

Emma Dobson is a post-doctoral researcher at the School of Education, Durham University.

For communication, please email: [e.s.dobson@durham.ac.uk](mailto:e.s.dobson@durham.ac.uk)

## Emma Dobson

---

# Labelling the labia – a lesson in how to terrify teachers: Pedagogical obstacles to the introduction of compulsory Relationships and Sex Education (RSE)

Current 'Sex and Relationship Education Guidance' (DfEE, 2000) has been widely criticised. With almost twenty years having passed since its publication, and following the recommendations of various committees and inquiries (OFTSED, 2013; House of Commons Education Select Committee, 2015; House of Commons Education Committee, 2016), legislation passed in Section 34 of the *Children and Social Work Act* (2017) introduced Relationships and Sex Education (RSE) as a statutory requirement in schools in England. From 2020, Relationship Education will be compulsory in primary schools (age 4-11) and RSE will be compulsory in all secondary schools (age 11-16). This is cause for celebration. After committed campaigning and vigorous debate, young people will now be entitled to receive an education that will support their transition into adulthood by preparing them to engage in healthy, consensual, and fulfilling relationships. Despite this achievement, during a study of RSE curriculum implementation, a number of pedagogical constraints were identified as posing potential barriers to the introduction of the compulsory RSE curriculum in 2020.

### Teaching RSE in Secondary Schools

12 secondary schools in the catchment area of the Local Education Authority participated in a study of RSE. Approximately 30 teachers received training, resources and a comprehensive curriculum guide to support their delivery of a sexual health and wellbeing programme to Year Nine (13-14 years) students. The curriculum consisted of six broad subject areas: puberty and reproduction, sexuality and gender identities, healthy relationships, communication and consent, STIs and contraception, and sex,

pornography and the media. During the course of curriculum design and delivery, several issues arose which may have negative implications for the roll-out of compulsory RSE in secondary schools. These are described in more detail below and include: teachers' reluctance to take responsibility for RSE delivery; the exclusion of female external genitalia from educative materials; the omission of experiences other than the biological act of reproduction, and censoring 'inappropriate' questions and answers.

### 'Other professionals' are preferable

Upon learning of the content they would be responsible for delivering, many teachers asked whether an external educator, such as a nurse, health practitioner, or peer educator, could be 'brought in to do the tricky bits'. An example of a 'tricky bit', thought to be best addressed by an external educator, was that of the condom demonstration. Teachers did not want to be seen holding condoms or demonstration models and referred to 'hiding' materials or 'locking them away in cupboards'. Teaching staff also requested that all condoms be counted out and counted in again upon their return by students due to concerns about misbehaviour. Any wrappers were to be removed from classrooms and disposed of outside of school grounds or wrapped in tissue paper to disguise on-site disposal, preventing 'silliness or students messing round with them'. This is an example of 'condom phobia' reported by Formby *et al.*, (2010), where the presence of condoms or their packaging in classrooms is associated with problematic youth sexuality; raising concerns around damage to a school's reputation. On the whole, teachers were happy with the content of

the proposed curriculum, so long as they were not the ones responsible for its delivery. When teachers *were* responsible for teaching the curriculum, a number of subject areas were identified as presenting considerable difficulties for classroom-based discussion.

### **Visuals of the vagina are vulgar**

The unit on puberty and reproduction included a PowerPoint presentation with diagrams of both the male and female reproductive systems. These were to be labelled by teachers and/or students. The male illustration included an internal and external representation of the genitalia, whereas the female illustration was limited to an internal view of the ovaries, fallopian tubes, and uterus. Previous studies spanning a period of thirty years have noted the tendency of sex education to neglect parts of female anatomy and sexuality related to pleasure (Fine, 1988; Measor, Tiffin & Miller, 2000; Pound *et al.*, 2017). To rectify this within the current programme, an illustration of female external genitalia was included alongside the 'traditional' diagrams present on teaching slides. Whilst teachers had initially been comfortable with the content of the reproduction and puberty unit, the addition of this new illustration caused considerable consternation. Teachers did not feel comfortable using material that included an image of female external genitalia; asking for the illustration to be removed from slides as it was 'too rude to show pupils in the classroom'. Teachers also refused to label the image. There was particular anxiety surrounding the identification and discussion of the labia and clitoris. These anxieties were not present when labelling external parts of the male reproductive system such as the penis, scrotum or foreskin.

