



# **Birds and Bees of the NT**

## **A report on community perceptions of sexuality education in the Northern Territory**

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December 2006

Please note: The Youth Minister's Round Table of Young Territorians is an independent advisory council. The views expressed in this report are those of the authors and are not necessarily those of the Office of Youth Affairs or the Northern Territory Government.

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## **Acknowledgements**

The Health and Wellbeing Team (HWBT) would like to thank the following people for their assistance in the production of this report.

1. The Office of Youth Affairs for their support and guidance. In particular big thanks must go to Vicki Schultz for her tireless efforts at keeping us on track.
2. Everybody who participated in our surveys, parents, teachers and students, this report wouldn't have been possible without you. Your time and effort are much appreciated.
3. Thanks to our friends and families for their patience with the HWBT members, we know we were a little trying sometimes.
4. In particular we wish to thank those schools, teachers and organisations that distributed and collected our surveys. The initiative and effort they displayed was an enormous help.
5. The HWBT also wish to thank our respective employers and workplaces for the support they have shown.

## **Abbreviations**

|               |  |
|---------------|--|
| <b>DEET</b>   | Department of Employment, Education and Training (Northern Territory Government) |
| <b>WHO</b>    | World Health Organisation  |
| <b>OYA</b>    | Office of Youth Affairs  |
| <b>STI</b>    | Sexually Transmitted Infection   |
| <b>HIV</b>    | Human Immunodeficiency Virus   |
| <b>ACT</b>    | Australian Capital Territory   |
| <b>NT</b>     | Northern Territory   |
| <b>PD</b>     | Professional Development   |
| <b>Sex Ed</b> | Sexuality Education  |

## **Executive Summary**

The Health and Wellbeing Team's (HWBT) project aimed to examine community perceptions of the adequacy of the sexuality education (sex ed) that is offered through the Northern Territory education system. Through examining current literature and distributing surveys, we wanted to find out exactly where young people receive their primary sex ed from.

The source of, and responsibility to deliver, sex ed is a hotly debated topic in Australian society. There exists considerable evidence that inadequate sex ed leads to higher rates of STIs, teenage pregnancies and other impacts.

Informing government and the community on the adequacy of sex ed should have positive outcomes on rates of STIs and teenage pregnancies and minimise related social, emotional and physical impacts. As such, the main goal of this project is to provide findings of survey results and research undertaken to determine how and by whom young people receive their sex ed.

The HWBT had three main aims:

1. Investigate the effectiveness of current sex ed in the NT;
2. Gauge community attitudes towards current sex ed; and
3. Provide advice for future policy change if needed.

In order to collect these views, a series of different surveys were developed and distributed to secondary school students, parents and teachers. The results from these surveys were then analysed. From this analysis a four point plan has been developed. Each component of the four point plan has a headline recommendation and suggested implementation steps.

The four headline recommendations are:

1. The Northern Territory Government develop a partnership based approach to sexuality education, between parents and teachers, who have been identified by young people as the two primary educators.
2. Provision of more support and information for parents, to assist them in their role as one of the primary sexual health educators.
3. The Northern Territory Government increase and improve sexuality education professional development opportunities for all teachers currently working in the Northern Territory.
4. Sexuality education training is included in education and teaching courses at university and other tertiary institutions.

## Introduction

As members of the 2006 Round Table of Young Territorians, it is the role of the Health and Wellbeing Team (HWBT) to provide recommendations to the Northern Territory Government on issues that face the health of young Territorians. The Round Table is an impartial, non-political body that is intended to provide advice to the Government of the day. Members opted to be a part of the HWBT because of their shared commitment to improve the quality of life for other young Territorians.

Sexual health is defined by the World Health Organisation (WHO) as:

*Sexual health is the capacity to enjoy and manage sexual and reproductive behaviour in accordance with a social and personal ethic. It encompasses freedom from fear, shame, guilt and other psychological states that can impair sexual relationships (WHO 1975).<sup>1</sup>*

While sexual activity is a normal part of adolescence for many Young People, it has the capacity to have enormous consequences later in life. Risks of engaging in unsafe sexual activity can include:

Sexually Transmitted Infections. The term Sexually Transmitted Infections (STI) is used throughout this document to describe sexually transmitted infections and the diseases, complications and conditions which result. STIs are a major contributor towards infertility, long term disability, and adverse pregnancy outcomes including ectopic pregnancy, miscarriage, stillbirth, preterm birth, and congenital infection and death.<sup>2</sup>

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1 'Chapter 9: Sexual and reproductive health (2003), in Australia's Young People: Their health and wellbeing 2003 [online], Australian Institute of Health and Welfare, ACT.

2 Adler M, Foster S, Richens J, Slavin H (1996) Sexual health and care. Sexually Transmitted Infections, Guidelines for Prevention and Treatment. Overseas Development Administration, Health and Population Division Occasional Paper.

Unwanted pregnancies. Young mothers in modern Australian society are at risk of many factors that may impact on their quality of life. This can include leaving school early, lacking qualifications, being unemployed, social isolation and welfare dependency. If STI's are also present there is an extremely high risk of complications to any existing pregnancy.

Associated emotional and physical problems. This can include ostracism, depression and other social problems. Physical problems can include complications from childbirth, which are more likely to happen to young mothers in the adolescent age range.

An essential component of healthy sexual development is a network of support and communication with, among others, parents, teachers, friends, and partners.

There is considerable evidence that suggests that young people in the Northern Territory are increasingly at risk of adverse consequences of their sexual activity. Higher and rising rates of STIs are underlined by data released<sup>3</sup> by the National Centre for HIV Epidemiology and Clinical Research. Equally Australia is known to have one of the highest rates of unplanned teen pregnancies in the developed world<sup>4</sup>.

