight of outcomes implies that not being sexually active or choosing to be celibate is a simple option for a minority of people, rather than a possible option for everybody at some stage. I consider this overemphasis on sexual activity to be perpetuated in the media and even in educational resources. There are school textbooks for personal and social education which include articles from magazines or newspapers to stimulate discussions on sexuality and teachers should be aware of the biases or imbalances. I often shared this perception with educators and the majority clearly supported this view. As Szirom, one of the members of the Clarity Collective pointed out:

"There are very few articles in Cleo or Cosmopolitan showing really strong, independent, intelligent women who are saying 'I have made the choice for the next two years of my life not to have a sexual relationship because I want to achieve the following things or for whatever reason they've made that choice'". (MA 12.12.88).

There are aspects of sexuality which receive high media coverage and others which are rarely mentioned. As Sargeant (1988) commented on the collection at SBRC:

"The Australia-wide newsclipping collection held by the Centre reveals some interesting differences in the attention given to certain topics. Over the years there have been 'bursts' of attention (particularly around election time) associated with campaigns organised by particular individuals or groups, such as occurred in 1980 with the campaigns to prohibit sexuality education as part of health and human relationships education in government schools"....
"There are clearly major areas of continuing, or unchanging, press interest such as abortion and homosexuality; obviously these are not 'boring' areas of sexuality. Yet from the number of press articles, it could be assumed that some areas certainly are, namely menstruation and menopause, sexuality and ageing, sexuality and adolescence and sexually transmitted diseases other than AIDS".

Sargeant observed the trend in which the medical model or focus on sexual dysfunction or sex-related disease increases public acceptability and she noted that even in the case of 'experts' discussing AIDS there was still evidence of reserve in being explicit about safer sex practices. (Sargeant 1988).

Implicit assumptions or values can be detected in other materials for adult educators. One example is Kohlberg's work (1976) on moral stages and the fact that this was based on a male sample group, making an assumption that the moral development of young males is THE framework appropriate for females. This is a value which many women have challenged believing that whilst masculine values prevail the values of women differ substantially.

Hyland (1988) argues that Health Education programmes should have clearly articulated and rationally supported value foundations and that the hidden curriculum of individualism in Health Education is inadequate. The emphasis on individual rights and responsibilities was pervasive in many of the resources I reviewed during the period of research.

Even a preliminary glance through a book for young people will reveal whether there are any illustrations, be they photographs or line-drawings. For example, Gunn's book 'Sex and You' contains coloured photographs of sexual intercourse in a range of positions, sex aids, a man with an erection, nude men and women showing the variations in genital shapes and sizes, as well as the more common charts explaining menstruation. (Gunn 1988). By contrast, despite its title, 'Life in a Sex-Mad Society' by Huggett the only sexual behaviour depicted visually is kissing, and this is an artist's coloured drawing (Huggett 1988). In 'Questions About Sex' (Harris 1968) line drawings are used. Whilst there are various influences upon the decision to include photographs or illustrations. for example artistic and financial considerations, the type of illustrative content or the omission of it can be a reflection of value, indicating what is considered appropriate or suitable.

To use the three books previously quoted to illustrate the different messages being communicated to young people I compared relevant passages on some points of conflict. Gunn, agreeing with a common trend in sex education books writes this of masturbation:

"Masturbation is a normal stage in a girl's sexual awakening; it is neither harmful, wicked or rude".

"In boys, masturbation may be accompanied by fantasies or daydreams that inwardly excite Male fantasies sometimes involve aggression, dominance and the 'thrill' of giving or receiving physical harm so masturbation may become an activity associated with guilt". (Gunn 1986).

As the book by Huggett was dealing more with relationship problems the issue of mutual masturbation and petting was addressed, whereas masturbation was not mentioned. However the following comments indicate the 'line' or values which she adopts:

"What we have to recognise is that any form of petting is dynamite".

"Heavy petting includes lying together in a state of undress from the waist upwards, or fully naked; lying side by side or top on one another. This kind of petting may be enormously exciting at first, but of course, it makes us demand more. We need to acknowledge the cold clinical fact that there is something about naked flesh which brings to the surface the full force of sexual desire". (Huggett 1988).

In Harris' book for young people 'Questions about sex' he takes the view that:

"Petting can be pleasant and exciting. It can also be an important part of growing up, since those concerned are learning about their emotions and preparing themselves for adult sexual relationships". (Harris 1968).

He gives what I consider to be a balanced view encouraging resistance to pressure, awareness of the potential risks of aroused emotions and possible feelings of guilt and depression if petting becomes extremely intimate or excessive. He encourages young people to avoid doing anything they do not honestly want to do.

On the subject of masturbation Harris again takes a very moderate view, commenting on what it is and also the worries and guilt which can be associated with it. He assures young people that no harm results from masturbation, that many adults practice it and he describes this and the fantasies or daydreams which can accompany it as:

"a perfectly ordinary part of growing up, and ... nothing to be ashamed of". (Harris 1968).

To turn to the controversial subject of homosexuality, Harris simply describes what it is and asserts that:

"Homosexual love is just as varied as ordinary love. Two men can have a deep and lasting relationship which is as important to them as marriage is to a heterosexual couple". (Harris 1968).

On societal attitudes he informs young people that:

"Many people have the idea that homosexuality is somehow wicked or depraved and ought to be stopped; but attitudes have varied throughout history". (Harris 1968).

He then continues to explore the reasons for hostility towards homosexuals today and he mentions the following:

- i) the way males are taught to hate the idea of expressing affection towards men
- ii) the feelings of repulsion people have about anal intercourse

iii) recent laws on anal intercourse

iv) media publicity on paedophilia and pederasty
(Harris 1968).

Thus in dealing with this sensitive topic he highlights the complex factors which have influenced other people's feelings and attitudes.

In another book for young people 'Sex and That', the following statement is made about homosexuality:

"The Bible makes it quite plain that physical homosexual practice is unnatural and wrong. But people born with a same-sex bias are not to blame for their condition. They are encouraged to live their lives to the full but, like any other single people, to exercise sexual restraint. Married heterosexuals are also required to exercise restraint by being faithful to one partner". (Lawson and Skipp 1985).

Such a value of restraint contrasts with the expressed view of Comfort, Nuffield Research Fellow, University College, London, who said:

"Chastity is no more a virtue than malnutrition". (BBC programme July 1963).

Huggett quoted Comfort and it is clear in her book for young people that chastity is a virtue and that sex is intended only for the marriage context. She does not address the issue of homosexual relationships, probably because her intended audience is young heterosexual christian teenagers.

The following extracts make the underpinning values clear:

"Genital intercourse ... is the non-verbal language God created for married couples to communicate that consoling message: 'You are unique, special'. Genital fusion in any context other than marriage can never ever begin to reflect this wonder, this mystery, this other-worldliness. In any other context it is therefore second best". (Huggett 1988).

On the subject of VD the author asserts that:

"the answer is not to use the sheath but to keep genital intercourse within the context God has ordained: the committed relationship of marriage". (Huggett 1988).

Gunn takes a much wider view and acknowledges the full range of sexual orientations and behaviours. His book tries to balance some of the more common myths or stereotypes, for example:

"Gay people are often accused of greater promiscuity than heterosexuals, but many of them form stable and loving relationships that may last a lifetime".

"At least one in ten people is homosexual and although certain stereotypes exist, it is virtually impossible to discern homosexuals from external appearances". (Gunn 1986).

Despite the differing values reflected in these books there are some points of agreement. For example Huggett's book refers to some of the difficulties which can develop in relationships where mutual masturbation to orgasm is practiced outside of marriage.

She writes that:

"It some times happens that a woman grows so accustomed to manual manipulation of this kind that adjustment to full intercourse after marriage proves difficult. This sometimes even results in frigidity". (Huggett 1988).

The possibility of it ever being loving and satisfying is not mentioned.

Harris also points out that persistent petting against one's own conscience may have negative effects for a couple:

"It may become difficult for them to adjust quickly to a full sexual relationship in marriage". (Harris 1968).

Whilst Harris does acknowledge the important role of marriage he explains his view to the young reader:

"I do not personally believe that all lovemaking in marriage is wonderful, and that all other love making is undesirable". (Harris 1968).

Here I suspect there would be a conflict of values, given Huggett's statements on sex outside of marriage.

Harris encourages young people not to do anything which causes them personal distress and as Gunn comments on mutual masturbation he likewise emphasises the need for partners to communicate honestly about their likes and dislikes.

He refers to the personal excitement a woman may experience through watching her partner 'come' and he goes on to assert that:

"It must be remembered, though, that only something that both willingly want to do is reasonable. Talking about needs, likes and dislikes is a vital part of a good relationship". (Harris 1968).

Similar sentiments are expressed in the text books available in schools. I selected three books at random from schools in Hillingdon. In looking at similar issues to those previously raised, students are told that:

"In a love affair, physical contact is pleasurable and good, but only if the enjoyment is mutual, and it is wrong to force attentions on someone who is unwilling ... We can still say with certainty that we ought never to hurt people, especially those who love us because they are particularly vulnerable to our unkindness. Nor should we play with other people's feelings just to amuse ourselves". ('Personal Relationships', Green, undated).

This extract emphasises the importance of mutual consent. Another value which is asserted is that of the importance of communicating, as in this extract:

"The happiest relationships are based on understanding, and nowhere is this more important than in sexual relationships ... You can't understand how other people think and feel unless you talk to them ... Getting into the habit of talking with your boy- or girl-friend can help towards developing a full and rewarding relationship with your marriage partner later". (Cheston 1979).

I have underlined those words which could be indicative of other implicit values. Interestingly, these two resources give very scant attention to either masturbation or homosexuality, despite the fact that both of the books have sections on sexual relationships. Cheston's personal and social course does give a paragraph each to masturbation and homosexuality and two double-page spreads to 'boy-girl relationships'. Another school text book 'Growing and Changing' covering many aspects of 'roles, relationships and responsibilities' gives some attention to sexual behaviours so as to reassure students that:

"masturbation is totally harmless and does not interfere with physical or mental development". (Askew and Carnell 1982).

On the subject of sexual intercourse during puberty it says that:

"boys and girls may not be emotionally ready for the responsibility of a sexual relationship. It is important that both partners realise the implications of their actions and that they have discussed them beforehand". (Askew and Carnell 1982).

There is also a warning that:

"Once aroused through petting it may be difficult and frustrating not to have sexual intercourse". (Askew and Carnell 1982).

LEAFLETS AND VALUES

In this section I will consider some examples of value conflict which emerged through the use of certain leaflets. In both England and Australia leaflets have been used as part of the community education process. In England households received a pamphlet entitled 'Don't die of Ignorance' and schools could obtain leaflets on 'Safer Sex' from Health Education Units. The 'Don't die of Ignorance' pamphlet was intended to inform the public about the risks of AIDS but first evaluations of these early efforts seem to indicate that they increased anxiety and ignorance whilst confusing many young people (Mills et al 1986).

In Victoria the Health Department produced a leaflet called 'Sex, Drugs, You and AIDS' (HPU) which was aimed at secondary school students. The Victorian leaflet was very colourful and the words inside it read:

SEX	DRUGS	YOU
Anyone having SEX should ALWAYS use a CONDOM! Or insist that their partner uses one!	Anyone injecting drugs should NEVER SHARE NEEDLES OR SYRINGES	IT'S YOUR BODY LOOK AFTER IT

This leaflet was the focus of discussion amongst different groups of educators. There were some who expressed concern over the simplistic message which places the emphasis on sex and condoms rather than on people or personal and social responsibility. The question was raised 'to what extent do repeated messages like this convey the notion that sexual activity amongst youths is an acceptable norm, thus increasing its incidence?' Some educators were enthusiastic about the leaflet and did not feel that there was any moral or values issue raised by its extensive distribution in secondary schools. There was the suggestion that the section on 'You' would have been a more appropriate starting point, followed by an acknowledgement that abstinence is both possible and an acceptable form of reducing the risks of STD/HIV infection.

In the resource 'Working Around AIDS Together' a leaflet was included for teachers to photocopy for school use (see Appendix 5). This was aimed at clearly communicating the basic information about AIDS. As the dissemination of information alone seems to be regarded as ineffective, and possibly even counterproductive (Gatherer et al 1979), attempts were made to address the personal and social issues by using ten small case studies. These were designed to be used as leaflets for discussion in the classroom.

The case studies were intended to cover many of the issues raised by HIV/AIDS, for example, sexual decision-making, haemophilia, grief, homosexuality and the ethics of testing. An example of one of these case studies 'Cassandra' (see Appendix 6) was discussed with a group of teachers at an FPA training course. In a previous draft of this case study it referred to a young couple, Cassandra and Kevin, who had been going out together for two years. This generated an interesting discussion in which the comments made by the group were indicative of a values-conflict and some subsequent changes were made to the draft. The comments received included:

"it's unrealistic, young people don't have long-standing relationships of two years; two years is like 'fifty' at that age; two weeks or two months would be more realistic".

Another asserted:

"I disagree, I think there are lots of young people who do have long-standing relationships and they don't necessarily get to the stage of intercourse. I think this would be a really good resource".

"It puts all the responsibility on Cassandra".

"Girls don't think about parenthood, they are only thinking about the relationship and the pressure to have sexual intercourse".

"The message or moral is really coming through in this. It is encouraging young people to think about the long-term consequences and be responsible. I think it is encouraging them to say 'no'. I'm not saying that's good or bad".

"I think we have to appeal to the majority and this isn't a normal sort of situation".

"I think it is excellent, it is saying that it is possible to have a good loving relationship without having sexual intercourse. My daughter was laughed at in her class when she said this and I think that young people are often afraid to speak up in class. A minority are often having sexual intercourse, they are vocal and they lead the group. We need more materials to present saying 'no' as a positive alternative". (MA 2.8.88).

These comments reflect differences between the value-stances of the educators. The teachers and youth workers present had all had experience of adolescents and would claim to be concerned with their health and welfare but there were clearly different opinions about the most effective means of educating them to make responsible sexual decisions.

Such differences can be intensified if the people assessing resources fail to agree with the values of the educators or the target group for whom the materials are designed. This was illustrated in one meeting (MA 6.10.88) where discussion arose over a pamphlet which had been produced for adult gay deaf males. This pamphlet had been carefully field tested with an 'in group' and was produced with the intention of communicating information clearly to this target group. It had to be very explicit and it had the associated deaf signs. Words like vaginal secretions, which were used in publications, did not communicate anything to the target group so more colloquial terms were used.

This leaflet used terms like 'cock' and 'fuck' rather than 'penis' or 'sexual intercourse'.

According to Sargeant:

"A number of adult members of a deaf association rejected the leaflet as offensive and even patronising to the deaf. Those who worked with young adult deaf in general, found it likely to be most useful".

She continued to explain:

"Difficulties arise in maintaining accountability for public funding which involves scrutiny of products by those who are unlikely to be members of the 'in groups' for whom the products have been designed, and in the naivete of such scrutineers regarding some of the 'in group' morals and values". (Sargeant 1988).

