

This paper examines the ways in which schools are addressing a provision in the Educational Act that allows parents to withdraw their children from the sexuality education parts of health education. To look at the proportion of students withdrawn and if schools are making parents aware of the provision.

Author: Jeanette De La Mare Miramar South School

Sabbatical: August 1 to October 7 2011

Acknowledgements

I wish to thank the following people for making my sabbatical possible:

Miramar South Board of Trustees for supporting me in undertaking this research. Miramar South Staff, and particularly Deputy Principal Kyran Smith, for stepping up during my absence. The principals of schools who freely and generously shared their ideas and experiences with me. The parents from a number of schools who discussed their ideas and opinions with me.

Background and Rationale

Miramar South School and many other NZ schools are becoming more diverse in their make up. At Miramar South School we have worked hard to consult with our community using ethnic group meetings and interpreters to ensure they and we understand each other and form relationships which benefit the learning of our children. We have had great feedback from members of our various ethnic groups. We have consulted fully on Miramar South's own curriculum as have many other schools, however, the sexual component of the Health Curriculum is the only part of the curriculum which **the law** requires the Board of Trustees to consult its community on.

Education Act 60B

Consultation about treatment of health curriculum

- (1) The board of every State school must, at least once in every 2 years, and after consultation with the school community, adopt a statement on the delivery of the health curriculum.

(2) In this section,—

school community means,—

- (a) in the case of an integrated school, the parents of students enrolled at the school, and the school's proprietors;
- (b) in the case of any other State school, the parents of students enrolled at the school;
- (c) in every case, any other person whom the board considers is part of the school community for the purpose of this section

statement on the delivery of the health curriculum means a written statement of how the school will implement the health education components of the relevant national curriculum statements.

(3) The purpose of the consultation required by subsection (1) is to—

- (a) inform the school community about the content of the health curriculum; and
- (b) ascertain the wishes of the school community regarding the way in which the health curriculum should be implemented, given the views, beliefs, and customs of the members of that community; and
- (c) determine, in broad terms, the health education needs of the students at the school.

(4) A board may adopt any method of consultation that it considers will best achieve the purpose set out in subsection (3), but it may not adopt a statement on the delivery of the health curriculum until it has—

- (a) prepared the statement in draft; and
- (b) given members of the school community an adequate opportunity to comment on the draft statement; and
- (c) considered any comments received.

Section 60B: inserted, on 25 October 2001, by [section 13\(1\)](#) of the Education Standards Act 2001 (2001 No 88).

Once the Board has adopted the statement on the delivery of the Health Curriculum, there is no requirement to seek parental permission for the participation of the children.

Education Act 25AA

25AA Release from tuition in specified parts of health curriculum

(1) The parent of a student enrolled at any State school may ask the principal in writing to ensure that the student is excluded from tuition in specified parts of the health curriculum related to sexuality education and, on receipt of such a request, the principal must ensure that—

- (a) the student is excluded from the relevant tuition; and
- (b) the student is supervised during that tuition.

(2) Nothing in subsection (1) requires a principal to ensure that a student who is to be excluded from tuition in specified parts of the health curriculum related to sexuality education is excluded at any other time while a teacher deals with a question raised by another student that relates to the specified part of the curriculum.

Section 25AA: inserted, on 25 October 2001, by [section 11\(1\)](#) of the Education Standards Act 2001 (2001 No 88).

Following consultation on our health programme, we have a number of families who meet with the principal because they have a view that is substantially different from the rest of the group. They basically agree with the programmes put in place but have a major issue about one part of the curriculum because of their families particular beliefs. An example of this are the families of children who are involved in recently formed right-wing fundamentalist religious movements, and some families who believe their daughters should not swim with boys while others of the same ethnic group or faith allow their children to. Swimming is a part of the Health and physical Education Curriculum but is swimming part of the sexuality programme? As a middle class European I think not, but for other cultures it is an issue and that issue is related to sexuality. As a Principal I have allowed these parents to withdraw their daughters from swimming lessons as I have been unable to meet their requirements that their daughters have a lesson where males are not present. We swim at a public pool. The Curriculum document, however, states *“it is expected that all students will have had opportunities to learn basic aquatics skills by the end of year 6.”*

These same children were not necessarily withdrawn from the sexuality component of our Health programme and indeed made their views known which led to much healthy

discussion. The children had no wish to withdraw. We can not be certain that some of our Year 7 & 8 children give their parents the notes about the sexuality component meetings and details. We assume that parents support their children being involved if we do not hear from them. What do other schools do? How many children are withdrawn?