Well developed and targeted sex ed is widely regarded as a way to address and reduce the number of cases and impact of STIs and pregnancies, particularly in rural areas. There is an extensive amount of literature and research supporting this proposition.<sup>5</sup>

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3 National Centre in HIV Epidemiology and Clinical Research. HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia. Annual surveillance report 2004. Available at: [http://web.med.unsw.edu.au/nchechr/Downloads/04ansurvprt\\_2.pdf](http://web.med.unsw.edu.au/nchechr/Downloads/04ansurvprt_2.pdf)

4 Van der Klis KA, Westenberg L, Chan A, et al. (2002). Teenage pregnancy: trends, characteristics and outcomes in South Australia and Australia. Aust N Z J Public Health 26: 125-131.

5 Noller, P., Feeney, J., & Petersen, C. (2001). Personal relationships across the lifespan. London: Psychology Press.

In identifying the adequacy of sex ed in the NT, it is important to understand what group of people fills the role of 'sexuality educators' from the list of parents, friends, teachers and others. Therefore the aim of this research project was to investigate the primary source of sex ed for young Territorians.

The further aim of this report is to produce a tool on which understandings of community perceptions about youth sex ed can be based. This report aims to reflect the views and opinions of young Territorians, parents and education providers. While national examples might be utilised, they are not the focus of this report.

The aim of this report is not to provide alternative models of sex ed, nor to comment on the nature and content of current sex ed programs. Rather, we aim to provide input to policy makers and other interested groups by presenting a snapshot of community perceptions of the success of current sex ed. This includes the views of the target group themselves, young Territorians.

## **Major Findings**

Three anonymous surveys were developed by the HWBT. The purpose of these surveys was to collect as much information on the views of the role and source of sex ed for young people.

It was a unanimous view held by the HWBT that sex ed came from one of three sources. These were parents, teachers and other young people. A fourth aspect that was considered as a major source is the media. The consensus within the HWBT was that the fastest, easiest and most cost efficient way to gauge community attitudes was through surveys.

Three separate, anonymous surveys were drawn up and targeted:

- Young people aged 12-25 years;
- Parents and/or guardians; and
- Education providers (teachers and/or external educators).

Each of the three surveys were different, however many of the key themes contained within them remained the same. The common themes enabled the HWBT to investigate where critical differences and similarities in views between the three groups occurred. The surveys were distributed throughout the Territory by Round Table members directly, mail outs to schools and other stakeholders, and via the youth website. In particular, the HWBT attempted to seek the views of regional young people, parents and teachers.

Student surveys were filled out at school by students and the results collected by a nominated teacher who in turn posted the completed surveys back to the Office of Youth Affairs (OYA). HWBT members also met individually with young people and returned the surveys by hand to the collection point in OYA. Teacher surveys were sent to schools, were filled out by teachers and returned along with student surveys. Parent surveys were sent to schools to in turn be sent home with students. Parents then filled in the survey and either posted the completed survey back to OYA or it was returned to the school for posting back to OYA along with student and teacher surveys.

A key plank of this approach was the cooperation of Northern Territory schools, both government and non-government, and the Northern Territory Department of Employment, Education and Training (DEET). It was necessary to gain DEET's approval to distribute these surveys.

Academic research was undertaken to provide a contextual framework within which to make our reports. This research utilised a series of publications. Please refer to our bibliography for further information on these publications.

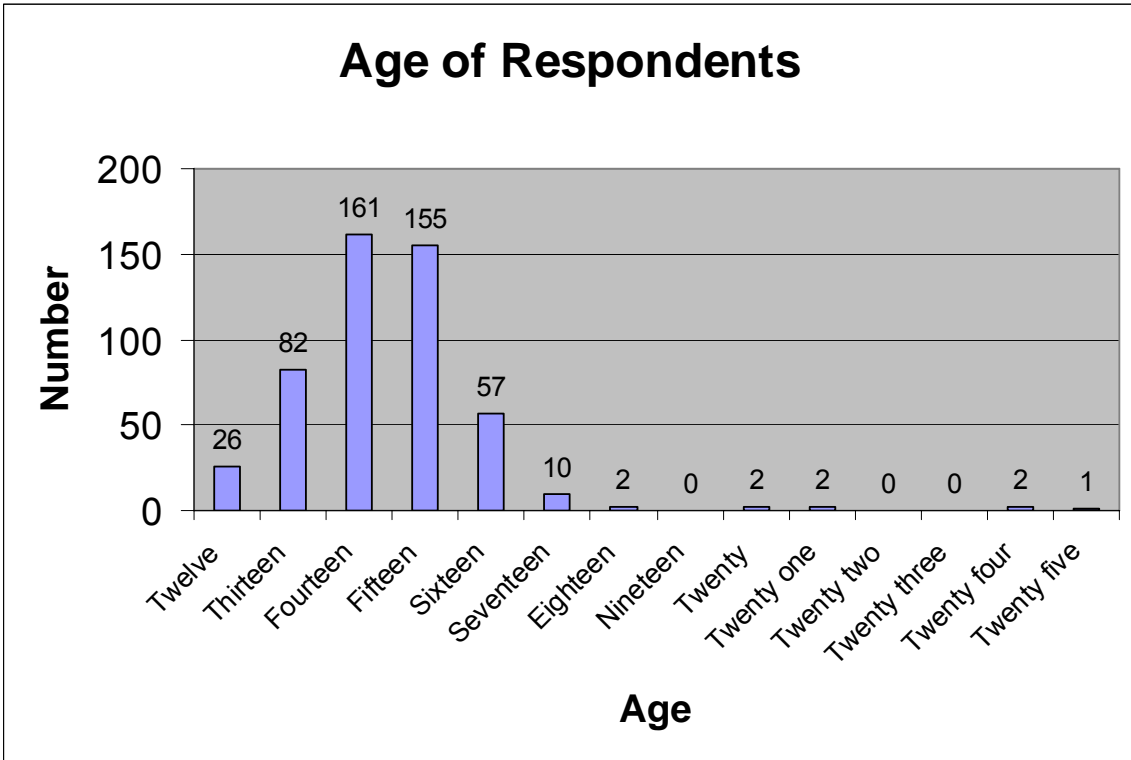
The data from the completed surveys from each target group was manually entered into a database constructed using the program 'MS Access'. From this database, a number of electronic queries were generated that assisted the HWBT in making a number of deductions concerning the data we had collected.