I obtained another leaflet entitled 'Love Carefully', produced by Brook AIDS Concern, from the Hillingdon Health Education Unit. It was enclosed in the HEAS resource 'Teaching about HIV and AIDS'. This leaflet shows six adolescents in casual dress and the emphasis of the leaflet is clearly 'Use a Condom'. The cartoon included in the centre spread is about a young girl, Sylvie, insisting that her boyfriend, Jim, uses a condom and how he is encouraged by one of his mates to practice on his own because 'they're dead easy to use once you've got the hang of it'. The other young couple, Jane and Steve, are presented as responsible as she is on the pill and they use a condom. The message implies that loving a person necessarily involves sexual intercourse and that we are all at risk because we all have sex and , by implication, probably with more than one person although in 'serial' relationships.

The leaflet does not present Sylvie or Jim with the reasons for delaying a sexual relationship until they are prepared to make a commitment exclusively to each other, nor does it discuss the failure rates of condoms. Rather, it appears to see these issues as irrelevant and instead publicises that condoms can be obtained free from the family planning clinic or Brook Advisory Centre. In the context of such a leaflet, I would argue that young people should be reminded of the range of options including their right to say 'no' to sexual intercourse and of the risks which do exist even when condoms are used. Instead they are encouraged:

"Don't be condom shy. Condoms may be all there is between you and AIDS. Use them Learn how to use a condom and get free supplies Remember girls can carry condoms too. So be smart and be prepared!.... Get hip! Learn how to use a condom and get free supplies Use a condom to help stop the AIDS virus spreading".

A young person could be excused from feeling that their only option is to join the condom-using sex scene sooner rather than later! I would argue that such leaflets are as unhelpful as those which only address the 'Saying No' option to the exclusion of discussing responsible condom use for those who may decide to have sexual intercourse. If leaflets such as these are to be used by teachers it is equally important that those reflecting differing values are available in order to help young people to see their choices and to understand the implications clearly.

As educators we need to consider the values implicit in leaflets such as these and be able to redress imbalances and inaccurate impressions. This also applies to how we lead discussions which draw upon media campaigns and resources.

POSTERS AND VALUES

Mass mediated messages related to HIV/AIDS education have been used in England (E) and Australia (A) and posters have formed an integral part of government campaigns. These have included images of bus-sized condoms (A 88), broken hearts, (E 89) addicts injecting drugs (E 89), and multitudes of people in bed (A 88).

These cause reactions based upon aesthetic, ideological and moral values, or simply a boredom or arousal response. One Hillingdon LEA advisor commented on the Valentines AIDS poster with a broken heart and the caption 'What are you giving your lover this Valentine's Day?' He said,

"I find the implicit messages in some of these posters offensive." (HE 17.2.89).

Similar responses were voiced to the posters placed on public transport (MA 21.4.88) when one young woman commented on the tram size condom:

"I didn't much like having that passing before my eyes."

The question is, do such campaigns in themselves become the vehicles of promoting values or behaviours which some people consider to be ultimately unhealthy? Is the constant repetition of slogans such as 'Anyone who has sex must use a condom' promoting an acceptable concept of 'sex'? Is the 'sex' being promoted concentrating on encounters and physical pleasure rather than the emphasis on relationships or reproduction. Whatever one thinks about this value personally the question remains, does HIV infection prevention justify communicating a philosophy of sex which reflects the values of some people in society without acknowledging the worth of the alternatives?

The values implicit in some of the HIV infection prevention campaigns stressing condom use could be said to be perpetuating certain 'norms' of sexual behaviour which are questioned by other members of society.

The debate about whether the ends justify the means in health promotion is an important one. Chapman (1988) raised many of the questions of values drawing upon examples from smoking campaigns. In his article, 'For debate: the means/ends problem in health promotion', he raises the common criticisms made of health promotion and these include:

- sexist appeals
- emotional appeals
- negative messages

- undermining of one group's behaviours or status to promote those considered 'healthy'
- appealing to peer pressure
- appealing to popular notions about health and attractiveness

Chapman writes:

"Given that information always presents a process of selection - certain facts from the many that could be emphasized are deemed relevant - what criteria should motivate the selection of facts about the consequences of smoking? Given that the selection of facts and emphasis unavoidably will be motivated by explicit or implicit criteria, how useful is it to speak of positive 'information' as opposed to motivated 'persuasion'? If this distinction is artificial and all information turns out to owe its selective existence to a motivated intent to persuade, then what criteria should place limits on persuasion in health promotion (aside, presumably, from a respect for truth)?" (Chapman 1988).

He regards the main aim of health promotion to be prevention and he considers this to be 'a high moral ground if values such as the opportunity to live a long, fulfilling and disease free life are accepted' (Chapman 1988). Values-conflict is seen as an inevitable dimension of working towards this and he proposes that resolution can be attained by:

- * ranking values according to importance
- * rating critics according to their intent and values
- * capricious/extraneous factors and making the best of what is available

The first of these two imply that value judgements will be made, some of which will be dependent upon the values held by the health educator, and the last form of resolution is a fatalistic acceptance of circumstantial factors or perhaps a form of pragmatic realism.

It is important for educators to be aware of the values implicit in resources and the criticisms which can be made of some of the printed resources available. The examples selected in this chapter have been presented to indicate that value conflict does emerge when groups of educators hold different value positions.

The weight of evidence during the data gathering phase of the research indicated that where there was an awareness of implicit values and considered personal beliefs, conflict did sometimes occur. It became clear by comparing the views of parents, teachers and health educators that different factors were influencing their perception of what constituted 'good' resources and 'good' practice in sexuality education.

A comparison of the 'cases' (Chapter 10), and the extracts included in this chapter indicate the degree of divergence which exists in communities offering the potential for conflict.

Summary of findings in respect of the fourth research question - What are the values implicit or explicit in resources for sexuality education?

The resources which are available for sexuality education all reflect values. These may include values such as:

- 'sex' is a subject which is personally relevant or it is to be considered only as a biological function
- it is an acceptable topic to study and talk about or it is an area to be surrounded in euphemisms and mystery
- it is an area where young people need support and a framework for decision making

It is the third type of assumption which presents divergent values, as the support of some people would be described as moralising by others. It is in relation to this type of value that questions emerge about what constitutes an acceptable framework. Even the DES requirements of a 'moral' framework for sex education is subject to differing interpretations with some educators reading it as referring to the traditional concepts of marriage and family and others adopting a more liberal approach.

The illustrative material presented in the third part of this thesis shows the range of differing values evident in resources for sexuality education. These range from a permissive view which regards all forms as safer sex as essentially good and which assumes the acceptability of all sexual behaviours and a more restrictive approach which would reject all forms of sex outside of marriage, including teenage sexual relations. This stance would also regard anything deviating from heterosexual intercourse as abnormal.

The conclusion I have drawn is that educators need to be aware of the implicit assumptions and underlying philosophies of the various types of resources for sexuality education. Educators should consider the model or framework which is being adopted or assumed in the materials. It is impossible for resources to be value-neutral or value-free so the educators task must be to become values-aware and to raise such awareness on the part of students so as to promote those values which are commonly accepted amongst the principal participants and representatives in the community. Educators should also be encouraged to consider the global, social and economic implications of the community values which are being endorsed. Where tolerance of divergence is unacceptable it should be within an agreed framework rather than out of ignorance or fear. In Chapter 10 consideration will be given to the fifth research question as it focusses on occasions where conflicts emerged and were evident.

CHAPTER 10

SEXUALITY EDUCATORS AND VALUES

Research Question 5: Is there any evidence of
value-conflict amongst those
involved in sexuality education?

Values conflict was evident in the way that different individuals and organisations responded to the challenge of sexuality education in both of the research contexts. Examples of such conflict and polarisation of values will now be presented. I will refer to conflict between interest groups, incidents of conflict, statements reflecting differences and conflicts over school practice in sex education. To identify the source of the evidence I will continue to use the initials HE for Hillingdon, England and MA for Melbourne, Australia.

POLITICAL DEBATE - CONFLICT BETWEEN INTEREST GROUPS

Mendelsohn regards controversy over sex education to be:

"a microcosm for analysis of wider political/moral conflict". (Mendelsohn 1983).

Such controversy generates much public interest, media attention and emotional debate which can have political consequences and impacts upon educational practice.

An extract from the Concerned Parents Association

Newsletter reflects how some educators are perceived:

"The Concerned Parents Association is deeply concerned at the subversion of education by humanist educationalists and teachers, determined to turn schools into behaviourist clinics and our children into illiterate young revolutionaries with no respect for parents, authority, morality or God". (MA November 1982).

Evidence of conflict was also apparent at the one-day conference organised by the British Society for Research on Sex Education (ROSE) (London, E 12.7.85).

Hilary Dixon, Chairperson of ROSE explained:

"In the particular political climate today, it is important to bring people together ... The other people - those on the other side - seem to have all the running ... They want to see sex education controlled and limited. We must put across our view - the positive view".

Deirdre Sanders commenting on the limiting of sex education said:

"This belief that knowledge is dangerous, which wouldn't be accepted in any other sphere of human experience ... is being used as justification for all sorts of practical measures ... Books such as 'Make it Happy' by Jane Cousins are attacked as perverting young people, and made more difficult to obtain. Even Dr Miriam Stoppard's very calm and reasonable book 'Talking Sex' was attacked in print and lumped in with hard-core pornographic videos as a threat to any children who might get hold of it. The list of films and books recommended for sex education in schools by the Health Education Council was 'reviewed' as a result of government pressure". (ROSE Newsletter 1985).

During attendance at a Scripture Union event on 'Education' (Hertfordshire, E 23.2.89), the resource mentioned by Deirdre Sanders, 'Make it Happy' was again held up as an example of an unacceptable trend in Sex Education. So the conflicts, desire for censorship and intervention persist at both local and national levels. Particular organisations and individuals take this challenge on values very seriously.

The 1985 ROSE conference speakers appeared to have identified an organisation called 'The Responsible Society' as the opposition. They blamed this group for increasing the political pressure and making it difficult to continue to work effectively in Sex Education. The Responsible Society is now known as the Family and Youth Concern (FYC). This organisation (FYC) promotes values which are deemed either unacceptable, unrealistic or inappropriate by many who consider themselves sexuality educators.

The words of a letter from this organisation to Headteachers sum up the emphasis reflected in their resources:

"Young people especially need to know that there is only one ultimate answer to the problem of AIDS and that is monogamy and fidelity".

This letter was publicising leaflets 'Saying No Isn't Always Easy' and the video 'Let's Talk About Love', which I referred to in Chapter 8.

Interestingly, I found that the AIDS video from FYC, 'The Truth About AIDS', was not highly regarded by two AIDS educators with a Christian perspective who may have been expected to share some of these concerns. (HE 13.3.89, 14.3.89). The materials from this organisation also generated discussion in the case study school with one member of staff being very keen to use them and others questioning this approach. Discussions about personal and organisation values which result in hostile confrontations are a feature of work in this emotive area.

An indication of the extreme form which this value conflict can take was apparent at a National Education Conference for the Festival of Light Community Standards Conference (MA 14-16.8.87), when Partington took issue with Mendelsohn because:

"she describes people like you and me as a 'vociferous and ugly minority' she goes on 'these repressionist authoritarian groups preach about moral decay and their main attraction is comic value'".

Partington went on to comment on AIDS Education in Australia:

"... we have for the most part the disgusting spectacle of those who defend the practices which cause AIDS or engage in them themselves, being authorised to advise the rest of the Australian community: the arsonists have been appointed as fire-persons. Not surprisingly the Homosexual Lobby does not call for any restriction in their practices, but demands funded research on a massive scale into ways into which promiscuous buggery can be carried on without restraint in safety. Most AIDS Education programmes for the Secondary schools are a travesty of what is needed and of what moderately sane governments would authorise". (MA 14-16.8.87).

Mendelsohn (1983) quotes another example of extreme value conflict with organisations called 'Society to Outlaw Pornography (STOP) and Campaign Against Regressive Education (CARE). These groups objected to a reference in a Western Australian syllabus unit on family relationships which, it was claimed, enabled students to 'gain new concepts of relationships'. The objection was based on an appeal to an interpretation of Biblical revelation and was presented plainly in the following words:

"What is wrong with the OLD concept of family relationships, the one God established - no fornication, no adultery, marital faithfulness until death, the husband as the head of the family, the wife in subjection and the children obedient and respectful to their parents and elders. Of course the old concept utterly precludes homosexual or lesbian relationships or wife swapping or communal upbringing of children". (Mendelsohn 1983).

In reflecting on value conflicts around contentious issues like IVF and homosexuality at an inaugural address at Monash University (MA 30.3.88) the Honorable Justice Michael Kirby appealed to a different authority in these words:

"The best answers to the questions posed will be found in a thorough understanding of scientific knowledge, as it is continually progressing. It will not be found in prejudice or in knee-jerk reactions based upon suggested 'absolutes' which do not bear patient scientific scrutiny".

He offered the following comment about the problems and conflicts which are likely to continue in this area:

"Sexuality in all of its many manifestations appears likely to continue to present humanity with problems. The problems will continue to be as intense as the pleasures that beckon each of us to fulfilment".

I believe that concern over values in resources is also apparent at government level, as indicated by controversy about particular resources, eg, the Health Education Authority Resource 'Teaching About HIV and AIDS'. The government intervention over the content of this resource reflects a concern for values in printed materials for schools. The first version of this printed resource was pulped in June 1988 in a dispute with the Health Education Authority. The changes to this printed resource required by the government were seen as taking a strong public line on homosexuality. (April 1988).

Sensitivity to the issue of homosexuality may have been due to Clause 28 of the Local Government Bill (50/1), which sought to prevent local education authorities from 'promoting homosexuality or publishing material for the promotion of homosexuality'. According to the Times Educational Supplement (11.12.87) the Education Secretary (then Kenneth Baker) accepted that the new law was aimed at a small number of Labour Councils who had been accused of encouraging the use of pro-homosexual books such as 'Jenny lives with Eric and Martin' and 'The milkman's on his way'.

It was later verified by the Department of Education and Science (DES) that this clause was not intended to affect the activities of school governors or teachers. The publicity attached to the clause probably served to undermine the confidence of some educators. In response to the clause the Department of Environment (DOE) issued a circular which stated that:

"it will not prevent the objective discussion of homosexuality in the classroom, nor the counselling of pupils concerned about their sexuality".

The Department of Education and Science (DES) confirmed the DOE ruling. According to the Sunday Times (29.5.88) reporting on the controversy:

"Education was the focus, with publications such as the now notorious book, 'Jenny lives with Eric and Martin', produced as evidence".

Ironically, some of the positive outcomes of this incident of government intervention were, increased publicity about sex education and a heightened awareness of homosexuality.

Both teachers and parents are advised by different organisations to be aware of this potential for conflict. In Victoria, Melbourne the Ministry of Education publically recognises this and published the 'Controversial Issues statement' in the Education Gazette. This appears annually and reads as follows:

"It is recognised that in teaching over a wide range of areas in the school curriculum, teachers are faced with controversial political issues, religious beliefs and moral problems.

It would be improper for teachers to avoid or refuse discussion on these matters. On the other hand, the public must be assured that teachers will refrain from presenting as the only correct belief or practice their own personal preferences in these matters and they will refrain from deliberate acts or words which attempt to impose upon children or to use children for propagation of their own beliefs and opinions". (MA 1988).