What Relevant parties say

What the Health and Physical Education New Zealand Curriculum document says:

Level 1 Personal health and physical development – A

Students will:

A1 Personal growth and development

Describe feelings and ask questions about their health, growth, development, and personal needs and wants.

Level 2 Personal health and physical development – A

Students will:

A1 Personal growth and development

Describe their stages of growth and their development needs and demonstrate increasing responsibility for self-care.

Level 3 Personal health and physical development – A

Students will:

A1 Personal growth and development

Identify factors that affect personal, physical, social, and emotional growth and develop skills to manage changes.

Level 4 Personal health and physical development – A

Students will:

A1 Personal growth and development

Describe the characteristics of pubertal change and discuss positive adjustment strategies.

It is at Year 7 & 8 level 4 that sexuality education appears to become an issue with “*pubertal change*” taking place.

What the Ministry says

The Ministry of Education published a support document “Sexuality Education” Revised Guide for Principal’s, Boards of Trustees and Teachers 2002. (First Published 1999.) Most schools I talked to used this as a guiding document when planning for sexuality education.

Other relevant Ministry statements are:

Religious or cultural beliefs

The parent of a student under the age of sixteen, or the student themselves if sixteen or older, may ask a principal of a state school to be released from classes due to religious or cultural beliefs. The parent or young adult must give a minimum of 24 hours notice in writing prior to the relevant class.

The principal must be satisfied that the beliefs are sincerely held and that the student will receive adequate supervision whether within or outside the school while released from tuition. Further, the principal should take all reasonable steps to ascertain the student’s view on the matter.

If, after considering the student's age, maturity, and any views the student has expressed, the principal thinks it would be inappropriate to release the student, s/he may decide not to grant release.

Sexuality education

A parent of a student enrolled at any state school may ask the principal in writing to ensure that the student is excluded from tuition related to sexuality education. Where such a request has been received, the principal must ensure that the student is excluded from the relevant tuition and the student is otherwise supervised during that tuition.

There is no requirement to shield the excluded student at any other time, for example if a question is raised about sexuality education in a class outside of the specified part of the health curriculum relating to sexuality education. There is no requirement here.

What the human Rights Commission has to say

The Human Rights Commission has a lot to say about sexuality but the part I found most relevant follows:

The place of religion in New Zealand schools has been a complex issue that has proved one of the most regular sources of enquiries and complaints to the Human Rights Commission and the New Zealand School Trustees Association. The Commission has prepared a resource to assist parents, whānau, teachers, trustees and students faced with these issues- "*A guide to religion in schools*". Although this document did not refer to the sexuality component of the Health curriculum it did assist me to understand the pitfalls one could fall into whilst trying to meet the needs of a diverse school community.

Methodology

I emailed some 200 schools. I received responses from approximately 20 all of whom had something to contribute. I had rich conversations with 8 of those 20. I contacted a further 10 schools I had not emailed and had further discussions with those. I also had discussions with many parents. In fact, I spent much of my time discussing my topic with parents from a number of different schools. I used the internet, published works, newspapers and colleagues to gain background knowledge in this field and to identify key people I could gain views from.

Findings

My research involved reading the opinions of a variety of works to determine exactly what sexuality education was. ERO have indicated that they do not see it being well taught in NZ schools.

Human sexuality has biological, emotional, physical and spiritual aspects. The biological aspect of sexuality refers to the reproductive mechanism and basic biological drive that exists in all species. This is hormonally controlled. The emotional or physical aspect of sexuality refers to the bond that exists between individuals, and is expressed through profound feelings or physical manifestations of emotions of love, trust, and caring. There is also a spiritual aspect of sexuality of an individual or as a connection with others. Experience has shown that adolescents are curious about some or all the aspects of their sexuality as well as the nature of sexuality in general, and that many will wish to experience their sexuality.

Burt (2009 Sex Education) defined sex education as the study of the characteristics of beings; a male and female; such characteristics make up the person's sexuality. Sexuality is an important aspect of the life of a human being and almost all the people including children want to know about it. He said that sex education stands for protection, presentation extension, improvement and development of the family, based on accepted ethical ideas.

Leepson (2002 Sex Education) sees sex education as instruction in various physiological, psychological and sociological aspects of sexual response and reproduction.

