

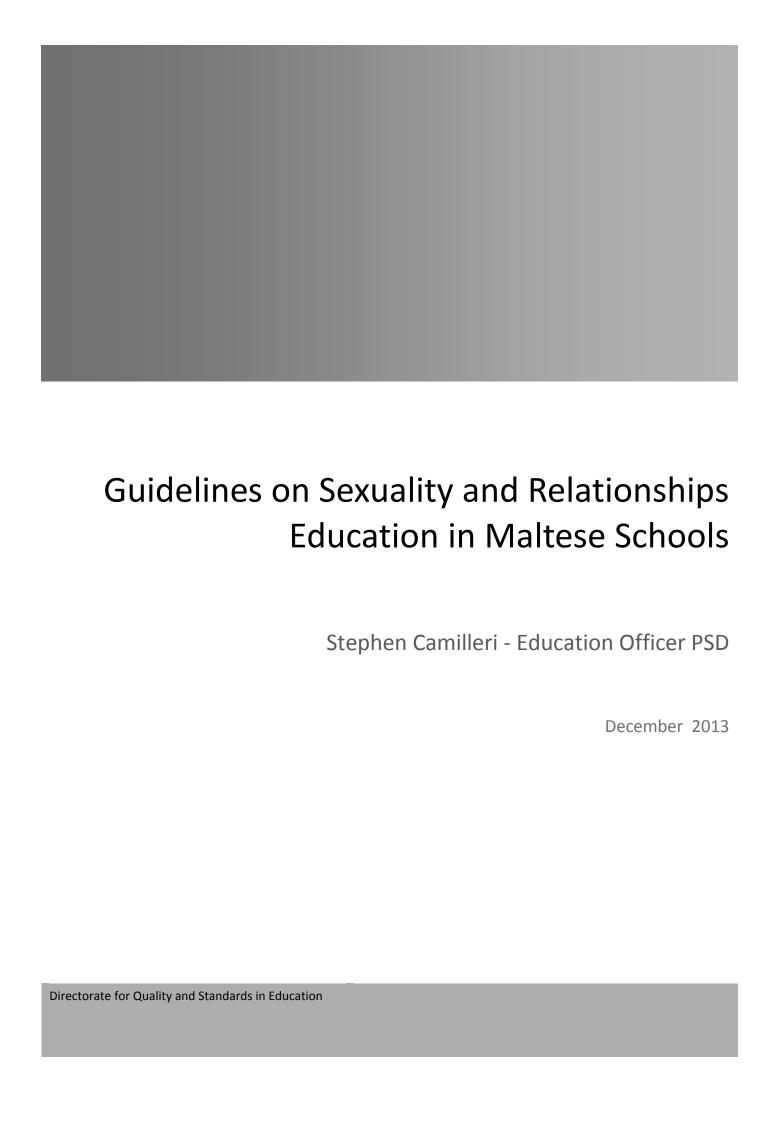
Directorate for Quality and Standards in Education

## GUIDELINES ON SEXUALITY AND RELATIONSHIPS EDUCATION IN MALTESE SCHOOLS

**DECEMBER 2013** 

**Stephen Camilleri** Education Officer PSD





### **Table of Contents**

1.0	Introduction	page 3
2.0	Objectives of the guidelines	page 4
3.0	Principles that guide the implementation of Sexuality and Relationships Education in Maltese Colleges and Schools	page 5
4.0	Effective Sexuality and Relationships Education	page 5
5.0	Students with special needs	page 7
6.0	Considerations when delivering Sexuality and Relationships Education programme	page 8
7.0	Legal obligations of Maltese Schools and Colleges	page 10
8.0	Parental/Caregivers involvement	page 11
	Glossary of terms	page 13
	References	page 15

#### 1.0 Introduction

Research has shown that comprehensive sexuality education programmes are important because they help students and young persons delay the onset of sexual activity and reduce the risk of infections and teen pregnancy. Sexuality education also give students and young persons the necessary skills to make informed choices about abstinence and contraception. The preventive nature of sexuality education contributes positively to the prevention of negative consequences associated with sexuality and to the improvement of health and well being in general (WHO; 2010).