Meanwhile the Australian Parents Council representing the affiliated Federation of Parents and Friends Associations in all the States affirms that:

"parents ... should know that all the values underpinning any human relations or family life education programme taught in the schools, conform to the values taught in the home". (Australian Parents Council 1985 as reported by Wolcott).

The extensive amount of printed materials available, accompanied by the complexity of issues around values, makes such injunctions difficult to comply with totally. However, some awareness of values on the part of both parents and educators is essential if conflict is to contribute towards mutual learning.

INCIDENTS OF INTER-PERSONAL VALUE CONFLICT

Value-conflict between educators, including parents were clearly evident as data was collected during the case studies. Even in contexts where I expected consensus, divergence was apparent. I was engaged in discussions over Biblical verses related to sexuality between 'believers' with opposing interpretations. (MA 16.2.88 21.4.88).

On one occasion one Anglican vicar stated that he did not think there was a Biblical view of sexuality, whilst one Baptist woman was emphatic that the Bible is quite clear about homosexuality. On another occasion a Christian GP working in an AIDS education organisation (HE 5.3.89) asked how I was able to work with a homosexual, as though sexual preference somehow affects one's capacity to relate to people who happen to hold differing values. During discussion on sexism one male teacher said:

"There are some differences I accept as right and other people would regard them as sexist. We need to clarify definitions". (HE 10.4.89)

An interviewee who had attended a course at SBRC said that she felt the levels of tolerance shown to different groups varied. She said that someone who represented conservative or conventional views was given a hard time but that this wasn't true of those who represented liberal views. She cited an example of a person from a Melbourne Gay group (Young Gay and Proud) saying that people on the course were very accepting and tolerant. She compared this to a visitor the following day from the Rape center and said that he was given a hard time. "People on the course were very inconsistent". (MA 17.11.88)

One example which I witnessed reflected a similar intolerance, this occurred whilst a group watched a video in which a young man dying from AIDS was cared for by his homosexual friends and towards the end was visited by his family. The intolerant response from several of the course participants to the brother who held religious views was very striking, and yet these were often the people who spoke out for society to be non-judgemental about injecting drug users. (MA 23.3.88) One woman, who worked with injecting drug users, made a noise indicating her feeling of repulsion towards this 'straight' man who walked in holding a Bible. I found this overt intolerance interesting given the fact that other members of the group were being confronted and challenged to accept sexual and drug-using practices which they found offensive.

I felt that a similar intolerance was also apparent when Dominion addressed delegates at the 26th annual conference of the London Medical Group (24/25.2.89). Dominion, author of 'Sexual Integrity' was speaking on the title of 'What is sex for?' and this was clearly a question ripe for value-conflict. Questions addressed to the speaker after his presentation indicated a lack of regard for a value position significantly different to that held by many people in the conference.

In the morning session at the conference another emotive discussion arose after Searl had spoken to the question, 'A testing time for society?' in which he advocated the value of compulsory HIV testing and isolation. The presentations which focussed on beliefs and ethics became the main points of academic controversy and debate at this conference.

Another example of value-conflict emerged as I was discussing sexuality with a young Greek woman who was training to be a teacher. (MA 10.11.88) It became clear in discussion that this woman was totally accepting of a double standard, she was engaged to be married, she was a virgin, her fiance was not. She said that she was glad that he had some sexual experience and that if she had children she would want the girls to be brought up as she had been and the boys to be brought up to be encouraged to gain sexual experience. Her values were in conflict with my own and would presumably have an influence upon her interactions with students on sexual issues. Many stated values on the part of students, teachers and parents indicate the divergence which is part of life in a pluralist society.

STATEMENTS INDICATIVE OF CONFLICT

As the means of gathering data was primarily through discussion with various parents and educators (ie, the principal participants in sexuality education) so reflecting on these formed a major part of my analysis of the material.

The following topics regularly emerged as areas of controversy in discussions:

- Sexual intercourse and, in particular, extra marital and pre-marital sex
- Adolescent sexual relationships
- Homosexuality
- Masturbation

The extent to which the views expressed were typical of parents and educators generally would require extensive testing.

Previously I discussed printed resources and gave some extracts from books which reflect similar divergence in beliefs about these sensitive areas pertaining to HIV/AIDS education.

In any rural community, teachers tend to be an a-typical group - they probably attend church less, co-habit more and vote differently to the 'locals'.

The conflict in this case went quiet for two years and 'hard' data was gathered from students and parents to show the increasing acceptance of the course. However on 7th July 1980, the Concerned Parents Association (CPA) was formed in Melbourne and the main aim of this group was to oppose the teaching of Health and Human Relations courses within State Schools.

"The CPA put forward a conspiracy theory to justify its opposition to sex education. There was a secular-humanist-Communist conspiracy to undermine the virtues of home, school and church on which, it was alleged, our free nation is founded. The vehicle for the conspiracy was to be sex education which would undermine children's moral and religious beliefs. Teachers were at best the unwitting dupes of those behind the plot, at worst among the instigators."

The local opponents of the course were quick to use this national group to become politically active and public attacks were frequently made. Petitions; letters to the papers; personal threats and preaching in some churches raised public awareness. Despite such active opposition, the course continued and by 1980-81, the CPA allegations had been refuted by the Assistant Minister of Education and public opinion was firmly in favour of Health and Human Relations (H & HR) courses.

Concluding the presentation of this example, the person relating the case wrote:

'Our present H & HR Committee consists of 14 community and parent representatives; 4 teachers; 2 students and the principal. A spirit of trust and meaningful co-operation exists. The parents and the teachers are at last united for the common good of the child.'

"Conflict and differences of opinion contribute to the health of an organisation, for it is from the crucible of such differences that new and better methods arise". (Kelly 1979).

Whilst agreeing ... I must add that there were times when it became very hot in the crucible'. (MA 8.6.88. Unpublished paper distributed on course).

The second example of value-conflict was between some parents and one FPA educator in a local primary school. (MA 1988) This incident was interesting as it was described to me separately by those on both sides of the conflict. Some parents spoke of their feelings about how the sex education of their children had been 'handed over' to 'an outsider', an unmarried mother from the FPA.

Independently the FPA educator talked about how the local Baptist minister had been rude to her and highly offensive about her personal life, of which he was misinformed. She admitted that the parents probably had some grounds for complaint because they had not been consulted about the school's decision to bring in the FPA and she admits that the sessions had been badly handled, with little evidence of thorough planning and preparation on the part of the school. However, it was interesting that the parental criticisms were directed to the FPA and not to the Head teacher. This incident highlighted many of the issues in the previous case. In particular, many of the parents in both cases were members of a local church which may have explained the defensive stance they adopted, especially given the bad publicity which the CPA had given sex education in Melbourne schools.

These two examples resonated with my experience of conflict in the UK and my understanding of the various groups with an interest in sexuality education.

Examples of conflicting values which emerged during my teaching experience in Hillingdon included an occasion when a muslim father objected to his daughter being present in class for any discussions about love and sex. He needed considerable reassurance about the way different values would be regarded in the classroom.

Another issue arose when dealing with the matter of circumcision as lower secondary students were studying Judaism. One mother objected to her daughter being made aware of this practice. How such conflicts are resolved will influence the learning of those involved whether on a limited scale between a parent and teacher, or a more extensive scale involving organisations and large sections from the community.

Summary of findings in respect of the fifth research question - Is there any evidence of value-conflict amongst those involved in sexuality education?

There were numerous examples of conflict of various types in evidence around sexuality education. The conflict could be personal so that an educator had personal beliefs which conflicted with their perception of values in resources, or with organisations and other educators within them. Such conflicts were more acute where extreme values were in evidence or where particular interest groups felt threatened or believed that their rights or values were being undermined. The matter of values-conflict was evident in visual resources (Chapter 8), literature (Chapter 9) and in numerous personal comments.

The conflicts were dealt with in a range of ways including:

- polarisation and argument
- avoidance and independence
- communication and co-operation

I considered the third of these methods to be the only way forward in a pluralist society although I acknowledge that it does present problems and difficulties. There will never be total consensus on sexuality within society but educators can work towards developing forums for debate and discussion amongst groups of representative participants. Once some communication is established these forums can become the means of reaching an understanding of various value positions and working toward agreements on the limits of tolerance. Inevitably some compromises will have to be made and the educator or facilitator would need to be able to ensure that the range of values were understood and the different perspectives adequately presented.

Conflict of some form usually precedes change and given the urgency of HIV/AIDS prevention education and the relevance of sexuality to young people, values-education must be undertaken by educators to work through such values-conflict creatively.

The differing perspectives of the options should be presented fairly and the principal participants in the educational process (students, parents, teachers and other significant community leaders) should understand their role and feel that they are working within a common framework of understanding and values. The DES circular 11/87 does advise against sweeping controversial sexual matters under the carpet.

"Pupils may well ask questions about them and schools should be prepared to offer balanced and factual information". (DES 1987).

Teachers, governors, parents and community groups need to explore together how they understand 'balanced', and to determine together what the facts are, for even the selection of facts reflects values. The HMI document Health Education 5-16 also recognises this need to 'cultivate a respect for others, an understanding of different lifestyles' (HMSO 1986). Such advice is open to interpretation and the onus has been given to school governors to determine how phrases such as this one or 'moral framework' and 'family life' are translated into school sex education policies. (HMSO 1986).

The effectiveness of the policy making process and its implementation into class room practice have been considered in Chapter 2.

I would conclude by asserting that value conflict between teachers and parents or community groups will be more effectively channelled if representatives can work together on differences, responsibilities and the interpretation of government statements. Whilst such interaction may involve conflict, it has the potential to increase awareness of different perspectives and to crystallise common aims.

The process therefore can offer the principal participants a support group, a forum for debate on values and guidelines for good practice.

PART THREE
AN EMERGING PERSPECTIVE

A Framework of Values

Research Question 6: Is there any evidence of consensus of values or a framework of values about which sexuality educators can agree?

In Part Two of this thesis, 'The Study of Values', I have presented data which illustrates the diversity of values evident both in resources and between educators using as a framework my first five research questions. In Part Three of the thesis I will consider the final question before reflecting on the research process (Chapter 12) and discussing the findings (Chapter 13).

The evidence and general statements presented here are based on responses given when interviewees (sample described in Chapter 5) were asked what they perceived to be the characteristics of a good sexuality educator and what values they would wish to see enhanced through sexuality programmes. Certain patterns emerged indicating the basis of a framework of agreement.

BASIC ASSUMPTIONS

The following assumptions appeared to be widely shared by educators (teachers and parents):

- the belief that sexuality is a legitimate area of experience to be studied and talked about.
- the acceptance of the fact that sexual learning is happening anyway and the educator makes this more conscious and deliberate, encouraging reflection and evaluation.
- many of the messages about sex, in society and especially in the media, should be questioned and challenged.
- there was a belief that most people will have sexual relationships at some stage in their lives and that they should have the necessary information to keep themselves and others healthy.
- people are entitled to accurate information and support in sexual matters.
- unwanted sexual pressure should be resisted and all high risk behaviours avoided. Unwanted pregnancies and the transmission of STDs should be prevented.

THE EDUCATOR

Responses describing the characteristics of a good educator indicate some common values:

"a facilitator, one who provides information openly and then allows the students to ask questions, express opinions, without the educator making too many value judgements". (mother of 3 children aged 19,17,15)

"someone who has very clear precise information, the ability to discuss values and morals and display a feeling of gentleness and caring". (father)

"an individual who is trained in this area, one who makes those involved in the teaching process comfortable, enthusiastic and motivated". (FPA educator)

A handout received from SBRC in Melbourne concerned with educating adolescents about AIDS and sexually transmitted diseases included the following two comments:

"An effective sex educator is a person who:

- is caring, non-judgemental, and non-moralistic and has a positive rapport with the adolescent group involved ...
- has the capacity to assist adolescents to clarify their values towards issues concerning AIDS and sexually transmitted diseases".

This handout was discussed on 30.6.88 with the Anglican AIDS Education and Policy Officer, a lecturer from Melbourne State College, a Uniting Church AIDS educator and a teacher. In the course of this discussion it was stated that Christian values of love and self-control should be presented more positively.

It was felt that the notion of sex educators being non-judgemental and non-moralistic tended to be interpreted negatively by teachers so that education about morals was avoided. It was thought that the influence of religion upon sexual behaviour should be acknowledged more.

Another point which was made was that 'open' discussion of values was often distorted with liberal values being presented as the norm and those people with conservative values feeling unable to comment. Values clarification was also felt to be of very limited use unless it encouraged people to form "healthy" values.

So this meeting raised some questions about the characteristics perceived as 'good' by other educators. Although there are different values apparent in the participants' responses to questions, there is also some consensus about the characteristics of a good educator.

THE PROCESS

There was agreement over the need for a well-informed educator to employ appropriate methods.

The following characteristics emerged consistently:

- effective reflection and learning takes time, small group work and 'space'. Participative methods tended to be used in preference to formal didactic approaches.
- values and beliefs should be personally worked through and respected. People need time to 'own' their values and acknowledge their emotional responses.
- education about sexuality is important and should deal with emotions, values and attitudes. Educators should have a sense of commitment and 'mission'.
- there was a belief that skills development and the potential to improve interpersonal relationships were possible. The skills most commonly mentioned were those of decision-making, communication and assertiveness.
- the importance of private space and confidentiality was acknowledged. Educators frequently referred to areas of personal discomfort or gave students opportunities to withdraw from interactions or work. Privacy was often regarded as an important concept to be taught and respected.

THE CONTENT

Respect of persons

The following extracts from interviews reflect this emphasis on people.

Female teacher:

"These are some of the things I would want to push:

- i) We treat people as people, and not as things.
This has a lot of implications about people being used or abused or treating people as objects for gratification
- ii) People are not just bodies.
- iii) I would want kids to understand their sexuality as a good thing
- iv) Sexual intercourse is an expression of committed intimacy in the context of a long term relationship gone public."

Another teacher and mother of three adolescents aged 19, 17 and 5 when asked about the values she would want her children to receive about sexuality said that she wanted them to learn:

"Sex is special, wonderful, private, intimate and individual and that careful consideration needs to be given before exposing a very sensitive, vulnerable area of one's body and emotions to another person."

Self worth/protection

Protection of oneself was a common concern expressed by parents and educators.

There was a belief that young people should be encouraged to have a high regard for themselves and others, common words expressing this were:

'self esteem'

'self worth'

'enhancing a person's confidence about themselves'

'the dignity and worth of each individual'

'respect of self and others'

'total personal responsibility'

'being aware of feelings and emotions'

'the dignity, value and uniqueness of the individual'

'freedom of the individual'

Concern for others

Personal awareness was seen as an important starting point for the educational process but this was frequently linked with responsibility and concern for others. Teachers commonly identified the qualities important in relationship maintenance.

