

Public Petitions Committee

November 2014

Sex and Relationships Education

The Committee requested a review of the impact of making sex and relationships education a statutory requirement for schools.

Mandatory Subject

A [2013 report to the European Parliament](#) argued that:

A higher quality of a school-based sexuality education is linked to the mandatory dimension of lessons and an official programme included in the framework of the school curriculum.

However it implied that the mere fact of statutory provision does not, in itself, ensure quality:

While sexuality education is mandatory by law in nearly all the countries of the European Union, the content and quality will vary. Nordic and Benelux countries are known for having the highest quality of sexuality education, while Eastern and Southern European States have deficient or inexistent sexuality education programmes.

It referred to the difficulties of proving the effectiveness of sex education:

the results of an efficient sexuality education cannot always be distinctly seen. However, experts say that where sexuality education is of a higher quality and with efficient content, the level of HIV infection is lower, teenage pregnancy is rarer and gender equality is more respected.

Similar conclusions were reached in the [WHO Standards for Sexuality Education in Europe](#):

Sexuality (and relationships) education becoming a mandatory curriculum subject is an important aspect for delivery, because – as experience in some countries has shown – the attention paid to it is likely to diminish after the mandate has been lifted. On the other hand, making it mandatory does not automatically lead to good quality and holistic education.

[...]

The trend in Europe as a whole over recent decades has been to make sexuality education mandatory, without “opting-out” clauses that allow parents to withdraw their children from classes if they have serious objections to the curriculum content.

In Scotland, the school curriculum is not statutory, which is an important consideration in deciding whether sex and relationships education ought to be. The WHO standards refer to differences between education systems:

Finally, the degree of decentralization of authorities for developing and implementing educational curriculums, including sexuality education, differs. As a result, the practice of sexuality education may vary widely amongst countries. In a country like Sweden, for instance, with its strong tradition of centralized education authority, the curriculum is centrally decided. In culturally comparable countries like Denmark and the Netherlands, however, such decisions are taken by local or individual school authorities.

The need to improve consistency and quality of provision was one of the reasons that the UK Government decided to add sex education to its existing statutory curriculum for England. A [review of sex education](#) stated:

In October 2008 the Government announced its intention to make PSHE education statutory and launched this Independent Review to investigate the most effective way of achieving this. [...] These reviews argued that PSHE education is not given sufficient priority in many schools and that making the subject statutory is the key to raising its status and improving provision

It is the content of SRE programmes – what is taught and how it is taught – rather than whether or not it is statutory that is more important. A poorly thought through compulsory programme will not have much impact.

Effectiveness of sex and relationships education

The 2013 EU report found varied quality between countries, regardless of its statutory status:

“in some of the EU-12 countries, school-based sexuality education is of better quality than in some countries of the former EU-15. Indeed, the sexuality education systems in Latvia, Cyprus, Estonia and Slovakia are continuously improving and are of a better quality than those we can observe in Ireland, Spain or in the United Kingdom¹.

Overall, the report considered that effective sexuality education can be identified by five indicators:

- The comprehensive approach. Sexuality education is taught with a biological and an emotional view;
- The involvement of the parents. They have the right to contribute to their children's knowledge in this matter;
- Teaching of the subject in schools by specifically-trained teachers;

¹ the report refers to SRE as non-statutory in England, although it has recently been made part of the statutory national curriculum.

- Mandatory attendance of pupils to the sexuality education lessons; and
- Programmes which talk about a wide range of subjects without taboo.

Of the 24 Member States reviewed by this study, 8 countries met the cumulative criteria, or at least three out of five. These were: Belgium, Finland, Sweden, Denmark, France, Luxembourg, the Netherlands and Germany.

The report notes research which shows links between poor SRE and high rates of teenage pregnancy:

the link between a deficient sexuality education and a higher rate of teenage pregnancy and sexually transmitted diseases has been demonstrated in scientific articles by numerous experts, namely Douglas Kirby (2007) and Laina Y. Bay-Cheng (2003). More recently the Planned Parenthood Association of America (Oct 2012) published notes on this question. In America, the teenage pregnancy rate is one of the highest in the most developed countries of the world. Experts and researches have proven that this situation could be avoided if the school-based sexuality education were of a better quality.

One of the reasons for poor quality sex education is the culture – particularly the religious culture of a country:

The disparities between quality and frequency of delivery of sexuality education in the 24 observed EU Member States can be explained by cultural and religious traditions (incidence and influence of the Catholic and Protestant Churches, traditions, etc.) and financial issues (budget cuts in the public sector, incidence of the financial crisis). The overall tendency is however, that sexuality education programmes are improving in all the EU countries.

[UNESCO international guidelines](#)

In 2010, UNESCO produced international guidelines on sexuality education. The review considered 87 studies from around the world; 29 studies were from developing countries, 47 from the United States and 11 from other developed countries. The review examined the impact of these programmes on those sexual behaviours that directly affect pregnancy and sexual transmission of HIV and other STIs. It did not review impact on other behaviours such as health-seeking behaviour, sexual harassment, sexual violence or unsafe abortion. Within these limitations, the literature review found that:

Of sixty studies that measured the impact of sexuality education programmes upon the initiation of sexual intercourse, 38 per cent delayed the initiation of sexual intercourse among either the entire sample or an important sub-sample, while 62 per cent had no impact.

Notably, none of the programmes hastened the initiation of sexual intercourse. Similarly, 31 per cent of the programmes led to a decrease in the frequency of sexual intercourse (which includes reverting to abstinence), while 66 per cent had no impact and 3 per cent increased the frequency of sexual intercourse. Finally, 44 per cent of the programmes decreased the number of sexual partners, 56 per cent had no impact in this regard, and none led to an increased number of partners.

The review noted that the most effective programmes reduced 'risky behaviour' to some extent, but they did not find 'dramatic' effects:

Even the effective programmes did not dramatically reduce risky sexual behaviour; their effects were more modest. The most effective programmes tended to lower risky sexual behaviour by, very roughly, one-fourth to one-third. For example, if 30 per cent of the control group had unprotected sex during a period of time, then only 20 per cent the intervention group did so, a reduction of 10 percentage points or a proportional reduction of one-third.

Camilla Kidner
Senior Research Specialist
Schools and Children's Services
SPICe
November 2014