It is important to note that while the amount of inferences that can be drawn from such data is almost endless, there are significant findings that expressly met our requirements. As such, only the most relevant findings are presented within this report.

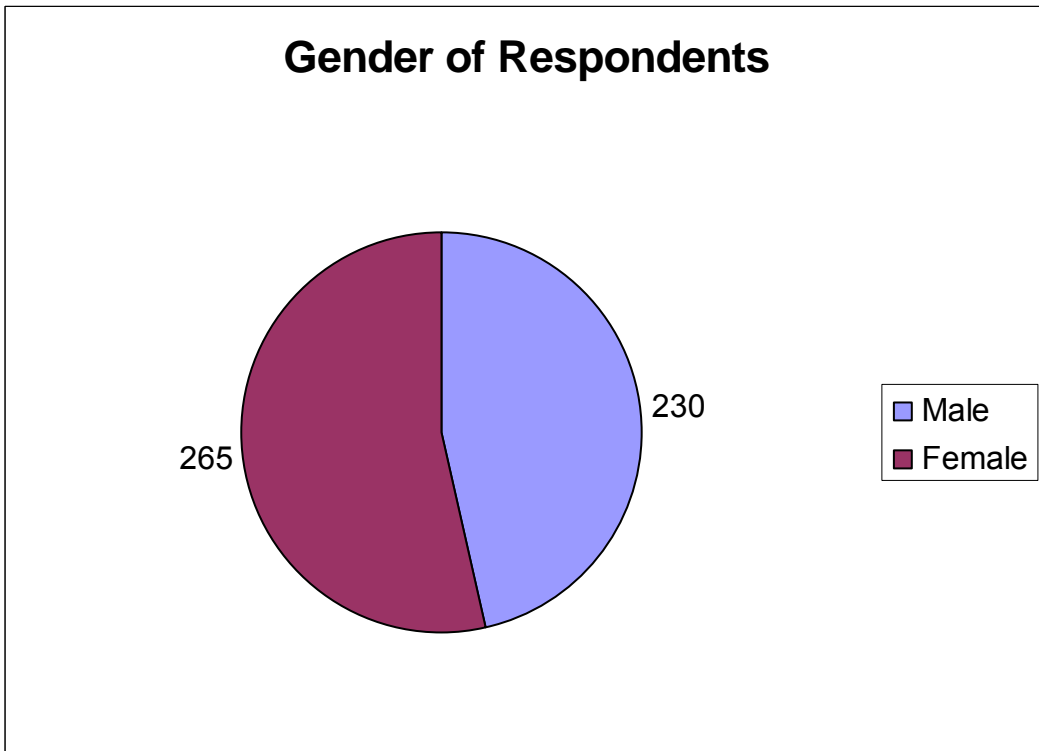
The HWBT received 501 surveys from young people, 43 surveys from parents and 104 from teachers.

Of the young people who responded to the survey question on age, 316 (63%) were aged 14 or 15 years.

| <b>Age</b> | <b>No. of Respondents</b> | <b>Age</b> | <b>No. of Respondents</b> |
|------------|---------------------------|------------|---------------------------|
| 12 years   | 26                        | 13 years   | 82                        |
| 14 years   | 161                       | 15 years   | 155                       |
| 16 years   | 57                        | 17 years   | 10                        |
| 18 years   | 10                        | 19 years   | 0                         |
| 20 years   | 2                         | 21 years   | 2                         |
| 22 years   | 0                         | 23 years   | 0                         |
| 24 years   | 2                         | 25 years   | 1                         |

