

This factsheet outlines current law and policy on the teaching of relationships and sexuality education (RSE) in Northern Ireland's schools. In official and other documents in Northern Ireland, sex education is now referred to as RSE. However, this factsheet will, at times, use the term sex education, as some of the information provided refers to literature that uses this term.

Key facts

- RSE is a statutory element of the school curriculum.
- There is no uniform pattern to the provision of RSE in schools.
- RSE does not encourage early or increased sexual activity.

Government support for RSE

Initially, the framework for sex education was established by the Department of Education for Northern Ireland (DENI) in Guidance Circular 1987/45.¹ It stated that schools should have a written policy on sex education endorsed by the Board of Governors and communicated to parents. It further states that sex education: "... should be taught in a sensitive manner which is in harmony with the ethos of the school or college and in conformity with the moral and religious principles held by parents and school management authorities."

The 1989 Education Reform Order, which formed the legislative base for education in Northern Ireland, included six cross-curricular themes, of which health education is one. Health education aims to:

- enable pupils to achieve their physical, psychological and social potential, and improve their self-knowledge and self-esteem;
- promote positive attitudes towards health;
- instill a sense of responsibility in respect of individual, family and community health;
- enable pupils to acquire skills on decision making, and in managing and handling situations of stress in relation to health;
- provide a knowledge base and the skills to interpret it.²

In 2001, the Northern Ireland Council for the Curriculum, Examinations and Assessment (CCEA) disseminated guidance on RSE to primary and post-primary schools.³ The purpose of this guidance is to assist schools with the following:

- To develop a policy statement in relation to RSE that reflects the ethos of the school and complements existing policies in relation to, for example, personal, social and health education (PSHE) and/or child protection.
- To provide a programme of RSE that is appropriate for the needs and maturity of the pupils. The Department of Education's 2001 circular '*Relationships and sexuality education (RSE)*' complements CCEA's guidance documents.⁴ It advocates that teaching should: "... put primary emphasis upon what is positive and good in relationships between the sexes and should also include treatment of those matters about which people have diverse and deeply held views, for example, methods of family planning, including contraception, abortion, HIV/AIDS and other sexually transmitted diseases, homosexuality and pornography."

Circular 2010/01 was released in January 2010 by the Department of Education to act as an addendum to the RSE circular released in 2001.⁵ The circular draws attention to guidance issued by the Equality Commission on eliminating sexual orientation discrimination within schools in Northern Ireland, published in March 2009. The guidance, which relates to the Equality (Sexual Orientation) Regulations (Northern Ireland) 2006, can be accessed at: [http://www.equalityni.org/archive/pdf/SOEducationguide1\(1\).pdf](http://www.equalityni.org/archive/pdf/SOEducationguide1(1).pdf)

In developing or reviewing their RSE policy, schools should take account of the Equality Commission's guidance. The guidance states that:

'It is recommended that schools make every effort to ensure that gay, lesbian, or bisexual pupils or children of gay, lesbian or bisexual parents or same sex couples are not treated less favourably than other pupils or singled out for different treatment. To do this all policies and practices should be checked to ensure they do not treat pupils less favourably on grounds of sexual orientation contrary to the Regulations. Schools need to ensure that homophobic bullying is taken seriously and dealt with as firmly as any other form of bullying.'⁶

In July 2006, The Education (Northern Ireland) Order was approved by both Houses of Parliament. It provides the broad legislative framework to implement a revised statutory curriculum. September 2007 marked the start of the official changeover to the revised curriculum, which includes the compulsory component 'Learning for Life and Work', based on the following three concepts:

- self-awareness
- personal health
- relationships.

The statutory requirements of the personal development strand of 'Learning for Life and Work' include ensuring that young people have opportunities to:

- explore the implications of sexual maturation, eg sexual health, fertility, contraception, conception, teenage pregnancy, child birth etc;
- explore the emotional, social and moral implications of early sexual activity, e.g. personal values, attitudes and perceptions, the law, STIs, the impact of underage parenting etc.

Issued by the Department of Education (DE) in June 2013, Circular 2013/16 reminds schools that RSE is an integral part of the revised curriculum in primary and post-primary schools. It recognises the importance of RSE in the development of pupils and states that it must prepare them to view relationships in a responsible and healthy manner and should be taught within the ethos of the school.