The sexual development of a person is a process that comprises different aspects of development, the physical, psychological, emotional and social aspect. It is also inextricably linked to the development of one's gender identity. The developmental domains are however not distinct aspects and each will affect the development of the other. These developmental stages are also influenced by the different transitions students experience in their journey through schooling and life, transitions which also have an impact on the psychological, emotional and social well-being of the children and young persons.

Parents should be the key figures in helping children and young persons to respond to the emotional and physical aspects of growing up and teaching them about the responsibilities and challenges sexual maturity brings about. Children are however also greatly influenced by their peers and the media. These can sometimes give children and young persons a distorted and unrealistic view of sexuality. Schools are thus the ideal settings where such complex issues can be addressed because they are in a unique position to provide and ensure that students of different age groups have access to a

comprehensive, effective and inclusive sexuality education (Canada Guidelines for Sexual Health Education; 2008).

In literature, sexuality education is referred to by various names. In these guidelines we choose to stick to the term Sexuality and Relationships Education (SRE) because the name itself encompasses a broader and more comprehensive idea of what sexuality education should be about.

### 2.0 Objectives of the guidelines

The main objectives of the guidelines are:

- To help teachers have a clearer direction when interpreting the curriculum programme.
- To offer a good framework for the development and delivery of an effective and comprehensive sexuality and relationships education within the different schools and colleges.
- To guide teachers on how to deal with issues that arise in class when delivering lessons related to sexuality and relationships education.
- To guide teachers to use their professional judgement on when and how to use different materials in class for effective sexuality and relationships education.

3.0 Principles that guide the implementation of Sexuality and Relationships Education in Maltese Colleges and Schools

The delivery of sexuality and relationships education in Maltese Colleges and Schools should be guided by the following principles:

- 1. The acknowledgement that children and young persons are sexual beings and develop at different rates.
- 2. The provision of a safe, caring, inclusive and non-judgemental environment that is conducive in promoting a positive attitude towards sexuality.
- 3. The provision of a comprehensive and inclusive curriculum which takes into account the gender, age, orientation, cultural, religious, social and geographic backgrounds of children and young persons.
- 4. The promotion of the importance of healthy relationships in the context of respect, intimacy, readiness, love and the law.
- 5. The promotion of abstinence and postponement of sexual activity and sexual intercourse for children and young persons.
- 6. The provision of age appropriate and scientifically correct information about harm reduction strategies to minimize the risks associated with promiscuous behaviour and drug use.

### 4.0 Effective Sexuality and Relationships Education

The transitions from childhood to adolescence to adulthood requires being informed and equipped with the knowledge and appropriate skills to make responsible choices in one's

sexual and social life. An effective sexuality and relationships education programme should tackle topics and themes before the child reaches the corresponding stage of development, to prepare him/her for the changes which are about to take place (WHO;2010, UNESCO;2009).

An effective sexuality and relationships education programme should therefore aim to help children and young persons to:

- develop a positive attitude of sexuality,
- be able to communicate about sexuality, emotions and relationships
- develop the necessary skills to make informed and responsible decisions and choices about their sexual behaviour and health
- develop the necessary skills to enter into relationships which are based on mutual respect and understanding for one another's needs and boundaries
- encourages critical thinking and reflection about gender identities and gender-role stereotyping
- develop acceptance and respect for people with different sexual choices and orientations
- acquire the necessary information that they need to take care of their sexual health
- acquire the necessary information about different types of sexually transmitted infections
- acquire the necessary information about different types of contraception
- acquire the knowledge and skills to be able to identify and access sexual health resources in the community

Sexuality and relationships education topics are delivered in various subjects mainly in Science, Religion and Personal, Social and Career Development. The different subjects tackle the topic from a different perspective and therefore it is important that students and young persons do not receive conflicting information and messages. When possible it is important that teachers of the different subjects find time to collaborate amongst themselves to ensure that a clear message is transmitted to the students. This will greatly benefit students and young persons in schools.

### 5.0 Students with special needs

The inclusion of students with special needs in main stream schools and colleges poses new challenges for teachers, since these students are more vulnerable than others.