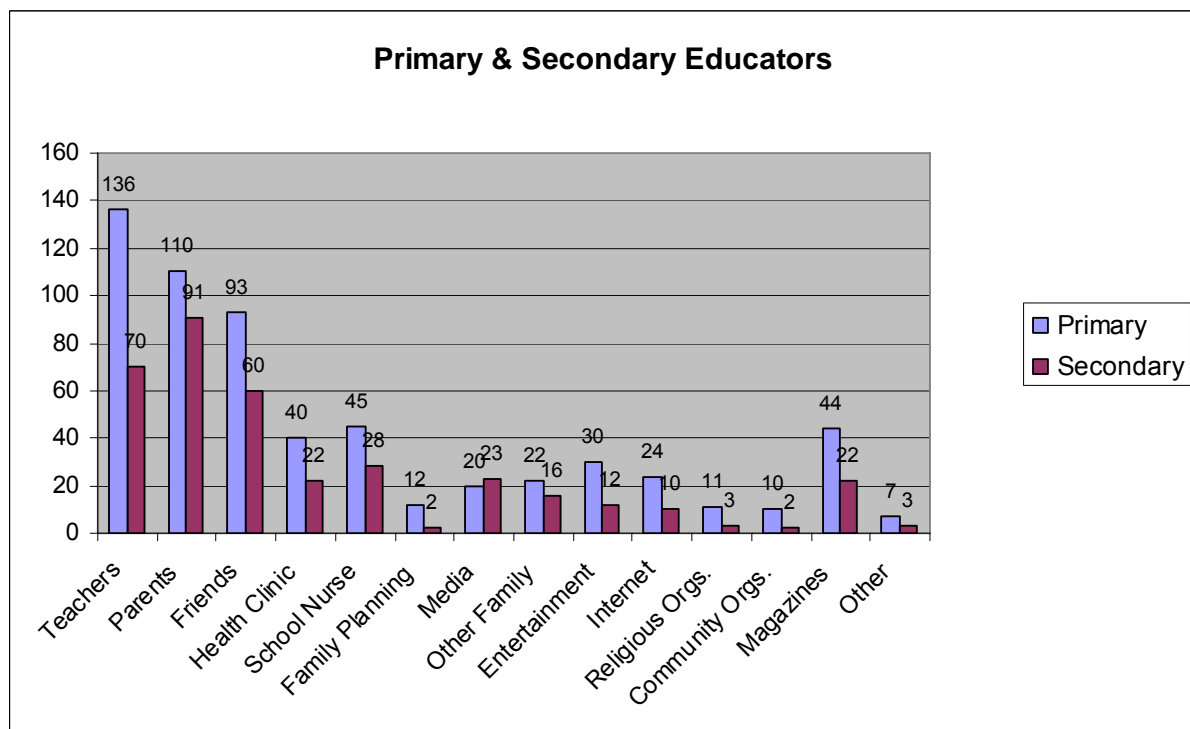


The gender breakdown of respondents, where specified, is 265 (54%) female and 230 (46%) male.



- 206 out of 501 young people said teachers were the primary or secondary educator.
- 201 out of 501 young people said parents were the primary or secondary educator.

It can be argued that these statistics are the most significant to be uncovered by our research. These statistics show unequivocally that young people believe that parents and teachers **BOTH** fulfil the role of primary and secondary sexual educator in their lives. Slightly more young people, 136 out of 501 (27%), view teachers as the primary educators when compared to parents at 110 out of 501 (22%).



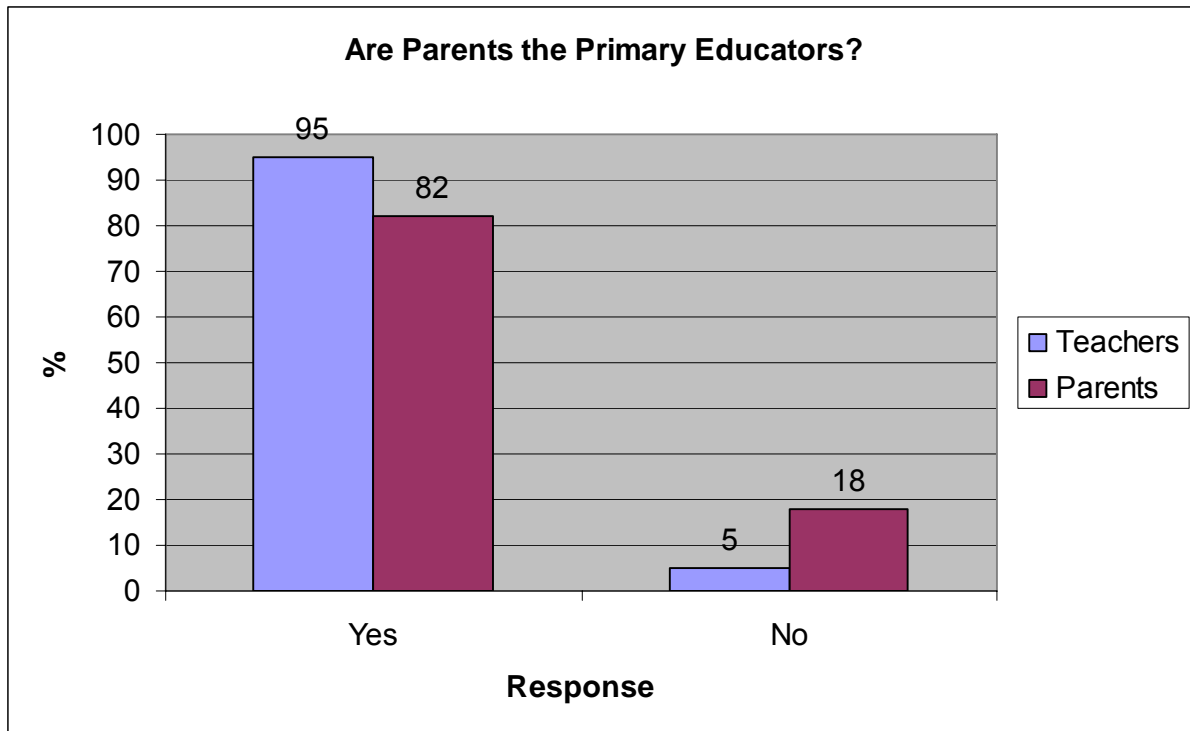
The above graph provides a summary of whom young people saw as their primary and secondary educators in relation to sex.

- Ninety-five out of 100 (95%) teachers saw parents as the primary providers of sex ed.

The above finding shows that the majority of teachers view sex ed as the exclusive domain of parents. Of particular note is that this is opposite to the views of young people themselves who see both teachers and parents as having a role to play as primary sexuality educators.

- Thirty-two out of 39 (82%) parents see themselves as the primary providers of sex ed.

This finding shows that parents and teachers view parents as the primary educator in sex ed. This is in line with the views of teachers, as presented in the graph below.



Accordingly, this shows a critical disjuncture between the views of parents and the views of young people who saw parents and teachers as having an equal role to play.

