

Background literature

There is systematic review evidence that good quality relationships and sex education (RSE) delivered in school classrooms can contribute to promoting sexual health, preventing unintended pregnancies, STIs and dating and relationship violence, and increasing disclosure of sexual abuse and violence (Walsh et al. 2015, DiCenso et al. 2002, Oringanje, Meremikwu, and Eko 2009, Shepherd et al. 2010, Rodriguez-Castro 2021, Vaina and Perdikaris 2022, Goldfarb and Lieberman 2021).

RSE should begin early enough to enable young people to navigate relationships safely and prepare for competent first sex (Coyle et al. 2001, Henderson et al. 2007, Stephenson et al. 2004, Lohan et al. 2017, Lohan et al. 2022, Department for Education 2019).

But provision of RSE has often been patchy. In England, a 2021 poll of a convenience sample of 1,002 English young people aged 16-17 years old reported only just over a third recalled that RSE in their schools had been good or very good, with lower ratings among girls (Sex Education Forum 2022). Over one third had not learned about power imbalances in relationships, sexual pleasure, female genital mutilation, gender identity or pornography. About one third had not learned about healthy relationships, grooming for sexual exploitation and accessing local sexual-health services. A 2018 survey of 6922 young people in England age 18-19 years found just under half of young people reported their school RSE was fairly or very useful (Stewart et al. 2021).

Most RSE focuses on straight, cisgender identity and heterosexual practices, neglecting the needs of sexual- and gender-minority students (Pound, Langford, and Campbell 2016, Haley et al. 2019, Pampati et al. 2021, Mata et al. 2022, O'Farrell, Corcoran, and Davoren 2021, Metro 2016). The survey of 18-19 year-olds in England cited above found young people from sexual minorities were significantly more likely to report that RSE was not useful (Stewart et al. 2021). UK qualitative studies have identified RSE provision in schools as often heterosexist and sometimes overtly homophobic (Buston and Hart 2001, Formby and Donovan 2020).

Adolescents' experiences of, and needs relating to, RSE also appear to vary by other socio-demographic factors. An study of an ethnically diverse convenience sample of 3,007 15–18 year-olds in England surveyed in school in 2008 reported that minority-ethnic, particularly Black, students wanted to learn more about cultural/religious beliefs relating to sex as well as sexual behaviour and STIs. Asian students reported preferences for school as a source of learning and more information about STIs and contraception (Coleman and Testa 2007). In a cross-sectional study of 3,334 13–17-year-olds from English urban and suburban secondary schools in 2012, Black students were less likely than White students to seek information from school RSE compared to other sources. There were no differences between ethnic groups in terms of topics they wanted covered (Newby et al. 2012).

Our study

We looked at student self-reports of RSE based on the baseline survey of our Positive Choices study of students in year 8 (age 12-13 years) in the winter 2021/22. This was from a convenience sample of 50 schools. Recruited schools were in slightly less disadvantaged areas and had lower rates of student poverty than the average for schools in England. Schools were more likely to have good Ofsted inspection ratings. All other characteristics were similar to other English schools. The sample was evenly split between those identifying as boys (47.9%) and those identifying as girls (47.9%). Four-fifths (80%) of students reported a straight/heterosexual orientation.

Both girls and non-binary pupils perceived RSE to be less well covered than did boys. Similarly, gay/lesbian students and bisexual/other students perceived RSE to be less well covered than heterosexual/straight students, as did minority-ethnic students compared to White students. Increasing family affluence was linked to greater perceived RSE coverage, as was school commitment.

The topics reported by more than 60% of students as being well/very well covered were, in descending order of coverage, body changes in puberty; conception; how the media affects how we think about our bodies; who to contact if experienced abuse; how to say no to something sexual that is unwanted; and correct names for genitalia. The topics reported by less than 30% of students to be well or very well covered were in descending order of coverage: sexual pleasure; readiness for intimacy or sex; how to use a condom; pornography including legal issues; what sexual activities are safe; female genital mutilation; and masturbation.

Differences by gender were especially apparent for sexual pleasure, where 31% of boys but 21% of girls and 20% of non-binary pupils reported this was well-covered; masturbation, where 22% of boys but only 11% of girls and 15% of non-binary pupils reported this was well covered; what it means to be in love, where 53% of boys but 40% of girls and 31% of non-binary pupils reported this was well-covered; and respectful behaviour, where 56% of boys but 47% of girls and 46% of non-binary pupils reported this was well-covered.

Student-reported priority topics included: body changes in puberty; how to say no to something sexual that is unwanted; spotting signs of abuse in relationships; sexually transmitted infections; how to use a condom. In contrast, correct names for genitalia, managing conflict in relationships, and sexual pleasure were least likely to be rated as priorities.

The overall proportion of students reporting sexual harassment at school in the last year was 8.5%. Girls and non-binary students were at higher risk of sexual harassment victimisation at school than boys. Similarly, gay/lesbian, bisexual or other students were at higher risk of sexual harassment victimisation at school than students identifying as straight. Neither ethnicity nor family affluence were significantly associated with sexual harassment.

Conclusions

Our results suggest that, at the point at which RSE was becoming a statutory requirement in schools in England, RSE coverage was variable by topic, with students overall reporting low coverage and knowledge of some topics. Some important topics, such as how to report abuse, how to say no to something sexual that is unwanted, sexual harassment, and the sharing of sexual imagery, were not as well covered for all students as might be expected by this age. Sexual harassment, even among these relatively young students, was common, particularly for sexual and gender minority students.

It may be that teachers need better selection, training and materials to ensure they are able to provide this learning and engage with challenging or potentially embarrassing topics without discomfort as well as more dedicated time within their timetable for teaching such topics comprehensively.

RSE provision should ensure that contents and teaching methods are oriented towards the needs of all students including girls, gender- and sexual-minority students, and minority-ethnic students. Not doing so risks compounding existing health inequalities concerning adverse sexual health outcomes among these groups (Mercer et al. 2016, Macdowall et al. 2013, Wayal et al. 2017).

There is a risk that stopping schools from teaching some topics to younger students will lead to students needing education on these topics from not receiving it. Stopping such teaching may also be practically impossible to implement because RSE involves class discussions and it would be difficult and inappropriate to stop such discussions addressing certain topics.

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