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Young people's experiences of sexuality education in the UK: a sex-positive critique.

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ABSTRACT

The World Health Organisation argues that sexuality education should be ‘holistic’, and comprehensively consider the physical, emotional, and social aspects of sexuality (World Health Organisation Regional Office for Europe, 2016). This approach empowers young people to make their own choices, to protect their sexual health and their mental wellbeing. However, in the UK, sexuality education rarely fully explores the physical aspects of sexuality and mostly ignores the social and emotional aspects, and so does not meet the wellbeing needs of young people (Department for Education, 2019). Moreover, continued sex-negativity and restrictive sexual norms, result in the belief that sexuality can endanger young people, or destroy their presumed “innocence” (Foucault, 1998; Weeks, 1995; Rubin, 2007; Bennion, 1991; Brickman and Fitts Willoughby, 2017). Therefore, the resultant controversy surrounding sexuality education, acts as a barrier to more comprehensive and sex-positive education, which might better meet the needs of young people (McGinn, 2016; Alldred and David 2007; Hirst 2012). This thesis utilises thematic analysis to analyse responses to a survey distributed online to 16–18-year-olds in the UK, regarding their sexuality education experiences, and to what extent they felt like their needs were met. The young people reported that teaching methods were largely unsatisfactory, sex-negative, heteronormative, and perpetuated gender norms.




INTRODUCTION

This thesis critiques current school-based sexuality education teaching methods in the UK from a sex-positive perspective and argues that sex-positive sexuality education might better serve the mental and physical wellbeing needs of young people (Bennion, 1991; Hirst, 2012). Sex-positive sexuality education is defined as a programme of study which does not dramatize or demonise sexuality or sexual practice, but instead, holistically explores the topic of sexuality with students, to empower them to make their own, informed choices. The World Health Organisation advocates for comprehensive sexuality education, including physical, social, and emotional topics (World Health Organisation Regional Office for Europe, 2016). Sexuality education, although vital to protecting the wellbeing of young people, is often limited by its controversy. Due to pervasive sex-negativity, the dramatization of youthful sexuality, and fears that sexuality education will corrupt the “innocence” of young people, sexuality education is not widely sex-positive or comprehensive (Alldred and David, 2007; Brickman and Fitts Willoughby, 2017). Therefore, young people are not empowered to make their own, informed sexual choices, and may receive information which is limited and heteronormative. This chapter explores current sexuality education provision in the UK, the nature of modern, youthful sexuality, and cultural issues regarding youthful sexual activity and sexuality education. This provides a summary of some of the contexts which may influence sexuality education provision in the UK.

Public Responses to Teenage Sexuality: An Example

Many are uncomfortable with the notions of teenage sexuality, pleasure and sexual knowledge and fear it may ruin the “childhood innocence” of young people (McGinn, 2016). These fears fuelled the backlash against *Teen Vogue’s* educational article on Anal Sex, which covered condom use, sexually transmitted infections and HIV, the prevention of injury, consent, boundaries, and communication (Engle, 2019). The article emphasises that nobody should be pressured into having, or even reading about, anal sex, but inversely nobody should feel ashamed about an interest in anal sex (Engle, 2019). The content was similar to *Teen Vogue’s* other articles on sexuality education, however, anal sex is considered inherently more “inappropriate” than vaginal sex, so the article was met with more hostility (Weeks, 1995; Engle, 2019). Most of the backlash originated from a conservative or religious viewpoint, arguing that an article on anal sex is wrong, because anal sex is morally wrong (Ricketts, 2017). *The Guiding Star Project* stated: ‘there is nothing “safe” about anal sex. There is nothing “sexy” about anal sex... there is nothing “fun” about coercion...irresponsible of *Teen Vogue* to try and paint a risky, and all too often violent act, as a completely safe and normal activity for teens’ (Ricketts, 2017). *The Guiding Star* lists the injuries and infections which can occur when anal sex is not done safely and state that a significant proportion of young people are experimenting with anal sex (Ricketts, 2017). Ironically, their concerns could be aided by the article which teaches young people about safe anal sex. Many parents were calling for a boycott of *Teen Vogue* online (Spargo, 2017).


However, the article also received liberal and feminist criticism, such as Barnes (2017) for *The Independent* who was angered by Engle’s use of gender-neutral language to describe



anatomy. Male anatomy is referred to as a 'prostate owner' and female anatomy is referred to as 'non-prostate owner' in the article (Engle, 2019). Barnes (2017) conflates anatomical sex and gender, and was thus concerned that when female anatomy is described as a lack of male parts, women are denied sexual autonomy. Barnes (2017) also argued that the *Teen Vogue* article fails to explain how anal sex, in their opinion, is significantly more dangerous than vaginal sex. Barnes (2017) overemphasises the risks of anal intercourse and undersells the risks of vaginal sex to argue that the latter is more "normal", and safer for teenagers, who must be protected from "abnormal" or "inappropriate" information.


The Evidence about Adolescent Sexuality

Despite potential adult discomfort, many young people between the ages of 13-18, do engage in sexual activities. Therefore, sexual educators must conduct their lessons in the knowledge that many secondary school pupils are engaging in sexual activities. The median age for first heterosexual intercourse in 2011 was 16 years old, but around 1/3 of young people have sexual intercourse before the age of 16 (Family Planning Association, 2011; Hagell, 2014: 1). In addition, a survey of homosexual and bisexual young men found that their first sexual experience with another man occurred, on average, at 17.5 years old, and the average age for first anal intercourse with another man, was at around 20 years old (Family Planning Association, 2011). Sexual debut, in this thesis, is used to refer to an individual's first sexual experience with another individual, and can involve any sexual act, including but not limited to, manual, oral, vaginal, and anal sex. Solo acts such as masturbation will not be counted as sexual debut within this thesis.



Young people are also forming their sexual identities, so educators should provide LGBTQ+ inclusive information, to meet young people's needs. The Family Planning Association (2011) reported that men under the age of 20 were 'were significantly more likely to have had both male and female partners (11.3 per cent) than men in other age groups (6.4 per cent – 7.9 per cent)' and amongst 'lesbian and bisexual women, the under-20s were more likely to have had sex with both men and women (24 percent)', suggesting that young people are more accepting of bisexual and queer identities. In addition, sexuality education needs to teach young people how to protect their health as they have experiences with multiple partners, because on average, young people will have up to six sexual partners before the age of 25 (Hagell, 2014: 1). 'Young adults are more likely to report oral sex than vaginal sex in the last year, and anal sex is not uncommon, reported by nearly one fifth of 16-25 year olds in the last year', therefore, sexuality education must also be inclusive of different sexual acts, and inform about safe oral, anal and vaginal sex (Hagell, 2014: 1). Although the idea of teenage sexuality is often met with fears over wellbeing, or morality, it is not useful to perpetuate these ideas in the sexuality education classroom, as they may conflict with the experiences and needs of the young people which sexuality education aims to inform and aid (Schalet, 2011).


'In the UK, the age of consent to any form of sexual activity is 16 for both men and women, whether they are heterosexual, homosexual or bisexual', so a person aged 16 or older is deemed capable of consenting to sexual activity with any other person aged 16 or older (Family Planning Association, 2011). However, many young people between the ages of 13-16, do engage in consensual sexual activities with their peers, so the age of consent which



has persisted since '1885... is now at odds with the practical reality of teenage sexual experience in the twenty first century' (Stevenson, 2017: 233). During the drafting of the Sexual Offences Act 2003, the age of consent was debated, to consider allowing sex between teenagers of equal age and thus power, but 16 years was again reconfirmed (Stevenson, 2017: 222). As recorded in the Sexual Offences Act (2003), causing a child under the age of 13 to engage in sexual activity, is always rape, as the child is not able to consent, and the offender is liable to life imprisonment. In addition, it is illegal for a person over the age of 18 and in a position of trust, such as a teacher or doctor, to engage in sexual activity with a young person under the age of 18, because the power imbalance often prevents true consent (Sexual Offences Act, 2003). This thesis will not dispute these laws, as informed and non-coercive consent is absolutely key.


The Need for Comprehensive Sexuality education

Many statistics regarding youthful sexual health over the past decade are reassuring. Many young people make good use of sexual health resources: 44% of women and 31% of men, aged 16-24, have attended a sexual health clinic, and a quarter of 16-19 year olds have visited a contraceptive clinic, with NHS community clinics proving most vital to this age group (Hagell, 2014: 2). The Office for National Statistics survey of women aged 16-19 found that more than half were regularly using contraceptives; most commonly the male condom, contraceptive pill or a combination (Family Planning Association, 2011; Hagell, 2014: 2). Reliable and 'long acting reversible contraceptives such as intrauterine devices, injectable contraceptives and implants account for approximately one fifth of those aged over 15 years: a significant proportion' (Hagell ,2014: 2). 80% of heterosexual 16-24 year olds




reported using a condom during first vaginal intercourse, and 60% of homosexual young men reported using one when they first engaged in anal sex (Family Planning Association, 2011). The lower rate of condom use amongst homosexual young men, may suggest that sexuality education is not fully LGBTQ+ inclusive, which is key to encouraging homosexual condom use, and to help protect LGBTQ+ youth from infection. In addition, teenage pregnancy rates have declined over the past twenty years, suggesting fewer unwanted pregnancies, abortions, and births. In 1998, the teenage pregnancy rate was 11.7% higher for under 16's and 3.3% higher for under 18s, than in 2008. (Family Planning Association, 2011). In 2012, 2.79% of young women aged 15-17 became pregnant, 'the lowest rate since records began in 1969', with around half ending in an abortion (Hagell, 2014: 2). However, these figures do not differentiate between unwanted pregnancies, and intended or desired pregnancies to those aged 18 and under. The statistics instead assume all are unwanted, potentially due to a bias against young mothers.

However, high rates of sexually transmitted infections amongst young people need to be better addressed through comprehensive sexuality education. Chlamydia is more prevalent amongst young people and worryingly, the risk of a young person contracting chlamydia is higher in more deprived areas (Hagell, 2014: 3). In addition, HPV vaccination covered half of eligible school age girls but 'coverage was lowest in the most deprived areas' (Hagell, 2014: 3). Whilst 90% of young people aged 16-24 know that chlamydia is an STI, only 62% of men and 83% of women understand that it can be asymptomatic, and, 46% of men and 64% of women know that it can be treated easily with antibiotics (Family Planning Association, 2011). The higher knowledge base of women may suggest that women feel more pressure



to take responsibility for their sexual health, and the lack of knowledge about treatment regardless of gender, may suggest that young people are taught the risks of sex, but not shown the solutions. 'The number of HIV diagnoses in the UK is still on the rise, many being diagnosed in late stages of infection, although it is still rare. Prevalence rates for women overall were 0.1% and for men were 0.2%.' (Hagell, 2014: 3).

Furthermore, sexual abuse between students is common, 'across a continuum from sexist name-calling, through to unwanted touching, coercion into sharing sexual images, rape and other forms of sexual assault' (Firmin, 2020: 290). These issues need to be tackled in sexuality education. Furthermore, harmful sexual behaviour (HSB), is more common than abuse, and can include sexist language, non-consensual sharing of sexual images, and 'other behaviours which would sit on the inappropriate and problematic end of the Hackett continuum of sexual behaviour' (Firmin, 2020: 290). Firmin (2020: 294) also argues that school environments do not adequately challenge HSB, and in many cases, school regimens will encourage the norms which underpin these behaviours. For example, school uniform rules which insist girls cover up to avoid sexual advances from schoolboys, can lead to an environment 'within schools in which aspects of HSB were at best expected and at worst accepted', and 'harmful norms appeared to have a legacy when they were made by both staff and students and were embedded into the ethos of a school community' (Firmin, 2020: 294). Thus, sexuality education needs to combat norms and reinforce consent, as a measure against the prevalence of HSB in schools.



Miller (2016: 722) notes that bullying amongst young women is unexpectedly common, and often relates to sexuality, as what adults would classify as bullying, 'girls are more likely to identify as "drama"', and disregard as part of a "normal" school experience. Teenage bullying practices are often informed by adult cultures, and 'produce and reinforce' 'institutionally situated meanings' (Miller, 2016: 723). Therefore, girls are 'more likely to be targets of bullying when they fail to conform to normative sexual behaviours and feminine gender presentations' as prescribed by wider, adult society (Miller, 2016: 723). Therefore, 'adolescent girls socially exclude and derogate female peers they view as sexually promiscuous' (Dane, 2016: 111). As sexual rumour spreading and slut shaming, or target avoidance of certain girls due to their sexual activity, are key bullying tactics amongst young women, 'the odds of being physically victimized' increases with each sexual partner (Miller, 2016: 721; Dane, 2016: 112). However, Dane (2016) concludes that bullying increases relationally to the number of partners, due to competition. They do not consider that social unacceptance towards non-normative sexual practices could be a more prominent cause. Ringrose explores how 'slut' becomes a 'sticky signifier'; a label attached to a girl to detach her from her peer group (Evans, 2013). Amongst young women, the figure of the "slut" 'achieves its rhetorical power through abjection...allowing girls to claim their own normative femininities by repudiating others for their sexual deviance' (Miller, 2016: 725). Often white or richer girls will call others, "sluts", because of the promiscuous stereotypes of their minority class or race, whereas poorer girls, or girls of colour, will often call the white, middle-class girls "sluts" to claim a 'superior morality' and fight against the stereotypes held against them (Miller, 2016: 725). Thus, bullying becomes a gendering practice, which produces and perpetuates gender norms, particularly with regards to sexuality. Therefore, sexuality education classes could be utilised to address these norms and reduce bullying.