- Twenty-seven parents (69%) said that the school did not encourage sex ed discussion between them and their child. Twelve (21%) said they did.

As seen in the overwhelming majority, parents saw schools and teachers as not providing any form of supporting role. This figure may be in line with the views of both schools and parents that parents are the primary educators, as teachers and schools do not view such encouragement as within their brief. What this figure does establish is that a strong majority of parents feel that they are unsupported in their role as primary educators.

- Twenty-one of 42 (50%) parents didn't know whether the rates of unplanned pregnancies were increasing while 20 of 42 (48%) parents didn't know whether the rates of STIs were increasing. This information was gained from parents' choices from three separate possible responses including 'increasing', 'decreasing' or 'don't know'.
- For the same question, young people responded that 188 (37%) didn't know whether the rates of unplanned pregnancies were increasing while 236 (47%) said that they felt that the rates were increasing. Similar findings were reported regarding young peoples views of STI's. 216 (43%) responded that they didn't know whether STI's were increasing, and 183 (36%) felt they were increasing.

While an overwhelming majority of parents indicated that they were concerned about STIs and unplanned pregnancy, this finding shows that close to half were unaware of the statistical rate of increase in those areas. This reflects a lack of readily available information for parents and young people to access.

- Ten of 42 (24%) parents didn't receive sex education at school.

The importance of this finding is deceptive. Approximately 1 in 4 of parents surveyed did not receive sex ed while at school. However, despite this fact, most parents felt that they were comfortable speaking to their children about sex ed issues.

- Seventy-three of 100 (73%) teachers said that Professional Development (PD) should be compulsory for teachers required to teach sex ed.
- Seventy-nine of 99 (79%) teachers said that PD should be compulsory for teachers who may be required to give advice or one on one support to students on an individual basis.

In combination with the other findings, this result suggests that while teachers and parents might view parents as the primary educator, teachers who do teach sex ed should attend compulsory sex ed classes. This in turn suggests that teachers have a self perception of playing a minor role, but it is a minor role that should be taken seriously.

## **Recommendations**

- 1. The Northern Territory Government develop a partnership based approach to sexuality education, between parents and teachers, who have been identified by young people as the two primary educators.**

Suggested ways that parents and educators can work together to improve the quality and quantity of sexuality education that young people receive are:

- Schools hosting informative sexuality education workshops, where parents are updated by health professionals on sexual health issues young people are currently facing. Along with this, teachers can inform and discuss with parents what is being taught in class, and what parents can do at home to complement the education students receive at school.
- Currently, many schools notify parents that their child will be involved in sexuality education classes and require parents to sign a permission slip allowing their child to attend. We recommend that schools include additional information on parent permission slips which informs parents of the upcoming course content, and actively encourages an initial discussion between parents and their child about these issues before they are raised in a class setting. By including this additional information, schools will assist parents and students in opening a doorway for communication regarding these issues.

### **Supporting Statistics**

- *27 out of 43 parents (69%) said that the school did not encourage discussion between them and their child. 12 (21%) said they did.*
- *206 young people said teachers were primary or secondary educators while 201 young people said parents were primary or secondary educators.*
- *95 of 100 teachers said sex ed was the primary responsibility of parents.*

## **2. Provision of more support and information for parents, to assist them in their role as one of the primary sexual health educators.**

More information needs to be provided to parents as their children enter different life stages. This could be through:

- The provision of an information package to all parents of students entering middle and senior school, outlining the life stage their child is entering, the sexual health issues their child may face over the next three years, and how parents can be proactive in helping their child make wise choices in regards to their sexual health. This information package needs to be clear and concise, in an easy to read format, and of a high standard. This package could be formatted and distributed in a similar way to the information kits provided to parents during the middle schools consultations.
- Improved and increased promotion of community organisations and government health services currently providing support and information for parents and young people, such as Family Planning, Clinic 34, Anglicare etc.

### Supporting Statistics

- *32 of 39 parents see themselves as primary providers of sex ed.*
- *21 of 42 parents didn't know the rate of unplanned pregnancies is increasing*
- *20 of 42 parents didn't know that the rate of STIs is increasing*
- *10 of 42 parents didn't receive sex education at school*

### **3. The Northern Territory Government increase and improve professional development opportunities for all teachers currently working in the Northern Territory.**

Our findings reveal that 55% of the teachers who responded to the survey are currently involved in sexuality education, but only 36% of teacher respondents have ever received professional development in this area. The key reasons identified by teacher respondents why they had not received professional development (PD) is that it had not been offered to them, or if it was offered, they were unable to secure release time to attend.

To increase and improve professional development in sexuality education we recommend that:

- Schools need to be able to either provide more release time for teachers during class hours, or additional remuneration for teachers to attend PD in their own time.
- All teachers who are directly involved in the health, development, and wellbeing of students be required to attend at least one compulsory PD workshop. This should include, but not be limited to health and physical education teachers, and year level coordinators.
- PD needs to be offered, and better promoted, to all teachers and education workers, including those in regional and remote areas. Additional focus needs to be given to making PD opportunities available for teachers in remote areas, and ensuring that teachers in regional centres are aware of the PD that is available to them.

#### Supporting Statistics

- *73 of 100 teachers said that PD should be compulsory for teachers required to teach sex education.*
- *79 of 99 teachers said that PD should be compulsory for teachers who may be required to give advice or one on one support to students on an individual basis.*

#### **4. Sexuality education training be included in education and teaching courses at university and other tertiary institutions.**

The majority of survey respondents have received no formal training in sexuality education. By including sex education units in a teaching degree, the Government is ensuring that every graduate teacher has received training in this area.