Kearney (2008) defined sex education as *“involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution.”* Thus, sex education may also be described as *“sexuality education”*, which means that it encompasses education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and fetus, through to childbirth), plus information about all aspects of one's sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods. Various aspects of sex education should be taught in school depending on the age of the students or what the children are able to comprehend at a particular point in time.

Rubin and Kindendall (2001) expressed that sex education is not merely a unit in reproduction and teaching how babies are conceived and born. It has a far richer scope and goal of helping the youngster incorporate sex most meaningfully into his present and future life, to provide him with some basic understanding on virtually every aspect of sex by the time he reaches full maturity.

Slyer (2000) stated that sex education teaches the young person what he or she should know for his or her personal conduct and relationship with others. Formal sex education occurs when schools or health care providers offer it as *“sex education”*.

Gruenberg (2000) also stated that sex education is necessary to prepare the young for the task ahead. According to him, officials generally agree that some kind of planned sex education is necessary.

Sex education, remains a controversial issue in several countries, particularly the United States, especially with regard to the age at which children should start receiving such education, the amount of detail that is revealed, and topics dealing with human sexual behavior, e.g. safe sex practices, masturbation, premarital sex, and sexual ethics.

Leepson asserted that the majority of people favour some sort of sex instruction in schools, and this has become an intensely controversial issue because unlike most subjects, sex education is concerned with an especially sensitive and highly personal part of human life. He suggested that sex education should be taught in the classroom. The problem of pregnancy in adolescents is delicate and difficult to assess using sex education. It can not lie primarily in school programmes which at best can only be remedial; what is needed is prevention education and as such parents should be involved.

The existence of AIDS has given a new sense of urgency to the topic of sex education. In many African nations, where AIDS is at epidemic levels (see HIV/AIDS in Africa), sex education is seen by most scientists as a vital public health strategy

A survey conducted in Britain, Canada and the United States by Angus Reid Public Opinion in November 2011 asked adult respondents to look back to the time when they were teenagers, and describe how useful several sources were in enabling them to learn more about sex. By far, the largest proportion of respondents in the three countries (74% in Canada, 67% in Britain and 63% in the United States) said that conversations with friends were “very useful” or “moderately useful.” The next reputable source was the media (television, books, movies, magazines), mentioned by three-in-five Britons (65%) and Canadians (62%) and more than half of Americans (54%) as useful.

There are some striking differences on two other sources. While half of Canadians (54%) and Americans (52%) found their sex education courses at school to be useful, only 43 per cent of Britons share the same view. And while more than half of Americans (57%) say conversations with family were useful, only 49 per cent of Canadians and 35 per cent of Britons had the same experience.

In New Zealand, as in other Western countries, adolescents were not given any information on sexual matters, with discussion of these issues being considered taboo. Such instruction as was given was traditionally left to a child's parents, and often this was put off until just before a child's marriage. Most of the information on sexual matters was obtained informally from the media or friends, and could be considered of dubious value.

Information was usually found to be deficient, especially during the period following puberty when curiosity of sexual matters was the most acute. This deficiency became increasingly evident by the increasing incidence of teenage pregnancies, especially in Western countries after the 1960s. As part of each country's efforts to reduce such pregnancies, programmes of sex education were brought in to schools, sometimes with strong opposition from parents and some religious groups. A visiting American expert in adolescent sexual behaviour says better sex education programmes are needed in New Zealand schools.

Dr Douglas Kirby has spent many years studying what makes some sex education programmes more effective than others, and believes that if New Zealand wants to address its high rates of teen pregnancy and sexually transmitted infections (STIs) it needs a more consistent and comprehensive approach towards teaching sex education in schools.

New Zealand has one of the highest teenage pregnancy rates in the developed world, with about 28 teenagers out of 1000 having a child in any one year. We also have high rates of STIs, particularly chlamydia. A 2009 Public Health Surveillance Report found the national number of cases of diagnosed chlamydia rose by 25% between 2004 and 2008. About 71% of those affected were under 25.

It is estimated by public health officials that one-third of Year 9 and Year 10 pupils – most under the age of 15 – are having sexual relationships.