The World Health Organisation's Guidelines for Sexuality Education in Europe

The World Health Organisation promotes 'holistic sexuality education' which considers the 'cognitive, emotional, social, interactive and physical aspects of sexuality', 'supporting and protecting sexual development', to empower young people with the 'information, skills and positive values' needed for 'safe and fulfilling relationships' (World Health Organisation Regional Office for Europe, 2016). Comprehensive sexuality education has been shown to reduce unwanted teenage pregnancies and thus abortions, lower the rates of HIV and other sexually transmitted infections, and help to combat sexual abuse, homophobia, and bullying (World Health Organisation Regional Office for Europe, 2016). The WHO also suggests that sexuality education could be utilised to challenge the gendered pressures felt by young people to exhibit certain sexual behaviours (World Health Organisation Regional Office for Europe, 2016). The WHO challenges worries that sexuality education deprives children of their "innocence", and states that sexual knowledge can protect children against abusers; with greater sexual knowledge, they are in 'a better position to recognise abusive persons and situations' (World Health Organisation Regional Office for Europe, 2016). Furthermore, sexuality education is grounded in Human Rights, such as, 'Rights of the Child', 'Elimination of Discrimination against Women', and 'Social and Cultural Rights' (World Health Organisation Regional Office for Europe, 2016).

Differing Global Values towards Sexuality education

Calls for comprehensive sexuality education have been 'gaining acceptance globally' (Haberland et al, 2015: 515). *The Commission on Population and Development* have often called for international governments to provide comprehensive sexuality education to protect young people from sexual health issues, abuse, and to tackle inequality (Haberland et al, 2015: 515). Meanwhile the *United Nations Educational, Scientific and Cultural Organization*, stated that sexuality education which covers topics such as consent, gender-based violence, sexual diversity and sexual health are key to protecting human rights (Haberland et al, 2015: 516). Practitioners and theorists define 'safer sex' in a variety of ways, including a 'reductionist' standpoint (safer sex is equal to penetrative sex with a condom) to the more 'holistic', which describes safer sex as including issues of 'self-esteem, pleasure and lack of regret' (Hirst, 2008: 400). This thesis shall use the latter definition.

Sherlock (2012) considered the disparity between sexuality education policies in Sweden and the Republic of Ireland. Whilst *The Swedish Association for Sexuality Education* was established in 1933, and a corresponding school programme was made compulsory in 1956, Ireland did not introduce any policies until 1994, in response to the mounting HIV/AIDS crisis, and large volumes of deaths to unwed mothers and babies as a result of sexual secrecy (Sherlock, 2012: 383). The presence of 'Magdalene Laundries' to house "'morally unsavoury'" 'women including unwed mothers and rape survivors until 1996', showcases a cultural desire to conceal sexuality and sexual information (Sherlock, 2012: 383). However, modern Swedish sexuality education lessons take a 'norm-critical approach', following a legacy of liberal values, from their early sexual revolution in the 1920s, the creation of state-



financed contraceptive clinics in 1936, the legalisation of some forms of abortion in 1938, and the Swedish Federation for LGBT Rights, established 1950; one of the world's first gay rights movements (Sherlock, 2012: 384).

Sexuality education and attitudes to adolescent sexuality differ again within the US context. Doan and Williams note the prevalence of abstinence-only policies in the US, which are a form of 'stealth morality policy', moralising legislature under the guise of legislature on another issue (Hess, 2011: 1080). It is often argued that abstinence-only education will reduce the socioeconomic issue of teenage pregnancy, when improved access to contraception and abortion would prove a better solution to this issue. Abstinence education is thus encouraged under the guise that it has a socioeconomic rationale, when it really functions as a piece of moralising legislature against youthful, and particularly female, sexuality (Hess, 2011: 1081). Schalet (2011) compared Dutch and US parents' approaches towards teenage sex. In the Netherlands, teenage sex has been 'normalised' and is 'treated as a normal part of individual and relational development, and discussable with adults in families, schools and healthcare clinics' (Schalet, 2011: 3). In contrast, Schalet (2011: 3) notes that teenage sex in the US has been 'dramatized', resulting in 'cultural ambivalences, heated political struggles, and poor health outcomes'. Furthermore, 'economically disadvantaged racial and ethnic minority young people in the U.S. consistently report higher pregnancy and STI rates compared with white teenagers...which is largely driven by limited access to healthcare', and thus resources are not evenly distributed across all young people (Ja and Tiffany, 2018: 402).




A Timeline of Sexuality Education Guidelines in England

In the mid-1800s, the government began to ‘treat citizens as a population and consider demographics’, so there was increased state involvement in personal matters such as procreation, death and illness, and sexuality become a topic of academic inquiry (Moore, 2012: 25). Sex was labelled, categorised and certain types of sex deemed pathological and prohibited for the “protection” of the population (Foucault, 1998). Therefore, sex education was established as a measure to discipline bodies and reduce “risky” sexual practices (Moore, 2012: 25). This legacy has remained, and modern sexuality education efforts revolve mostly around risk reduction. Furthermore, sexual risk is framed as an individual failure, due to ‘unexamined assumptions about the level of agency and control that is afforded to many young people’ (Moore, 2012: 27). ‘Sex education serves as an interesting parallel case to the obesity awareness campaign’ and sexual risks are framed as ‘impudence, injudicious choices or the inability to control one’s appetite’ (Moore, 2012: 27).

1960s	Guidelines recommend that the mechanics of sex, sexuality, contraceptives, and the emotions of sex should be taught in schools (Moore, 2012: 29).
1980s	The 1960s model informed the programme of the early-mid 1980s. This was soon opposed by the New Right for ‘promoting homosexuality and the dissolution of “family values”’ (Moore, 2012: 29).
1986	Parents were given the option to remove their children from sex education, and all lessons had to promote “family values” (Moore, 2012: 29).
1987	The Sex Education Forum were under significant challenges from increasingly polarised views about the role and nature of sexuality education. There was conflict from conservative and religious groups over


	the degree to which young people should be encouraged to develop their own values (Thompson, 1997: 263-4).
1991	Royal College of Obstetricians and Gynaecologists identified sexuality education as a means of tackling teenage pregnancy rates (Moore, 2012: 30).
1992	The 'Health of the Nation' document by the Department of Health, identified 'HIV/AIDs and Sexual Health' as one of the top five health issues in the UK (Moore, 2012: 30).
1993	'The Education Act' removed HIV/AIDs instruction from within biology lessons, which helped to legitimize sex education as its own subject. (Moore, 2012: 30)
1996	Instruction about HIV/ AIDS and contraception became mandatory in British Secondary Schools (Moore 2012, 25).
1999	Personal and Social Education became Personal, Social and Health Education (PSHE), to overtly include the newly named RSE (Relationships and Sexuality education). Now sexuality education lessons also involved discussion of relationships and emotions (Moore, 2012: 33). Sex was framed as a risk to young people, but now as a physical and emotional risk, rather than a health risk alone (Moore, 2012: 34). In addition, the lessons assumed that young girls would only have sex as a result of peer pressure or low self-esteem, and solving these issues was seen as key to reducing teenage pregnancy rates, ridding young women of sexual agency (Moore, 2012: 34).
2002	'Statutory guidance from the Department for Education issued under Section 80A of the Education Act 2002 and section 403 of the Education Act 1996' was produced to inform how sexuality education lessons should be delivered (Department for Education, 2019: 6).
2008	The Schools Minister announced that PSHE would become a mandatory and distinct part of the school curriculum (Moore, 2012: 25).
2021	'Relationships and sexuality education' became 'statutory in all secondary schools in <i>England</i> ' and 'age-appropriate sexuality education... taught in all primary schools' (Family Planning Association, 2020). The bill was passed in 2017, to take effect from the 2020 cohort, but due to the coronavirus pandemic, will be fully rolled out in September 2021. Parents will no longer have the right to withdraw pupils from relationships



education, or aspects of sexuality education included in the biology curriculum (Family Planning Association, 2020). These aspects include reproductive anatomy and sexual reproduction. This has similarities to the 1960s model, which emphasised the need for instruction in sexual matters without parental approval, after 60 years of restrictions. Parents will have the right to withdraw students from other aspects of sexuality education but only after a discussion with the head teacher about the 'value and importance of RSE' (Family Planning Association, 2020). In addition, 'A child can request sex education without their parent's consent from three terms before their 16th birthday' (Family Planning Association, 2020).

Recent Developments in Sexuality Education in Wales

The Llywodraeth Cymru Welsh Government Sex and Relationships Education Expert Panel (2017) produced a report outlining a series of recommendations from expert sex education panel, relating to the future of sex education in Wales. Many of the recommendations were sex-positive and highlighted the need for comprehensive and non-judgemental education, which create 'empowering environments' through which young people are supported to make their own choices (Llywodraeth Cymru Welsh Government Sex and Relationships Education Expert Panel, 2017:5). The most recent Welsh Guidance, produced in 2010, is comprehensive and firmly rooted in 'the context of the United Nations Convention on the Rights of the Child (UNCRC)' (Llywodraeth Cymru Welsh Government Sex and Relationships Education Expert Panel, 2017:6). Sex education has been compulsory since 2002, but guidance is not statutory, so there can be great disparity in how the content is delivered. The panel recommended that sex education explore sexuality holistically, beyond the biological, was more inclusive of LGBTQ+ and disabled young people, and should give equal



consideration to the positive aspects of sexuality and relationships and the risks.


(Llywodraeth Cymru Welsh Government Sex and Relationships Education Expert Panel, 2017:7). In 2022, a new, statutory RSE curriculum will be developed, with the assistance of Professor Renold, 'a world-leading expert in gender and sexuality studies in childhood and youth', and the engagement of young people themselves. (Cardiff University, 2022).

Thesis Structure

This thesis shall explore how sexuality education is delivered to students in the UK, to what extent it follows guidelines and theories regarding sexuality education and to what extent it serves the physical, mental, and emotional needs of young people. The following chapter, the literature review, considers attitudes towards sex, particularly attitudes towards youthful sexuality, through a theoretical lens. This chapter aims to theorise why sexuality education is often controversial, and to what extent it is a product of a particular cultural attitude towards adolescent sexuality. The following methodology section shall then explain the methods for primary data collection, how it was gathered, analysed and how it might relate to the theoretical context. The data is then presented according to how it relates to these three key research questions:

Research question 1- How are gender roles and stereotypes, with regards to sexuality, considered in sexuality education and what impact does this have on young people?

Research question 2 – To what extent is LGBTQ+ information included in the sexuality education curriculum and what impact does this have on young people?



Research question 3- What are the most prevalent teaching methods in sexuality education classrooms, and to what extent could they be considered sex – positive or sex – negative?


The final chapter includes discussions and conclusions, relating to attitudes towards adolescent sexuality and sexuality education, to what extent lessons were able to meet students' needs, and students' own suggestions for how sexuality education might be improved to better protect their physical health and mental wellbeing, from a sex-positive perspective.



LITERATURE REVIEW

This literature review explores the reasons why sexuality education is often considered controversial, and thus provides a theoretical context in which to situate findings regarding the nature of sexuality education provision in the UK. I shall consider why sexuality broadly is considered a difficult topic and then why addressing young people and their sexualities is particularly controversial. I reject the notion that any sexuality or romantic orientation could be considered “natural”, and thus consider all sexual expressions equally valid and socially constructed. I therefore also reject the notion that some sexualities might be more “appropriate” for discussion with young people. Discussions about sex can be challenging as sexuality is often considered chaotic in modern, western contexts (Rubin, 2007). Therefore, many feel a need to “draw a line” between some types of sex deemed “acceptable”, and types considered “damaging” (Rubin, 2007). This develops Weeks’ (1995) description of a sexual hierarchy, whereby, sexuality is organised according to perceived acceptability. Furthermore, heterosexual, marital, procreative sex is considered the most acceptable because it is viewed as most stable and beneficial to society, producing children, family and thus, a socioeconomic structure.

The argument that social ideas shape how sex is viewed and enacted, key to both Rubin (2007) and Weeks (1995), is developed from Foucault’s (1998) argument that sexuality is mediated by systems and discourses of power. Foucault (1998) identified that sexuality was first categorised by sexologists of the late 19th-early 20th century, according to their personal preferences. Although these early sexologists first made sexuality a legitimate topic of enquiry, their categorisations created a wealth of newly labelled “pathological” sexual




desires, and sexual acts deemed unacceptable were no longer considered isolated events, but woven into a personality, so the whole person could be discriminated against (Foucault, 1998). For example, homosexuality became an identifier, whereas previously, sodomy, although staunchly discriminated against, was considered an isolated act. Bennion (1991) argues that sex-negativity (the belief that sexuality is improper or dangerous) should be challenged, and sexual bodies, desires, and pleasures should be accepted as integral to wellbeing (sex-positivity).

