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Exploring discursive barriers to contextual and sex-positive school-based sexual health education in policy documents in England

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Anita Ryan

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Abstract

England has implemented statutory reform related to school-based sexual health education, in the form of the *Relationships Education, Relationships and Sex Education (RSE) and Health Education* policy in 2019, which comes into effect from September 2020. In pursuance of effective and meaningful health promotion programmes in modern times where family forms, sexual identities, and sexual rights are continuously evolving, it is crucial to understand the ideologies, norms, and assumptions that influence the design and delivery of sexual health education. Therefore, this study was designed to critically analyse documents published by the UK government that are relevant to the long-awaited reform of school-based RSE.

Based on a poststructuralist perspective, the research was conducted from a critical, social constructionist standpoint using discursive methodology. The analysis stems from the premise that policy documents can construct and reinforce specific versions of social reality that in turn support existing power relations and social structures. Without any intention to undermine the hard work that politicians have carried out in recent years; the goal was to locate potentially contradicting discourses within the highly politicised sphere of sexual health education. The aim was to identify discourses that may serve as barriers to provide adequate RSE that is relevant to the needs and lived experiences of young people.

Within 13 relevant policy documents, four common ways that the discourse is deployed were identified, namely: (1) legal, (2) moral, (3) empowerment, and (4) rights-based discourses. Findings suggest that various underlying discursive issues are firmly in place that hinder the possibility of establishing an approved curriculum for RSE. In this thesis, I demonstrate how certain discourses transform the role of RSE in young people's lives from a supportive facet to one that condemns pupils' sexual behaviour. The findings also point to the deficiency in official guidance on RSE. Guidance that is clear, effective, theory-based, and, refrains from controlling or managing young people's sexual behaviour remains to be determined.

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Preface

As a qualitative researcher, I recognise the importance of my role in shaping the progress and outcome of the present thesis. This preface offers an insight of how my own lived experiences influenced and motivated the forming of the direction of this thesis. My decision to focus on school-based education as a form of intervention to enhance people's sexual health is deeply rooted in my own personal experiences growing up in Hungary. I grew up without any sexual health education or any form of enlightenment about sexual matters. My parents did not engage in conversations with me about any topic that is even remotely related to sexuality.

I was 13 when I had my first period while I attended a rowing camp. My coach told my father about my first period when he came to pick me up. When we arrived home, he enthusiastically encouraged me to tell Mum that "I became a woman". Although I only vaguely understood what this phrase meant, I repeated it looking at the ground, and with that, the conversation was over.

I was excited when my teacher announced that we are going to learn about sexual health. However, we had a single class, which covered menstruation and mentioned condom use – without demonstration or deeper conversation about safe sex. Topics, such as practices relevant to real life situations in relation to avoid early pregnancy (e.g. condom negotiation or accessing health services to obtain a contraceptive product that is suitable for my health conditions), or how to recognise subtle emotional abuse in relationships that potentially lead to physical abuse, was not covered. I mention these topics here as these are related to my own experiences that motivated me as an adult to become a dedicated advocate for sexual and reproductive health.

I firmly believe I could have greatly benefitted from a sex positive and context sensitive sexual health education. Considering that my parents were certainly no experts in terms of what a wholesome relationship is, nor they have provided me with a positive perspective on sexuality, I desperately wished to receive information about sex and relationships in school. Evidence regarding the benefits of sex-positive and context-sensitive sexual health education discussed in this thesis, together with my belief regarding the need of such education in school settings, are the main reasons for my choice to focus on the school-based approach – as opposed to sex education at home for example.

Chapter One. Introduction and context

1.1. Introduction

Early and effective sexual health education can be beneficial for children and young people in regard to making positive and informed decisions in relationships, developing positive body image, encouraging the recognition of different sexual and gender identities, and ensuring good sexual health when they do engage in sexual behaviour (Wilder, 2018). Importantly, young people themselves consider sex education to be a crucial element of their educational needs (Allen, 2005; Hirst, 2004; Weaver, Byers, Sears, Cohen, & Randall, 2002). As Simovska and Kane (2015) emphasise, in a rapidly changing world—with continuously evolving family forms, sexual identities, and sexual rights—understanding the ideologies, norms, and assumptions that influence the design and delivery of sexuality education is crucial in order to develop effective and meaningful programmes.

In particular, it is important to engage critically with government responses to the development of sexuality education, its engagement with the public and the overall direction it takes. Most young people rely significantly on the state to support their sexual health and to protect them from sexual violence, disease, and unwanted pregnancy. It is critical to examine the ways in which public policies concerning young people's sexualities have been forged, because these laws and public policies shape the sexual and reproductive lives of youth, expanding or restricting their educational and health support (Fine & McClelland, 2007).