Sexuality Education in our schools today

Most school's consult parents prior to running the sexuality components of their Health programme even although they have consulted to put the programme in place. This is because they have new children enter their school and to encourage parents to take the opportunity to discuss sexuality with their children .This is done in a number of ways:

- a small mention in the usual newsletter saying simply that Year 7 & 8 children will be studying sexuality, positive puberty or “Keeping Ourselves Safe” from Week 1 to 4;
- A mention in the newsletter with an invitation to attend a meeting;
- A special newsletter home to parents inviting them to a meeting regarding the programme;

- A special newsletter home advising that the programme will be taught and asking parents with any issues to contact the Principal;
- A special newsletter home advising that the programme will be taught and advising parents of section 25AA as amended by the Education Standards Act 2001;
- The sending home of the whole Health programme for the year as part of the two year consultation process. Some had a variety of adages regarding the sexuality parts, such as:
 - a. addressing parental concerns to the Principal;
 - b. citing section 60B of the Education Act 1989, as amended by the Education Standards Act 2001, which outlines the legal requirements to deliver various components of the relevant national curriculum statements;
 - c. citing section 25AA as amended by the Education Standards Act 2001, which allows parents to request that their children be excluded from specified parts of the health programme related to sexuality education.

Most who held meetings said that it was rare for more than three families to have someone attend. Several had given up the idea of meetings because of low attendance or no attendance. It did not make any difference to attendance at meetings whether the meeting was mentioned in the usual newsletter or in a special newsletter. The majority of families were satisfied at the meetings that their children would benefit from the programme. It was very rare that Section 25AA was presented as an option at these meetings. In general it was the programme content and the quality of the presenter that was discussed. Section 60B was seldom mentioned either. No school mentioned that the sexual orientation of the presenter had been discussed; however, this was a factor for some parents during my discussions with them.

Schools that sent home letters regarding Section 25AA had a few requests to exclude children and these were on religious grounds. No school had more than two families excluded.

Several schools had people other than their regular teachers cover the sexuality component. The people were all trained teachers with registration and were members of the schools community, that is, they were engaged in the “*special character*” component of the school.

One school had encouraged parents who had concerns to sit in on the lessons. The parents did this and were happy to let their children complete the sessions without them there. Some schools consulted their children prior to sexuality sessions to define needs and endeavoured to meet those needs.

Most schools had anonymous question boxes available to students throughout the sessions in order to meet needs. All said these were put to good use and usually appropriate questions were asked.

One school had parents request exclusion saying that the visual material used in the programme was too explicit. This was addressed in some depth with the parents and the family did not apply to withdraw the students.

Several schools had families who asked to do the programme themselves with their children. They were not happy with some of the content planned. The school allowed this, as discussion proved there were religious grounds and the parents were committed to their children having sexuality education.

In 2007 the Family Planning association said *"Our view is that schools would value and welcome clearer guidelines from the ministries about the sexuality education curriculum."*

Of the schools I spoke to this still appears to be so. Some schools felt they were very dependant on the quality of the teacher for the task. Several expressed that they would offer professional development if courses were available. Some schools had taken advantage of or knew of the help that Family Planning offered. It can support schools by offering:

- Education sessions: a Health Promoter can deliver a programme in school at no cost (donations accepted);
- A comprehensive programme: The Sexuality Road. A normative and non judgmental programme that deals with relevant topics that young people encounter such as pressure and alcohol influences. The objective is to educate and foster skills such as assertiveness, communication and positive decision making;

- Sexuality education sessions for ESL / ESOL students;
- Team teaching: a Health Promoter can work alongside teachers to assist in program delivery;
- Consultancy services, working with you to develop a sexuality program that suits your student community's needs;
- Parent sessions designed to provide parents with the tools to talk to their teens about sexuality and relationships;
- Teacher training.

Family Planning can design a specific programme suited to your schools needs and deliver it (free of charge). They can also offer student led lessons designed based on student's topic choices.

The Sexuality Road programme that Family Planning has developed begins at Year 5 or nine years of age. International research shows that children are hitting puberty at ever younger ages and sex education needs to start before the child reaches puberty they say. The programme delivers 10 lessons and evaluations for each year group, Year 5, Year 6, Year 7 and Year 8.

Frances Bird said sex education was more effective when schools and parents contributed. *"Parents are the first sexuality educators of their children, and we remind parents that values are taught, not caught."*

Newspaper articles indicate that some schools are opposed to this programme.

From Stuff: Catholic Education Office chief executive Pat Lynch said sex education should not be a *"one size fits all"* process.

"It has to acknowledge the fact that there is a broad spectrum of receptivity in terms of what is presented in sex education," Lynch said. "There are going to be 10-year-olds who are heading for puberty and 10-year-olds that just don't want to know about it."

"Youngsters who are 10 years of age and are approaching puberty maybe they need to be subsetting out and maybe parents can do it. The parents can work together with their school and work something out."