### **Teachers can't talk trans**

Many teachers had identified students within their classrooms who were questioning their gender, in the process of transitioning, or experiencing homophobic bullying after disclosing their sexuality. Staff felt strongly that these students should be given greater support and believed RSE was the best method to dispel myths and discourage stereotyping and prejudice within their school. Despite this, teachers were reluctant to discuss transgender issues with their students. This was often identified as being due

to the fear of 'getting it wrong' or 'using the wrong label', potentially upsetting pupils in the classroom who may be transitioning. Teachers frequently described feeling ill-equipped to disseminate accurate information, claiming that students 'already know more about the labels and the process than we do from watching stuff on YouTube'. Some staff did not wish to discuss any content that could be linked to Lesbian, Gay, Bisexual or Transgender (LGBT) issues. There were concerns that subject matter relating to the sexual health and wellbeing of LGBT students would be 'too mature to discuss in school'. This was based on the notion that talking about homosexuality would necessarily lead to 'taboo' discussion of alternatives to vaginal penetrative sex such as oral and anal sex. These subjects were deemed to be beyond the educative remit of the classroom, an 'inappropriate' discussion to hold with students. The promotion of vaginal penetrative sex as the accepted, proper or normal practice excludes the experience and education of LGBT students (Formby, 2011; Hirst, 2013), and is an example of how teachers can uphold heteronormative RSE (Abbott, Ellis & Abbott, 2015). Furthermore, sexual practices such as oral and anal sex are not solely confined to homosexual relationships. The refusal to acknowledge these behaviours in RSE limits the sexual knowledge and repertoire of *all* young people (Allen, 2008; Hirst, 2008). The inclusion and acknowledgement of sexual diversity in RSE frequently presents difficulties for teachers (Kehily, 2002). This is not a consequence of teachers' disinclination to educate their students. As highlighted above, staff *wanted* to include this content in the curriculum but felt unable to personally discuss subject material due to a lack of knowledge or confidence, and a fear that discussion of this nature would be reported, leading to complaints.

### **Questions will not be tolerated**

Attempts to restrict curriculum content in this manner led to many teachers limiting or censoring student-led questioning through cautioning pupils to 'stick to appropriate topics'. As part of the programme, participating pupils were invited to submit anonymous questions about curriculum content. These would be answered by the researcher and returned at the end of the programme in the form of a

'Frequently Asked Questions' booklet. Booklets were to be given to each student so they could find the answer to their question at a time of their choosing; in private, with family, or amongst friends. They could also read questions that had been submitted by their peers; reinforcing the notion that no one 'knows it all' and providing answers to queries common amongst the peer group. Schools requested that submitted questions and proposed answers be subject to approval by staff before their return to students. Several questions and topic areas were redacted from the booklets upon review by teaching staff. Examples of these questions are given below:

*What happens when you have a sex change? How much does it cost?*

*What is lesbian sex?*

*How do you have anal sex?*

*Do lasses cum like lads?*

*Why do girls have more ways to masturbate than boys?*

*What does sperm taste like?*

*Do old people have sex? Can they still do it?*

*Can you get pregnant from animals?*

Teachers often justified this censorship by arguing that these questions were examples of students 'messaging around', deduced from phrasing or subject matter. It could be argued however that these questions serve to demonstrate the vast and increasingly complex sexual landscape young people today are trying to navigate. Restricting questioning in RSE limits pupil agency as: 'In order to have questions answered, pupils not only have to know *what* to ask... they must know *what is appropriate* to ask and *how to ask appropriately*' (Corteen, 2006, p89). This 'grey area' around question acceptability discourages participation, resulting in an RSE programme that does not adequately address the concerns of young people (Forrest *et al.*, 2004; Maxwell, 2006).