When delivering sexuality and relationships education the teacher should therefore be well informed of the type of disability of the student in the class and should liaison with the INCOs and the Learning Support Assistants to ensure that certain information related with very specific topics for example: abstinence, abuse, contraception (to name a few) are delivered in an appropriate and inclusive way.

# 6.0 Considerations when delivering Sexuality and Relationships Education programme

- 1. Teachers should remember that sexuality is a private matter and therefore any information presented and discussed in class should be kept confidential.
- 2. Teachers should remember that children and young persons' confidentiality should be respected except in circumstances where there is evidence that someone is at risk of significant harm or is of harm to others. In such circumstances teachers are obliged to follow the child protection referral procedures set out by the Child Protection Policy (1999) issued by the Ministry of Education.
- 3. Teachers should make every effort to protect students who disclose personal information by stopping further disclosure and process on a general level what a person feels when there is some kind of abuse. This will take the focus away from the student concerned. The teacher should follow up the case after the lesson to ensure help is given to the student concerned.
- 4. Teachers should always set clear personal boundaries about disclosure when working with children and young persons. It is normal for children and young persons to ask the teacher personal questions; a teacher should however refrain **from disclosing personal details about himself or herself.** At the same time he or she should not reprimand or dismiss the question but should turn the question into a learning experience, for example one might respond by saying: 'That is really an interesting question, but we are not here to talk about me, however, since you brought up the subject about...... let's talk about it or we are going to talk about this in another lesson'.

- 5. Teachers should answer all questions in an honest and non-judgemental way, modelling appropriate language use and respect. They should not make up answers to questions they are not sure of because this might put the students at risk. The best course of action would be that of informing the students that they will check about that particular question and will give the students, the right information in the following lesson.
- 6. Teachers should refrain from giving advice and should refer students to the appropriate professionals. A follow up meeting with the student concerned might be necessary to guide the teacher on the appropriate action that might be necessary.
- 7. Teachers should create an emotionally safe and supportive learning environment which allows students to explore what they think and feel. They should also make use of active learning methods so that students have the opportunities to work together, communicate, discuss and explore the diverse ideas and attitudes about the different objectives tackled during sexuality and relationships education programme.
- 8. Teachers who teach co-education classes are to separate classes by gender when particular topics within SREs are dealt with eg. Physical development. In exceptional cases teachers should consult their respective Education Officers before making different arrangements.
- 9. Teachers should always use age appropriate and up dated resources. Such resources might also include the displaying and showing of the different contraceptives used. This gives students a better idea of what they look like, their appropriate use and their effectiveness.
- 10. Teachers are encouraged to keep themselves updated on the diverse topics tackled and seek further training when this is available.

### 7.0 Legal obligations of Maltese Schools and Colleges

The 'National Minimum Curriculum' (NMC) was a legal framework establishing parameters within which every school was empowered to design and propose an educational provision that met its particular curricular needs and the needs of the students.

The legal basis for the Maltese 'National Minimum Curriculum' can be found in the Education Act (Chap. 327.) that was established by the Maltese Parliament in 1988 to consolidate and amend the law concerning education in Malta.

Education on Human Sexuality, Strengthening of Gender Equality and Wise Choices in the Field of Health are three of the Educational Objectives listed in the NMC which indicated the knowledge students and young persons needed to acquire and the skills and attitudes they needed to develop.

The document 'A National Curriculum Framework for All' (2012) continues to emphasise the need that students and young persons are equipped 'with the necessary knowledge, attitudes and skills which they will need to maintain, promote and enhance physical, emotional, psychological and social well being throughout their school life and as lifelong learners' (p.35).

### 8.0 Parental/Caregivers involvement

Parents or caregivers have an enormous influence on a child's healthy development and well-being, particularly during the early stages of a child's life. This makes them important sources of positive sexual health education and the persons primarily responsible for educating their children about growing up issues. If parents or caregivers are anxious or concerned about the appropriateness of the curriculum content or unwilling to engage in what their children learn at school, the chances of personal growth for children and young persons are likely to be limited.

The involvement of parents not only acknowledges the role of parents or caregivers in their child's education but also leads to closer ties between the parents or caregivers, the school and the teacher.