Another common feature then was the emphasis on 'relationships' rather than 'encounters'. Qualities which were mentioned included:

- "sensitivity"
- "honesty"
- "mutual co-operation and respect"
- "treat others as you want to be treated"
- "listen to others values and give them the respect they deserve"
- "respect for others' rights and opinions"

Emphasis was placed on the importance of characteristics such as:

- caring
- compassion
- tolerance
- understanding
- honesty

A broad definition or understanding of 'sex'

Educators and parents stated that:

"sexuality is healthy and normal, intercourse is only a part of sexuality"

"sex is natural and healthy, provided it is responsible and respects the rights of others"

"you should feel good about yourself and your sexuality"

"sex is fun! and it's OK to be sex positive"

"sex is not just for reproduction, it is much greater than that"

There appears to be some agreement on the part of sexuality educators about this positive aspect of sexuality. There was also evidence of agreement as far as some limits upon what is appropriate or 'good' in sexual relationships.

Acknowledging sexual needs

The importance of regarding all people as sexual and having sexual needs was also mentioned. Educators and parents seemed to agree that young people should be given the information, skills and time to work through issues related to sexuality.

In the church context where I had occasion to work in both Australia and England, attention was drawn to the special needs of single people and those who had a homosexual orientation or tendencies.

One distinction which was made in the church contexts included an appeal to ideal standards eg, the sanctity of marriage which was balanced with an awareness of reality for some people and the need for pastoral care. Another recurrent theme was the desire to separate sexual needs or orientation from sexual behaviour. The impact of the church in presenting an extremely negative view of sexuality and causing people to experience intense guilt and confusion emerged on several occasions.

Amongst many of the mothers I spoke with in church settings, there was a desire for children to grow up associating sex with love and with an understanding of socially acceptable behaviours. Mothers seemed to be very concerned about 'bad language' and children playing 'mummies and daddies' or 'doctors and nurses'. There was an acceptance of the need to address sexual matters in the church community but real questions remained about who should do it and the form it should take.

In my experience during the research of speaking about HIV/AIDS education in church groups, no-one questioned the assumption that we all have sexual needs and that we need to work through our values in the context of a faith-relationship without judging or withholding information from others who hold differing values.

People are bound to hold some values which differ from those which are generally acceptable, for some it will be a matter of faith, for others culture, or for some other factors. Educators have to establish processes which can enable young people to be aware of options, and outcomes whilst having regard for societal or cultural norms. There will however, be some areas of common agreement or 'core-values' which are regarded as non-negotiable.

LIMITS OF TOLERANCE

There were areas where people felt unable to compromise their values. Behaviours which were most frequently rejected by educators and parents indicating the common limits of tolerance included:

- rape
- incest
- domestic violence
- pornography
- sexual assault/abuse

There was, therefore, a core value which rejected sexual exploitation, violence and discrimination. As one educator said:

"We agreed very early at Family Planning (when we were doing work on values clarification and the process is to respect that 'that's your value right now and we are helping you to clarify it'); that there were some things that we would never run values clarification around because we weren't going to accept that point of view".

She then proceeded to give the three examples of rape, incest and domestic violence, adding:

"I do not accept that if someone holds the basic belief, and whatever value it's pinned on, aggression, superiority and those sorts of things, I don't accept these values. I don't believe it's a man's right to beat his wife or sexually abuse his children and so I wouldn't want to be promoting tolerance for these values or saying 'well that's your value and I'm going to accept it'. What I'd want to be saying is - 'That's your value and I'm going to challenge it'. But what I try to do and what I think is important to say is - 'Here is a range of values, here's the span, now let's look at the consequences of taking on board one of those values. There's a point at which I can't condone them".

Less agreement existed over more controversial aspects of sexuality, especially where it was perceived to conflict with cultural or religious traditions, eg, the roles of men and women, the 'double standard' in certain communities, homosexuality, chastity and attitudes to pre/extra-marital sex. For example, if the above educator wished to see society as more sexually controlled and conservative rather than the "less violent or sexist" values she expressed, I doubt if she would receive the same level of support amongst educators. The core-value as far as sexual expression is concerned is that decisions are made by individuals in an informed and balanced manner with due regard for their own welfare and that of their partner. Such an emphasis is in itself a reflection of a very western value of individualism which might be questioned and has been raised previously.

There seemed to be agreement that people who hold different values should be challenged if their views undermine other basic common values eg, responsibility, honesty, equality of male and female, non-violence, respect of persons. Otherwise there should be tolerance towards those who hold differing views on sexual behaviours in so far as they are in keeping with commonly agreed values.

Summary of findings in respect of the sixth research question - Is there any evidence of consensus or a framework of values about which sexuality educators can agree?

There were degrees of agreement and difference about what was acceptable even within these commonly shared values but most educators were willing to work within the above framework and to assess their resources and practice in the light of such common values.

These values were expressed by educators in a range of different contexts and in various words but it was my understanding that the above values were sufficiently well accepted that they could safely be asserted within schools and in the general community. It would therefore seem that there is an extensive framework of agreement on values.

The examples of conflict as outlined in Chapter 10 illustrate that, if the participants decide to work in opposition, much energy can be wasted and very little achieved. Ignorance of values can lead to inappropriate teaching and insensitive resource development.

Having addressed the final research question I will reflect on the research process and consider the extent to which the benefits of action research became a reality and how anticipated problems manifested themselves.

CHAPTER 12

Reflections on the Research

The research documented in this thesis began with my practical concerns about values in sexuality education. It has therefore been undertaken from a practitioner's perspective.

PART ONE of the thesis presented the reasons why I considered this aspect of the curriculum a suitable case for enquiry. I outlined current perspectives on 'sex education' and considered some of the differing ways this has been understood and researched in recent literature. I began this research enquiry because I perceived a significant gap between policy and practice. I indicated what the features of good practice are by discussing policy making processes, how these are applied in practice and who are the people affected by them, ie, the participants. Adolescent needs, educational ideals and a consideration of research and work in sexuality education confirmed the appropriateness of pursuing this line of enquiry.

PART TWO is concerned with evidence pertinent to the study of values as defined by the first five research questions. It presents the challenge of HIV prevention education, the contexts for data collection and the evidence which is used to draw out common themes and explore varying dimensions of values.

PART THREE begins with the emergence of a framework of values-consensus and continues in these final chapters with a reflection on the research process and a discussion of the findings.

ANTICIPATED AND ACTUAL PROBLEMS

Access to Information

During the period of time that I was employed as a teacher in Hillingdon and in the months after my return from Australia, I had access to teaching staff in the case study school. I was able to conduct interviews with staff who had some interest in health education, and to attend relevant committee meetings. There were also opportunities to discuss views on resources, values and the LEA provision of inservice training with teachers from other schools.

Initial unfamiliarity with the system and lack of personal contacts in Melbourne were likely to make access a greater problem despite two letters of introduction from my previous Headteacher and the Hillingdon Humanities advisor.

The Ministry of Education was in the process of reorganisation and it was difficult to identify the staff responsible for Health Education; the relevant Department had been reduced from a dozen people to a staff of two a few weeks prior to my arrival, other staff being moved to posts 'in the field'. I had to persist in telephoning contacts and trying to gain access to meetings.

Eventually an opportunity arose for me to take the role of educational consultant for the Melbourne Diocese and access to Anglican schools was made significantly easier. By developing relationships with key educators in the FPA and the SBRC, I gained access to courses where I could meet teachers from State schools. One of the conditions of being allowed to attend the SBRC courses was that I gave a personal evaluation of the courses attended. (Appendix 1).

I found that access was easier to gain when key people were receiving something in return. It was partly for this reason that I provided opportunities for staff training and mentioned the prospect of further resources to assist them in their work with sexuality education to all teachers contacted. (As an indication of what became available see Appendix 7, this indicates the contents page of WAAT and Appendix 8 is the form used for staff training).

I think that my presence as an 'educational consultant' rather than as a researcher gave me the advantage of hearing teachers' honest views. I was able to participate in discussions as a colleague, albeit an English one, rather than someone who they may have sought to impress or of whom they may have felt suspicious. I think being English and a temporary resident was an advantage and in my experience people were very willing to talk.

Securing commitment

Commitment to the research in Hillingdon was given by all LEA advisors or employees I approached. Teachers were very willing to give of their own time to discuss issues, although in the early stage I sensed it was sometimes regarded as 'much ado about nothing'. My initial concerns and questions preceded the Government interventions on AIDS and the 1986 Act which generally raised awareness.

In Australia, being free of classroom commitments meant I had more time to invest in attending relevant courses, meetings and contacting the appropriate organisations. Persistence in raising awareness and making contacts was the key to the level of commitment I secured.

I consider the attendance of about a hundred health educators from a range of organisations at the launch of 'Working Around AIDS Together' to be indicative of a high level of interest in the development of this resource . It had become the main 'tool' or vehicle for discussing values with educators.

Ensuring confidentiality

Participants in Hillingdon and Melbourne were willing to participate in the research and confidentiality did not arise as a major problem. The predominant concern of teachers in both settings was to improve educational practice and to reflect upon the issues. I have endeavoured to give an honest account of events and interviews, occasionally withholding personal details if it seemed appropriate to do so.

Environment

The research in Hillingdon was constrained by environmental factors, the school concerned being predominantly traditional rather than progressive, a view shared by several of the teaching staff. This had an influence upon teaching methods most commonly used and the level of commitment to pastoral care and social education.

In the Australian context the educational environments also influenced what was achievable, for example it became clear that some of the schools were only interested in receiving resource material and they were not committed to participation. Such environmental constraints have to be accepted and worked within, although one can try to influence or persuade those who hold the 'power' in such settings.

Subjectivity in the Research

The most significant and recurrent cause for reflection was my own subjectivity and the impact of personal values upon the research. One post-graduate student said at a workshop I conducted at the Institute of Education:

"It's usually people who are defensive about their own values or who feel under threat who feel the need to talk about them". (E: 24.4.89).

I was struck by the directness of this remark and spent some time reflecting on my personal response to it. I could not deny that my motivation and interest in the research was due in part to a desire to consider my personal values and their impact upon my teaching practice.

In reply to the student's comment, I said that it was my firm conviction that teachers should all be aware of questions of values and conscious of the impact of values upon perceptions of 'good' practice.

I would not have described myself as defensive, although I do hold some strong views and values. I do not consider this to be a difficulty nor something I need to defend or apologise for. However, it did mean I tried to ensure I listened to people who held significantly different values and I wanted to consider which values could be asserted or encouraged in the classroom.

There were teaching methods and resources I wanted to make time to consider more carefully and critically. It became evident that many of the teachers I interviewed in the course of the research had similar concerns and appreciated opportunities to focus on values and to discuss the most appropriate means of values-education in the classroom. I was concerned to avoid suggesting that all values are equally valid or alternatively that there is only one right answer for everyone.

My personal interest in the area of values proved to be a strong motivating factor, it enabled me to persist in asking questions and raising awareness when 'values' was not on the agenda. I experienced occasions where people did demonstrate emotional responses, I heard people express views with which I completely disagreed, but I tried to listen and understand.

Resources

In both settings the enormous range of resources for sexuality education made it necessary to be selective in order to encourage teachers to reflect upon the materials and evaluate them. I used Health centres, libraries and bookshops to gain access to materials which teachers would commonly select for classroom use. I had intended to use video and tape recordings to capture participants' values and comments.

Video was used on a few occasions but it proved overly intrusive for the interview situation. For the interviews, I found tape recording very helpful although the time involved in replaying all the tapes and analysing them was considerable. There was also difficulty knowing how closely what people say reflects what they actually do.

Research tools

During the research I used questionnaires, letters, even 'games' in workshops to raise awareness of values and stimulate discussion. I did not record statistical data from these activities as they frequently changed according to the group I worked with and I regarded these more as 'tools' to stimulate discussion and debate rather than a means to collect statistics.

Similarly, I preferred to conduct 'open' interviews which covered common issues but allowed the interviewees to express their concerns and opinions without the constraint of a set list of questions. The selection of participants or subjects for observation were determined by circumstances and appropriateness, but with a conscious effort to work with people who would hold diverse values.

For example, in Hillingdon the teachers I interviewed were mainly from the case study school and had an interest in Health Education. Comments and views from other teachers in the case study school were received as part of my work on the Health Education Committee.

I decided to interview members of the Science Department, the Home Economics Department, and the PE Department in 1989. Previously, these departments had been the most likely to be involved in Sex Education and therefore seemed the most appropriate source of information.

In Australia the access to teachers ensured that I worked in a range of settings and therefore was able to discuss values with teachers from different backgrounds. Working closely with Anglican Church Schools was balanced by attending courses at the FPA and SBRC where teachers from State Schools mixed with youth workers, nurses, prison officers and other health educators on issues pertinent to adolescent health and sexuality.

Being employed by the Anglican Church allowed access to some very 'conservative' settings especially involving parents. I considered the overall sample to be appropriately balanced between extremes. However, the fact that more staff from girl's schools participated in the focus working group on the resource development may have influenced the implicit values and the types of materials which I developed. There were only two men present as group members. Gender imbalance was also reflected in the ratio of females to males on courses and certain other opportunities for data-gathering. The people concerned with sexuality and values tend to be female. As discussed in Chapter 6, this imbalance and the causes of it need to be addressed further. Having commented upon the extent to which the anticipated problems materialised, I would like to discuss unforeseen problems and difficulties.

UNFORESEEN PROBLEMS

Refining research questions

In the initial phase of the research, I had a concern about values without much time to work through exactly what my concerns were. As I began to share my questions with other teachers and educators different problems began to emerge. I had loosely linked values to morals without distinction, and I had to consider whether they were the same or different.

The first problem therefore, became one of definition, what exactly do I mean when I say 'values'? Then secondly, this raised the problem of, how can values be described or measured?

These questions were addressed in Chapter 6 where I developed a working definition and value indicators which I applied in numerous examples of statements, incidents and behaviours observed. Discussions with teachers in both research contexts indicated a lack of consciousness of values in the classroom on the part of many teachers. This was frequently observed as an uncritical acceptance of a particular educational philosophy, a personal preference or a particular tradition.

As educators, such values should at least be confronted, even if they become refined and strengthened subsequently. In so far as personal values will impact upon professional behaviour, selection of resources, attitudes to students and parents it is important that we should be conscious of them and willing to reflect upon our practice. This was the intention of this piece of research which has addressed six research questions dealing with the following interrelated values issues:

- Values Awareness
- Human Factors
- Personal Values

- Implicit and Explicit values
- Values Conflict
- 'Core' Values

Selecting and Organising Data

Another problem which emerged later in the research was the amount of information which had been collected from my involvement in both of the research settings. This presented problems of selecting pieces of information which would address the questions, do justice to the overall picture and be useful for other teachers. I decided to use different aspects of the collected notes, tapes and documents to address the six research questions in the manner outlined in Chapter 4.

BENEFITS OF ACTION RESEARCH

Having discussed some of the problems, both anticipated and unexpected, which I encountered during the research I would briefly like to reflect upon the benefits of the approach I adopted. In Chapter 4 I outlined some of the benefits I anticipated in using this method. I will now return to the points I made there and consider the extent to which they materialised and how I think they translated into practice.