Furthermore, as these topics had been prohibited within classroom-based discussion, pupils would have been forced to look elsewhere to find answers to their questions. There is no way of knowing whether the information they will find will be accurate or reliable, or whether students will continue to search for answers at all. After having their question removed from the 'approved' list, there is a worrying possibility that students may decide that their question was too naughty, silly or abnormal to be worthy of a response; encouraging pupils to view their

gender/sexual identity in a negative manner (Abbott, Ellis & Abbott, 2015), and thereby dissuading them from asking for help or support in future.

### Where does the reluctance to teach RSE originate?

Difficulties inherent in teaching RSE have been widely documented (Abbott *et al.*, 2016). Given the historical context of sex education, previous legislative threats, negative media reporting, and an absence of teacher training, it is not surprising that teachers are sometimes reluctant to engage in the delivery of RSE.

#### Historical context

Historically, the focus of RSE has been preventative; presenting young people as vulnerable to and thus dutifully arming them against the threat of AIDS/HIV, teenage pregnancy, and soaring STI rates. In an analysis of English policy, Kidger (2005) identifies two dominant discourses: harm reduction and moralism. In this way, RSE serves to prescribe appropriate behaviour (Allen, 2001), portraying student sexuality as a problem to be managed or contained (Allen, 2007). To this extent, teachers educate *against* student sexuality, rather than educating *for* sexual health and wellbeing.

#### Legislative threats

Those responsible for teaching RSE have been subject to a number of legislative threats such as the infamous 'Section 28', which encouraged teachers to censor the sex education classroom (Nixon & Givens, 2007). Whilst these are no longer in effect, their influence remains. As Section 28 was only repealed in 2003, there will still be staff teaching in schools who recall and are mindful of repercussions. Despite OFSTED (2002) reporting that less than 1% of parents remove children from RSE, these fears will have been exacerbated recently by the parental response to LGBT curriculum materials used in Parkfield Community School in Birmingham. Teachers may continue to self-censor in order to avoid similar situations in future.

#### Moralistic media

Not only are teachers wary of parental disapproval, the media have also played a large part in encouraging public condemnation of RSE

curricula. Positive press coverage of the APAUSE<sup>1</sup> programme for example, was overshadowed by highly critical, graphic headlines accusing the programme of promoting 'oral sex lessons for under-16s' (Kingori, Wellings & French, 2004). Perhaps more seriously, in 2005, The Telegraph published an article entitled 'Outrage over explicit sex lessons' in which a specific school, head teacher, and the individual responsible for delivering what was deemed to be an 'offensive' RSE programme, were publicly 'named and shamed'. Accordingly:

*'the most prominent external factor cited as a barrier to service development or provision was fear of the media. High-profile cases of schools and individuals being targeted by a sensationalistic or antagonistic press appeared to have left the majority of service providers with feelings of fear or trepidation in relation to potential negative media coverage'.* (Formby *et al.*, 2010, p430).

### Lack of teacher training

Efforts to provide good quality RSE have also been hampered by limited opportunities for teacher training. Despite opportunities increasing with successive governments, the House of Commons Education Committee wrote in 2015 that 'there is a mismatch between the priority that the government claims it gives... and the steps it has taken to improve the quality of teaching in the subject' (Life Lessons, p3). This is to the detriment of RSE as inadequate teaching will negatively impact the subject knowledge of students. Teacher training for RSE is not compulsory. Whilst figures vary, it is estimated that 20% of teachers have not received any RSE training (OFSTED, 2013). This is supported by a 2018 survey conducted by the Sex Education Forum which reported that 6% of teachers had not covered RSE in Initial Teacher Training (ITT), and 29% had never had any training at all. Consequently, teachers report feeling unsure, embarrassed and underconfident when delivering RSE (Gordon & Gere, 2016; Wight & Buston, 2003).