Pervasive sex-negativity often acts as a challenge to comprehensive sexuality education for young people. Alldred and David (2007) argue that sexuality education is widely considered inappropriate for children (used to refer to all under 18s regardless of sexual maturity), due to the sex-negative myth that young people should not be sexual beings. Sexuality education becomes a topic where there is an imperative to “draw the line”, as Rubin (2007) described, so to reduce discomfort, when sex is discussed in classrooms, it is often a “nuts and bolts” approach, with a focus on the heteronormative and an absence of pleasure. Fortenberry (2013) similarly argues that adolescent sexuality is wrongly mostly conceptualised as risk. They instead argue that the ‘sexual socialisation’ of young people is a healthy part of development, through which they can discover their sexual selves (Fortenberry, 2013: 172). Fortenberry (2013: 177) also argues that a positive ‘sexual self-esteem’, comfort with one’s sexual self, can increase satisfaction and reduce risk-taking.



Current Guidance for the Delivery of Sexuality education in Schools in England: An Analysis


Current guidance follows advice from the 2002 *Education Act*, and the new bill, which will take effect in September 2021 (postponed from September 2020), which makes participation in at least some aspects of sexuality education compulsory (Department for Education, 2019: 6; Family Planning Association, 2020). This thesis will not be able to consider the impact of the new bill, as it has been delayed until September 2021. The current guidance states ‘high quality, evidence-based and age-appropriate teaching of these subjects can help prepare pupils for the opportunities, responsibilities and experiences of adult life’. Therefore, although teaching may be comprehensive and accurate, it is delivered in preparation for the future, denying the reality of adolescent sexuality (Department for Education, 2019: 8). The guidance also often reiterates that teaching must be ‘age-appropriate’, suggesting that some types of sexual knowledge are not deemed “appropriate” for young people. In addition, parental beliefs and the stance of the law are foregrounded and thus emphasised, before any mention of sexual knowledge building (Department for Education, 2019: 4). These caveats may reassure parents’ fears that sexuality education may be inappropriate, encourage earlier sexual experimentation, or encourage young people to develop their own sexual values which may conflict with the values of the parents. According to the UK guidance, teaching should build ‘confidence and self-esteem’ to help students ‘understand the reasons for delaying sexual activity’ (Department for Education, 2019: 25-29). Foregrounding the confidence issue before stating an opinion on delayed sexual activity as fact, suggests that delaying sex is the more mentally healthy decision, and invalidates early sexual debut as less healthy. The guidance’s emphasis



on ensuring that sexual debut occurs at ‘the appropriate time’, suggests that there is an objective age at which sexual debut “should” occur, rather than encouraging students to act as feels right to them, regardless of whether their debut occurs earlier or later than expected, or never occurs at all (Department for Education, 2019: 25-29).

The guidance also states that schools should take an active role in tackling ‘issues such as everyday sexism, misogyny, homophobia and gender stereotypes and take positive action to build a culture where these are not tolerated’, suggesting that whilst sexual activity is discouraged, tolerance towards different identities is promoted (Department for Education, 2019: 14). Whilst it is emphasised that LGBTQ+ topics should be discussed in lessons, and ‘fully integrated into their programmes’, it is also advised that this be done at an ‘age-appropriate’ and ‘timely point’, suggesting that LGBTQ+ topics should be taught at a later age than heterosexual topics, othering LGBTQ+ information as more “inappropriate” (Department for Education, 2019: 14). Positively, the guidance requires instruction about healthy and abusive relationships to protect the ‘mental wellbeing’ of young people (Department for Education, 2019: 25-29). Students should also have thorough instruction about what constitutes consent, the definitions and recognition of rape, sexual assault and harassment, and the choices permitted by the law around pregnancy (Department for Education, 2019: 25-29). These topics serve to protect the mental wellbeing of young people and ensure that they can keep themselves as safe and happy as possible.

I conducted an analysis of the language used in the guidance document, using *Voyant Tools*. The language analysis programme was used to discover the most frequently repeated words




in the document. These modal words and phrases give some insight into the tone and priorities of the document, as language can reveal underlying attitudes (Foucault, 1998). 'Health' and 'relationships' are some of the most frequently used words, whilst 'sex' and 'sexual' are used infrequently (Department for Education, 2019). This suggests a reluctance to explore the topic of 'sex' directly, which may result in a detached delivery. I also explored frequent word correlations in the document, namely, which other words are most often placed in association with 'health', 'sex' and 'sexuality'. Such correlations show the types of opinions, values, or concerns most associated with these topics within the document.

'Health' is often associated with neutral words such as 'accurate' or 'average', but more commonly associated with words which suggest risk or danger, such as 'crime' and 'hate' (Department for Education, 2019). It is also often used alongside the words: 'drug' and 'alcohol', which associates health in a sexual context with personal risk-taking (Department for Education, 2019). Whilst sexual health seems mostly associated with risk, 'sexuality' is often linked to 'rules' and 'behave', suggesting that there are some "appropriate" and "inappropriate" forms of sexuality: a morality discourse to be shared with young people (Department for Education, 2019). 'Ceremony' and 'committed' demonstrate a theme of normative sexual practices as the terms have connotations of marriage and monogamy, reflecting a pervasive 'mononormativity (the assumed normality and naturalness of monogamy)' (Barker et al, 2018: 1338; Department for Education, 2019). When 'sex' is mentioned directly, a theme of heteronormativity seems most present, with 'marriage' and 'religious' frequently correlated (Department for Education, 2019). 'Discussion', 'conflict' and 'difficulty', suggest that sexuality is a controversial and difficult subject (Department for Education, 2019). 'Allow', 'acceptable' and 'appropriately', are most frequently correlated with 'sex', suggesting that only certain forms of sex, under certain circumstances, should be

permitted, perpetuating a moralising discourse throughout (Department for Education, 2019).

Sexuality as a Construction

According to Foucault (1998), notions of an ideal human sexuality are constructed and upheld through discourse. Dominant sexual discourses are a form of biopower; state power exerted through law, medicine, and education, to control bodies (Foucault, 1998). Foucault considers 'the authority of a language', the manner of discussion, as directly influencing how sexuality is conceptualised (Foucault, 1998: 20). Public discourses dictate which types of sex are most acceptable and insist that the private sphere is the only appropriate place for sexual activity or explicit sexual discussion (Foucault, 1998). Common public sexual discourses in the UK, perpetuate what Weeks (1995: 3) refers to as the 'sexual tradition', a 'set of concepts and intellectual interventions, laws and social practises, marital and family organisation, and diverse patterns of life,' which 'can be seen as a sustained effort to channel and discipline the imagined powers of sexuality'. Human sexuality is therefore organised into a hierarchy, with phrases such as 'family values', idealising heterosexual, married, procreative (heteronormative) sex (Weeks, 1995: 10). Within this culture, 'sex is presumed guilty until proven innocent' and those sexual acts near the top of the hierarchy are those which carry enough non-sexual 'redeeming factors' (Rubin, 2007: 150). For example, the need for reproduction, the family unit, and traditional ideas about romance, all "redeem" heteronormative sexuality, and make it permissible, as more than just sexual desire. Rubin (2007: 154) instead proposes that sex should only be judged on whether the act is consensual and pleasurable for everyone involved: 'whether sex acts are gay or




straight, coupled or in groups, naked or in underwear, commercial or free, with or without video, should not be ethical concerns.'

In addition, reproductive biology is often used to push a heteronormative social expression of sexuality (Plummer, 2005). As the female sex only produce a limited number of egg cells, require a long gestational period to produce offspring and are not fertile for the entirety of their adult lives, this can be used to argue the social aim that women should be less sexual (Plummer, 2005: 181). In contrast, the male sexed body can produce an unlimited number of sperm cells and potentially father an unlimited number of children over a lifetime, this can be used to reinforce social stereotypes of male promiscuity (Plummer, 2005: 181).

However, potentially the stereotypes predated and thus unconsciously informed the social conclusions drawn from biology. In addition, in the modern, western world, with widespread contraceptives and reproductive technologies, heterosexuality is not synonymous with reproduction; it primarily facilitates pleasure, the building of relationships and social identity. The heteronormative ideal, with social expectations such as marriage or the family unit, cannot be considered "natural" or purely biological (Plummer, 2005).


Warner (1999: 9) concurs, that 'variant desires' are only seen as legitimate if they can be proven innate, for example, queer sexualities (outside of the heteronormative) are often disregarded by homophobes as a 'lifestyle' or "unnatural" because they might not be reproductive. Meanwhile, most accept non-innate heteronormative constructs such as marriage (Warner, 1999: 9).



Halperin (1993) uses ancient Athenian conceptualisations of sexuality to undermine the stance that any modern categorisation of sexuality could be considered innate. The dominant discourse on sex, and the type of sexual expression deemed “natural” in this culture was a sexual act between a superior citizen and penetrator (an adult man), and an inferior, non-citizen (a woman, underage boy, or slave), to be penetrated (Halperin, 1993). Sexual orientation was not divided along gender, but class lines. This undermines the idea that heterosexuality is a “natural” sexual orientation, or that our current sexual classifications and subsequent hierarchy have ‘always been’ (Halperin, 1993: 148).


Sex Negativity and Sex Positivity

Sex-negative sentiments are rife in western discourses, which Rubin (2007: 150) defines as a general consideration that sex is a ‘dangerous, destructive, negative force’ and ‘the assumption that the genitalia are an intrinsically inferior part of the body, much lower and less holy than the mind, the ‘soul’, or the ‘heart’’. Bennion (1991:1) argues that ‘most people in the West now find it difficult to accept religious teachings about sex, yet they reject the idea that “anything goes”, they are uneasy about “permissiveness” as it suggests an absence of standards. However, Bennion’s argument disregards the many people whose lives and attitudes are guided by religion and does not explore the large variety of messages regarding sex which are spread by diverse faiths. Inversely, sex-positivity, accepts that ‘as we are all sexual beings, we should look upon our own or another’s sexual organs, functions and desires... with welcoming acceptance’ (Bennion, 1991: 15). ‘Sex positive approaches suggest that sex is a healthy and pleasurable practice and avoid making moralistic value statements’ and ‘promote the diversity of sexuality in the world and the ability to make



personal choices' (Brickman and Fitts Willoughby, 2017: 622). Therefore, sex is not viewed as inherently good or bad but rather its value is dependent on context and personal experience, and people are not categorised as a 'good and bad person', based on moral judgements about their sexual choices (Brickman and Fitts Willoughby, 2017:623). Bennion (1991:16) suggests that sexuality should be a respected part of the self, likened to intellect, and comments that nobody 'would tell a bright child that it was right for it to suppress its intellectual power' or 'cover up these natural assets or exhibit shame when attention was drawn to them, or shrink from using them'. However, Bennion (1991) argues that being sex-positive should only extend to the types of sex they personally value: exclusively loving and monogamous. The same opinion is promoted in *The Joy of Sex*, which emphasises the need for sex-positivity, but only within heteronormative ideals, and presents same-sex and kink practices as damaging (Comfort, 1972). Therefore, whilst Bennion (1991) expresses a desire for sex-positivity, they only preach positivity regarding normative types of sex, following the restrictive discourses critiqued by Foucault (1998), Rubin (2007) and Weeks (1995).


Downing (2019) critiques the extent to which sex-positivity can meet feminist aims, and argues that often, the sex-negativity commonly associated with second-wave brands of feminism, is used to unfairly disregard these feminist aims. Indeed, attitudes towards overt female sexuality and its perceived empowerment, or associations with the desires of patriarchy, is a highly debated feminist issue. Sex-positive, often third wave, feminists 'view women's ability to participate without guilt in a sexualized culture is the marker of feminism's success' (Downing, 2019:136). Yet, Downing (2019:136), notes that often the perceived sexual 'empowerment' of sex-positive feminist aims, is influenced by 'a distinct



(internalised) misogyny’, and thus women follow the demands of patriarchy under a guise of empowerment. Downing (2019:131) links acceptance of ‘raunch culture’ to a ‘postfeminist’ ideology (the belief that feminism is redundant as all ‘necessary women’s rights have already been won’) and thus, views this acceptance as damaging to women and feminism. ‘Raunch culture’ repackages the ‘unironic sexism’ of female sexual objectification as ‘sexy, postmodern fun’, distanced from any ideology (Downing, 2019:135). This thesis argues that sexual expression can empower if it is freely chosen, because someone’s ability to choose how to behave or present themselves, is empowering. However, it may be difficult to differentiate between freely chosen sexuality, and sexuality enacted due to social pressures (Downing, 2019: 135).