Flexibility

I planned a variety of methods of collecting data but there were many incidental opportunities which served to illustrate or confirm ideas which were emerging. The full extent of these incidents is difficult to summarise but action research allows the researcher discretion to interact with the research content and subjects in appropriate ways. For me this meant being able to sift data from numerous sources, eg, telephone calls, questionnaires, letters, group sessions, participation in committees or on courses and attendance at conferences. It also meant being legitimately able to respond to unplanned opportunities if they offered potential for discussion of the research questions.

Relevance

As the research was focussed on issues which were perceived as matters of concern, either to me or to groups of educators, the outcomes were essentially practical and concerned with actual teaching practice.

The curriculum resources which were published aimed to give practical support to teachers working in this field. Support was also available through In-Service Training sessions and workshops for product development.

The materials raised the questions of values in the introduction and through the accompanying teacher's notes. The intervention in Hillingdon concerned with policy development was meant to influence subsequent practice.

Potential for change

It is difficult to assess the amount of change which has occurred through the research. There were examples of individual teachers increasing their awareness of the issues and growing in confidence to address sexual matters in the classroom. There were some educators who became more receptive to giving a more balanced presentation of values held in society, this included people who had held extremely liberal views as well as those who had very strong religious convictions. One school welfare officer devoted a considerable amount of her own time during 1989 to running sex education courses for Church Youth Groups using the resource 'Working Around AIDS Together', and an interdenominational group had undertaken to continue the publication and dissemination of the material.

Newspaper articles and letters forwarded to me in November 1989 showed that the resource materials did stimulate interest and presumably this indicates at least the potential for further change.

A return visit to Melbourne in 1990 indicated that many educators were now acknowledging the central role of values and avoiding a narrow focus on any one value-system. Some claimed that this was, in no small part, due to my research work in 1988. Changes in the Hillingdon Case Study School included an increase in staff participation and the development of a Sex Education policy. The difficulty lies in assessing the extent to which my research involvement had any bearing on this as there are other contributing factors.

Potential for participation

In the research contexts there were opportunities to work alongside other educators, parents, students, clergy and various other groups. The action research approach enables the researcher to be part of the process and, whilst this raises the issue of subjectivity, I think that the benefits outweigh the difficulties. Such participation allows for learning at a range of levels as people set goals, experiment and then reflect together on actions and outcomes.

As Psathas points out, the key issue for social research is:

"whether the results of an inquiry fit, make sense and are true to the understanding of ordinary actors in the everyday world". (Psathas 1973).

My work and conclusions were being shared with 'ordinary actors in the everyday world' as the research was evolving. This summary can now be assessed by others who, although not part of the actual process, can align it with their own perceptions and experiences and weigh its worth.

An Holistic Approach

The high level of participation and my concern to view the research issues from various angles make it difficult to focus on any one question or variable in isolation. However, the holistic approach adopted enabled me to address the collected and inter-related research questions with the wide range of participants outlined in Chapter 2. This approach has helped me to consider the differing perspectives of various teachers on related matters such as learning environments, teaching styles and methods, personal life-styles and belief systems. Whilst appreciating the insights that emerged from a broad study of the issues and interaction with a considerable number of individuals and groups, this approach makes it difficult to draw neatly packaged conclusions.

I think that the conclusions are true to the data which I collected and, although the process of selecting the appropriate examples was difficult, I trust that my documentation substantiates the points I made in answer to each of the research questions.

Reflections on Main interventions in the two research contexts

In conclusion, I would like to reflect upon the key interventions conducted in the two case studies and to summarise my personal perspective and learning from the work.

a) Resource Development

The intervention in Melbourne which involved developing the resource material 'Working around AIDS together' grew out of identifying the need for values explicit resources which would be acceptable to the Anglican community. Such a resource was to present the common values of this community whilst not withholding the information which adolescents need if they are to make informed choices. The predominant concern was to create materials which were acceptable to the principal participants and provided a means for relevant sexuality education of adolescents within the constraints of available funds. This meant making contact with a representative range of participants, assessing the Anglican community's views and balancing these with the message of other significant educators and also the needs of students.

For teachers the material had to be 'safe' so that they felt it provided them with adequate guidelines and notes. The methods encouraged in the resource also emphasised the value of using the 'one-step removed approach' which focusses upon issues rather than teachers or students personal experiences.

Parents needed to feel that activities respected familial and cultural backgrounds and that their beliefs or traditions would not be undermined. The content needed to engage students in the work, with them perceiving it as relevant and interesting. For school councils the concern was that the materials were presented in a moral framework, concerned with developing a critical awareness of personal and social values. One concern of some teachers from Anglican schools was that school sex education programmes and government campaigns on HIV/AIDS were failing to present the abstinence option in a positive manner and consequently young people, especially females, had difficulty in saying "no" to unwanted sexual intercourse. Other teachers wanted 'guidelines' or 'Christian values' to be presented more fully.

The study of values which have been addressed in Part Three of this thesis did impact upon the development phase of "Working Around AIDS Together".

The existing resources which I reviewed with teachers seemed to reflect approaches with one or more of the predominant characteristics below:

- * very directive and moralistic
- * contained an implicit assumption that all young people are sexually active and that this is the norm; where the option of abstinence was mentioned it often sounded negative and received a brief dismissal.
- * contained an uncritical approach to how sexual intercourse was presented so that saying 'yes' was regarded as positive and healthy whereas saying 'no' was regarded as negative and unhealthy.
- * sexual dysfunction and diseases were overemphasised and emotional or relationship issues neglected.

In some instances, messages were obscured by ambiguous images. Such obscurity was also evident in media campaigns such as the Grim Reaper campaign in Australia or the Iceberg advertisements used in Britain. In other resources information was selective or biased towards a particular value position, as in the case of "It's OK to say No". (PAC).

In the resource developed for church schools, I attempted to redress some of these imbalances being as explicit as possible whilst being realistic about the tolerances of the target group. I was attempting to develop a positive attitude to sexuality in the context of committed relationships.

The extent to which these interests or objectives were addressed was a matter for teachers, school councils, parents and students to assess as the materials were used. Evaluation forms were included in each resource however, few were returned (Appendix 3). Whilst one bishop commented that the material did not mention marriage sufficiently and another teacher felt that more reference should have been made to Bible verses, the majority of the client group accepted the resource, appreciating the reasons why such a narrow focus had been avoided in dealing with adolescent sexuality and HIV prevention education. The values which I identified as common or 'core' to the client group were explicitly stated in the introduction to the resource. (p14-15 'WAAT' Appendix 2). The WAAT approach also valued personal reflection, skills development and active learning.

The record of the development process by the Anglican AIDS Education and Policy Officer (Appendix 9) reported that:

"the response to the educational resource kit has been very encouraging, with excellent reports being received from all over Australia".

The Director of the FPA also writes that:

"it continues to be a popular resource".
(Personal Correspondence September 1989).

The resource was also fully endorsed by the NSW Council of Churches. It was reported in the Religious press:

"The Council recommends to the NSW Department of Education with notification to the Premier, Mr Greiner, the Minister for Education, Dr Methereil that this kit (AIDS and other STDs) be withdrawn and replaced by 'Working Around AIDS Together' ... Council's education committee judged this publication to be better in every way - more balanced, not exploiting sexuality nor condoning pre-marital sex, while recognising that some students will be sexually active. It is also more professional in its presentation, being both lively and interesting to students and accessible to the busy teacher. Although prepared in a Christian framework, it was thought to be quite acceptable in a multi-cultural situation and more acceptable to parents of all beliefs". ('New Life', article 21.9.89).

A Senior Lecturer at Melbourne University wrote:

"Many people are still recommending 'Working Around AIDS Together'. Our students are most impressed". (Personal Correspondence 28.12.90).

The range of positive responses were indicative of having respected a range of values whilst attempting to be particularly sensitive to the more conservative values of the Anglican Church.

The extent to which the materials are useful in raising questions of values is difficult to assess. I did strive to present the range of options about sexual choices so as to promote a broad understanding of 'sex'. This involved presenting abstinence and chastity as positive choices whilst not withholding information necessary to those who do not take these options.

In the resource I tried to recognise the importance of:

- * skills development
- * accurate explicit language
- * consulting parents or religious leaders
- * respect for different values
- * acknowledging the worth of various support groups and organisations
- * recognising the inconsistency which often exists between appearances and actuality, therefore the need to avoid making assumptions
- * stressing behaviours and not groups
- * emphasising people not statistics
- * presenting options and choices not consequences, but still raising awareness of outcomes

- * working co-operatively rather than competitively or in conflict
- * using language which is 'inclusive' and avoids stereotyping, (eg, by saying 'partner' or 'parent', rather than 'husband' or 'mother', or 'someone' rather than 'boy' or 'girl').

For me these would be the marks of 'good practice' in resources and they emerged after much reflection on discussions with parents and teachers.

b) Policy Development in Hillingdon

The case study concerned with Policy Development for Sex Education in Hillingdon concerned me. Lack of participation by parents, governors and students threatened to make this more of a 'paper' exercise than an opportunity to learn and work together for the benefit of the young people. I suspect that the gap between policy and practice will continue to exist until there is a real commitment to Health Education 'in all its fullness', which will include accommodating values, practices and lifestyles which we may personally reject. Such a commitment will require funding, training and an on-going cyclical process of evaluation and implementation both at local and national levels.

Legally, school governors can now determine the sex education programmes in their schools but how policy is developed will be crucial in terms of affecting the extent to which such policies are informed, balanced, resourced and actually implemented. Relationships between Headteachers, governors, parents, staff and students in all interactions will contribute to the effectiveness of such policies. Interpersonal and social education does not take place in a vacuum nor does it magically happen simply because it is on paper or because educators all hold high ideals.

Effective education will be closely related to professional and personal competence and commitment. These dimensions require the values-education I have argued for and will involve raising awareness amongst parents and the general community regarding the health issues which are important to young people.

CHAPTER 13

DISCUSSION OF RESEARCH FINDINGS

The case studies described in this thesis have been presented to consider values-questions raised by HIV/AIDS prevention education which forms part of sexuality education in some schools.

The experience of interviewing teachers in Hillingdon and Melbourne highlighted the need for educators to be better prepared for this challenging work.

As I reflected on the expressed values of sexuality educators (as documented in Chapter 11) I was left with an impression of wholesome middle class liberal ideals which probably do not reflect the range of behaviours observed by students in their homes and through the media. This raises the question of how effective educators are if they focus upon idealistic core values which fail to affirm other value messages students learn or hear from their observation of life, eg, men and women are not equal in society; sex is one way of becoming successful in business; extra-marital sex is 'fine' if you can get away with it.

I am relieved that few educators were openly affirming such values in their statements, although on occasions inconsistencies were evident in their behaviour. Such inconsistencies are indicative of the gap between knowledge or ideals and behaviour, the complexity of sexual decision-making and the various roles sex has in societies. Educators have to address these factors which contribute to the existence of 'mixed messages' whilst still upholding the 'core' values such as respect and equality. I would argue that the human failure, either individually or corporately, to live consistently with such ideals does not mean that they should be abandoned. Rather, when these inconsistencies occur people should be encouraged to consider why the difference has emerged and to be aware of the potential outcome of the various choices which exist. If people decide to reject one value in favour of another then opportunities should be made to examine the factors influencing their perception of what is good or acceptable and the implications of their choice.

Unless the conflict of values between ideals and reality is meaningfully acknowledged and explored then sexuality education will remain an unbalanced academic exercise which will fail to achieve the aim of equipping young people with the value-awareness they will require if they are to make informed decisions which are health-enhancing.

Values education for educators was discussed in Chapter 6. Parents, teachers, governors could all be considered to have a role as sexuality educators and so this need for effective education in values is immense. Such education will have to involve participants in the process of confronting their own values, learning about different values and becoming explicit about common or 'core' values in policy development and implementation.

Values do underpin resources and processes and this presents educators with various options.

Option 1

Educators can select the values they wish to underpin their resources and be explicit about the values they are working with. Other values are not given comparable attention.

Option 2

Educators can design processes which allow groups or communities to enunciate their own values and then build those values into resources.

Option 3

Educators can identify certain 'core' values which will be central to their resources and state these and use processes to allow flexibility on other values. This option acknowledges a range of values but may fail to explore them fully.

Option 4

Educators can try to avoid all value or moral issues as, for example, where sexuality education is dealt with exclusively in biological reproductive terms. Notwithstanding the inadequacy of an approach to young people which treats their sexuality in this reductionist, or rationalist, way this approach still conveys messages such as embarrassment and secrecy in sexual matters.

Option 5

Educators may adopt a 'party-line' approach without engaging in any analysis of values. This approach would be marked by ignorance and intolerance and could be extreme, or anywhere along the continuum from 'right wing' to 'left wing'.

Option 6

Educators may present a range of value positions, giving all options equal weighting and allowing students to decide which values to adopt. Evaluation of outcomes is neglected.

Option 7

Educators may present a range of values, recognise different influencing factors, and respect divergence where it does not conflict with the interest of others or agreed 'core' values. Evaluation of outcomes and debate are encouraged. It is this option that I personally support although lack of knowledge or experience limits the extent to which it can be implemented.

The ability to be sensitive to 'core' values and respect divergence in any educational setting will be dependant on a range of 'enabling' or 'blocking' factors. The 'value awareness' of educators must be the most significant of these and the extent to which their personal values have been subjected to careful consideration. The processes they themselves have experienced will also have a bearing upon their responses, where a person feels misunderstood or rejected they tend to find it harder to listen and accept other people's values.

Other enabling or blocking factors may include:

ENABLING

Confidence

Knowledge

Ability to express one's
values sensitively

Ability to hear and learn
from others

Respect for others

Tolerance of divergence

Holding 'power', eg, being in
the majority

Ability to know the views of
minority groups

Understanding of influences

BLOCKING

Lack of confidence

Ignorance

Dogmatism

Inability to listen
and learn from others

Lack of respect for
other people

Intolerance of
differences

Lacking 'power' -
being in the minority

Exclusiveness which
dismisses or rejects
certain groups

Disregard for powerful
influences upon
people's values

The options and the factors which influence how educators deal with the challenge of values in sexuality education again indicate the complexity of our values and how we express them.

Diversity of values or pluralism is an inescapable part of modern life, it is an international phenomenon which is irreversible. Such diversity presents educators with problems and opportunities, creating potential for conflict, for 'converts' or for creativity. Some will choose to polarise themselves from anyone holding a different view; others will endeavour to persuade others to join them and will indeed 'win converts', any of whom can become very intolerant of the views they themselves once held; yet others will strive to work creatively with people who hold significantly different values but with whom they can agree upon other more 'core' concerns or values.

If I were to draw one conclusion from the work with teachers in Hillingdon and Melbourne it would be that the questions of values in sexuality education cannot be simplified into simple statements or convenient formulae. There is no neat package to solve the diversity and educators need to increase awareness and develop a perspective. This perspective on values needs to reflect a desire to work together on 'core' values which are commonly accepted and to define the limits of tolerance, whilst not undermining the rights and faiths of other people. This means that in educational contexts the range of options deemed socially acceptable are presented fairly and young people are encouraged to consider the outcomes in the light of social and personal frameworks - both their own and those of other people.

It was this 'perspective' and commitment to working on values in both the settings outlined in Chapter 5 which partly determined the interventions which were made.