### Implications for the Introduction of a Compulsory RSE Curriculum

Taking account of the difficulties outlined above, it is questionable whether legislative change in itself will be enough to improve RSE. It may guarantee provision, but this does not guarantee quality. 'Guidance can provide the

foundations for good quality provision, teachers' key role in its delivery affects its efficacy' (Abbott, Ellis & Abbott, 2016, p689). Whilst it is important that young people receive RSE, within this educative context it is the teachers that need guidance as well as their students. Without support, teachers will continue to deliver content based on personal notions of comfort and appropriateness (Abbott *et al.*, 2015). Thus by neglecting to support teachers, we also neglect to support their students, who will receive restricted lesson content as a result. Observations suggest that as it stands, teachers are not only unprepared but are also unwilling to deliver parts of the RSE curriculum. This may hinder the introduction of a compulsory curriculum in 2020. There is still much confusion and debate surrounding the provision of RSE. This is due to conflicting notions of morality, normality and the family; complicated by the curriculum's lack of clarity in defining and identifying 'age-appropriate' content; and compounded by limited opportunity for teacher training. A survey conducted by the National Confederation of Parent Teacher Associations, National Association of Head Teachers and National Governors Association stated that 80% of respondents did not feel trained and confident to deliver RSE, with only 9% rating available teaching materials as useful. Similarly, Westwood & Mullen (2007) reported that one third of teachers disliked teaching RSE. The majority did not feel they had adequate resources to teach the topic and didn't feel sufficiently prepared to teach the subject. As such, this article recommends four key areas that need to be addressed before the roll-out of the compulsory curriculum in 2020: 1) invest in teacher training, 2) define age-appropriateness, 3) identify age-appropriate materials and 4) celebrate sex educators.

### Investing in teacher training

'An area often overlooked in the planning of any health education programme is the development of the capacity of individuals to deliver the programme' (Walker, Green & Tilford, 2003, p321). Teachers are regarded as the most sustainable source of RSE as they are already employed within schools. The new RSE

<sup>1</sup> APAUSE is an acronym for Added Power and Understanding in Sex Education. One of the project aims was to help teenagers in areas reporting a high incidence of teenage pregnancy to identify appropriate 'stopping points' in the build-up to penetrative sex to avoid unplanned pregnancy.

Guidance (2019) places heavy emphasis on teachers' responsibility for the delivery of RSE: 'Use of visitors should be to enhance teaching by an appropriate member of the teaching staff, rather than as a replacement for teaching by those staff' (p18). Yet teachers currently receive very little training in preparation for this role. Consequently, preparing teachers to deliver RSE has been identified as 'the most significant delivery challenge' (Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group, Department for Children, Schools and Families, p7). Despite this, the availability of training is limited. The Sex Education Forum commendably delivered preparatory training days in readiness for the launch of the compulsory curriculum. Sessions were at a cost of £200 however and held in London. These may not be accessible for schools with budgetary constraints or those based outside the South of England. 'Taking staff out of school... places great pressure on schools, in relation to maintaining staff levels, and the alternative solution of providing training at weekends transfers pressure to individual team members' (Walker, Green & Tilford, 2003, p327). Currently the majority of training is in the form of Continuing Professional Development (CPD). This is provided via external agencies at considerable cost and there will necessarily be variation in quality between programmes. A standardised form of training at least during ITT may be required to ensure the consistency of future provision. Whilst it is good that RSE guidance will be reviewed every three years to respond to emergent trends, training programmes and resources will also need to be regularly updated. This represents considerable CPD cost for schools. The Secretary of State for Education has announced £6 million of funding to support this process, however this sum has been critiqued as equating to approximately £250 per school (Rayner, 2019) – covering the cost of just one ticket for an SEF training day.