The circular points out that all pupils have the right to learn in a safe environment, to be treated with respect and dignity and not to be treated any less favourably on grounds of their actual or perceived sexual orientation. DE requires schools to have a written policy on RSE and advice is available on their website: www.deni.gov.uk. In liaison with the Council for the Curriculum, Examinations and Assessment, DE intends to review existing RSE guidance and resources to address any gaps in provision.⁷

Provision

There is no uniform pattern to the provision of RSE in schools and very little published research in this area. Anecdotally it seems that some schools provide well planned RSE coordinated across the curriculum whilst others would appear not to.

In 2002, FPA published the *Towards better sexual health* survey on the sexual attitudes and lifestyles of young people in Northern Ireland aged 14 to 25 years.⁸ Young people's main criticism about sex education was that sexual feelings and emotions, or potentially contentious issues such as sexual orientation, abortion or how to make sex more satisfying, could not be discussed with teachers in an open and unbiased way. Key findings included the following:

- Young people learn most about sex from their friends.
- Young men reported receiving less sex education than young women.
- Over half of those surveyed were able to name HIV/AIDS as an STI but less than one quarter was able to name any other STI.
- Pupils at Catholic maintained schools were least likely to be taught about contraception and safer sex.

Research published by ACCORD in 2002 involved Catholic maintained secondary schools with pupils aged 15 to 17 years and found that:

- 68% of pupils find it difficult to talk to their parents about sex and sexuality;
- 61% could not name more than three teachers from the whole school who are good at talking about sex and sexuality.⁹

The research also included some parents and teachers: 95% of parents felt that their child's school should teach RSE and 78% indicated that they would like to talk more to their child about relationships and sex and would like more information; 23% of teachers said they were not confident about teaching RSE and felt most discomfort when teaching about bisexual (50%) and homosexual relationships (41%).

However in 2011 research carried out by Northern Ireland Young Life and Times survey found that 42% of young people surveyed (16 year olds only) reported that they got the most helpful information about sexual matters from school compared to 18% from friends. There was no significant variation between males and females.

For further information

see <http://www.ark.ac.uk/ylt/results/yltsexualhealth.html>)

What is RSE?

FPA's policy statement on sex education states that it should: "... be a lifelong learning process based on the acquisition of knowledge and skills, and the development of positive values and attitudes... it should equip young people to enjoy sex and relationships that are based on qualities such as mutual respect, trust, negotiation and enjoyment."¹⁰

In 2014 the Sex Education Forum, Brook and PHSE Association produced the document *Sex and Relationships Education (SRE) for the 21st Century* which states that high quality sex and relationships education:

- is a partnership between home and school

- starts early and is relevant to pupils at each stage in their development and maturity
- is taught by people who are trained and confident in talking about issues such as healthy and unhealthy relationships, equality, pleasure, respect, abuse, sexuality, gender identity, sex and consent
- uses active learning methods, and is rigorously planned, assessed and evaluated. For further information see www.sexeducationforum/resources/sre-advice-for-schools.aspx

Why RSE?

The World Health Organization (WHO) believes that education on health is a fundamental right of every child. Education can help to increase self-esteem and develop effective communication skills. It also encourages each person to respect his or her own body and understand their responsibilities to others.

Surveys among adults as well as young people regularly show considerable ignorance about issues related to sex and sexuality, resulting in confusion, unhappiness and the breakdown of relationships. The media bombards society with overt and often misleading information, which influences a young person's knowledge and attitude to their own sexuality, as well as that of others. Families, parents and teachers often exclude young people from discussions about relationships and sexuality.

This mixture of secrecy, lack of knowledge and negative media messages confuses young people and encourages poor self-esteem, resulting in uninformed choices being made. These may lead to unplanned pregnancies, STIs including HIV/AIDS, or deeply unhappy and damaging relationships.

In Northern Ireland, the Department of Education circular recognises the need to provide young people with guidance and the opportunity to examine sexual issues in a supportive environment.⁴ The *Towards better sexual health* survey produced the first ever comprehensive Northern Ireland-wide data on the sexual lifestyles of young people in Northern Ireland.⁸ It is therefore not possible to comment on whether young people are having sex at an earlier age. The survey does, however, show that of those young people who had experienced sexual intercourse, 36.7% had sex before the age of 17 (the legal age of sexual consent) and 27.4% had sex before the age of 16. Young men reported earlier sex than young women, and Catholics were less likely than other respondents to have sex before the age of 16.