Sex-positivity and Sexuality Education

Sex-positive sex education methods, which have increased condom and contraceptive use in the Netherlands, could be used in the UK, as current provision does not meet students’ needs (Sheldon,2018; Pound et al, 2016). Pound et al (2017) found that many young people desire a sex-positive approach to sexuality education, which considers a wide range of ‘life skills’. In addition, Patterson (2020) argued that if students are denied sex-positive and comprehensive educational materials, they will instead turn to the internet for information, which may not be fully accurate or accessible. Hirst (2012: 423) argues that ‘positive notions of sexualities and relationships education (SRE)’ should be central to sexuality education provision, and school-based sexualities and relationships education (SRE) offers one of the most promising means of improving young people’s sexual competence and levels of safer sexual practice.’ (Hirst, 2008: 399). They suggest that pleasure should be included in




discussions of sexual health, such as encouraging condom use, rights and equality, and ‘safeguarding against coercion and harm’ (Hirst, 2012: 423). When pleasure is ignored, and thus sexuality education is disconnected from its principal topic, sexuality education fails to meet the needs of students (Hirst, 2012: 427). Even if theorists since the 1980s have argued for the integration of pleasure into sexuality education, objectors (parents, teachers, politicians, religious leaders etc...) ‘can supersede guidance on best practice for SRE.’ (Hirst, 2012: 426). Evans (2020) also argues for sex-positivity in sexuality education, using Fortenberry’s (2013) sex-positive notion of healthy sexual self-concept, and argues that this is key to physical, mental, and relational wellbeing. They critique sexuality education which focusses on risk and instead suggest ‘the promotion of constructs relating to the positive aspects of sexuality’ (Evans, 2020: 177). However, Evans (2020) argues that parents are the best source of sexuality education as they can tailor their approach to the child’s needs. This seems overly optimistic, as it assumes that parents will want to deliver sex-positive education and ignores that many parents may ignore the needs of their child, and instead push a sex-negative agenda.

Mills Drury and Bukowski (2013: 118) argue that an ‘essential part of growing up is the task of navigating how to become to become a healthy sexual adult’. Mills Drury and Bukowski (2013: 116) similarly argue that this development is produced by and involves both interpersonal (relation to others sexually) and intrapersonal components (personal sexual desires, arousal and identities), which they argue are partly constructed by social factors and partially determined by biology. They also argue that this healthy development can take place in young children, before the onset of puberty. ‘Children are naturally curious about



their own bodies and those of others, and can take part in sexual investigations of their own body in sexual investigations of their own body and in games with other children', but assures the reader that these behaviours do not 'imitate adult sexuality' (Mills Drury and Bukowski, 2013: 120). However, some of the behaviours they describe such as masturbating or touching the genitals and a curiosity about sex and asking questions, can mirror adult solo sexual behaviours (Mills Drury and Bukowski, 2013: 120). Sex-positive programmes will therefore focus more on the gains of healthy sex, rather than the risks of unhealthy sex, covering similar material but without shame. However, Brickman and Fitts Willoughby (2017) note that few studies consider the benefits of sex-positive sexuality education and those that do will define the success of a programme narrowly, such as increased condom use, which ignores the mental impact.


Rasmussen (2015) critiques progressive sexuality education programmes as somewhat non-inclusive, as they often disregard religious perspectives and are purposefully secular. They note how progressive sexuality education is often considered 'optimal when it is underpinned by rigorous scientific research', and thus, 'evidence-based research' is prioritised above religious ideas, excluding and ignoring the wide religious diversity in the UK (Rasmussen, 2015: 1,11). Moreover, sex education is assumed to be progressive when it is 'associated with pleasure...choice...and inclusion', and is thus sex-positive, and these values can be troubled by religion (Rasmussen, 2015:10). It is difficult to produce a curriculum which will meet the needs of all young people in the UK, because a programme which promotes sexual inclusivity, for example with LGBTQ+ inclusion, may contradict the beliefs of certain religious groups. However, this thesis will argue that sex education



programmes need to be inclusive and promote choice, so young people will be empowered to make their own choices about their lives and bodies, including the choice to follow a particular religion or to hold certain beliefs.


The Discomfort Surrounding Teenage Sexuality

Sex-negativity makes adolescent sexuality considerably more controversial than adult sexuality. Fortenberry (2013:171) argues that most articles and studies on adolescent sexuality focus on fears and problems such as, sex and drugs, STIs, HIV, teenage pregnancy, coercion, and pornography, so limited data is produced. This limited data is then 'used to justify policy, public health, and clinical interventions intended (typically) to restrain adolescent sexual behaviours' (Fortenberry, 2013: 171). They instead propose that teenage sexual development is healthy and involves 'sexual socialisation', the development of sexual knowledge through social contexts such as peers, family, school, and the media (Fortenberry, 2013: 172) (Mills Drury and Bukowski, 2013: 116). Fortenberry (2013:177) describes 'sexual openness' as 'a willingness to experience and express sexual desire, a sense of entitlement to one's chosen sexual experiences, and an engagement with the pleasure associated with sex', which often results in delayed sexual debut, a better understanding of consent, and safer sex. This demonstrates that a sex-positive attitude towards sexuality could encourage young people to protect their physical health. In contrast, Fortenberry (2013: 178) notes that social factors can also produce 'sexual anxiety', 'negative reactions to sexuality such as anxiety, shame, and guilt' which 'may be related to social or familial attempts to control adolescents' sexual activity.



McGinn (2016) conducted a study concerning parental interpretations of “childhood innocence”, which is a ‘founding assumption of contemporary Western thinking and a “natural” state which should be protected from threat’ (McGinn, 2016: 581). The study found that one of the primary ways parents seek to protect the innocence of their pre-pubescent children is by shielding them from sexual topics, viewed as distinctly “adult” (McGinn, 2016: 581). Indeed “adult” is often used as a synonym for “sexual”. This becomes an issue when the legal and social ‘arbitrary threshold’ is set at 18 years old, because physically and emotionally mature young people may be viewed and treated as children (Fortenberry, 2013: 173). In addition, precocious sexual knowledge is ‘deemed inappropriate’, and parents are often scared that this will ‘corrupt their child, ruin their innocence and rob them of their childhood’ (McGinn, 2016: 584). Whilst it is very common for young children to be curious about sex and reproduction, most parents in the study said they would not give their children accurate sexual information as they feared this would ruin their “innocence” (McGinn, 2016: 586).

McGinn (2016:581) terms the ‘adult-child binary’, the perceived set boundary between childhood and adulthood. Pre-pubescent children’s sexual activities can reflect adult solo sexual behaviours (exploring and touching their own genitals, curiosity about the naked body, curiosity about others’ genitals and bodies, games and questions about sexual topics, masturbation) and are seen as a part of normal development, non-sexual and “innocent” (McGinn, 2016: 584). However, they are correct that healthy childhood behaviours should never reflect adult partnered behaviours, as pre-pubescent children cannot give informed consent to be sexually touched by another. Post-pubescent teenagers may have developed



sexually mature bodies and desires, so their sexual behaviours, both partnered and solo, are seen as “adult”. However, the teenagers are placed on the child side of the ‘adult-child binary’ (McGinn, 2016: 581). Therefore, teenage sexual behaviours can cause adults great discomfort, as the “children” are behaving in “adult” manners. In a sex-negative world, sexuality and “innocence” cannot coexist, so adolescent sexuality is seen as a threat to “childhood innocence” and is met with hostility. Moreover, in the modern western world, with puberty occurring earlier and increasingly delayed financial responsibility and marriage, the period of adolescence is often extended, so older young people may still be seen and treated as children (Thompson, 1997; Stevenson, 2017).


Kitching (2020: 483-4) considers childhood innocence as connected and limited to ‘colonial, western notions’, resulting in a ‘classed, gendered and sexual policing of childhood’ (Kitching et al, 2020: 484). Therefore, to prevent the ‘sexualisation’ of children (behaviours which contradict the ideals of “childhood innocence”) parents are tasked ‘to police particular temporal (age-appropriate) relations between children’s – and predominantly girls’ – bodies, images and materials, in simplistic terms as good or bad’ (Kitching et al, 2020: 484). Furthermore, ideals of childhood innocence are often the product of ‘gendered and heteronormative fantasies of past generations’ innocence, and fears about new generations’ future normality’ (Kitching et al, 2020: 484).



How Sex Negativity Impacts Sexuality Education

Sex-negativity has two key outcomes which can impact sexuality education. Firstly, it prohibits the discussion of sex in public spaces such as the school. Within the school environment, a cartesian split of mind and body is encouraged; the mind and mental growth is prioritised, and the body shunned or ignored (Paechter, 2006). Therefore, sex and the sexual body are barred from school, as they are understood to be detrimental to the expansion of the mind. Sharp (2000:8) calls for a more holistic approach to education, whereby bodily education such as sexuality education or physical education is considered equal to mental challenges such as mathematics, science, or literature. They argue that a holistic approach would improve the 'emotional literacy' of students, and improve their mental wellbeing (Sharp, 2000:9). Sharp (2000:9) summarised those students who 'Feel Good' will 'Learn Good', which suggests that an open-minded, sex-positive approach might help students to better absorb sexual information (Sharp, 2000: 9).


Secondly, sex-negativity suggests that all young people, sexually developed adolescents, should be, non-sexual, until they reach an arbitrary legal age at which they are considered adult enough to engage in sexual activity (McGinn, 2016). 'Most adults agree that youthful sexual activity is in some ways problematic, but they disagree vehemently about the nature of the "problem"' and thus may oppose comprehensive sexuality education based on sex-negative belief, rather than fact (Nelson Trudell, 1993: 4). However, 'by mid-adolescence, young people have similar cognitive capacities as do adults...but they lack specific experience in effective evaluation and regulation related to sex, sexuality, and sexual behaviour to employ when making decisions', therefore many young people are mentally



developed enough to make informed sexual choices, and are mostly only limited by a lack of past experience (Ballonoff-Suleiman et al, 2015: 571). Thus, comprehensive sexuality education can take the place of “learning from past mistakes” and guide young people through those first few experiences. Instead, the “right” age for sexual debut should be considered specific to the young person in question and may be later or earlier than “normal”, according to their mental and physical development, social contexts, and readiness.


Furthermore, students gather a large volume of information about sex from their teachers, through the ‘hidden curriculum’ (Halstead and Reiss, 2003: 9). Students absorb teachers’ values and biases through their manner of speaking and body language, even when this does not match the content of the lesson. The ‘hidden curriculum’ is also shared through ‘the ethos of the school’, fellow students, or school policies such as the uniform policy (Halstead and Reiss, 2003: 43). If the ‘hidden curriculum’ leads children to believe that it is ‘naughty to talk freely and openly about sex’ this ‘opens up the possibility for all sorts of negative and unhealthy attitudes about sex to develop’ in adolescence and adulthood (Halstead and Reiss, 2003: 43).

Grossman (2013) and Lickona (1993) both take the sex-negative stance that adolescent sexuality is inherently risky and that the primary purpose of sexuality education should be to prevent adolescent sexual activity. In addition, ‘sexual risk’ undertaken by young people is posed as a personal failure, according to a limited set of approved ‘right choices’ and without examining wider contexts or social injustices (Bay-Cheng, 2017). Grossman (2013:



810) argues that 'early sexual debut in adolescence increases the risks for negative health and educational outcomes, such as sexually transmitted infections, teen pregnancy, and school dropout'. They argue these are inherent outcomes of early sexual debut, regardless of safe sex guidance, and do not analyse the contexts. 'Fear-based' curricula are often preferred to prevent youthful sex, rather than encouraging young people to engage in safe sex, behave as they and their partners feel personally comfortable, and learn to develop healthy sexual relationships (Nelson Trudell, 1993: 3). A fear-based curriculum will emphasise the dangers of sexual arousal, provide limited anatomical information, provide no information on pleasure, and inflate risks of contraception failure (Nelson Trudell, 1993: 3).

Lickona (1993) however, believes that young people should delay sex until heterosexual marriage and that any form of sexuality education which promotes safe-sex practices, and therefore legitimizes non-procreative sex or sexual encounters with more than one partner over a lifetime, should be replaced with abstinence-only programmes. Lickona's (1993) opinion that pre-marital sex is always morally wrong is not based in health concerns, but the assertion that 'sex-out-of-control' will 'undermine character'. Lickona (1993) suggests that it is wrong to teach young people about condom use for protection against pregnancy and STIs, as they are not 100% effective and, in their opinion, will not make pre-marital sex morally safe. Lickona (1993) misrepresents scientific fact to aid their moral agenda. For example, they use fear-tactics to warn young people that pre-marital sex may damage their fertility within marriage. They are referring to one possible side-effect of an untreated sexually transmitted infection but present this exceptional case as an almost inevitable one




and fail to teach young people about safe-sex, early testing, and treatment, which could prevent this outcome. When 'resources of knowledge or of experiment' are limited or restricted, as in these styles of sexuality education lessons, 'sexual norms have an especially stunting effect' and young people will not have full autonomy over their bodies and desires, as certain possibilities will be concealed from them (Warner, 1999: 12).

In contrast, Alldred and David (2007: 1), voice students' calls for parents and educators to 'get real about sex' and advise that 'those working with young people...need to deal with their resistance to acknowledging and responding constructively to the sexualities and sexual relationships' of young people. They state that the desexualisation of the sexuality education classroom and a denial of young people's sexual selves, is detrimental to the quality of education. Alldred and David (2007: 37, 41) comment that often queries over 'age-appropriateness' or how to avoid answering 'inappropriate questions', serve to reduce engagement with the core topic, sex.