### Defining age-appropriateness

Having minimal prescriptive content within the RSE curriculum can be viewed positively as it gives schools the flexibility to 'respond to local public health and community issues, meet the needs of their community and adapt materials and programmes to meet the needs of pupils'

(SRE Guide, 2019, p41). Whilst it is important that schools consider the context in which they will deliver RSE, it is also worth considering that RSE is valued by some students from ethnic or religious minorities precisely because it provides an opportunity to learn about issues not discussed within their community (Selwyn & Powell, 2007; Orgocka, 2004; Yu, 2007). Moreover, determining when it is most appropriate for students to learn about specific aspects of sexual health and wellbeing is a daunting task for teachers, who fear they may overstep the professional boundaries of their role as an educator and cause offense. This may account for teachers' reluctance to label diagrams of the female genitalia or discuss LGBT content with students. New guidance often refers to schools including content *if* and *when* it is appropriate for the needs of their pupils – but who has the right to decide which content is appropriate and at what age? This responsibility is currently passed down to schools, but the lack of clarity surrounding *when* content is appropriate (and therefore by inference, when it is *not*) will serve to perpetuate teachers' delivery of a narrow and restrictive RSE curriculum. Guidance should present curriculum content progressively, year by year, making clear statements about when content can be deemed 'acceptable' to be passed on to students. This will alleviate teachers' fears that they may have presented a topic prematurely and potentially exposed themselves to critique.

### Identifying age-appropriate materials

Teachers delivering RSE are predominantly concerned with teaching methods and resources (Walker, Green & Tilford, 2003). Westwood & Mullen (2007) report that the majority of teachers do not feel they have adequate resources to teach RSE and the scarcity of funding meant resources were not replaced or updated. Even if excellent, free curriculum materials were distributed to teachers alongside or as part of RSE Guidance, as observations from this article would suggest, 'the success of those materials would depend in very large part upon the educator delivering them' (Pound, Langford & Campbell, 2016, p12). An SEF survey (2018) reported that 70% of teachers would find it very helpful to have guidance on how to choose and use reliable resources when delivering RSE. Instead, RSE Guidance (2019)

places the responsibility for identifying sources and determining their appropriateness on teachers. It states that 'schools are free to determine how to deliver content' (p8) and to support this process:

*'There are a lot of excellent resources available, free-of-charge, which schools can draw on when delivering these subjects. Schools should assess each resource that they propose to use to ensure that it is appropriate for the age and maturity of pupils'*(p13).

What criteria should teachers use to support this endeavour? Where are the best resources? Is there a checklist of items that could be used to corroborate teachers' classification of retrieved materials as high-quality and, age-appropriate? Without this, individual schools/teachers may face having to justify their decision to the press or parents without sufficient support. When compiling the *Life Lessons* (2015) report on PSHE, the House of Commons Committee received correspondence from 'a large number of parents... expressing their concerns about inappropriate teaching materials being used' (p25) in RSE. Whilst RSE guidance does include a list of 'good' websites from which resources can be downloaded, this is no guarantee of their acceptability or appropriateness. For example, the *Times Educational Supplement* (TES), a common port-of-call for teachers looking for educational materials, was recently condemned by LGBT+ groups for including a link to a classroom resource from a critical pressure group *Transgender Trend*.

Another example is that of sexual health charity *Brook*, who were widely criticised in the media (The Telegraph, 2014; BBC News, 2014) and in a sitting of the Commons Education Select Committee for schools' use of their 'Traffic Light Tool'; despite this being featured in supplementary guidance on sex and relationships education that was endorsed by the Department for Education and produced by the SEF and the PSHE Association (currently on the 'approved' RSE Guidance list of websites). Given this background, teachers will need more support in sourcing and scrutinising self-selected resources for RSE. It is not enough to merely direct them to websites without first giving them the appropriate training and guidance to justify their selection and utilisation of materials as it has been the case in the past that individual teachers or schools have been 'put on trial' by the media

for the 'inappropriateness' of their RSE programme.

## Celebrating sex educators

Finally, to further bolster the confidence of those teachers responsible for delivering RSE in schools, awards such as those given by the SEF to recognise outstanding examples of innovation or practice should be widely publicised: the reporting of which should help to shift media rhetoric to a more positive appraisal of the sex education curriculum, its content, and the beneficial impact it can have on the lives of young people.