In terms of school-based sexual health education in the United Kingdom (UK), regulations differ between England, Northern Ireland, Scotland, and Wales. This is due to several factors, including the historical differences between the development of the four political and educational systems as well as the distinct religious and ethnic populations within the four nations (Wilkinson, 2017). This study focuses on the development of a new sexual health education curriculum in England.

England has implemented statutory reform related to sexual health education in the form of the *Relationships Education, Relationships and Sex Education (RSE) and Health Education policy* (Department for Education [DfE], 2019a). However, from a historical standpoint, policies generally do not offer adequate guidance on best practice for schools to implement programmes that promote positive sexuality for young people (Monk,

2001). Indeed, from 2020, schools will still have considerable freedom to determine what is included in their RSE programme.

The government has engaged in numerous consultations with the public since 2017. The consultations involved parents, young people, educators, and non-governmental organisations, regarding the development of the new policy. Therefore, it is assumed that a wide range of perspectives been taken into account regarding sexuality and sexual health in the process of policy development. There are myriad perspectives (e.g., political, moral, educational, and health) that influence how sexual health promotion is approached, without consensus on the appropriate delivery method (Kirby, 2002; Simovska & Kane, 2015). This being stated, prior to moving the discussion along, it is necessary to clarify the terms I frequently use in this thesis.

The term sexual health seems self-explanatory and is frequently used in our everyday life as well as in scholarly publications, yet, the meaning of sexual health is not understood in a consistent manner across the field of health promotion (Sandfort & Ehrhardt, 2004). It is important to emphasise that the understandings and meanings of human sexuality, sexual health, and sexual functioning went through considerable changes in Western societies during recent decades (World Health Organisation [WHO], 2006). Indeed, the meaning of sexual health is continually evolving through political, social, cultural, and historical events, including: the effects of sexual revolution in the 1960s; sexually transmitted infection epidemics, such as HIV/AIDS; ongoing battle for reproductive rights and abortion; social rights movements; and so forth (Edwards & Coleman, 2004).

Earlier attempts of defining sexual health in the 1970s focused on scientific concepts while striving to establish norms in terms of “healthy” and “unhealthy” sexual behaviour (Edwards & Coleman, 2004, p. 192). These early definitions (see Edwards & Coleman, 2004) are normative and objective and do not consider the peculiarity of sexual health regarding the impact of culture, religion, age, race, gender, disability, politics, nor do they consider the conceptual understanding of sexuality. The World Health Organization (WHO, 2006) defined the terms sexual health in 2002 and this definition includes aspects such as: sex positivity, safety, and rights. In this thesis sexuality and sexual health are defined as follows:

“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” (WHO, 2006, p. 5).

“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, legal, historical, religious and spiritual factors” (WHO, 2006, p. 5).

It must be noted that in this thesis, the term ‘sex education’ refers to programmes that focus merely on the biological aspect of sexual and reproductive health. Whereas I use sexuality education, sexual health education, sex and relationship education (SRE), and RSE interchangeably. These terms refer to health promotion programmes that not only consider the human biology and the individual but, also address the wider context, including the psychosocial, cultural, legal, political, spiritual, religious, social, economic, and historical factors. The categorisation of educational programmes that emphasise sexual and reproductive health is discussed in depth in the following chapter.

1.2. Background: RSE in England

In the British context, the need for education that focuses on sexual health has been acknowledged since the 19th century, yet, there is still considerable silence and ignorance about sex (Hall, 2004; Portier-Le Cocq, 2014). Although the importance of sexual health education has been recognized since the Victorian era, the term sex education did not appear in the legal framework until the Conservative Government's 1986 Education Act (Blair & Monk, 2009; Thorogood, 2000). This represented the formal introduction of sex education as a centralised policy for, and practice in, state schools in England and Wales, little more than two decades ago (Allred & David, 2007). Legislation regarding compulsory teaching about sex and sexual health in school settings has been continuously generating intense political debates since 1986, resulting in the ongoing statutory reforms of the curriculum on sex education in England (Blair & Monk, 2009; Thorogood, 2000).

In England, sexual health education is not yet mandatory in all types of schools. Sundaram and Sauntson (2015, p. 38) point out that because policies on RSE continuously undergo reviews “its status [is] uncertain” and situates RSE in “a perpetually shaky space in the formal school curriculum”. Addressing the uncertain status of RSE,

on 1 March 2017, the then Secretary of State for Education and Minister for Women and Equalities, Justine Greening announced her intention to bring RSE “on a statutory footing, so every child has access to age appropriate provision, in a consistent way” (Parliament UK, 2017). The name was changed from SRE to RSE in 2014 to emphasize the *relationships* element of the subject (House of Commons, 2015). Changes were planned to be implemented from September 2019 (Parliament, 2018a), but subsequently postponed to September 2020.