Effective approaches to equip and support parents in this role ought to be pursued by the different schools and colleges. The following approaches might be considered:

- Meetings with parents or caregivers where parents air their concerns and difficulties,
  view the material being used in class and understand the rationale of such
  programmes
- Organizing parallel programmes that orient parents or caregivers to the content of their children's and equip them with skills to communicate more openly and honestly about sexuality with their children
- A presentation by a professional in the field

Distribution of materials on the subject through the website of the school or school magazine/newsletter

### Glossary of terms

Abstinence: Sexual abstinence is a conscious decision to avoid certain sexual activities or behaviours. Different people have different definitions of sexual abstinence. For some, it may mean no sexual contact. For others, it may mean no penetration (oral, anal, vaginal) or only 'lower-risk' behaviours such as safer sex where no body fluids are exchanged between partners. People of all ages, genders, and sexual orientations can choose to be abstinent at any time in their lives.

Age-Appropriate: Designed to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of most students at a particular age level.

*Contraception:* Any means to prevent pregnancy, including abstinence, barrier methods such as condoms and hormonal methods such as the pill, patch, injection and others.

*Gender Identity*: People's inner sense of their gender. Most people develop a gender identity that corresponds to their biological sex, but some do not.

*Gender Roles:* The social expectations of how people should act think and/or feel based on their assigned biological sex.

Harm reduction techniques: A range of public health policies designed to reduce the harmful consequences associated with human behaviors, even if these behaviors are risky or illegal.

Sex: refers to biological characteristics that define humans generally as female or male, although in ordinary language the word is often interpreted as referring to sexual activity.

Sexuality: Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexuality Education: An age-appropriate, culturally sensitive and comprehensive approach to sexuality education that include programmes providing scientifically accurate, realistic, non-judgmental information. Comprehensive sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about all aspects of sexuality. Comprehensive sexuality education promotes critical thinking, self-actualisation, and behavioural change through gaining knowledge about the body; healthy sexuality; relationships; sex abuse, pregnancy, HIV and sexually transmitted infection prevention; and many other topics regarding human sexuality, and sexual and reproductive health and rights. A comprehensive sexuality programme will respect the diversity of values and beliefs represented in the community and will complement and augment the sexuality

education children receive from their families, religious and community groups, and health care professionals.

Sexual Health: Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

*Sexual Orientation*: Romantic and sexual attraction to people of one's same and/or other genders. Current terms for sexual orientation include gay, lesbian, bisexual, heterosexual and others.

Sexually Transmitted Diseases (STDs): Diseases caused by bacteria, viruses or parasites that are transmitted from one person to another during sexual contact. Also called sexually transmitted infections or STIs.

### References

Blake.S & Muttock,S.(2004) Assessement, Evaluation and Sex and Relationships Education – a pratical toolkit for education, health and community settings National Children's Bureau:UK

BZga/WHO Regional Office for Europe (2010) Standards for Sexuality Education in Europe A framework for policy makers, educational and health authorities and specialists

Forrest, S. Blake, S. & Ray, C. (2003) Sex and relationships education – a guide for independent schools and those working with them; National Children's Bureau: London, UK

Forrest, S. Grant, B. & Clift. S. (1997) Talking about homosexuality in the secondary school; Avert:UK

Ministry of Educaton, Employment and the Family (2012) *A National Curriculum Framework for all S*alesian Press:Malta

Ministry of Education (1999) *National Minimum Curriculum – Creating the Future Together*; Klabb Kotba Maltin:Malta

Ministry for Health, the Elderly and Community Care (2011) National Sexual Health Strategy

Public Health Agency of Canada (2008) Canada Guidelines for Sexual Health Education

Scott, L. (1996) Partnership with parents in sex education – a guide for schools and those working with them; Outset ltd: UK

UNESCO (2009) International guidelines on sexuality education: An evidence informed approach to effective sex, relationships and HIV/STI education

WHO (1994) School Health Education to prevent Aids and STD – a resource package for curriuclum planners

Sexuality Information and Education Council of the United States (2004) *Guidelines for comprehensive sexuality education third edition;* Fulton Press: US