Youthful Sexuality and Gender


Acceptable forms of sexuality are gender specific, and these pressures can have an impact on young people as they develop. Gender is a social identifier somewhat detached from the biological sex of the body. Gendered behaviours are learned unconsciously from infancy, through 'names, etiquette, dress, choice of friends, sexual attraction, play, competition, eating and self-concept' (Lavin, 2013: 7). This information is learned through unconsciously observing and imitating others, then children are subtly rewarded for fitting gender



expectations and punished for conflicting behaviours (Mills Drury and Bukowski, 2013: 121) (Butler, 1999). Thus, when children first learn about sexuality from their environment, this is also through a gendered lens.


Normative gender roles are promoted amongst young men who are celebrated for 'being a lad' which involves a 'hyperheterosexual identity, whilst boys considered 'wimps' are ridiculed for appearing feminine, which is often translated to 'gay' (Kehily, 2002: 35). Thus, gender and sexual identity are entwined. The most idealised masculine behaviours, termed 'Hegemonic Masculinity', are culture dependent, but in the modern, western world, serve to exude power; power in a career as part of our capitalist economy, power in terms of violence as part of a military history, and power in terms of a perceived white rationality, from colonising ancestors (Connell, 2005: 185-199). Therefore, these ideals can promote racism and homophobia. Davidson (1997) notes how these masculine ideals cause issues for school-based sexuality education for young men. Young men can become disruptive in the classroom when sexuality education gives the opportunity to show off their sexual knowledge and "perform" hyperheterosexuality (Davidson, 1997: 89). Furthermore, when hegemonic masculinity instructs boys to display an ideally masculine gender identity and deny vulnerable emotions, sexual encounters can become performative.

Fine (1988) considers how young women's gender presentations and sexualities are controlled and mediated by the school environment. Fine (1988: 36) argues that female pleasure is completely absent from sexuality education curricula, whereas 'male pleasure is taught, albeit as biology', through discussions of erections and ejaculations. A common




'sexuality is violence' discourse, assumes that all adolescent sex is destructive, and more specifically, this violence is enacted by hypersexual boys on ideally chaste girls (Fine, 1988: 31). Girls are taught to 'say no' and 'don't encourage', which simultaneously, in our heteronormative society frames boys as sexual threats, and worryingly can legitimize sexual violence as somehow inevitable (Fine, 1988: 36). The situation is complicated again by the pressure from social media, reality TV and other celebrity influences, for girls to allow themselves to be sexualised within a strict normative model, which can conflict with social pressure from peers, family and school, not to behave sexually (Tolman, 2012: 751). In addition, the assumption that women should be less sexual or that female sexuality is more shameful, is reflected in the fact that in childhood, female sexual organs are often kept more secretive, and children are more likely to have been given a biological or slang name to use for male genitalia, than female (Mills Drury and Bukowski, 2013: 122).

According to Harris (2004: 13), in the western world, 'since the early 1990s', the success of young women has been used as a marker of a country's economic and social progression. Harris (2004: 14), terms the 'Can-do' girl; a young woman who is seen to have benefitted most from the feminist movement; she will plan and have an 'exceptional career', engage in consumerism (feminine glamour is rebranded as a route to career success), and will delay motherhood until a satisfactory point in her career, but motherhood is not expected to be bypassed altogether. The Can-do girl is viewed as successful by her own merit, even though she is usually white, with middle class parents who can guide her educational and career choices from experience, and so carries a large amount of privilege. In contrast, girls of colour or who are working class, are usually placed in the 'At-risk' group, for whom




'structural disadvantage is recast as poor personal choices, laziness, and incompetent family practices' (Harris, 2004: 25). Moreover, teenage pregnancy automatically places girls in the 'At-risk' category, and they are seen as a personal failure, as they are less likely to have a career-focussed adult life (Harris, 2004: 30). Teenage mothers are also stigmatized as they provide undeniable proof of the taboo of young female sexuality. As teenage pregnancy is seen as the result of a young woman's personal failure, and systematic disadvantage is rarely considered, contraceptive knowledge and use, the protection of chastity and denial of sexual pleasure, are considered female responsibilities. However, Harris (2004: 25)'s arguments somewhat disregard women who have actively chosen young parenthood and removes their agency as victims of 'structural disadvantage'.

Ringrose (2012) notes that often, concerned discourses regarding the sexualisation of girls prioritise protection over choice, and can continue the 'age-old logic that sex work is okay for some (low class) women (Skeggs, 2005) and that others (middle class girls and women) need to be sheltered and protected (Walkerdine, 1991; 1999)' (Ringrose, 2012:46). This continues concerns held by Fine (1988), whereby feminist endeavours only seek to protect privileged, Can-do girls. Ringrose (2012:42) worries that modern ideas that the success of 'Can-do' girls 'pose a risk to boys and masculinity', and that women are fully empowered, have led the UK to 'postfeminist' society, whereby feminism is seen as unnecessary. Furthermore, Ringrose (2012:42) argues that often concerns about sexualisation are rooted in 'worries about controlling girls' sexuality', and act as a backlash against feminist sexual permissiveness. In line with these sentiments, sex education policy in the UK often positions



girls 'as passive sexual recipients who are nonetheless responsible for delaying and managing sexual conduct in heterosexual contracts' (Ringrose, 2012:43).


Furthermore, over the last decade, there has been a large increase in cultural awareness of gender diversity and the range of gender identities, including transgender identities (Allen et al, 2021). Therefore, the conversation about gender and sex education is more complex than prior discussions about disparities between the treatment of young men and women. Thus, when gender is considered in relation to any issue, there are now greater prior discussions regarding how gender should be defined (Allen et al, 2021:2). Often it is optimistically assumed that young people are leading this more inclusive understanding of gender and that 'young people are rejecting traditional gender labels' (Allen et al, 2021:2). However, even if young people tend to conceptualise gender more fluidly, are more comfortable with an 'expanded vocabulary' with which to discuss gender, and have greater awareness of trans* and nonbinary identities, their everyday experiences continue to be 'characterised by regulatory gender norms and a rigid gender binary' (Allen et al, 2021:2). Sex education is one aspect of a young person's experience which can continue to be dominated by traditional, binary gender expectations. Notably, Allen et al (2021)'s study found that contrary to expectation, there is a sufficient minority of young people who either do not support or do not understand diverse gender identities. The most frequent ideas amongst this group were an acceptance of transgender men and women but not of gender identities which fall outside of 'man' or 'woman', mostly due to a lack of understanding, and a worry that gender identities were becoming a 'fashion trend' with limited authenticity (Allen et al, 2021:10). Therefore, sex education could be used to encouraged greater




understanding of gender diversity. Teachers may struggle to be inclusive of gender and sexuality diversity due to their own discriminatory attitudes, lack of administrative support and fear (Staley and Leonardi, 2019).

LGBTQ+ People and Sexuality education

When there is panic over the “appropriateness” of sexuality education and a felt need to “draw the line”, queer issues which are still often met with controversy in the adult world, are excluded from the classroom (Rubin, 2007). Instead, sex is defined and discussed as heterosexual, and thus, the language used to teach, renders ‘same – sex practices invisible’ (Formby and Donovan, 2020: 1158). Formby and Donovan (2020: 1159) suggested that the ‘Local Government Act 1988’ which stated that schools could not ‘promote the teaching... of the acceptability of homosexuality as a pretended family relationship’, although repealed in 2003, has a legacy in the continued discomfort surrounding LGBTQ+ issues in schools, and fears that LGBTQ+ topics are “inappropriate” for students. In addition, the 2000 ‘Learning and Skills Act’ stated that young people should be taught about ‘marriage and family life’ and protected from materials deemed “inappropriate”, so heterosexuality is emphasised (Sauntson, 2018: 17). Gowen and Wingez Yanez (2013) interviewed a group of LGBTQ+ young people in the USA and were particularly interested in their personal experiences and opinions. They found that school-based sexuality education, is heteronormative, which can ‘ostracise LGBTQ youth’, as they are not given vital information and are made to feel “abnormal” (Gowen and Wingez Yanez, 2013: 788).




Formby and Donovan (2020: 1156) conducted a similar study in the UK and found similar results, despite recent news that ‘the British government has released guidance’s to inform forthcoming statutory relationships and sexuality education in England, with widespread media coverage that this intends to be LGBT inclusive.’ As ‘people are having sex and are forming their identities in high school’, it is concerning that over 80% of the LGBTQ+ students studied, did not find school-based sexuality education useful or relevant (Gowen and Wingez Yanez, 2013: 788) (Formby and Donovan, 2020: 1158). Formby and Donovan (2020) worry about the high rates of STI transmission amongst the 15-24 age group and the fact that rates are higher for LGBTQ+ youth and ‘recent reports have linked poor or no teaching about different sexualities to high rates of STI infection’ (Sauntson, 2018: 5). In addition, in the absence of comprehensive sexuality education young people may look to media, such as romantic comedies, online articles and pornography for advice (Barker et al, 2018: 1337). However, these sources are often heteronormative, and when LGBTQ+ topics are present, they often focus on the ‘LG, rather than BT’ and present LGBTQ+ people in ‘homonormative ways, focused around marriage and family, for example’, so young people will not receive an inclusive education from these sources (Barker et al, 2018: 1338). Online sex advice is often also not inclusive of different bodies, and the bodies ‘deemed to be sexual,’ will be slim, young and ‘not visibly disabled’ (Barker et al, 2018:1339). Instead, Barker et al (2018:1343) argue that online sex advice should ‘assume diversity of people, bodies, practices, and contexts for sex’, ‘opening up multiple possibilities rather than offering one-size-fits-all solutions’. Online blogs and articles such as those produced by *Enhance the UK* (2019) address sexuality in a disability-inclusive way. However, these are uncommon and body inclusivity is not incorporated into school based sexual education guidelines. Foucault (1998: 6) expressed that if ‘sex is repressed, that is condemned to



prohibition, nonexistence, and silence, then the mere fact that one is speaking about it has the appearance of a deliberate transgression'; talking explicitly about diverse sexualities in public could be revolutionary. Therefore, hosting public and open discussions with young people, in sexuality education classes, could revolutionise attitudes towards sex for future generations.

Formby and Donovan (2020) also considered how sexuality education is vital to help young people form healthy relationships and to protect them from abuse. They highlight that LGBTQ+ students are not taught in the classroom 'what to expect in a same – sex relationship' and so cannot identify unhealthy behaviours as easily, and when domestic abuse is culturally framed as something men can do to women in heterosexual relationships, many young people in same-sex relationships assume it cannot happen to them (Formby and Donovan 2020: 1160: 1164). Formby and Donovan (2020: 1160) also suggest that LGBTQ+ youth are also more at risk of abuse from a significantly older partner, because, when schools do not adequately teach about LGBTQ+ issues and identities, they might look to someone older to teach them how to fit into community and navigate their sexuality and might accept abusive behaviours so not to lose this guidance. In addition, potentially, LGBTQ+ youth may be more reluctant to report abuse to the police, or a family member, as doing so may force them to disclose their sexuality. With regards to sexuality education and mental wellbeing, Redina et al (2019) studied a group of men who had sex with men, and found that for many, sexual shame had resulted in mental health issues. They also discovered that this led many of the men to be more sexually compulsive and less likely to protect their physical sexual health. This study could suggest that a sexuality education



programme which encourages sex-positivity and good mental wellbeing, could also help students to be able to take the steps to protect their physical health.

Conclusion

In conclusion, sex-negativity, a suspicion of sexuality, is widespread, and thus, many people feel a moral imperative to control sexuality, and uphold a sexual hierarchy with the heteronormative held on top as the most “acceptable” and “appropriate” (Weeks, 1995). This makes it difficult to discuss sexuality openly and publicly, and queer sexualities more so. Thus, sexuality education, as it is a public sexual discussion, is surrounded in controversy and when it does occur, is often reduced to the heteronormative. The controversy is heightened as discussions are with young people, who are rendered non-sexual by sex-negativity, regardless of the reality of their personal experiences or feelings (McGinn, 2016: 581). When sexuality education is more comprehensive, it usually looks to the future, to mask and deny any present sexual experiences or feelings of the young people addressed (Alldred and David, 2007). There is a need for greater understanding of the impact of current sexuality education provision in the UK on young people’s emerging sexual identities and practices. Therefore, this thesis considers the key teaching methods utilised in sexuality education, to what extent teaching is LGBTQ+ relevant and to what extent it challenges gender roles and norms.




METHODOLOGY

Theoretical framework

The methodology for this research was informed by the theoretical framework discussed in the previous literature review chapter, which explored the barriers to comprehensive sexuality education in the UK. Thus, the research methods seek to determine the extent of these issues, and their impact on young people. Firstly, a hierarchy of sexual acts and desires, leads to the prioritising of heteronormative sex as most “appropriate”, whilst others are often labelled “inappropriate” (Weeks, 1995; Rubin, 2007). Therefore, such acts or desires are frequently barred from discussion in the classroom, preventing fully comprehensive sexuality education. Secondly, sex-negativity ensures that sex is an unacceptable topic for explicit discussion in public, especially in spaces, such as the school, where the mind is prioritised over the body (Paechter, 2006). Sex negativity also seeks to deny or ignore adolescent sexual activity (Alldred and David, 2007). Therefore, teachers delivering sexuality education in schools often use a “nuts and bolts” approach, providing the facts of reproduction, contraception, and diseases, without explicit relevant detail. When sex must be discussed more explicitly, during lessons on consent for example, it is discussed as a future need, denying young peoples’ potential present experiences (Alldred and David, 2007).