##### Supporting Statistics

- *Only 36% of teachers have received PD.*
- *Several teachers nominated their only form of sexuality education training as having been delivered at university.*

## **Evaluation**

Given that our research centred upon community perceptions that we analysed through surveys, many of the significant issues that the HWBT encountered were directly related to the surveys. Each separate survey will be examined in the following section.

The HWBT surveys carried benefits in that they offered:

- **Confidentiality** – No names are recorded against any survey result. This is an essential aspect of research that deals with a sensitive topic such as sexuality education.
- **User Friendly** - Only basic literacy and numeracy skills were required to fill out surveys. In particular, the HWBT wanted people to pick it up and immediately engage.
- **Non Confrontational** – Sensitive issues are better covered by being able to respond alone, reducing social pressure.
- **Time friendly** – A focus on multiple choice questions enabled people to fill out the survey quickly, adding to its user friendly nature.
- **Conclusive Data** – A mix of qualitative and quantitative queries enabled conclusive data to be drawn from the results.

Opposing, the HWBT surveys offered the following challenges:

- **Difficult to Coordinate** - The amount of time and effort involved in posting, receiving and then inputting data from 650 plus surveys was a major impediment.
- **Distance** – In addition to the timeframes required for the posting of surveys to remote regional centres, the HWBT relied exclusively on the good will of schools and other educational professionals in regional centres to handle the surveys for them. This both added to the difficulty for the HWBT to monitor the quality of the data.

## **Parents**

The parents' survey had a total of 50 respondents. While apparently quite a small sample, this was in fact quite a positive response given the difficulties inherent in accessing that particular group in a non-offensive way.

One issue that may have affected the quality of the data that was gained from parents is that the parents most likely to respond to a survey about their ideas on youth sexual health are also more likely to be pro-active parents. This may have skewed the results to display the parent group as more pro-active than might be the case in a larger or differently carried out survey.

The number of regional parents that responded was positive, although the HWBT did not get any parents outside of major regional centres; this was not a target of our research.

## **Students**

The HWBT had an extremely positive response from young people, and received in excess of 500 surveys. A response of that magnitude allows some very conclusive findings to be made.

As with any survey, there was a significant proportion of young people who provided what appeared to be flippant answers. However, the HWBT decided from the outset that only the most obtuse answers would not be recorded. The reasoning behind this is that answers appearing to be flippant to team members might actually have been legitimate expression on the part of the respondent.

## **Teachers**

There was a positive response by teachers to the survey with 99 surveys returned. Some excellent data was able to be gained from teachers because of the level of engagement that they showed with the survey. Teachers almost always provided comment where invited.

## **Time Frames**

An area where the HWBT might have managed this project better is in the management of timeframes. The length of time that surveys took to come back meant that collation of results could not occur until late in the project time frame.

## **Conclusion**

In conclusion, this report has presented its findings from a survey of young people, parents and teachers on the perceptions on sexuality education for young people. The main findings from these surveys are that there is a diversion of views between young people and teachers and parents when it comes to the role of the primary educator in sexuality matters.

Young people view both parents and teachers as having a primary role in their sexual education, whereas both parents and teachers view it as the parent's responsibility. In order for sexual education to be more effective, the views of young people clearly need to be taken into account.

Therefore, this report has presented a four point plan that aims to encourage government to form partnership based approaches between teachers and parents. The four point plan also lists some ideas that policy makers may wish to consider in implementing such an approach.

## **Appendices**

### **Students & Young Territorians Survey**



**Health and Well Being Team**  
**Sexuality Education Survey for Students & Young Territorians**

Are you a young person, aged 12 – 25, living in the Northern Territory? If so, we need your help!

We are researching the effectiveness of current sexuality education (sex ed) in the Territory. By participating in this survey, you will help us make practical recommendations to the Territory Government on how to improve the sex ed that is provided to young Territorians in schools.

**Please answer these questions to the best of your ability, and return this survey by 20 September 2006.**

|   |  |   |
|---|--|---|
| <b>1. Male / Female</b>   | <b>2. Age _____</b>  | <b>3. Region _____</b>  |
| <b>4. What is your ethnic background? (eg. Greek, Aboriginal ....)</b><br>_____ | <b>5. If relevant, what religion do you practice?</b><br>_____ | <b>6. What language do you normally speak at home?</b><br>_____ |

7. What school do/did you go to? \_\_\_\_\_
8. Has a parent or close family member ever talked about sexual health issues with you?  
 No  Dad, or a male relative has  
 Mum, or a female relative has  Both have
9. How old were you at the time? \_\_\_\_\_
10. How comfortable do you currently feel discussing the following issues with your parents/carer?  
 Please rate each issue from 1 to 5, based on the following scale:  
 1 – Not comfortable at all. I would not discuss this with my parents.  
 3 – Reasonably comfortable. I would discuss this issue with my parents if they approached me to talk about it.  
 5 – Very comfortable. I would approach my parents to discuss this issue.
- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> STIs          | <input type="checkbox"/> Alcohol & Drug related sexual activity | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Sex             |
| <input type="checkbox"/> Pregnancy     | <input type="checkbox"/> Relationships in general               | <input type="checkbox"/> Pornography   | <input type="checkbox"/> Puberty         |
| <input type="checkbox"/> Contraception |   | <input type="checkbox"/> Masturbation  | <input type="checkbox"/> Sexual violence |
11. Why wouldn't you talk to your parents about these issues?  
 a. I already have enough information about these things  
 b. I'm too embarrassed to talk about these things with my parents  
 c. I don't think I need to know about these things  
 d. I get enough education about this at school  
 e. Other \_\_\_\_\_
12. Do your religious beliefs and/or cultural traditions influence the decisions you make regarding sexual activity?  
 Yes, completely  Yes, to a degree  Not really  Not at all  Not applicable