In summary, I would say that if the 'Three Cs' of STD education have been identified as condoms, check-ups, and communication, then these should be broadened to at least explore the worthwhileness of such things as commitment, chastity and celibacy. Whilst these other 'Cs' may be considered less realistic or viable and have associated difficulties they should still be on the agenda for full exploration of 'worth' in discussion.

If I were to adopt 'Three Cs' for encouraging values awareness amongst educators then they would be:

Contact - linking up with different cultures and community groups. Dealing with fear, conflict, competitiveness

Communication - listening to each other and working out the 'core' values and the 'limits of tolerance'. Communicating the means of supporting each other in shared aims, sharing information and skills.

Co-operation - valuing diversity, respecting differences and working together to increase mutual respect and understanding without undermining the significant life choices made by other people.

Where educators are committed to establishing links with cultures or communities to establish common 'core' values, whilst respecting those values which may be distinctive, it should be possible to identify extreme values which are rejected and to agree methods for dealing with significant value-conflict. In HIV/AIDS and Sexuality Education educators should not undermine values which others consider lead to good healthy choices.

As far as school HIV/AIDS education programmes are concerned this raises questions such as:

- * Are the safest options (ie, mutually committed permanent monogamous relationships or celibacy) being fairly presented?
- * Are faithful committed sexual relationships a reality for all sexually active people?
- * How can sexual matters be addressed without implying that choosing to abstain until adulthood is 'abnormal'?

* Does the responsible use of contraception generally, and the condom in particular, constitute a healthy choice?

Education in sexual behaviours for adolescents is a delicate balance given the pressures that many adolescents are under in their relationships. Similar pressures and trends form influences on everyone and personal responses to factors like the media, religious traditions, school sex education, parental expectations all vary enormously. Educators need to be aware of the ways in which these factors are helping people, youth in particular to make health-enhancing or health-eroding choices.

A person's capacity to make responsible decisions on sexual matters will be dependent upon various other influences such as gender, age, employment, life experiences, emotional disposition, health, peer group and so on. Despite the enormous variables there are still trends which can be observed in western society generally and these relate to complex issues such as power, individualism and hedonistic values. 'Power' as it is evident in sexual inequality in society and the 'power' held by the medical profession, parents, teachers or the media all have implications for the socialisation experiences of young people.

Notions of self-gratification and the erosion of concepts like duty, responsibility and commitment might be said to contribute to unhealthy or anti-social behaviours as people become more concerned with their own pleasure rather than their responsibilities.

Such complexity means that educators will need an intimate knowledge of their communities as well as a global understanding of this value-laden area. Working in sexuality education in the future given the challenge of HIV/AIDS and the lessons of history must involve taking the difficult path of change.

The diversity of values in society means that educators have to respond to a plurality of views and address issues such as those of power and powerlessness in the frameworks of societal authority structures and the range of philosophical frameworks which differing communities or organisations hold. Such a challenge could be paralysing and it certainly will not be without value conflict but the prime task is to find out which conflicts can lead to creative change and which 'core' values can be made pre-eminent so as to respect divergence within agreed limits of tolerance.

The Melbourne case study presented in this thesis was an attempt to work with teachers from schools where some conservatism and reactionary crusading was inevitable and to work co-operatively with progressive sexuality educators so as to establish an understanding of common values or at least an acceptable compromise. This was a 'micro' attempt at 'values dialogue' which I believe will be necessary within local communities if sexuality and HIV prevention education is to progress in school settings to comply with the requirements of the 1986 Act.

The Hillingdon Case Study was more concerned to address appropriate methodology for moral or values education and the difficulties of developing policy in a particular school. This environment was also inclined towards conservatism and sexuality education had not been high on the agenda. I think this was due to the potential for conflict and a lack of confidence amongst the teaching staff with regard to sexuality education.

The work in both of these contexts illustrated that exploring values and methods for teaching sexuality education is both necessary and at present inadequate given the challenge typified by HIV/AIDS prevention education and the prevalence of STD infection amongst the young.

Adolescence is marked by a heightened awareness of sexual identity and this should be acknowledged by values-sensitive education amongst youth in schools. The quality of this will be determined by the competence of teachers as they facilitate such learning.

I would therefore assert that values-awareness amongst educators should be increased, so that the criteria applied to the selection and use of resources should be a conscious process on their part and seen as educationally valid. As all our resources reflect values it is important that such values be questioned and discussed amongst educators and those principal participants identified in Chapter 2. Where conflict emerges it is essential that differences are understood and fairly acknowledged in the learning environment. This level of communicating and cooperative working will demand time and energy as well as a significant ability to empathise. However, it will be the means to establishing common values, increasing understanding and developing tolerance in communities. Whilst conflict may occur, so might community education and personal growth.

Awareness of divergence in values and the shared 'core' values however enables educators to work together on common aims and to endorse basic values commonly accepted as beneficial for interpersonal relationships.

This must include a basic level of respect for personal, social and religious stances which are not universally accepted but which are nevertheless significant and valid to those who have made particular choices, be they liberal or conservative.

Young people leave school and have to deal with a complex world full of conflicting values and sexual choices. It is therefore essential that they are equipped with the skills and awareness of implications or outcomes to cope. The challenge of HIV prevention education is also an immense opportunity as it demands explicit language, a non-judgemental attitude and an understanding of responsible behaviour. The research I have engaged in has enabled me to confront many of my attitudes and values, critique resources, develop the necessary communication skills and experiment within a variety of educational settings.

The opportunities which I have experienced have confirmed by commitment to:

- adult education, and in particular the professional development for educators in 'values'
- participatory learning methods
- peer education
- drama in education
- policy development and evaluation by participants

It is now my belief that each of these has the potential to make a significant contribution to the continuing work of HIV prevention education and the sexual health of young people.

The two main conclusions from this research are therefore:

- 1 Values Education for educators should take a higher priority in training and in-service education training, thus encouraging teachers to become more aware of values education, conscious of implicit and explicit values and committed to working within the community to increase tolerance and sexual health.
- 2 Resources for sexuality education should reflect the diversity of values evident in society as respectfully as possible, so as to ensure that the options and implications are presented in an honest and balanced manner. This should range through the spectrum to include views on issues such as abstinence, chastity, 'sexual encounters', pornography and prostitution. Where this is not done, educators should be sufficiently aware of the need to redress extreme bias; alerting students to the legal implications and give additional information. Such a task will require a high level of professional training, personal skills and awareness of views in the community.

The commitment to work together on the part of all those concerned with the negative consequences of neglecting this task, acknowledging the common values which can be shared, treating differences of opinion with respect, should enable HIV infection prevention education and sexual health programmes to make significant progress. Such progress is both necessary and urgent.

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Appendix 1 Evaluation of Courses attended during 1988

A PERSONAL EVALUATION OF COURSES ATTENDED AT SOCIAL BIOLOGY RESOURCES CENTRE DURING 1988

Between March and August 1988 I attended the following courses at the Social Biology Resources Centre.

- * Education about AIDS (EAA) Judith Jones/Ian Goller - 6 days
- * Adolescent Health and Sexuality Workshop (ADH-6) Judith Jones - 4 days
- * Health and Human Relations Education (HHR-1) Genie Micheletto - 2 days
- * Teaching Strategies in Health and Human Relations (TS-16) Susie White - 3 days
- * Sexuality Basic (S101-2) Delys Sargeant/Denis Kelynack - 1 evening and 2 days
- * Education of Girls about AIDS (EGA-1) Judith Jones - 2 days
- * Child Abuse (CA-2) Monica Slattery - 1 day
- * Personal Skills Development for Youth (PSDY-2) Babette Oshry - 3 days

I selected these courses on the basis that they were relevant for sexuality education for adolescents and would enable me to fulfil the personal aims I had set for 1988.

Personal Aims

1. To consolidate and increase information and skills relevant to sexuality education.
2. To consider how personal values influence selection of resources and teaching strategies within school sex education programmes.
3. To become familiar with the issues, resources and educational approaches related to sexuality education in Victoria.
Another aim soon emerged as a result of my involvement with the Anglican AIDS project and that was:
4. To apply relevant learnings to the resource development work I was engaged in with teachers from Church Schools.

Each of the above courses played a part in helping me to fulfil these aims during the year and I will briefly outline some specific examples after I have commented upon those aspects which the courses appeared to share.

Attendance at eight courses within one organisation enables one to form an impression of common aims or recurrent features and the following points are noted as representing my observations on overall aims or emphases.

Review of Courses

The way the courses were conducted showed:

- (a) a commitment to multidisciplinary professional development;
- (b) a recognition of the wealth of experience held by participants and a desire to respect and draw upon this throughout programmes;
- (c) a willingness to assess needs and expectations, negotiate content and offer on-going support or consultation;
- (d) an awareness of the need for a range of teaching strategies to be used allowing time and space for variety, e.g. group discussion, analysis of visual materials, role play, written work, art, time for trying ideas at home or at work, formal presentations and interviews.

Facilitators also aimed to:

- (1) impart accurate information, research findings and give access to relevant resources and literature;
- (2) address issues of the practical implications of course content to individuals, to particular organisations and to society;
- (3) encourage participants to reflect, to develop skills by practice and to set personal and professional goals;
- (4) evaluate in terms of the perceived experience of the participants and in some cases their stated action plans at the conclusion of the programme.

The extent to which particular courses and group leaders fulfilled each of these varied, but overall, I consider them to be representative of my experience.

In considering how courses specifically contributed to the aims I have outlined, I will refer to the courses by the code given above and where I discuss the contribution made to "Working around AIDS Together" I will use the initials WAAT as an abbreviation.

Aim 1

Each course I attended increased my understanding of the issues around sexuality. However, I found EAA, S101(2) and EGA particularly challenging on a personal level. These courses confronted participants in a range of ways, (e.g. with information, simulated activities, visual materials) and whilst it was not necessarily comfortable, many individuals could testify to personal growth. These three courses made me consider my own values in relation to other people.

EAA and EGA were particularly important in emphasising the need to educate young people about AIDS, to develop materials aimed at specific target groups, to encourage effective communication about sexual issues and to increase personal skills which enable people to make informed decisions. The main information about

transmission of AIDS and the prevention messages contained in WAAT were based upon the teaching during these courses with particular attention being paid to the "no risk" options.

S101 convinced me of the effectiveness of encouraging personal reflection and awareness of sexual learnings. I decided to develop a personal journal for teachers who might wish to encourage such reflection amongst students.

Aim 2

Opportunities to discuss personal values and the selection of teaching resources occurred in those courses of particular relevance to teachers and health educators: ADH(6) HHR(1) TS(16) PSDY(2). Opportunities to view visual resources, useful books and to share strategies with other teachers enabled me to check my own values, approaches and perception of "good practice" with other professionals. It became evident to me that video resources rarely presented positive role models for young people and that there was often an assumption made that all young people are having sexual intercourse in the resources for STD education.

In WAAT I tried to develop worksheets which question some of the implicit assumptions of some of the video resources which are frequently used in Victorian schools. Teachers on these courses completed questionnaires to indicate which videos they used and several commented upon the need for materials to encourage young people to think carefully about the sexual decisions they make. This was very much in the background as I developed the section on Sexual Decisions in WAAT.

TS(16), EGA and PSDY(2) gave opportunities for teachers to comment upon draft materials for WAAT. "Michael's Story" was written as part of my involvement in TS(16) and teachers were able to comment on the material and their ideas on appropriate instructions for teachers and students. This course, TS(16), was particularly useful in reminding me of the need for WAAT to contain materials adaptable to a range of strategies. At the conclusion of this course we were invited to write down some questions we would like to ask ourselves in a month's time. This strategy had been used on several occasions but I found it particularly timely when my questions arrived a few weeks prior to the publication of WAAT. My questions were:

- Did I reflect a range of teaching strategies in the resources developed for the Anglican Church?
- What are the criteria for success in experiential learning methods?
- How do we know if we have achieved our aims?
- What are the implicit values reflected in the resource?
- Have I perpetuated stereo-types?

I am still trying to work out the answers! Your comments on this would be welcome. Undoubtedly, an awareness of the issues of practising teachers' concerns and opportunities to share these in the courses were invaluable.

Aim 3

This aim was being realised throughout each course and observing the differing styles of educators was useful. There were contrasts in personal style and approaches. For example, CA(2) was more didactic and information based than PSDY(2). However it was as a result of attending CA(2) that I decided to include issues on child abuse and sexual assault in WAAT. I could see how these issues will be relevant to AIDS education in the future, and at the same time should be addressed in schools now. HHR(1) and S101(2) felt very intense for different reasons but both courses were significant in informing me about approaches to sexuality education in Victoria.

HHR(1) gave me an opportunity to evaluate examples of school policies and programmes in Victoria and S101(2) explored many personal issues; for example, sexuality through the life cycle and male and female roles.

Aim 4

Application of insights gained through attendance at these courses will be evident to those who worked with me through 1988. The resource WAAT reflects a concern to redress the narrow concept of sexuality as often accepted by the media, parents and schools, whilst at the same time acknowledging the worth of the traditional values of commitment in relationships for many people.

Further examples of how courses influenced my thinking included:

- (a) The emphasis on developing skills was reinforced by attending PSDY(2), as was the decision to change all "consequences" to "outcomes" because of the negative connotations the word "consequences" has for adolescents.
- (b) Judith's constant reminders about the need for precise language to be used ensured that I used the term sexual intercourse if that is what I was referring to.
- (c) Delys' "three coats model", although not explicitly referred to in WAAT, raised an awareness of ideas which were important in developing the student journal and helped extend my own understanding.

In conclusion, I would like to thank all the staff at Social Biology Resources Centre for their support and encouragement during the year. I accept responsibility for the overall emphasis and values of the resource but would wish to thank all those who inspired me and listened to my views and my concern with implicit values! I've no idea how these experiences and learnings will be used when I return to England, but I hope that some of them may be useful to teachers in Australia.

Angela Flux
26.10.1988

Appendix 2 Values and Attitudes

VALUES AND ATTITUDES

Educational resources have implicit values and some of the values which have underpinned this material are stated below. Examples of where or how these values are reflected in the contents are given.

VALUE STATEMENT	EXAMPLES
Information is better than ignorance but information in itself is inadequate for health education	Question on values and attitudes are constantly asked of the characters on Video resources eg "Estydeez"
Information, skill development and personal reflection in a simulated setting develops confidence and self-esteem, and informs the sexual decision-making process	Role-play activities eg on Tony and Margaret Case Study Student Journal
All people should be treated with understanding, dignity and respect	Problem Letters "Ben's Case Study" "Michael's Story"
Sexuality is a normal and positive expression of being human. Young people should receive "sex positive" messages as part of their educational experience and have a broadening understanding of what "sex" means	Notes on "Case Studies" "Student Journal" Teacher's notes - "Sexual Intercourse" and Problem letters
Negative community attitudes should be challenged and fears should be allayed	"Fact or Vicious Rumours" Problem Letters - "Dispelling Fears"
Emotional and spiritual dimensions of life are important, and traditional church values of commitment in marriage, caring, compassion and chastity should be promoted as significant values	Case Study - "Gary" Problem Letters - "Different"
All people should have the personal skills to recognise pressure and to say "no" to unwanted risk behaviours	"Evaluating Invitations" Case Studies - "Cassandra and Graham"
Sexual Intercourse should ideally be expressed within loving committed "relationships" as in marriage, not within sexual "encounters". It is given a range of meanings within society and young people need the skills to recognise and communicate on this issue	Teacher's Notes - "Sexual Intercourse"/ STDs highlight the positive options of only having one sexual, mutually faithful relationship
Relationships should be: non-violent, non-exploitative, caring and supportive, non-judgemental, growing in honesty and communication, accepting and forgiving	"Susan's Story" "Finding Help" Case Study - "Ben"
Education to counteract the negative sexual experiences and messages common in society is important and is desperately needed	Statistics on teenage pregnancy trends Case Study - "Helen"
Ignorance, perpetuation of stereotypes or unacceptable exploitative behaviour must be challenged	Case Study - "Sarah" Story - "Susan" Evaluating Invitations

"WORKING AROUND AIDS TOGETHER"

EVALUATION FORM

It would be appreciated if anyone who uses this resource material would complete this form and return it to the address given at the end. This will enable an evaluation to be made.