Sexuality education policies can be labelled ‘protectionist discourses’ (to shield from sexuality/ sexual knowledge/ desire) or ‘empowerment discourses’ (to provide young people with the resources to make their own choices) (Alldred and David, 2007: 9). Naezer



(2017) argues that Dutch sexuality education programmes possess the best empowerment teaching strategies. These programmes provide students with a large volume of information, so they may develop their own beliefs and take control of their own bodies and encourage critical thinking towards sexual norms and prejudices (Naezer, 2017). The UK's sexuality education guidance largely follows the empowerment discourse, as it encourages accurate teaching about reproduction, diseases, and safe sex (Department for Education, 2019). However, it also contains several protectionist elements which serve to discourage sexual activity, through scare tactics, an absence of information about pleasure or the anatomy of body parts which solely or mostly exist to produce pleasure, such as the clitoris, and a lack of information about non-reproductive sexual activities (such as anal, oral and manual sex) (Department for Education, 2019). The most strongly protectionist discourses usually promote abstinence only, which denies youthful sexualities and encourages young people to be ashamed of their sexual bodies and desires, which can be mentally harmful. Furthermore, young people who have received abstinence-only education are potentially physically endangered, as when they do become sexually active, they will not have the necessary resources to protect themselves from disease, unwanted pregnancy or to fully understand consent.

Research Design

I firstly researched the global and UK approaches to sexuality education, and the nature of adolescent sexual experience. This was presented in the introductory chapter. In the literature review chapters, I considered a wide range of theory concerning attitudes towards




sexuality, particularly adolescent sexuality, and sexuality education in the UK. This research explores the social and cultural reasons why sexuality education may be met with controversy and why it may fail to meet students' needs or to reflect the reality of adolescent sexual experience.

I then considered the primary data, collected via an anonymous online survey for 16-18 year olds. The survey explored the sexual behaviours and opinions of young people, to what extent these are developed from sexuality education lessons, the nature of sexuality education provision and its impact on young people, and how young people themselves would like to see school-based sexuality education programmes improved. This data allowed me to critique the nature of sexuality education over the past few years, from a sex-positive perspective, and to explore its impact on the physical and mental wellbeing of young people.

Data Collection


The survey asked for responses from 16-18 year olds living in the UK, only. This age group were selected as they are over the age of consent in the UK, which reduces ethical complications, and they are more likely to have sexual opinions and experiences. The survey contained some quantitative questions to look for general trends, but their greater purpose was to inspire thought for the following qualitative questions.

The first set of questions queried sexual opinions and values. The questions asked the young people how "normal" they might consider different sexual acts and asked how they might



feel taking various measures to protect their sexual health. Open ended follow up questions aimed to discover to what extent this embarrassment or confidence is derived from sexuality education lessons. The second section considered gender norms and their interactions with sexuality education. For example, they asked how much sex or what types of sex might be considered “appropriate” or “inappropriate” for different genders. The third section considered LGBTQ+ topics and sexuality education. The overall aim of the survey was to discover young people’s sexual beliefs, opinions, and behaviours, and to consider to what extent these might be linked to their sexuality education classes. The final question invited participants to suggest improvements for sexuality education lessons.


In total, twenty-nine responses were collected. They were from a variety of educational backgrounds, with some attending mixed and single-sex schools, state and public schools and, selective and non-selective schools. An additional nine completed the consent form but did not participate in the survey. There were seven 16-year olds, ten 17-year olds and twelve 18-year olds. Ten identified as men, eighteen as women and one respondent did not wish to disclose a gender identity. Additionally, two participants did not identify with the gender they were assigned at birth, but neither identified as transgender. Most participants were not religious (58.6%), but seven were followers of Christianity, one of Islam, and two of other, unlisted religions. Two participants were ‘Unsure/ Undecided’. Regarding sexuality, most participants (58.6%) identified as straight, but the second most popular response was ‘questioning’, which accounted for 17.2%. Three identified as bisexual, two pansexual, one gay, and one did not wish to give themselves a label.



In addition, many of the young people had engaged in sexual activity. I asked participants if they had ever engaged in any type of consensual sexual activity. The question was phrased this way to be inclusive of all sexual activities as part of a sexual debut, rather than to perpetuate a narrow view of sex as heterosexual penetration, or outdated ideas surrounding virginity or “losing virginity”. ‘Consensual’ was also highlighted so that participants would not need to recall or share potential past abuse, which could be traumatic and a safeguarding issue, and to highlight that abuse is not included in this definition of sexual debut. In total, at the time of asking, 58.6% had engaged in sexual activity, 37.9% had not, and one respondent was unsure of how to answer.

Data Analysis

The data was analysed through both thematic and discourse analysis. Thematic analysis was utilised to analyse broad trends in the data and to consider reoccurring issues (Clarke and Braun, 2017). I applied codes to responses, to mark different themes. I then considered where themes were repeated in different responses and looked for connections between the themes, to assign them to larger overarching themes, relating to the key research questions (Clarke and Braun, 2017). Discourse analysis was used in conjunction with this breadth analysis, to consider individual cases in depth (Gil, 2000). As discourse is a material through which ‘social life is ongoingly produced, reproduced and changed’ it can expose social values (Fairclough, 2001: 27). Foucault (1998: 20) argues that there is ‘authority’ in ‘language’, thus, how a culture talks about sexuality directly influences how sex is viewed. This notion directly influenced the advent of ‘The Listening Guide’ to analyse the discourses of young women regarding sexuality (Tolman, 2012: 748). Tolman (2012: 748) explains how




Brown and Gilligan (1992) used the method ‘in research on girls to understand how women developed the solution of telling the “right” story...as they became adolescents, many girls learned to ventriloquate, or speak in terms of, norms of femininity that were newly expected of them but which did not fit with or express their experience’. Girls will often either, ‘lose track of’ the authentic self, and actively rebel against norms, or ‘live with the now internalized contradiction between their own perceptions and reactions and what they were supposed to do and feel’ and thus supplement their speech with comments to consolidate feminine norms (Tolman, 2012: 748). ‘The Listening Guide’ can help to identify vocalised social norms and examine where those norms may have been learned (Tolman, 2012).

Reflexivity


I accept the feminist epistemological belief that research cannot be free of the researcher’s own opinions and experiences, therefore, this research was conducted from a sex-positive, post-structural feminist perspective. I utilise Bennion’s (1991: 15) definition of sex-positivity, as the ‘happy acceptance of human sexuality’, ‘since we are all sexual beings we should look upon our own or another’s sexual organs, functions and desires positively’. I reject the belief that sex is inherently chaotic or dangerous, or that it must be hidden from the public sphere, denied as an aspect of the adolescent experience, and only openly permitted within the heteronormative ideal (heterosexual, procreative, monogamous, private).

My definition of post-structural feminism is inspired by the work of Judith Butler (1999: 1) and her argument that it is impossible to ‘separate out “gender” from the political and



cultural intersections in which it is invariably produced and maintained'. "Gender" is used to refer to the social and psychological aspects of what it means to be and to be understood as a man, woman, or non-binary identity, and is a separate concern to biological sex, which refers to the body (anatomy, hormones, chromosomes) and how it is commonly categorised as male, female, or intersex at birth. Thus, the performance of gender through language, gesture, dress and so forth, is not innate. Instead, it is a learned behaviour from copying a plethora of minute actions over the course of a lifetime, instilled directly, or from watching society, from birth, until it becomes so engrained that it might appear innate to oneself and onlookers (Butler, 1999). Gender expectations such as the idea that men have a much higher libido than women, are often wrongly presented as innate (Davidson, 1997). Stereotypes such as this, can become a self-fulfilling prophecy. Society declares that they are innate, so they are absorbed and unconsciously then replicated in gender performance. For example, whilst men are not innately more interested in sex, they may behave as if they are, unconsciously or consciously, to reinforce their gender identity (Connell, 2005). Therefore, if men appear more likely to show a larger interest in sex, this statistic could show the large impact of gender norms on behaviour, rather than prove that this interest is innate.


Butler (1999) argues that the categorisation of biological sex is also a construction, as it was a human choice to categorise bodies into male and female according to observed natural characteristics. Furthermore, the current two sex (male and female) understanding of biological sex is a relatively modern categorisation. Prior to the eighteenth century it was understood that there was only one sex, with the female body described as an



underdeveloped male (Nicholson, 1994). Distinctions were not drawn between ovaries and testes, or male and female ejaculate, and bleeding was not seen as distinctly female (Nicholson, 1994). However, I am aware that some strategic essentialism regarding biological sex might be needed pragmatically in sexuality education classes, to effectively teach young people about the human body and reproduction. Strategic essentialism, in this case, would be accepting the theory that biological sex is innate, and sexed bodies (male, female, intersex), are correctly categorised from birth, to accomplish a specific goal (comprehensive sexuality education). I hypothesise that it would be too challenging for young people to fully grasp important facts about their genital makeup, usage, and function, without some essentialism here, to state biological terms and differences as fact. In addition, an acceptance of how the body and biological difference effects the life experiences of young people is key for a phenomenological approach. The survey aimed to collect experience informed data, including the opinions and feelings of participants.

Recruitment

The survey was made available online, through *Qualtrics*, to have a broader reach and to work within limitations due to the coronavirus pandemic. Even if it were possible, the alternative, conducting the surveys in person within schools, would restrict my demographic to young people still in education in schools. It would also likely produce biased results, as schools which might give me permission to visit would be more likely to value sexuality education.




My key demographic was 16-18 year olds in the United Kingdom, only. The consent form reiterated this to participants. It included an explanation of what the survey would entail, and asked for consent, and confirmation that participants were at least 16 years old. This question was made compulsory to answer, so participants were not be able to continue without consenting. As participants were over the age of 16, parental consent was not required.

The opening questions asked for age, gender, ethnicity, sexual orientation, and the type of school attended, to consider possible trends across identity groups. As my study considered the attitudes held by young people with regards to sex and sexuality, I could not essentialise the group. There are cultural differences which could prove to account for student attitudes to a higher degree than their sexuality education. The survey was posted on social media, within young people's *Facebook* groups, as well as groups for parents of teenagers with a request for it to be shared to young people in the correct age range. I also shared it to a wide range of forums, which all cater to 16-18 year olds in different demographics, such as *The Student Room*, which caters to college and sixth form students, *YMCA forums*, LGBT chatrooms and *The Female Forum*.

Sampling

I needed to consider to what extent results from my sample might be representative of the larger population of 16-18 year olds in the UK. My data is a 'non-probability sample', which 'occur when either the probability that every unit or respondent included in the sample




cannot be determined or it is left up to each individual to choose to participate in the survey' (Fricker, 2015: 7). I was unlikely to receive overtly sex-negative responses, as these young people would not want to take part in the survey, so I needed to take this bias into consideration. 'Furthermore, in nonprobability surveys there is often no way to assess the potential magnitude of the bias, since there is generally no information on those who chose not to opt in', therefore I cannot generalise my results to refer to the entire population of 16-18 year olds in the UK, as my sample may not be representative (Fricker, 2015: 7). Therefore, another study, with a different methodology, may produce different results.

Ethical issues

As the study considered under 18s who could be vulnerable, I took safeguarding measures. The first was to make all data completely anonymous, so responses could not be traced back to participants with potentially negative outcomes. I reassured participants in the compulsory consent form that participation was voluntary and that any questions could be skipped if they made the participant feel uncomfortable, and that the survey did not need to be completed.

There is a risk that under 16s may take part in the survey under the guise that they are in the correct age group, as the survey was online, and I was not able to personally monitor participation. However, the forums and social media sites I used to advertise the survey were aimed at young people in post-16 education, to minimise the risk that younger teenagers may participate. In addition, the recruitment letter, survey title and consent form



all made clear that the survey was intended for 16-18-year olds only, and the consent question also required participants to confirm that they were at least 16 years old. I am aware that the sexually explicit questions in my survey may have proved a sensitive topic for some participants. It might alert them to a large gap in their sexual health knowledge or provoke them to recount a harmful or abusive memory in relation to sex and relationships. It is vital that any such young people are not left in distress. Therefore, at the start and end of the survey I provided links to sexuality education websites and resources designed for young people, as well as some links to websites for help in case of a crisis. In addition, a message was given to participants at the start of this survey, to inform them of the sexual content, that participation and completion are not compulsory, and that participation will be anonymous. The study received a favourable ethical opinion from the University of Birmingham Ethical Review Committee (ERN_20-1618).



FINDINGS AND ANALYSIS


This chapter describes and analyses participants' answers to the survey questions. The data has been thematically organised as it relates to the key research questions, and shows the young people's views towards their sexuality education, and values regarding sexuality more broadly, to infer how these values may have been influenced by their sexuality education, or lack thereof.

Research question 1: How are gender roles and stereotypes, with regards to sexuality, considered in sexuality education and what impact does this have on young people?