Since the announcement of the proposed statutory reform in 2017, the government released two draft versions of *Relationships Education, Relationships and Sex Education (RSE) and Health Education* (see DfE, 2018a; 2019c), as well as engaged in several stakeholder consultations in relation to these documents. These consultations included parents, young people, educators, schools, and relevant non-governmental organisations. Following numerous parliamentary debates, the final guidance policy on RSE (DfE, 2019a), which comes into effect from September 2020, was released on 25 June 2019 (hereafter The Guide).

The Guide, which replaces the current policy of *Sex and Relationship Education Guidance* (DfE, 2000), is expected to offer clear direction and advice on implementation for schools to develop programmes to promote positive sexuality for young people. However, given the extensive and frequent statutory reforms in England, the lack of clarity in the provisions, and general lack of guidance for schools (Monk, 2001), this intention perhaps is merely aspirational. In fact, Abbott, Ellis, and Abbott (2016) point out that the guidance released in 2000 is rather contradictory in its aim. Although they do not elaborate on exactly what they consider to be contradictory, it can be argued that the guidance introduced in 2000 strongly reflects neoliberal ideologies and traditional family values. Yet, at the same time, the policy also recognises that strong and mutually supportive relationships can exist outside of marriage. Kidger (2005), identified two dominant discourses that frame the guidance implemented in 2000: moralistic and harm reductionist. She points out that although these discourses are incompatible and contradictory in terms of their concerns regarding youth sex (threat to traditional values versus risky due to negative health outcomes), both position children and young people as “vulnerable and in need of protection from the adult world of sexuality”, while constructing youth sexuality as dangerous (Kidger, 2005, p. 482).

On the one hand, the current guidance introduced in 2000 suggests that its objective is to promote positive and empowering approaches to RSE. Indeed, both programme

coordinators and the current policy aim to assist pupils to develop skills to make informed choices, with the intention to increase pupils' control over their own lives (Kidger, 2005). Yet in practice, Kidger found that there is little evidence of an approach that could be considered to fit within an empowerment model of RSE. On the other hand, the current policy simultaneously expresses conservative aims, stating that "the key task for schools is, through appropriate information and effective advice on contraception and on delaying sexual activity, to reduce the incidence of unwanted pregnancies" (DfE, 2000, p. 16).

The conservative statements in *The Guide* (DfE, 2019a), which will be implemented from late 2020, are less explicit than the existing version. Nevertheless, it appears to be grounded in neoliberal ideologies of healthism and good citizenship. For example, the introduction proposes content to be covered, including:

...the key building blocks of healthy, respectful relationships, focusing on family and friendships, in all contexts, including online. This will sit alongside the essential understanding of how to be healthy. ... All of this content [within the policy] should support the wider work of schools in helping to foster pupil wellbeing and develop resilience and character that we know are fundamental to pupils being happy, successful and productive members of society (DfE, 2019a, pp. 4-5).

This revised version also does not contain a clear agenda for improving reproductive health and sexual health promotion in general. As the final version of the *The Guide* was released in parallel to the start of my research, there have been no thorough and systematic reviews carried out yet, nor any reviews related to other relevant documents since the announcement of the statutory reform regarding RSE in 2017. My study aims to fill this gap.

1.3. Study objectives

The primary focus of my study is to critically analyse documents published by the UK government that are relevant to the long-awaited reform of school-based sexual health education in England. The proposed project was prompted by the works of Garland-Levett (2017) and Morison and Herbert (2019). Garland-Levett (2017) argues that the dominant discourses that shape young people's sexuality and school-based sexual health education, as well as the silence surrounding the discourse of pleasure in sexuality education, results in the failure to meet young people's needs. In addition, Morison and Herbert (2019) highlight the problems regarding how individualised and neoliberal risk-focused discourses in policies hinder health equality goals in the context of sexual and reproductive health promotion. Furthermore, it is necessary to point out that policies potentially play a role in creating enabling environments where choices and

rights can be exercised. Thus, it is not merely about empowering individuals, policy needs to address the context in which practices and decisions occur (Morison & Herbert, 2019).

It is important to note that health promoters often fail to take into consideration the social nature of human behaviour and simply try to persuade people to be healthier through providing information about specific health related issues (Stephens, 2008). The problematic nature of the knowledge transfer and the sex-negative approaches (i.e., emphasis on risk and harm) to health promotion is further discussed in subsequent sections. Research shows that right-based programmes in which the focus is early and all-inclusive education, based on the needs of young people that is framed within their social context is the most effective approach (Kirby, 2009; Kirby, Laris, & Rolleri, 2007).