Please tick or comment as appropriate.

1. Setting

School Type Size

Youth Group Type Size

Other Please give details.....

2. Details of group with whom materials have been used

Age:	9-11	Sex:	Male only
	11-13		Female only
	13-15		Mixed group
	15-18		
	18-25		
	25 +		

3. Sections of the resource used with particular groups

Section / Activity	Setting	Age Group Details	Comments
.....			
.....			
.....			
.....			
.....			

4. The promotion of particular values

a) Do you agree with the values which are stated in the introduction?

b) Are there sections you would not use because of the implicit values?

c) Are the values stated in the introduction reflected adequately?

d) Are there values which you consider need to be stressed further?

5. Sections helpful to you

Which sections were particularly helpful to you, the educator?

Please comment on

the reason if possible.....

.....

.....

6. Sections helpful to the group

Which sections were particularly helpful to your group?

Please include any direct statements made upon the

materials with age and sex of the person in brackets.....

.....

.....

7. Unsuitable material

Is there any material you consider unsuitable for use with young people?

Please specify and

comment on the reason.....

.....

.....

8. Usefulness for sexuality education

To what extent have you found this resource useful for sexuality education,

including AIDS,

amongst adolescents?

.....

.....

9. Any further comments

.....

.....

.....

.....

.....

10. Other details

Date "WORKING AROUND AIDS TOGETHER" received

Date Evaluation completed

Name and Signature.....

Role/Position

Please send to:

Anglican AIDS Education

P.O. Box 535

BORONIA VIC 3155

Many thanks,

Angela Flux

VIDEO RESOURCES

CLOSE ENCOUNTERS

FOLLOW UP WORK

1 The video began with some incorrect statements about STDs. How would you answer a person who made any of these statements?

"I know they are all pretty harmless."

"Well you'd know about it if you got one. If you had discharges, sores, lumps, or rashes, you'd know you had a problem."

"Venereal diseases can't be controlled."

"Only people who sleep around get them."

"We shower a lot and we keep away from dirty places, where you know you're going to catch something like, off toilet seats for example."

2 What was the interviewer's response to the girl who said she doesn't have sexual intercourse? Are there many people who decide to wait for a long term exclusive relationship before having sexual intercourse?

3 What did you think of the boys' attitudes to sexual intercourse?

One of them said, "He's not into sex yet." and the other hit him and replied, "Get out of it."

How common is it for young men to view sexual experience in an impersonal way and see it as a way of proving one's masculinity or adulthood?

How can boys/men with these views be educated to show more respect and sensitivity?

4 "The problem begins when you decide to have sex." Is it possible for this decision not to be a problem?

What would the couple involved need to know

- a) about each other,
- b) about contraception,
- c) about their plans for the future.

5 In the clinic:

"I've only been with one girl, - but what about guys?"

"What do you mean, 'guys'?"

"Well, I sort of fool around with a couple of mates.

I'm not gay or anything and I really like girls. . ."

How was Eddie treated by the man at the clinic?

What medication did Eddie need to take?

Why was Eddie at risk of HIV infection?

Who did Eddie think was at risk?

6 In the street :

"It's great to hear responsible attitudes"

What attitudes did the girls have towards sexual intercourse?

Do you consider the morals/values reflected by the two girls to be responsible?

Why did Heather say she respects guys who use condoms?

Could these girls be missing anything by engaging in sexual intercourse with boyfriends before they are prepared to make a long term commitment to one person?

7 Conclusion :

"It's easy, if you don't want to have an STD -don't have sex. But if a close encounter of the sexual kind is likely, talk with your partner and use a condom."

Is all the advertising about using condoms to protect yourself against STDs and AIDS making it easier for young people to decide not to have sexual intercourse?

Why do you think "encounter" is used rather than "relationship"?

If a couple decide to have sexual intercourse the condom must be used properly EVERY time if it is to offer protection. What would the male partner need to know about condoms?

What safer alternatives are there for young people who are not ready for a long term commitment to one person?

CLOSE ENCOUNTERS

TEACHER'S NOTES

1. This section would be a useful means of assessing the students' knowledge and their ability to communicate information to their peers. [Refer to notes on STDs.]

2. The interviewer appeared surprised by the girl who said she doesn't have sexual intercourse. He shouldn't have been as every individual has this right at every stage in their life. Many people decide not to act upon their sexual feelings as far as having intercourse is concerned. This can be a positive option for any person. Many people decide to wait and no-one should feel pressured into saying "Yes" to sexual intercourse.

3. The boys reflected an immature response, viewing sexual intercourse as a means of proving masculinity or maturity. They need to be exposed to role models they can relate to, who are strong and mature enough to consider sexual intercourse as much more significant. Hearing a number of female perspectives may also help them to develop greater respect and understanding.

4. The couple would need to know:

- a) that they are both free from any STD and they are both willing to be faithful or only to engage in "safer sex"
- b) the contraceptive method most suitable for them if they are not planning to become parents.
- c) that they are secure and safe to enjoy sexual intercourse within a long term relationship.

5. The man at the clinic did not judge Eddie, he allowed him to know the risk about the behaviours he was involved in. Eddie had to take a course of antibiotics. The risk of HIV infection for Eddie was due to his unprotected sexual behaviours with both males and females. Eddie had thought that only men with a confirmed gay identity or drug addicts were at risk.

6. The girls believed that casual sexual encounters and sex within short term relationships was acceptable. They were failing to be responsible in terms of the long term health risks of this behaviour. Heather acknowledges that men who use condoms are at least protecting females from unplanned pregnancy and protecting both individuals, to some extent, from STD infection. The efficiency of condoms is obviously related to the way the person uses them. Engaging in sexual intercourse in short term relationships may mean that young people fail to appreciate other forms of intimacy and the long term benefits of delaying this pleasure for sharing with a person you are committed to.

7. Teachers should be supportive to all students in the class and be aware that, whilst some may be having sexual inter-

course, others will not and it is important that educational resources support those behaviours which are healthy. An over-emphasis on safer sex and the use of condoms, without consistently endorsing the right of the individual to decide to delay sexual intercourse and to say "No", can itself exert a pressure upon young people. Failure in this, confirms a notion that to be adult means to have sexual intercourse with a range of partners.

The word "encounter" is used because, for some people, sexual intercourse has been separated from mutual caring and responsibility. The implications of an over-emphasis on personal gratification and rights rather than concern for relationships and mutual responsibilities should be discussed.

Condom care

Young people who have decided to have sexual intercourse need to know:

- how to buy condoms,
- how to look after them,
- how to use them,
- how to dispose of them,
- how to talk about condoms.

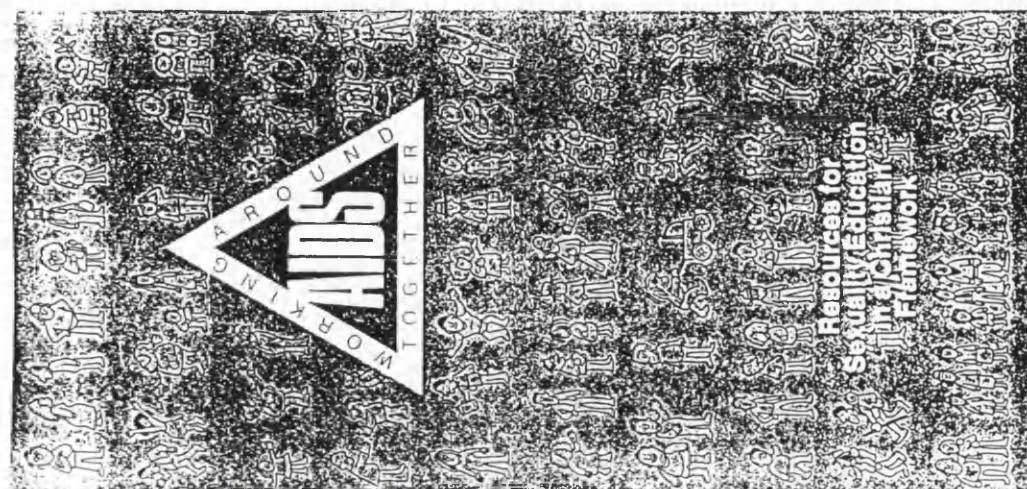
This information can be presented to a class as relevant for some young people now, for some in the future and for some possibly never. All students can benefit from learning these skills because they are transferable and may be useful for informing others. Condoms at present are the only contraception which offer some protection from STD infection including AIDS.

Confidence in talking about sexual issues can be a justification for including role-play activities about buying condoms or about convincing a friend to start using them if you knew they were risking an unplanned pregnancy.

Condoms are made of perishable materials and should be treated with care

- check expiry date
- do not store in direct sun light or in a warm environment
- do not carry them in tight trouser pockets or in glove compartments in cars
- tear open the packet carefully and prepare the condom in sufficient light to see what you are doing
- expel air from the teat and roll the condom onto the erect penis before there is any sexual contact with the other person
- only use water-based lubricants during intercourse
- dispose of the used condom responsibly; do not flush down the toilet but wrap in paper and place in a waste bin
- learn how to talk comfortably about contraception so as to avoid further unnecessary risks

Safer alternatives include physical contact which excludes sexual intercourse with partners and having a focus on knowing-the-person rather than just their body. Time should be given to explore the advantages of these alternatives and how they can be promoted as both healthy and pleasurable.



Education

Learning to live and love in a generation with AIDS requires that people have the information and the skills to make healthy choices.

This resource seeks to develop skills in personal relationships by encouraging young people to:

- communicate about sexual issues
- reflect on values and outcomes
- focus on the personal and social implications of AIDS, STDs, sexuality and sexual intercourse

It is designed for teachers and youth leaders who wish to encourage student participation in the learning process.

Sensitive utilization of these materials will promote an informed and caring response to people in our communities who have or will have AIDS or be infected with HIV.

It is suitable to use with teenagers and has also been successfully used with adult groups in a variety of settings.

WORKING AROUND AIDS TOGETHER

is obtainable from:
Anglican AIDS Education
General Board of Religious Education
PO Box 535, BORONIA 3155

Cost: \$25

ISBN No. 0-949038-54-7

Developed by A. Flux (Educational Consultant) for the Anglican Diocese of Melbourne

Project funded by the Commonwealth Department of Community Services and Health, National Advisory Committee on AIDS

Working Around AIDS in Faith

Reactions to AIDS

AIDS, like any other serious health problem, is a threat to our health, our faith, our values, our lives. However, by reflecting on our faith, culture and values, we can work around these issues.

1 Preventing AIDS

There have been outbreaks, some large, of AIDS, its prevention and transmission. It shows how our values influence how we behave.

Certain Christian values relate to sexual behaviour:

- respecting another person's health and choices
- enjoying the gift of human sexuality
- expressing our most intimate sexual contacts within a loving relationship
- marriage as the proper context for sexual intercourse

2 Responding Positively

When we react by blaming others, or react out of fear, we do not help to prevent the spread of AIDS.

- All the community needs to be educated about AIDS. Blaming some groups, only for homosexuals, drug addicts, makes this point.
- If our aim is more effective than legislation in reaching people at risk. People at risk are not only those practising risk behaviours but others, including their wives and future children.
- Unreasonable legislation for HIV testing and unnecessary penalties for those infected with HIV discourage testing and make it harder to reach those at risk.
- We must not withhold information about condoms or other safer sex practices. Information can cost lives.
- Christian faith demands that we speak clearly about certain values and lifestyles. These values are the on-going and would help control AIDS. We must speak clearly but also ensure that we do not by our language or social actions that are ineffective or even counterproductive.

3 Caring for Others

People with AIDS, their friends, mothers and fathers, children and other family are all part of our communities. They suffer in isolation and in fear of community reactions.

- The Gospel stories of Jesus challenge us to respond with compassion to all. There can be no distinction between those who are "deserving" or not.
- Compassion is not something we offer out of self-interest or pity. Compassion is something we offer out of our own weakness and humanity.
- Caring is practical - easing the load of daily routines.
- Caring is spiritual - sharing the joys and joys of another person's journey.

Our faith challenges us to become better informed, to act responsibly for our own and others, and to be open to the needs of those most affected by AIDS.

Learning to live and love in a generation with AIDS requires that people have the information and the skills to make healthy choices.

This resource seeks to develop skills in personal relationships by encouraging young people to:

- communicate about sexual issues
- reflect on values and outcomes
- focus on the personal and social implications of AIDS, STDs, sexuality and sexual intercourse

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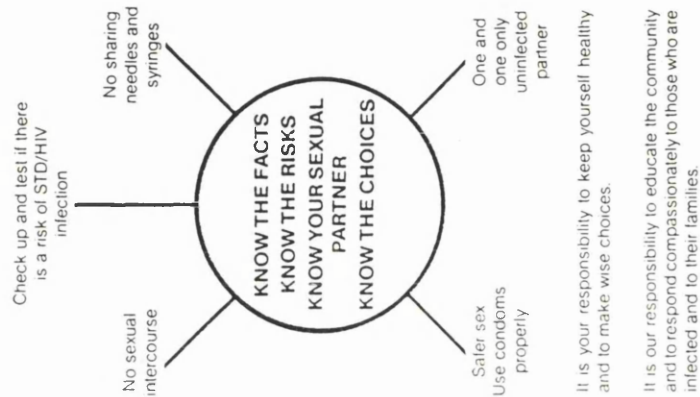
FACTS

- AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus known as HIV (Human Immunodeficiency Virus). This virus attacks a person's natural defence system. This virus is spreading silently, it has a long incubation period so that people who feel well may still be infectious
- AIDS and other STDs (Sexually Transmitted Diseases) are a serious health problem internationally. People who have sexual intercourse should know that their behaviour could be placing them at risk
- The sharing of needles/syringes is causing an increase in the spread of the virus and this must be prevented
- Household studies have confirmed that the virus causing AIDS is not transmitted by normal family contact. Only the sexual partner of the person who is infected is at potential risk
- We know how to stop the spread of the virus, there is no need for anyone else to become infected
- A person can be infectious prior to their blood showing sufficient HIV antibodies to give a positive test result
- AIDS will affect many people in our communities in the future and educating people about the way the virus is transmitted is urgent

TRANSMISSION

- AIDS can be spread by
- SEXUAL INTERCOURSE**
- This can be between men and men or women and men. Anal and vaginal intercourse can cause infection as semen, menstrual blood or vaginal fluids can contain the virus.
- BLOOD TO BLOOD CONTACT**
- This can be through sharing needles and syringes or by an infected mother to her child during pregnancy/birth.
- THESE ARE THE KNOWN MODES OF TRANSMISSION**
- Previously people have been at risk because of intravenous drug use, transfusions, but since 1985 these are no longer a danger. HIV may be given by an infected mother to her child through breast milk.
- AIDS is **NOT** spread by any other means
- For example:
- | | |
|------------------|----------------|
| hugging | saliva |
| kissing | blood banks |
| sharing utensils | tears |
| mosquitoes | swimming pools |
- Anyone who puts themselves at risk can become infected. Safer sex practices may reduce these risks as there is no exchange of semen, vaginal fluids or blood. It is important for people to consider their choices carefully.