Thematically organised data from the survey, regarding the first research question, demonstrated the first key theme: gender roles and stereotypes are rarely addressed in sexuality education classes, and teaching methods may perpetuate gender roles and stereotypes.

Most participants recognised gender norms with regards to sexual behaviour but said they should not exist.

'Female masturbation was...never talked about...whereas we learnt about male masturbation from year 6 onwards.'




The discrepancy between the treatment of female and male masturbation may show an ongoing stigma towards female sexual pleasure. This could either be because female masturbation was considered too “inappropriate” for the classroom, or the teacher assumed female students do not have an interest in masturbation.

‘I don’t believe there should be but I believe society enforces ideas that men are allowed to be more promiscuous and women aren’t. Non-binary people are subject to the norms of their sex.’

The most noted gender inequality was that widely, men are celebrated for being sexual, whereas women are stigmatized for the same behaviours. These responses show a high awareness of unequal, gendered attitudes towards sexual behaviours. In addition, as none of the participants mentioned any inclusion of gender issues in their sexuality education classes, they may be accessing critical information from elsewhere, potentially online. However, as these responses were mostly from women, talking about women’s issues, they may originate from personal experience. Whilst independent research is positive in this case, not all information online is reliable, so without comprehensive and analytical sexuality education, young people may access unreliable online information.

Students felt that men face more pressure to “perform”.

Most participants argued that men face the most pressure to “perform” during sexual encounters, supporting Connell’s (2005) theories of masculinity. Although the young people were aware of gender imbalances, their knowledge was not linked to sexuality education, so they may have gathered information from other sources, such as the internet. Notably,



whilst the young people showed an awareness of these issues, they showed no indication of improvement, which may be due to the failure of sexuality education in addressing these issues.


‘in vaginal sex between a man and a woman, the man is much more pressured to perform, as he has to physically provide pleasure for both the man and the woman - especially as the woman would like him to keep going as much as possible...extremely unfair.’

‘I would say males probably feel more pressure due to toxic masculinity’

Some responses referred to the social expectation for men to be the more active party during heterosexual sex, and therefore under more pressure. The first response above describes this pressure as ‘unfair’, but blames the woman involved rather than any larger social pressure. Meanwhile, the latter comment shows an understanding of social issues. Discrepancies such as these, show that some students have a greater understanding of social issues than others; potentially some can access this information online or from other sources.

Several participants argued that this male pressure was innate to the male sex, rather than a social pressure.

‘The man has to perform and “get it up”’



Here, performance is directly linked to the penis, with “perform” used as a euphemism for ejaculation. This may reflect a phallogentric view of sex, which can cause anxiety for men, when their penis is used as a reflection of their “manhood” (Connell, 2005).

‘I think there’s a big expectation for men to want to have sex, even though not all do. I think it’s much more common for men to perform, and many people I speak to say that’s when their sex stops.’


This notes a social pressure on men in the first sentence but uses the second to describe an inequity in pleasure favouring men, whereby the male orgasm is prioritised (signals the sex is complete). These responses show that young people are critical of gender norms, even if, in these cases, ideas are tied to biology.

Students felt that women face more pressure to reduce risk.

Most participants said that women faced more pressure to reduce the risks associated with sex, which in an assumed heterosexual context, is unwanted pregnancy. These pressures may be exacerbated in sexuality education classes, if the lesson focusses heavily on female responsibility.

‘Definitely women as they are the ones who have no choice but to deal with the result.’

Interestingly, mostly women gave this response, whereas more of the male participants said that one gender does not take more responsibility. Potentially the female participants have faced and felt this pressure, whilst the male participants are more unaware, and therefore sexuality education could be failing to challenge the biased pressure to protect against risk.



This reflects Fine (1988)'s argument that young women are pressured to remain less sexual and to take more sexual responsibility. Potentially, exaggerating sexual risk to young women acts as a deterrent against sexual activity, demonstrating that sexuality education classes continue to seek to reduce female sexual activity.


'Women because they carry the child around, and they don't want the pain. Men just fuck and move on.'

Some responses highlighted the social impacts of pregnancy on women, rather than just the physical. However, they seemed to state male irresponsibility as fact and assume that men are likely to abandon a pregnancy, perpetuating gender stereotypes.

Students recognised a gendered imbalance in the receipt of pleasure, but this was not addressed in sexuality education.

'It is seen as something that is just accepted for females to not enjoy... but do it anyway. I think this is partially lack of education about sex in terms of enjoyment'

Some responses argued that female pleasure is widely ignored, and the above astutely suggests how this can lead to young women putting up with unpleasurable or painful sex because they do not know they are supposed to enjoy it. It is also a consent issue, as it is difficult to give an enthusiastic "yes" to something they are expecting to be uncomfortable. If sexuality education does not address pleasure, then it will not address the gendered imbalance of pleasure as recognised by the participants. In failing to address pleasure, the lessons also fail to address gender inequality as it relates to sexuality.




‘possibly the male gender...I have seen on the internet that some women complain that the man stops after his pleasure is satisfied...however I don't know how common this is.’

In this response, he directly points to the ‘internet’ as the source of his information, demonstrating that school-based education did not adequately answer his concerns. In this case, he seems unsure of the reality of this inequity as he has not been introduced to the idea personally, so the absence of pleasure in sexuality education could lead to the continuance of gender imbalances.

Many students were not taught about the parts of sexual anatomy which produce pleasure. However, amongst the men, 43% were not taught at all and the rest partly taught, but amongst the women, 67% were not taught at all and the rest partly taught. Therefore, teaching seems to be slightly skewed according to gender. As Fine (1988) explained, if pleasure is mentioned in sexuality education classes it is likely to be regarding the male body and its physiological responses (erections and ejaculations), because these topics can be introduced in the context of a reproduction focussed lesson, and due to the larger taboo surrounding female pleasure. Amongst the men who responded, 29% were not taught about sexual pleasure more generally, and the rest were partly taught, and amongst the women, 43% were not taught at all and the rest partly taught.

Most young people did not receive any, or very little, information regarding the variance in appearances and function of sexual anatomy, amongst those with penises, or those with




vulvas. However, it is important to address students' own self-esteem and to encourage them to respect other people's bodies and reduce the spread of ideas which can damage others' self-esteem (for example the ideas that a large penis or small vulva is most attractive). In failing to address this, sexuality education classes failed to address gender norms.

When asked in an open-ended question, how they might like sexuality education to be improved, two participants highlighted gender issues.

'Equal amount of discussions for masturbation for both genders. More of an importance stressed on how safe sex is the responsibility of both or all participants'

'TEACH MORE ABOUT THE FEMALE ANATOMY'

The former commented on how female masturbation is often hidden and less normalised than male masturbation, which can induce shame amongst young women. She also expresses frustration that women are often expected to take an unfair level of responsibility regarding safe sex; after referencing this pressure on women in her earlier answers. Overall, it seems that her sexuality education classes failed to address and potentially even perpetuated gender inequalities with regards to sexual activity. The latter response is from a male respondent expressing frustration (use of all capitals) at his lack of teaching on the female body.



Research question 2: To what extent is LGBTQ+ information included in the sexuality education curriculum and what impact does this have on young people?

Thematically organised data from the survey, regarding the second research question, demonstrated the second key theme: sexuality education is widely heteronormative, often ignoring the needs of LGBTQ+ students.

There were issues with the definition of 'sex' in classes.


For most participants, sex was largely defined heteronormatively.

'intercourse between men and women.'

'bad, because now I realise it is between other people too and sometimes groups of people'

Most who experienced this said they felt it was a poor definition, as they later learnt that other types of sex and sexual identities existed. Without LGBTQ+ inclusive sexuality education, many young people may know about LGBTQ+, but would not have the tools to engage in safe LGBTQ+ relationships and sex acts, and might struggle to navigate their identities and feelings.

'Sex' was mostly defined as exclusively vaginal sex. The responses from the young people surveyed demonstrated that anal sex was absent from their sexuality education. Refusing to address anal sex, will not prevent young people from engaging in it, but will just ensure that



they do not know how to do it safely. Few students reported that oral sex was mentioned, and when it was, they described it as being mentioned briefly. In addition, the topic was addressed most frequently to male students and depicted as an act performed on penis. This can lead to the eradication of female pleasure, and the eradication of lesbian sex, or sex without the presence of a penis.

For a couple of the young people, sex was not defined.


‘Never defined’

‘Bad’

There is a difference between debate about the nature of sexuality and concluding that it cannot be defined, and never mentioning a definition. The former engages fully with the subject matter in an inclusive way, whilst the latter refuses to acknowledge the central subject, sex, potentially out of taboo, resulting in confusion in the classroom. The differences in definition demonstrate the large discrepancies in sexuality education delivery.

However, two participants liked their inclusive definitions, which explained that sex is fluid and can have different meanings to different people.

‘It wasn't... we discussed how it can't really be defined as it is individual to most people’ ‘I think this is good’



In these cases, teaching corresponded with the sex-positive theories of those such as Weeks (1995) or Rubin (2007), who argued that tradition has made some types of sex seem more legitimate, but this should not be the case.

LGBTQ+ relevant information was largely absent from sexuality education.

‘No gay or lesbian sex was discussed...It was mostly just straight sex exclusively.’


Most students discussed LGBTQ+ identities in school to some extent. However, sex between LGBTQ+ people was then mostly not addressed. Therefore, even if the lessons are doing some good work to promote LGBTQ+ acceptance, they continue to exclude LGBTQ+ students by only giving instruction about safe sex and healthy relationships within a heterosexual paradigm.

‘Especially in an all boys school. Homosexual acts were often brushed over.’

This second response shows an ongoing promotion of hegemonic masculinity (Connell, 2005). Potentially it is more difficult to discuss LGBTQ+ topics in ‘an all boys school’, due to the link between hegemonic masculinity and heterosexuality (Davidson, 1997). However, in failing to address homosexuality in this case, hegemonic masculine ideas are perpetuated.


When asked openly how they might like sexuality education to be improved, many spoke directly about the lack of LGBTQ+ relevant information.

‘Make them more representative of actual sex, include discussions of boundaries etc as well as LGBTQ+ people’



'I would like there to be more education on subjects like safe sex, pleasure, LGBT+ sex, consent, sex for more than just male to female, and what healthy sexual relationships should be like'

A proportion mentioned that they wanted more detailed information about sexual identities and more information about a wider variety of sex acts. This reflects earlier findings that whilst sexual identity might be explored, sex acts outside of vaginal intercourse, are not. Talking about identity only, results in a lesson which avoids useful information for LGBTQ+ students, about safe LGBTQ+ sex, consent, and healthy relationships.



Research question 3: What are the most prevalent teaching methods in sexuality education classrooms, and to what extent could they be considered sex – positive or sex – negative?


Thematically organised data from the survey, regarding the third research question, demonstrated the third key theme: Teaching methods are generally sex-negative, risk-focussed and avoid talking about pleasure, and therefore do not discuss “realistic” sexual experiences, to the detriment of the students. Notably, 42% of the young people reported that they had little to no sexuality education in school, showing an overwhelming reluctance to cover this topic.

Sexuality education focussed mostly on physical issues and risks. Many reported that sexuality education was limited to instruction about condom use and contraceptive methods.

‘Almost nothing. Once some people came into our high school and taught us how to use a condom. Otherwise, nothing’

‘basically taught you nothing apart from how to put on a condom’

‘Nothing’ was repeated twice in the first example, foregrounded at the start and mentioned again at the end for added emphasis, demonstrating that condom instruction did not feel adequate. Although this is useful information, students did not receive comprehensive information about sexual health, other wellbeing issues such as healthy relationships, communication or consent, or discussion about sexuality. This could be a tactic to avoid a more detailed conversation about sex and sexuality under the guise that the young people



are safe from unwanted pregnancy and infection, because they have received some condom instruction.

The following are two examples of comprehensive physical education with a complete lack of social education or topics regarding mental wellbeing.

‘10/11- the basic on what it is and how we r born

14-mentioned stds and unprotected

15-in depth of the above


16-risk & pregnancy & stds’

‘We weren't taught a lot on how to initiate sex and when sex doesn't become sex, but rape.’

The first response seems devoid of feeling, simply listing the physical content. ‘Risk’ is aligned with pregnancy and infections, demonstrating that these conversations were mostly depicted as ‘risks’, potentially utilising fear-tactics. The latter interestingly describes consent as ‘how to initiate sex’, which sounds more connected to the reality of a sexual relationship or experience, suggesting that this application to real sex was missing from his classes, but desired.

‘The teachers kinda talked around the idea of sex, and never really properly touched on consent or what should happen.’

‘Not much was taught to me, was mainly done with analogy. Scared me mainly.’



The above participants highlighted that their lessons were detached from their core topic, sex, which can result in uncertainty due to missing information, and fear.

Often in sexuality education lessons, sex was presented as simply 'biology'.

'stress the reality of sexuality rather than just biological facts.'

As a result, students may feel underprepared for the reality of sexual experiences.

Therefore, these lessons do not portray realistic heterosexual relationships and ignore homosexual relationships.


Discussions of pleasure were absent

'I guess we were expected to learn those things by ourselves.'