## References

- Abbott, K., Ellis, S. J. & Abbott, R. (2016). 'We've got a lack of family values': an examination of how teachers formulate and justify their approach to teaching sex and relationships education. *Sex Education*, 16(6), 678-691.
- Abbott, K., Ellis, S. & Abbott, R. (2015). 'We Don't Get Into All That': an analysis of how teachers uphold heteronormative sex and relationship education. *Journal of Homosexuality*, 62(12), 1638-1659.
- Allen, L. (2001). Closing sex education's knowledge/practice gap: the reconceptualisation of young people's sexual knowledge. *Sex Education*, 1(2), 109-122.
- Allen, L. (2007). Doing 'it' differently: Relinquishing the disease and pregnancy prevention focus in sexuality education. *British Journal of Sociology of Education*, 28(5), 575-588.
- Allen, L. (2008). 'They Think You Shouldn't be Having Sex Anyway': Young People's Suggestions for Improving Sexuality Education Content. *Sexualities*, 11(5), 573-594.
- BBC News. (4<sup>th</sup> November 2014). *Sex 'normal at 13' suggestion raises concerns*. Retrieved June 13, 2019, from: <https://www.bbc.co.uk/news/education-29903233>
- Corteen, K. M. (2006). Schools' fulfilment of sex and relationship education documentation: three school-based case studies. *Sex Education*, 6(1), 77-99.
- Department for Children, Schools and Families. (2008). *Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group*. DCSF Publications: Nottingham. Retrieved June 13, 2019, from: <https://webarchive.nationalarchives.gov.uk/tna/+/teachernet.gov.uk/doc/13031/7924-DCSF-ex%20and%20Relationships%20A4.pdf>
- DfE. (2019). *Relationships Education, Relationships and Sex Education (RSE) and Health Education*. Draft statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. Retrieved June 13, 2019, from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/781150/Draft\\_guidance\\_Relationships\\_Education\\_Relationships\\_and\\_Sex\\_Education\\_RSE\\_and\\_Health\\_Education2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf)
- DfEE. (2000). *Sex and Relationship Education Guidance*, Circular 0116/2000. London: DfEE.
- Fine, M. (1988). Sexuality, schooling, and adolescent females: The missing discourse of desire. *Harvard Educational Review*, 58(1), 29-54.
- Formby, E. (2011). 'It's better to learn about your health and things that are going to happen to you than learning things that you just do at school': findings from a mapping study of PSHE education in primary schools in England. *Pastoral Care in Education*, 29(3), 161-173.