Lynch said Catholic schools would not take up the new Family Planning resource.

"We've got our own resources and we'll be doing it in our own way," he said.

Family Planning wanted sex education with a *"balanced, non-biased view of sexuality"*, but that was not possible, Lynch said. *"There is always going to be a particular philosophy or spirituality which will be the basis of anybody delivering a sexuality course."*

And

From Stuff: Canterbury Primary Principals' Association president Denise Torrey said she would probably not take the Family Planning resource at her school, Somerfield in Christchurch.

"As it is now, when some of our children are doing changes in puberty, we have to consult with our parents about that and some of it is too much information for the developmental stage of that child," she said.

It was likely sex education could be improved in schools, but it was in the queue with lots of other things targeted for improvement, she said.

"Once again schools are being asked to solve society's problems. We can't solve them all," Torrey said.

"I would imagine that there aren't enough qualified people. I would imagine that it isn't being implemented in every school."

Schools in Taranaki put their views in the Taranki News of 21/09/11:

"Taranaki intermediate schools say they are keeping sex education clean."

The father of a 12-year-old boy who withdrew his son from a sex education class in Auckland because of the graphic content being taught has put the spotlight on schools and what they are teaching the country's teenagers.

A Taranaki Daily News column detailed the content leading to the father withdrawing his son and questioned how much parents know about what their children are learning.

The Daily News contacted four schools around the region that teach year 7 and 8 school children and asked principals where they drew the line with sex education.

Devon Intermediate in New Plymouth, like other schools, runs a puberty programme every two years focusing on physical and emotional changes to the body.

"We set the scene and cover the beginning stages and how far that goes depends on the questions asked," Principal Fiona Parkinson said.

"It comes down to teacher's discretion with the questions asked and they are mindful of areas that might be controversial. When it comes to sex education we just don't go there, and if we have concerns regarding questions asked by the children then we would talk to the parents."

Consultation with parents about the content taught and regular surveying to see whether any updates are necessary is carried out by Taranaki schools.

Manukorihi Intermediate School sends letters to parents about the puberty programme every second year and if parents don't want their children to be involved they can withdraw them.

"Sex education isn't something our teachers would consider discussing with the students and probably wouldn't feel comfortable discussing." Deputy Principal Pauline Tattersall said.

"We have both a male and a female teacher take the class together and that way the students have a choice about who they are comfortable talking to."

Waverley Primary School teaches children right through to secondary school level and Principal Carwyn Caffell said health programmes are about puberty and change, not sex

education. *"It's about taking the changes in kids' bodies that they're finding confusing and weird and normalising them."*

He said there is an option for parents to withdraw their children from the programme but he wouldn't encourage it. *"We would rather there wasn't a flood of kids not doing the programme because that would just be undoing what we're trying to achieve."*

Francis Douglas Memorial College Principal Martin Chamberlain said as a Catholic school, the Church's teachings are explained to students.

"Alternative philosophies, while they might be discussed, are not advocated by any teacher or instructor." he said.

Mr Chamberlain said the teaching of sexuality is intended to occur only during designated topics.

"There will be occasions, however, when issues emerge in class and teachers have to use professional judgment in processing them."

The launch of the programme *"The Sexuality Road"* upset the conservative lobby group *"Family First."* They urged Family planning to *"butt"* out and leave sex education to the parents.

Many parents I spoke to did not know the content of the sexuality component of health at Year 7 & 8 level but were happy to let schools *"do it"* and *"add to that themselves"* if their children asked. Most said their children didn't ask. Many said that they left it up to the schools and that their children *"saw it all on tv these days anyway"* or *"children can find anything on the internet these days."* The parents were of the opinion that the programme provided by the school might put an appropriate perspective on what their children already knew.

One parent said: *"Its interesting thinking back to the days of my youth (and puberty) 15-20 years ago. One of the big differences between now and then is the increase in the amount kids now are exposed to sexual content via various media, including ads on billboards or tv, kids tv programmes, the internet, computer games or even kids toys and clothes. The amount of media exposure full-stop also seems to have increased dramatically which only exacerbates the situation."*

Of the parents who had issues, most were on religious grounds and some were worried about the teacher slant on the issue. This in the main was regarding the way homosexuality might be tackled but none had evidence that this wasn't tackled in the same manner as they might tackle it. She was adamant that Sexuality education should teach facts, not values, whilst Frances Bird of Family Planning says *"children should be exposed to a range of values, attitudes and opinions."*

Parents I spoke to said that the school programme was a good starting point for discussion among peers and that our education system of working in groups led easily to this. One parent said: *"Unfortunately, this is the way our society is heading, increased awareness and openness to sex and sexuality and greater accessibility to sexual content. I would go as far as to say society has an obsession with sex. This is a direction which, rightly or wrongly, the education system is trying to keep up with. I guess it depends on your opinion towards sex and sexuality as to whether this is a good or bad state of affairs."*

All parents spoken to thought that anything would be an improvement on the sexuality education they had had at school.