'the "fun" aspect of sex was completely glossed over'

'To make it more diverse, including education on less traditional types of sex. To educate more on pleasure not just reproduction.'

The most common theme was the absence of pleasure, so sex is defined as either reproduction, a risk, or not fully addressed or defined. This excludes a wide range of sex acts (such as anal or oral sex), solo sexual activities and LGBTQ+ acts. Many students were therefore not taught how to engage in these activities safely or taught things which could aid their mental wellbeing, such as communication, consent, and self-discovery/experimentation. If young people do not expect sex to be pleasurable it can lead to issues. Firstly, it is difficult to understand that consent must be given enthusiastically when sex is




not presented as an activity a person might be enthusiastic towards. Secondly, sexual pain issues might be ignored or accepted. Thirdly, if one party does not expect pleasure, they may not question an absence of pleasure in their experiences or an uneven giving and receiving of pleasure in a relationship.

‘I feel it’s easier to tell someone what you don’t like than do like, easier to say no to things than propose things you want to try.’

Most participants would not feel comfortable discussing sexual desires with a partner, and the women on average, felt less comfortable than the men. This could be perpetrated by the eradication of pleasure in the classroom. However, those who said they might feel comfortable, added the caveat, that this would be within a loving, committed relationship. The young people often stated that setting boundaries is less daunting than proposing sexual desires. It is encouraging that they seem to be comfortable giving and receiving consent but worrying that pleasure is a daunting topic.

Oral, manual, and anal sex were not given the same attention as vaginal intercourse in sexuality education, othering the former as less “normal”, and ensuring that young people do not receive needed information about how to be physically and mentally safe. Other sexual activities like fetishes or the use of sex toys, could be discussed in response to questions from students, or information relevant to these topics could be explored in conversations about consent, communication, and exploration. Through reassuring students that any sexual desire, if all people involved have given informed consent, can be enjoyed without shame, these acts might be covered broadly, in an age-appropriate manner.



Young people reported feeling less comfortable in situations relating to the protection of their mental wellbeing and physical health, because of their sexuality education experiences.


‘It’s bigged up too much makes it feel more scary than it is’

Many reported that sexuality education lessons in school increased fear surrounding important health issues and deterred students from taking these steps. One respondent said they felt underprepared because none of the topics posed in the survey (discussing boundaries with a partner, obtaining contraceptives, and STI testing) were covered in sexuality education.

‘Didn’t have any so I think that makes it more awkward because I perceive it as something you shouldn’t think about or talk about.’

Some felt they could not comment because they did not receive any education on these topics. However, two said that their lack of education made them feel worse about these things, because there was a fear of the unknown and silence perpetuated stigma.

The young people were asked in the survey to consider a wide range of sexual acts from ‘cuddling’ to sexual ‘fetishes’ and rank them according to how “normal” they perceived them to be. Half of those surveyed were not taught about the sexual acts they ranked as ‘uncommon’ or ‘abnormal’. Potentially, because these acts are considered less normal by wider society, they were not covered in school causing students to develop the opinion that




they are more “inappropriate”. Alternatively, the views of the students could correlate with the views of the teacher, both influenced by wider society. However, many of those not taught about LGBTQ+ sexualities, firmly placed these sexual acts as either ‘normal’ or ‘very normal’. This response might act as a rebellion against the repression by the school or be a result of growing wider social acceptance of LGBTQ+ identities.

The only sex acts labelled either ‘normal’ or ‘very normal’ by all participants were kissing, masturbation with a penis, vaginal sex and sexting, the latter potentially normalised by social media use. Nothing was labelled ‘unusual’ or ‘abnormal’ by all participants as two stated all sex acts were, or should be considered, ‘normal’. In addition, the use of sex toys by those with penises was ranked as mostly ‘uncommon’ or ‘abnormal’, even though masturbation with a penis was considered ‘normal’ by all. Possibly, this is a gender issue, as sex toys are socially coded as feminine, and when hegemonic masculinity is tied to sexual potency, sex toys may be seen as a threat to a masculine identity (Connell, 2005).

Teaching was not awkward, and sex was portrayed as normal.

Positively, 15.8% of participants reported that their sexuality education felt non-judgmental, and sex was presented as a ‘normal’ aspect of life.

‘They made it seem more normal and common but still emphasised making sure it’s safe.’



‘Whilst it was a non- judgmental education, it focused primarily on science and only touched briefly on the emotional aspects...I would say it was better than most schools, primarily because our classes and teachers had good relationships.’

Even if the topics covered in lessons are limited, a non-judgemental delivery ensures that students feel more at ease. Therefore, although in these cases students were more satisfied with their education, it was not fully inclusive or comprehensive.


Four participants reported that they felt more comfortable regarding the sexual issues posed by the survey, because these were discussed in school, so they knew what to expect and felt less vulnerable. One interestingly highlighted that no matter how comprehensive lessons in school are, the wider social context, such as living in a conservative area in this case, will still make some circumstances difficult due to external judgements.



DISCUSSION AND CONCLUSION

In summary, sexuality education remains a controversial topic. Firstly, due to widespread sex-negativity, which makes public discussions of sex difficult, particularly surrounding non-reproductive sexual acts and LGBTQ+ topics (Weeks, 1995; Rubin, 2007). Secondly, the common belief that youthful sexual activity is inherently more dangerous, leads to the misplaced fear that sexuality education will encourage premature sexual activity (McGinn, 2016). Therefore, sexuality education is often heteronormative, upholds gender norms and refuses to acknowledge young people's present sexual selves, to reduce the discomfort of parents, teachers, and wider society, but to the detriment of young people's wellbeing needs (Alldred and David, 2007).


Most of the young people who participated in this study reported that the sexuality education they received in school, was mostly sex-negative, and did not adequately meet their physical and mental wellbeing needs. The sexuality education experienced by most participants did not challenge gender roles and stereotypes, and instead tended to perpetuate them. However, most of the young people recognised these gender roles and found them unfair. The most frequently noted gender issue was the absence of female pleasure. Participants also noted that sexuality education was highly heteronormative and mostly reproductive. Some students did receive an education about LGBTQ+ identities but not sex acts other than vaginal intercourse, so many LGBTQ+ students did not receive relevant information and may be physically or emotionally unsafe as a result. Anal sex was notably absent from the sexuality education lessons experienced by participants. The most



prevalent teaching methods were sex-negative, and the most commonly absent topic was sexual pleasure. To avoid the topic, participants' teachers would often instead focus solely on reproduction, the physical risks of sex such as infection or unwanted pregnancy, or use analogy to avoid talking about sex directly.

Many participants showed an unexpected critical understanding of sexuality, norms, and stereotypes, but all reported these topics as absent from their sexuality education lessons. Therefore, they may be gathering information from other sources, potentially online. It could be that today's young people in the UK, gain more information from the internet and find this more accessible and comprehensive. However online resources are not accessible to all and rely on a young person's ability to separate reliable information, from inaccurate information or myths. Indeed, there were a few answers that showed a lack of understanding of the social issues surrounding sexuality, other gaps in their knowledge of sexual health, or anxiety surrounding aspects of sexuality. Therefore school-based sexuality education needs to provide comprehensive information that is accessible to all young people.


The most repeated complaint about sexuality education, across all themes, was that it was detached from "real sex", reflecting Alldred and David (2007)'s discovery that students wanted teachers to 'get real' about sex. This could be resolved in sexuality education classes by: recognising that sex should be pleasurable for all involved, discussing the importance of communication and self-discovery, recognising that people can take part in a variety of sexual acts including, and beyond, manual, oral, vaginal and anal sex, and explaining how



these can be performed safely and consensually, explaining that sex is about more than reproduction and does not have to fit the heteronormative, and reassuring students that looking after your sexual health should not be embarrassing. These steps may help sexuality education to be more accessible and comprehensive, and to reduce the impact of harmful stereotypes, therefore, helping young people to better look after their physical health and mental wellbeing.

Benefits and Limitations to the Methodology

The primary benefit to utilising an online survey was that young people could be directly asked for their opinions in an anonymous and accessible manner. Thematic analysis was useful as I was able to easily spot trends and therefore make some conclusions about the nature of sexuality education generally experienced by young people. I could also analyse the discourse to investigate the potential mental impact of the teaching methods on the opinions and wellbeing of young people. However, I was not able to gather a large sample, despite best efforts to advertise the survey. I could not ask young people to participate in person due to the ongoing coronavirus pandemic during this research period. The sample used in this study was therefore also likely biased, because the young people who would decide to participate in an online survey about sexuality education, are more likely to be more analytical towards or have an increased interest in, sexuality education. This could explain some of the unexpectedly analytical responses. In addition, Davidson (1997) argues that young men may be disruptive to showcase a hegemonic masculinity to their peers, so these behaviours may not be exhibited in an anonymous survey, but may still be exhibited by participants in the classroom. In addition, as I had no control over which young people




responded, and my sample depended on who wanted to opt in, my sample was not diverse, and most of the participants were white and heterosexual. There was also the risk that due to the sensitive nature of the survey some young people might not answer honestly or make jokes to avoid answering questions about sex. However, I was able to analyse these answers, or lack thereof, for trends.

Contributions to Existing Literature

The findings in this survey, that sexuality education fails to challenge gender norms and to some extent perpetuates them, reflects arguments explored in the literature review. Mills Drury and Bukowski (2013) found that female sexual organs and sexuality is kept more secretive from children and young people as it is deemed more “inappropriate” due to the expectation for women to be less sexual. Indeed, most young people reported an absence of information about female sexuality, pleasure, and pleasure organs, which perpetuates silence surrounding female sexuality. Whilst many reported that sexuality education upheld restrictive male gender roles and expectations regarding sex, many of the young men were analytical and maturely aware of these stereotypes. This defied Davidson’s (1997) findings that most young men will be crude, play into gender stereotypes and use sexuality education classes as a chance to demonstrate a hegemonic masculinity.

Similarly to the findings of Formby and Donovan (2020), and Sauntson (2018), participants largely reported a discomfort towards, and absence of, LGBTQ+ relevant content in school-based sexuality education. Whilst LGBTQ+ identities may be mentioned, the young people




surveyed experienced little direct reference to sex acts outside of reproductive vaginal intercourse, which may put LGBTQ+ young people's health and wellbeing in danger.

The findings reinforced Fortenberry's (2013:171) argument that sexuality education is widely sex-negative. The sexuality education experienced by most participants was centred around fears and potential problems such as infection and unwanted pregnancy. The 'sexual socialisation' of the young people surveyed, and development of self-understanding with regards to sexuality, were limited by the large gaps in sexuality education lessons, particularly surrounding the social aspects of sex (Fortenberry,2013:171). Young people were largely dissatisfied with their limited education, and many felt more anxious about sexual health and wellbeing topics as a result, reflecting Fortenberry's (2013: 178) argument that a lack of knowledge can increase 'sexual anxiety', detrimental to mental wellbeing. In addition, many of the young people agreed with Hirst's (2012) argument that pleasure should be included in sexual health lessons, to promote a more comprehensive understanding of sexuality.

Areas for Future Research

The new bill for September 2021 will need to be investigated in future research, potentially several years after its introduction, to fully explore its impact on students (Family Planning Association, 2020). In addition, as many young men responded to the survey in unexpected ways, more research might be conducted into how they are presently engaging with sexuality education, and how they might be helped to challenge gendered sexual




stereotypes, such as the pressure to “perform”. In addition, the literature review highlighted how parents can be highly uncomfortable with the notion of teenage sexual activity and worry that precocious sexual knowledge will ‘corrupt their child’ and ruin their “innocence” (McGinn, 2016: 584). This parental concern often becomes a large barrier to comprehensive sexuality education, therefore, alongside research about how sexuality education can be made more comprehensive, research could be conducted to explore how parents could be encouraged to be more supportive.

The Potential Impact of this and Future Research on Sexuality education Policy in the UK

This research showed students in the UK calling for more comprehensive, inclusive, and positive sexuality education. Similarly to Alldred and David’s (2007) study, responses to this survey showed that students would like sexuality education to discuss sexuality openly, including topics such as consent, pleasure and a variety of sexual acts. Their suggestions seem to reflect those of the *World Health Organisation*, who promote sexuality education which helps to support young people’s sexual development, regarding physical issues such as STIs and pregnancy and other wellbeing concerns such as bullying, gender norms and healthy relationships (World Health Organisation Regional Office for Europe, 2016).

However, the students surveyed did not receive an education in line with the WHO’s recommendations. Current guidance focusses on students’ future “adult lives”, denying the reality of teenage sexual activity (Department for Education, 2019). The guidance also foregrounds that teaching be “appropriate”, which seems to have been interpreted to paint any sexual activity other than reproductive intercourse as “inappropriate”, and therefore



absent from lessons (Department for Education, 2019). When sexuality education becomes compulsory in September 2021, there may be less pressure to adhere to parental and social fears and controversies surrounding teenage sexuality, which limit the content sexuality education lessons (Family Planning Association, 2020). To better meet the wellbeing needs of young people, both physical and mental, sexuality education in the UK should be more comprehensive, sex-positive, and better reflect the guidance from the *World Health Organisation* (World Health Organisation Regional Office for Europe, 2016).

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