- Formby, E., Hirst, J., Owen, J., Hayter, M. & Stapleton, H. (2010). 'Selling it as a holistic health provision and not just about condoms...' Sexual health services in school settings: current models and their relationship with sex and relationships education policy and provision. *Sex Education*, 10(4), 423-435.
- Forrest, S., Strange, V., Oakley, A. & RIPPLE Study Team. (2004). What do young people want from sex education? The results of a needs assessment from a peer-led sex education programme. *Culture, Health & Sexuality*, 6(4), 337-354.
- Gordon, R. & Gere, D. (2016). Sex Squad: engaging humour to reinvigorate sexual health education. *Sex Education*, 16(3), 324-336.
- Hirst, J. (2008). Developing sexual competence? Exploring strategies for the provision of effective sexualities and relationships education. *Sex Education*, 8(4), 399-413.
- Hirst, J. (2013). 'It's got to be about enjoying yourself': young people, sexual pleasure, and sex and relationships education. *Sex Education*, 13(4), 423-436.
- House of Commons Education Select Committee. (2015). *Life lessons: PSHE and SRE in schools* (Fifth Report of Session 2014-15). London: House of Commons. Retrieved June 13, 2019, from: <https://publications.parliament.uk/pa/cm201415/cmselect/cmeduc/145/145.pdf>
- House of Commons Womens' and Equalities Committee. (2016). *Sexual harassment and sexual violence in schools* (Third Report of Session 2016-17). London: House of Commons. Retrieved June 13, 2019, from: [https://publications.parliament.uk/pa/cm201617/cmselect/cmwomen/91/91.pdf?utm\\_source=91&utm\\_medium=module&utm\\_campaign=modulereports](https://publications.parliament.uk/pa/cm201617/cmselect/cmwomen/91/91.pdf?utm_source=91&utm_medium=module&utm_campaign=modulereports)
- Kehily, M. J. (2002). Sexing the subject: teachers, pedagogies and sex education. *Sex Education: sexuality, society and learning*, 2(3), 215-231.
- Kehily, M. J. (2005). *Sexuality, gender and schooling: Shifting agendas in social learning*. London: Routledge.
- Kingori, P., Wellings, K. & French, R. (2004). Sex and relationship education and the media: an analysis of national and regional newspaper coverage in England. *Sex Education: Sexuality, Society and Learning*, 4(2), 111-124.
- Maxwell, C. (2006). Context and "contextualisation" in sex and relationships education. *Health Education*, 106(6), 437-449.
- Measor, L., Tiffin, C. & Miller, K. (2000). *Young People's Views on Sex Education: education, attitudes and behaviour*. London: Routledge.
- Nixon, D. & Givens, N. (2007). An epitaph to Section 28? Telling tales out of school about changes and challenges to discourses of sexuality. *International Journal of Qualitative Studies in Education*, 20(4), 449-471.
- OFSTED. (2013). *Not yet good enough: personal, social, health and economic education in schools*. London: Office for Standards in Education, Children's Services and Skills.
- Orgocka, A. (2004). Perceptions of communication and education about sexuality among Muslim immigrant girls in the US. *Sex Education*, 4(3), 255-271.
- Pound, P., Denford, S., Shucksmith, J., Tanton, C., Johnson, A. M., Owen, J. & Campbell, R. (2017). What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views. *BMJ open*, 7(5), e014791.
- Pound, P., Langford, R. & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ open*, 6(9), e011329.
- Rayner, A. (2019). *Relationships and Sex Education, in the House of Commons at 4:19pm on 25<sup>th</sup> February 2019*. Retrieved June 13, 2019, from: <https://www.theyworkforyou.com/debates/?id=2019-02-25d.35.5>
- Selwyn, N. & Powell, E. (2007). Sex and relationships education in schools: the views and experiences of young people. *Health Education*, 107(2), 219-231.
- Sex Education Forum. (2018). *Statutory RSE – are teachers in England prepared?* Retrieved June 13, 2019, from: <https://www.sexeducationforum.org.uk/resources/evidence/statutory-rse-are-teachers-england-prepared>
- The Telegraph. (23<sup>rd</sup> November, 2005). *Outrage over explicit sex lessons*. Retrieved June 13, 2019, from: <https://www.telegraph.co.uk/education/3352373/Outrage-over-explicit-sex-lessons.html>
- The Telegraph. (4<sup>th</sup> November, 2014). *Teachers told: sex at 13 is 'normal part of growing up'*. Retrieved June 13, 2019, from: <https://www.telegraph.co.uk/education/educationnews/11209109/Teachers-told-sex-at-13-is-normal-part-of-growing-up.html>
- Walker, J., Green, J. & Tilford, S. (2003). An evaluation of school sex education team training. *Health Education*, 103(6), 320-329.
- Westwood, J. & Mullan, B. (2007). Knowledge and attitudes of secondary school teachers regarding sexual health education in England. *Sex Education*, 7(2), 143-159.
- Wight, D. & Buston, K. (2003). Meeting needs but not changing goals: evaluation of in-service teacher training for sex education. *Oxford Review of Education*, 29(4), 521-543.
- Yu, J. (2007). School sex education: views within British-Chinese families. *Asian J Nurs*, 10, 171-8.

## Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

**Contributors** (see a recent list) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact the Editor