13. Please list all the services in your area that you know of that provide information and support for young people on sexual health and education.
- 
- 
14. Would you go to all of these services for help or information if you needed it? If not, please list those services you wouldn't use, and why.
- 
- 
15. Do you think that the rate of unplanned pregnancies of young women in the Northern Territory is:  
 Declining                       Staying the same                       Increasing                       Don't know
16. Do you think that the rate of Sexually Transmitted Infections (STI's) in young people in the Northern Territory is:  
 Declining                       Staying the same                       Increasing                       Don't know
17. How concerned are you about unplanned pregnancies and STI rates amongst young people?  
 Very concerned                       A little concerned                       Not concerned
18. Does/did your school actively encourage you to discuss sexual health issues with your parents?  
 Yes                       No
- If so, how do they encourage this?
- 
- 
19. Do you think sexuality education should be taught in the following? (please tick)  
 Primary schools                       High School – grade 7/8 - 10  
 High School – grade 11-12                       None
20. Do/did you think you get enough sex ed at school? Would you like more, less, or the same amount?  
 More                       Less                       The same amount
21. Do/did you think you get enough sex ed at home? Would you like your parents to discuss these issues more or less with you?  
 More                       Less                       The same amount
22. Where do/did you get most of your information regarding sexual health? (please list in order from 1 – 13, where 1 is the place you get most information and 13 is where you don't, or get the least information from)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Teachers      | <input type="checkbox"/> Family planning                          | <input type="checkbox"/> Religious organisations                              |
| <input type="checkbox"/> Parents       | <input type="checkbox"/> media (news, current affairs, newspaper) | <input type="checkbox"/> community organisations – anglicare, sommerville etc |
| <input type="checkbox"/> Friends       | <input type="checkbox"/> Other family members                     | <input type="checkbox"/> magazines (Cleo, Dolly, FHM etc)                     |
| <input type="checkbox"/> Health Clinic | <input type="checkbox"/> entertainment – movies, tv, music        | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> School nurse  | <input type="checkbox"/> Internet                                 |   |

# Parents/Carers/Guardians Survey



**Health and Well Being Team**  
**Sexuality Education Survey for Parents/Carers/Guardians**

Are you the parent/Carer or Guardian of a young person in the Northern Territory? If so, we need your help!

We are researching the effectiveness of current sexuality education in the Territory. By participating in this survey, you will help us make practical recommendations to the Territory Government on how to improve the sexuality education that is available to young people across the Territory.

**Please answer these questions to the best of your ability, and return this survey by 23 August 2006.**

|  |   |  |
|--|---|--|
| <b>1. Male / Female</b>  | <b>2. Age</b> _____                                   | <b>3. Region</b> _____                                 |
| <b>4. What is your ethnic background? (eg. Greek, Aboriginal ....)</b> | <b>5. If relevant, what religion do you practice?</b> | <b>6. What language do you normally speak at home?</b> |

7. How involved in your child/ren's sexuality education are you? \_\_\_\_\_

Please rate from 1 to 5, based on the following scale:

1 – Very involved. I am the primary educator for my child with regards to sexuality education

3 – Somewhat involved. I have given my child advice/education in the past.

5 – Not involved. I have not given my child sexuality education at home before.

8. How comfortable do you feel discussing the following issues with your child. Please rate each issue from 1 to 5, based on the following scale:

1 – not comfortable at all. I would not discuss this with my child

3 – reasonably comfortable. I would discuss this issue with my child if they approached me to talk about it.

5 – very comfortable. I would approach my child to discuss this issue.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> STIs          | <input type="checkbox"/> Alcohol & Drug related sexual activity | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Sex             |
| <input type="checkbox"/> Pregnancy     | <input type="checkbox"/> Relationships in general               | <input type="checkbox"/> Pornography   | <input type="checkbox"/> Puberty         |
| <input type="checkbox"/> Contraception |   | <input type="checkbox"/> Masturbation  | <input type="checkbox"/> Sexual violence |

9. What do you see as barriers to you discussing the previous topics with your child?

- Lack of information
- Child not interested in discussing this issue
- You are embarrassed
- You don't wish to embarrass your child
- It doesn't seem relevant or necessary
- It is up to schools to educate young people on these issues
- No one openly discussed these issues with you when you were young
- They get enough education through their peers, the media, or other family members
- Your child is too young to hear about or understand these issues
- Other \_\_\_\_\_

10. Do your religious beliefs and/or cultural traditions influence the advice and information you pass on to your children?

- Yes, completely    Yes, to a degree    Not really    Not at all    Not Applicable?

11. Please list all the services in your area that you know of that provide information and support for young people on sexual health and education.

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12. Would you refer your child to any or all of these services. If not all, please list those services you would not refer them to, and why.

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13. Do you think that the rate of unplanned pregnancies in young people in the Northern Territory is:

- Declining                       Staying the same                       Increasing                       Don't know

14. Do you think that the rate of Sexually Transmitted Infections (STI's) in young people in the Northern Territory is:

- Declining                       Staying the same                       Increasing                       Don't know

15. How concerned are you about unplanned pregnancies and STI rates amongst young people?

- Very concerned                       A little concerned                       Not at all

16. Did you receive sexuality education at school as a young person?    Yes                       No

17. If so, was the information you received relevant and useful?

- Yes, and it is still relevant today  
 Yes, but much of it is irrelevant today  
 It was not relevant or useful at the time, but is now  
 It has never been relevant or useful

18. Does your child's school actively encourage you to discuss sexuality education and/or sexual health with your child?

- Yes                       No

If so, how do they encourage this?