There were no significant differences between these results and the data produced by the Northern Ireland health and social wellbeing survey, also in 2002, which included sexually active young people aged 16 to 24 years.¹¹ The data from the *Towards better sexual health* survey also compares well with the 1997/1998 Health behaviour of school children study, which revealed that in a sample of 3,450 young people from years 9-12 (approximate ages 13 to 16 years), 655 (14.9% of this age group) reported that they had experienced sexual intercourse.¹² The average age for first sexual intercourse was 13 years for boys and 14 years for girls. The majority of those who had experienced sexual intercourse (79.2%) reported using some form of contraception. The *Towards better sexual health* survey also showed that

approximately one quarter of respondents failed to use contraception when they first had intercourse and that over 40% of young men and 33% of young women were drunk when they first had sex.⁸

The 2010 *Young Person's Behaviour and Attitudes Survey* surveyed a representative sample of post primary schools in Northern Ireland. A total of 7616 pupils aged 11 to 16 years took part in the survey. Eight per cent of pupils reported having sexual intercourse and 80% of those had sexual intercourse for the first time between the ages of 13 and 15.¹³

One of the most common arguments against RSE is that it encourages early sexual activity. Yet a 1993 WHO review of 35 sex education studies in the USA, Europe, Australia, Mexico and Thailand found no evidence that sex education leads to earlier or increased sexual activity.¹⁴ The survey showed that sex education programmes can actually encourage young people to postpone penetrative sexual intercourse or, if they are already sexually active, to reduce their number of partners or have safer sex.

- In all 35 studies, sex education did not result in earlier or increased sexual activity.
- In six studies, young people delayed their first sexual intercourse, or reduced their overall sexual activity.
- In 10 studies, individuals who were already sexually active had less unprotected sex.
- Studies of two programmes providing counselling and contraceptive services reported neither earlier nor increased sexual activity.
- The programmes that promoted a range of options were more effective in encouraging safer behaviour than those promoting abstinence alone.
- Programmes that introduced sex education before young people became sexually active achieved better results.

A review of reviews conducted by the Health Development Agency in 2003 concluded that there is no strong evidence for the effectiveness of abstinence education approaches.¹⁵

Teaching methods

RSE is taught in a variety of ways in schools but, as with provision, a full picture is not available.

The classroom setting and traditional mode of teaching may not provide opportunities for discussion, for examining attitudes and values, or for exploring facts and feelings in relation to the young person's everyday life. Informal approaches, such as group discussion, role play and quizzes encourage participation and make the information more relevant to the young person's experience. It is important that the group feels safe, comfortable and relaxed so that participants enjoy themselves as well as learn.

Conclusion

Young people have the right to RSE, appropriate to their age and comprehension, which offers exploration of emotions, feelings and personal values, as well as information about reproductive biology and sexually transmitted infections.

RSE should promote positive sexual health and with the introduction of the revised school curriculum in 2007, it is a compulsory part of every child's education.

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13. NISRA. *Young Person's Behaviour and Attitudes Survey 2011*
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Resources

An extensive range of RSE resources which complement all key stages of the curriculum are available from FPA's online shop at www.fpa.org.uk.

Useful addresses

Department of Education. Rathgael House, Balloo Road, Bangor, BT19 7PR.
Tel: 028 91 279279.

FPA 3rd floor, Ascot House, 24-31 Shaftesbury Square, Belfast BT2 7DB. Tel: 0845 122 8687. Telephone helpline and drop-in service providing advice and information on sexual health issues. Also provides a non-directive unplanned pregnancy counseling, information and support service and training for professionals.

Brook Northern Ireland. 3rd Floor, 9-13 Waring Street, Belfast, BT1 2DX. Tel: 028 9032 8866. Offers young people free, confidential contraceptive advice and supplies, and help with emotional and sexual problems.

Childline. Tel: 0800 1111. A free national helpline for children with any problems.

Other Northern Ireland factsheets

Abortion

Teenage pregnancy

Sex and the law

Sexual health and people with learning disabilities

The legal position regarding contraceptive advice and provision to young people

Sexually transmitted infections

Sexual orientation

Sexual behaviour and young people

For further information contact FPA at:

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