Another said: *"Sexuality" encompasses acceptance of ourselves as sexual beings (which we are FROM BIRTH until DEATH); sexuality is also about how we define ourselves as male or females and all the "norms" that we live with within those binaries and therefore implies that sexuality is influenced and defined heavily by culture and many other determinants. Sexuality education in schools therefore seeks to provide an holistic approach to the topic-its NOT just about the physical act but about the social, spiritual, mental/emotional well-being of our young people. Surely we want our kids to grow up armed with knowledge, where to seek help/information, interpersonal skills that enable flourishing healthy relationships and understanding about THEIR own bodies which ultimately THEY are in control of!?"*

When talking with a group of parents from various schools who had had time to discuss sexuality education with their children it seemed that either teachers were tailoring the programme to suit their student needs well or there was some inconsistency of approach and content within schools. It would appear that this was in contrast to the ERO statement *"The Education Review Office assessed the quality of sexuality education programmes in Years 7 to 13 in 100 primary and secondary schools and found many were adopting a "one size fits all" approach."*

Conclusion

My research has shown most children are attending sexuality education in New Zealand schools. Few are using section 25AA of the Act to opt out. My research indicated that there are very few children being withdrawn from the sexuality component of Health Education. It also found that most parents did not realise they had that option. Most parents indicated they would not use that option even if they had known about it. Most parents had more faith that the programmes were worthwhile.

Schools prefer to discuss issues about their sexuality programmes with parents who have concerns rather than make them aware of section 25AA of the act.

Schools were aware of the issue that puberty was becoming an issue with children at a younger age than 11 years now days but most chose to leave puberty issues with parents of those more developed children and begin their "*Positive Puberty*" programme at Year 7.

Schools felt the key to conducting a successful programme was to have trained committed teachers working with the support of the Principal, the Board of Trustees and the parents.

Many schools said that "*time is of the essence*" and that improving their Health and Physical Education programmes had been somewhat neglected by priority being given to compliance issues such as National Standards and Planning and Reporting.

I found no school who said they had struck the swimming issue as I had. However, some parents said they did not allow their children to swim and either kept their children home or did not send their togs. They had not approached the school about their religious reasons. They wanted their children not to be singled out.

Parents generally felt that the school curriculum would be known to the MOE, need to fit within its guidelines, the curriculum document, and therefore be satisfactory. In general they viewed it as they did the rest of the curriculum.

Parents believed it was their job to educate their children regarding sexuality but many admitted that it was not a topic they brought up of their own free will apart from maybe commenting on something on television in front of their children.

Some parents obviously had a plan for educating their children about sexuality in place and did so well. These parents also had their children participate in sexuality education at school.

It was obvious to me that in most schools the majority of parents supported the school programme and trusted the staff to present it.

Many parents said that they would talk with the Principal if they disagreed with anything including components of the sexuality programme.

Few parents seemed aware that they could have their children excluded for cultural or religious reasons –Section 25AA and when informed said that for them it would be an unlikely option. They preferred for their children not to be withdrawn from any class activity and learning.

Most schools assume parents are happy for their children to be involved if they have sent invitations to meetings home or advised parents of the sexuality component of the Health Curriculum.

In summary it appears schools are doing a good job of consulting with their communities about sexuality education as part of the Health curriculum. It is my opinion that sexuality education should not be left to parents alone as some children would miss out on any sex education altogether. In my view it should remain part of the curriculum and be supported by professional development opportunities for teachers.

Bibliography

NZ Health and Physical Education Curriculum-MOE

Sexuality Education –Revised Guide for Principals, Boards of trustees, and Teachers-MOE

Health and Physical Education-The Curriculum in Action-MOE

The Education Act-relevant parts

Published newspaper articles

Stuff Online articles

Numerous schools, colleagues

Numerous parents from a variety of schools

The works of scholars who defined sexuality education-name support statements in my documents.