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19. Do you support sexuality education being taught in the following? (please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Public primary schools                | <input type="checkbox"/> Public high school – grade 11-12  |
| <input type="checkbox"/> Private primary schools               | <input type="checkbox"/> Private high school – grade 11-12 |
| <input type="checkbox"/> Public high schools – grade 7/8 - 10  | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Private high schools – grade 7/8 - 10 |  |

20. Are you interested in attending seminars/training to help you feel comfortable discussing sexuality education and sexual health issues with your child?

- Yes       No       Maybe

21. In what ways can your child's school, the government, or community organisations provide more sexuality education for young people?

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22. Who do you see as the primary providers of sexuality education for young people in the Northern Territory (please rate in order where 1 is the main educator and 12 provides the least education)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teachers      | <input type="checkbox"/> Family planning                   | <input type="checkbox"/> Religious organisations                                 |
| <input type="checkbox"/> Parents       | <input type="checkbox"/> media                             | <input type="checkbox"/> community organisations –<br>anglicare, sommerville etc |
| <input type="checkbox"/> Peers         | <input type="checkbox"/> Other family members              | <input type="checkbox"/> Internet  |
| <input type="checkbox"/> Health Clinic | <input type="checkbox"/> entertainment – movies, tv, music | <input type="checkbox"/> Other _____   |

**Please return to:**  
**Office of Youth Affairs, GPO Box 4396, Darwin NT 0801**  
**Or fax to: 08 8999 3722**

## Teacher or Educator Survey



**Health and Well Being Team**  
**Sexuality Education Survey for Teachers/Educator**

Are you a teacher or educator working in the Northern Territory? If so, we need your help! We are researching the effectiveness of current sexuality education in the Territory. By participating in this survey, you will help us make practical recommendations to the Territory Government on how to improve the sexuality education that is provided to young Territorians in schools.

**Please answer these questions to the best of your ability, and return this survey by 23 August 2006.**

|   |  |   |
|---|--|---|
| 1. Male / Female  | 2. Age _____                                   | 3. Region _____                                 |
| 4. What is your ethnic background? (eg. Greek, Aboriginal ....) | 5. If relevant, what religion do you practice? | 6. What language do you normally speak at home? |

7. What school do you teach at? \_\_\_\_\_
8. What subject(s) and grade level(s) are you currently teaching?  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Do you teach sexuality education or are you involved in sex/health education in your school?  
 Yes       No
10. Do/would you feel comfortable teaching sexuality education and other health issues to a class?  
 Yes       No       Unsure
11. Are you comfortable discussing sex and related health issues on a one-on-one basis with your students?  
 Yes       No       Some issues
12. Which of the following issues would you feel uncomfortable discussing with your students?  
 STIs       Alcohol & Drug related sexual activity       Homosexuality       Sex  
 Pregnancy       Relationships in general       Pornography       Puberty  
 Contraception       Masturbation       Sexual violence
13. Do you think it is important for sexuality education to be taught in schools?  
 Yes       No       Unsure
14. Do you think it is necessary for sexuality education to be taught at the following: (please tick all that apply)  
 Public primary schools       Private high schools – grade 7/8 - 10       None  
 Private primary schools       Public high school – grade 11-12  
 Public high schools – grade 7/8 - 10       Private high school – grade 11-12
15. Do you think it is more beneficial for students to receive sexuality education from class teachers, or from external educators that visit the schools (ie Clinic 34 nurse, family planning)  
 \_\_\_\_\_

16. Who do you see as primary sexuality educators for young people?

Please list in order, where 1 is the most important educator and 12 is the least important.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teachers      | <input type="checkbox"/> Family planning                   | <input type="checkbox"/> Religious organisations                                 |
| <input type="checkbox"/> Parents       | <input type="checkbox"/> media                             | <input type="checkbox"/> community organisations –<br>anglicare, sommerville etc |
| <input type="checkbox"/> Peers         | <input type="checkbox"/> Other family members              | <input type="checkbox"/> Internet  |
| <input type="checkbox"/> Health Clinic | <input type="checkbox"/> entertainment – movies, tv, music | <input type="checkbox"/> Other _____   |

17. Do you think the rate of Sexually Transmitted Infections (STI's) in young people in the Northern Territory is:

- Declining                       Staying the same                       Increasing                       Unsure

18. How concerned are you about unplanned pregnancies and STI rates amongst young people?

- Very concerned                       A little concerned                       Not at all

19. Did you receive sexuality education at school as a young person?

- Yes                       No

20. If so, was the information you received relevant and useful?

- Yes, and it is still relevant today                       Yes, but much of it is irrelevant today  
 It was not relevant at the time, but is now                       It has never been relevant or useful

21. Have you previously attended any professional development sessions for teaching sexuality education?

- Yes                       No

**If yes:**

a. Do you think it was comprehensive (covering every major area)?  Yes    No

b. When was the session held (ie during school time, in your own time)?

\_\_\_\_\_

c. If during school time, was it easy or hard getting release time to attend?

\_\_\_\_\_

d. Were you paid during this time? \_\_\_\_\_

**If no:**

22. Have you been offered PD in this area?                       Yes    No

e. What are the main barriers to you attending PD sessions (ie no release time, not interested, not relevant, want to get paid for attending, sessions not at a good time)?

\_\_\_\_\_

23. Do you support making attendance at PD sessions compulsory for teachers required to teach sexuality education?    Yes    No

24. Do you support making attendance at PD sessions compulsory for teachers who may be required to give advice and/or support to students on an individual basis?  Yes                       No

25. Do you support increased education for parents, better enabling them to become the primary sexuality educators?    Yes                       No

If yes, do you have any ideas how the government could improve/increase education for parents?

\_\_\_\_\_

**Please return to:**  
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