PREVENTION



CASSANDRA

CASE STUDY

Cassandra is sixteen and her boyfriend, Kevin, is seventeen. They have been going out together for nearly a year and feel very much in love. Kevin has tried to convince Cassandra to have sexual intercourse with him on several occasions because he thinks it would be a natural expression of their feelings, but Cassandra feels unsure and afraid that it would spoil their relationship. She has managed to find ways of making Kevin feel special without them going the whole way, in fact she works quite hard at building a positive relationship which doesn't focus too much on physical contact. They spend time having great fun with friends, surfing, walking and going to the pictures. Cassandra has decided that having sexual intercourse before she is ready would be unwise.

Some advantages of saying "no" to sexual intercourse during adolescence --

1. There is no fear of an unplanned pregnancy
2. There is no reason for guilt or worry
3. There is more freedom to build friendships with other people
4. There is no pressure to stay in the relationship
5. There is no fear of contracting an STD
6. There is time for other activities
7. There is time to explore other ways of expressing sexuality and affection
8. There is no fear of being "used" by the other person
9. There is the confidence of knowing that your partner stays with you because of your personality/character not your body
10. There is the knowledge that when a person decides to have sexual intercourse it will be a very special expression of love and commitment to their partner
11. There is freedom to be your own person and feel confident and secure without sexual intercourse

Can you think of any more?

Which of these applied to Cassandra? *[List numbers]*

Give reasons for your choices.

CASSANDRA CASE STUDY

TEACHER'S NOTES

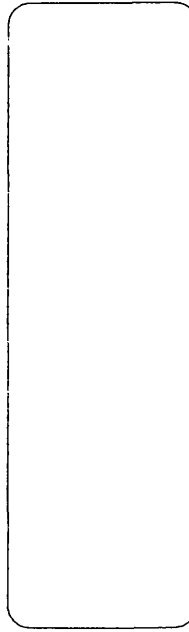
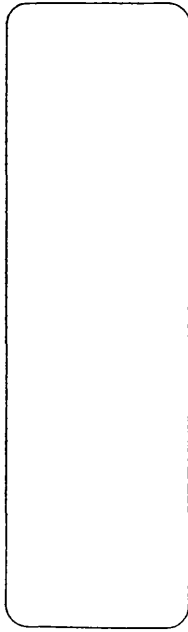
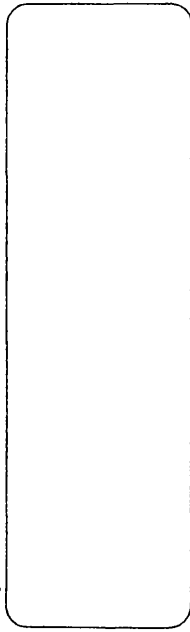
This study presents a girl and boy who have established a relationship and the question of sexual intercourse has emerged a few times but the girl is determined to wait.

QUESTIONS FOR DISCUSSION

1. Why might the girl want to wait?
2. Is it possible that the reverse is also true and that the boy would want to wait?
3. Is it possible to have a good positive relationship without sexual intercourse?
4. In what ways could Cassandra express her sexual feelings of attraction towards Kevin without him getting the wrong idea?
5. What is Cassandra gaining by waiting?
 - * Reasons for waiting should include positive aspects, eg: being confident that you are ready; feeling good about the circumstances and the security of the relationship; to grow in self knowledge and an understanding of other forms of intimacy; to learn more about affection, trust and respect before exposing oneself to the vulnerability of sexual intercourse.
 - * It is possible that males may wish to wait: for religious beliefs; until they feel ready for parenthood; until they wish to make a permanent long term exclusive commitment in the form of marriage; until they feel that their partner feels very safe and secure.
 - * The possibilities of how to build good positive relationships without sexual intercourse should be explored fully. This should not just focus upon safer sex practices but also acknowledge the choices which limit intimate physical contact to relationships of commitment, as in marriage.
 - * Specific examples of how young people can show love and affection without feeling the need to have intercourse to prove the extent of their feelings should be discussed. The importance of communication between young people is great and enabling them to express themselves could reduce misunderstandings and misconceptions!
 - * Cassandra is gaining a sense of worth by saying "no" until she is sure she is ready and will not regret the behaviour. Cassandra is asserting what she believes is right for her, she is gaining the skills of expressing love in a range of other ways and of communicating what she feels sensitively. She is not losing her boyfriend, although one senses that she could cope even if she/he decided to finish the relationship.

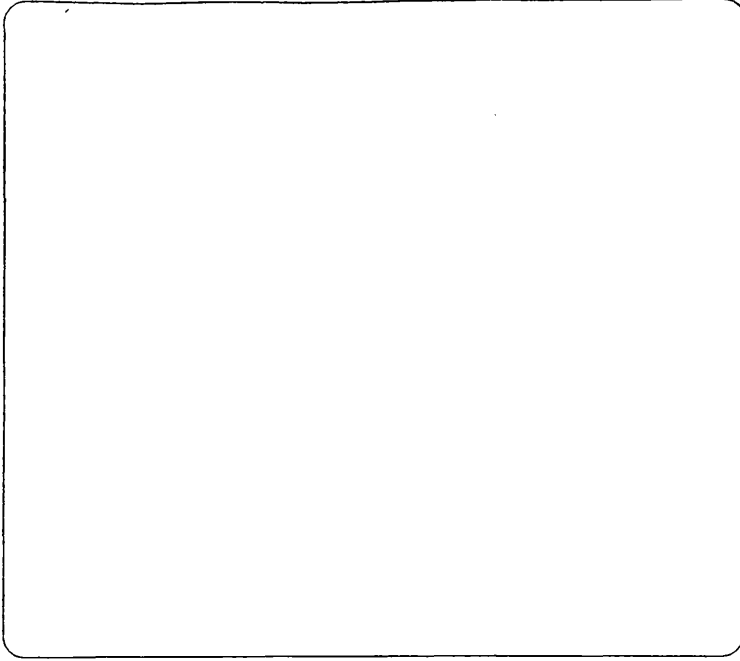
How could Cassandra answer Kevin when he is trying to convince her that sexual intercourse would be a natural expression of their love?

Write down three possible replies she could have given. Whatever she said did not end the relationship.



If saying "no" had ended this relationship what would this show?

What advantages did Cassandra see in saying "no" to sexual intercourse for now?



Compare your ideas with the list of advantages given on the back page.

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WORKING AROUND AIDS TOGETHER WORKSHOPS

*If you are intending to use this resource and would like an opportunity
** to become familiar with the contents,
and
** to discuss strategies, materials and values
with other teachers and health educators
then here are the opportunities for you —*

ONE DAY SESSIONS:

Wednesday 16 NOVEMBER '88 and
Thursday 8 DECEMBER '88 10am - 3pm

The Uniting Church Centre
(Board Room#4) 130 Little Collins St, Melbourne

\$50 (to include Resource material) BYO lunch

EVENING SESSION:

Tuesday 8 NOVEMBER '88 7:30pm - 10pm

St Hilary's Anglican Church
12 John St, Kew

Organised by the Australian Teacher's Christian Fellowship
No fee - voluntary collection

To assist with arrangements, would you please complete the response form below
[indicating which session you wish to attend] and return by Friday 4 November to:

RESPONSE FORM

ANGLICAN AIDS EDUCATION
P.O.BOX 535
BORONIA 3155

NAME

SCHOOL/ORGANISATION.....

ADDRESS

.....

TELEPHONE:.....

I will be attending the session to be held on (date selected)

Please give details if several people from your place of work wish to attend:

Names Telephone Date of Session

.....

.....

.....

.....

Cheques for the day sessions should be made payable to Anglican AIDS Education.

Appendix 9 Development of the Kit Dr J Roffey

DEVELOPMENT OF THE KIT WORKING AROUND AIDS TOGETHER

One of the major aims of the Anglican AIDS Education project was to produce an educational kit as a resource for secondary school teachers:

"There are 26 Anglican church schools within the province of Victoria with a student population of some 10,000, predominantly at secondary school level. Within the Anglican community this group is seen to possess a relatively higher degree of risk. The existence of a human relations curriculum unit enables the introduction of educational material on AIDS with greater effectiveness" (NACAIDS Grant Application).

As a result, steps for an educational pack to be produced and tested were undertaken. The Melbourne Diocese employed Ms Angela Flux, an educational consultant from the United Kingdom, a teacher with extensive secondary school experience in health and religious education. Ms Anne Sherwood, a post graduate student from Monash University, assisted Angela with the Kit as well as providing administrative assistance to the total AIDS education program.

Contact with Anglican church schools was made initially through Archbishop David Penman, who advised the school principals of the aims of the project encouraging their support.

Angela then made contact through a letter requesting information about the materials they were currently using for AIDS education, their assessment of the materials used and an indication of their perceived needs in regards to new materials. Similar responses were also obtained from some teachers in state secondary schools.

Staff members involved in AIDS education were invited to join a working group to assist in the development of ideas and to pilot material, the working party consisted of:

Neville Lyngcoln, Yarra Valley Anglican School
Kerry Morey, Mentone Girls Grammar School
Julie Ramsay, Lowther Hall Anglican Girls School
The Rev'd. Barry Paterson, Fairbank Anglican School
Cate McNamara, Caulfield Grammar School
Denise Brown, Camberwell Grammar School.

These people brought a wide range of backgrounds to the consultancy team, ensuring a comprehensive coverage of the potential clients for the AIDS kit. The working group had expertise in the following areas:

Health education
Life skills programs
Counselling
Biology teaching
Chaplaincy
This group met five times in 1988:

These meetings involved extensive group discussions, concentrating on the material as it was being developed. Further contacts were also made between these meetings to discuss progress and ideas and to receive feedback on current developments.

In summary the role of this group was to:

- report on trial results for earlier modules
- presentation of the new module by the developer.
- discussion of each new element of the material by the panel.
- addition of new material by panel members.
- planning for testing of new material by panel members in their schools.

In order to develop a kit that would complement other materials, Angela contacted many health care and education professionals. Care was taken to discover what was already available, and what the health education professionals thought was lacking. The resources format also was designed to be effective in the classroom and to respect community values and attitudes.

What follows is a brief list of useful people/organisations in the areas of health, education and religion that were contacted, in regards to the development of the resource kit:

* Chris Anderson	Health Department (STD Education)
* Wendy Gale	Community Services Victoria
* Ian Goller	Health Department
* Peter Gourlay	Family Planning Association.
* Peter Grant	Science Teachers Centre. (John Gardner High School)
* Sister Hilda	AIDS Chaplain, Fairfield Hospital
* Judith Jones	Social Biology Resource Centre.
* Dr Eugen Koh	Christian Medical Fellowship
* Dr Bennie Monheit	Health Department
* Dr Richard Moore	G.P Heidelberg
* Tass Mousaferiadis	Health Department
* Patrica Park	Shelford Anglican Girls Grammar
* Judith Richardson	General Board Of Religious Education
* Trevor Smith	General Board Of Religious Education
* Jenny Ross	Haemophilia Foundation Of Australia
* Delys Sargeant	Social Biology Resource Centre
* Murray Seiffert	Melbourne State College
* Robin Walsh	Family Planning Association
* Lurline Wolcott	Institute of Family Studies
* Sue Wright	The Royal College of Obstetricians and Gynaecologists.
* Scripture Union	
* Christian Teachers Fellowship	
* Joint Board of Christian Education	
* Educational Strategies Group	
* Values Study Group	Murray Seiffert, John Roffey,

Angela paid particular attention to the information presented in regards to personal value systems, life styles, self images, communication mode and philosophy, so that controversial issues are presented in a delicate and non-judgmental way. This was achieved by using a "one-step removed" approach and focusing on imaginary characters, role playing and video resources.

The pack is essentially a resource for teachers who are, or wish to become, skilled in employing a range of teaching strategies including: group work, role-playing, creative writing, analysing visual materials and discussion. It focuses on developing the skills adolescents need to cope with pressure and "at risk" situations, ie communication, assertiveness and decision making.

Although the resource was compiled for teachers, it has been developed in such away that it can be easily integrated into community education programs, such as youth groups. It has an extensive AIDS related Glossary and teachers notes. The activities have been divided into information, skills and values, and have all been tested successfully with different groups, ie school groups, youth groups and unemployed youth.

In summary the resource aims:

- * to focus on the personal and social implications of AIDS and HIV.
- * to be consistent with a christian framework of sexuality.
- * to present practical classroom materials.
- * to use a wide range of strategies to engage students in the learning process
- * to develop personal skills in young people.
- * to develop a compassionate response to people affected by HIV or AIDS.

- to deal with issues that are pertinent to adolescents, namely sexuality, knowing more about our potential to love ourselves and others, relationships- coping with potential "at risk" situations dealing with pressure, sexual intercourse, personal values and decisions.
- to present a positive view of human beings and their sexuality.

After many months of testing and discussing the contents of the kit, it was finally launched on the 21st of October 1988, at Bishops court, East Melbourne. Approximately 100 people from religious, health and educational backgrounds attended. Since the launch, the response to the educational resource kit has been very encouraging, with excellent reports being received from all over Australia.

To date copies have been obtained by all Anglican Church Schools in the Melbourne Diocese. Other independent and interstate schools have also obtained copies. Recently government schools in Victoria and interstate have inquired as to obtaining copies for inclusion in their health and human relations courses in 1989.

Responses from other quarters include youth groups, city councils, family planning associations in all states and health and education departments in all states. Recently the requests from overseas have depleted all stocks. These overseas sales are a direct result of contacts that Anglican AIDS Education has made throughout the year, copies have been forwarded to Switzerland, Tanzania, Norway, the West Indies, the United States and the United Kingdom.

The success of the resource kit has gone well beyond the original target group, and it looks very much like continuing. Our original run was 200 copies, we have already planned our next 200 copies.

To complete the development and implementation of the resource kit, Angela ran two inservice days for those who wished to become familiar with the contents and to discuss strategies, materials and values with other teachers and health workers.

These one day sessions provided teachers with an opportunity to up-date their knowledge and skills in AIDS education. The emphasis was upon evaluating the resources of the pack and experiencing a range of educational strategies. The day involved participation in small groups, personal reflection, quizzes, role-playing and case studies.