My analysis stems from the premise that policy documents have the ability to construct and reinforce specific versions of social reality that in turn support existing power relations and social structures. In other words, through institutional privilege, preferred social realities can be reproduced by policy documents (Garland-Levett, 2017). The purpose is not to criticise the government or undermine the hard work that politicians in England have carried out in recent years. Rather, the aim of the analysis is to consider how the various and sometimes contradicting discourses, within the highly politicised sphere of sexual health education in England, may serve as barriers to provide sexual health education that is relevant to the needs of young people.

Contradicting discourses are related to differing underlying ideological approaches to youth sexual health. For example, social authoritarianism (i.e., authoritarian state interventions in order to maintain hegemony) versus public health pragmatism, otherwise termed harm reduction approach (i.e., adolescent sexuality is openly accepted, and contraceptive and other reproductive health services widely provided to young people) (Thomson, 1994). In analysing the documents, I critically analyse the wider system of discourses that shape sexual health education in the UK, with specific focus on discourses that may limit the possibility of delivering context sensitive and sex-positive school-based sexual health education.

The social constructionist perspective that frames the present study allows me to investigate how policy documents draw on different discourses and how these discourses are fashioned through social processes (e.g., interactions, relationships, law-making, representations) that are available to draw on in a particular context. My goal is

to identify the potential effects of the discursive limits to holistic (i.e., sex-positive, contextual, and youth-centred sexual) policy and programming. To do so, I explore the assumptions underpinning dominant understandings of sexuality, sexual health, sexual health education, and young people in RSE policy and how these may shape progress in school based RSE in England.

Keeping these aims in mind, the following research questions were formulated to guide the research:

1. What discursive constructions are present and what ways RSE is presented in relevant policy documents?
2. What are the taken for granted ways of understanding youth sexual subjectivities?
3. What common discourses do these documents draw on when talking about both negative and positive sexual health outcomes?
4. What are the explicit and implicit subject positions within RSE, specifically in terms of mode/s of governance in shaping sexual health related behaviour?

1.4. Thesis outline

This introductory chapter provided a brief overview of the thesis. The subsequent chapters are composed as follows. In **chapter 2**, I provide a comprehensive summary of the literature relevant to RSE in England. Recent and current research that has focused on the importance of intervening in young people's sexual and reproductive practices is overviewed. In addition, literature from constructionist perspectives is reviewed focusing on the various ways young people's sexuality is constructed and how these differing understandings affect the practice of health promotion. Chapter 2 also includes a discussion of different types of sexual health education programmes and their critiques. The last section of the second chapter outlines the history of RSE in England.

In **chapter 3**, I clarify the research methodology used in the present study, which is conducted within a poststructuralist framework, using discursive methodology primarily informed by Foucauldian notions of discourse and subjectivity (explained later). The first section of the methodology chapter concentrates on explaining the theoretical background, focusing on the core assumptions of social constructionism as the overarching epistemology for this project. It is followed by a discussion of Foucauldian discourse analysis, which provides insights of the rationale for the application of

discourse analytical approach. In the second section of chapter 3, I describe the method of analysis in detail.

In **chapter 4**, I present the findings of the research, discussing four common discourses that were deployed, namely: (1) legal, (2) moral, (3) empowerment, and (4) rights-based discourses. In addition, in the final section of chapter 4, I discuss 'silences in the data', which constitute a meaningful element of this analysis. Overall, chapter 4 unpacks the discourses found and presents a critical discussion of the wider system of discourses that shape sexual health education in England.

In **chapter 5**, I bring together the findings and emphasise the discursive barriers I identified that may hinder the delivery of effective RSE. I discuss the practical implications of these findings and present my recommendations for practice and future policy, as well as considering the potential limitations of the study.

Chapter Two. Literature review

2.1. Introduction

Interventions that focus on educating pupils on sexual matters and relationships are designed to support the sexual and emotional wellbeing of children and young people, yet sexuality education aimed at youth remains controversial and highly contested (Hirst, 2013). Indeed, even amongst the supporters of sexuality education, there is no consensus regarding content, objectives, pedagogy, or the desired outcome of such education (Iyer & Aggleton, 2015; Kirby, 2002; Simovska & Kane, 2015). Therefore, it is important to unpack some of the debates and key issues surrounding sexual health education as well as review the various approaches in practice and their evidence. This forms the broad backdrop against which health and education policy making occurs.

Disagreements over the form that sexual health education should take arise because, as Alldred and David (2007, p. 1) point out, “[s]ex education is political in two respects: it invokes party political conflicts over policy, and, in the wider sense, it reinforces particular meanings and power relations”. Sexuality education is not simply about sex and reproduction but touches on deeply held moral and value-laden issues and so has very real political implications for society. Thus, Thomson (1994) and Sauerteig and Davidson (2009) argue that fear continues to impede the delivery of progressive content in sexual health education. For instance, some fear that teaching about sexual matters in isolation from traditional family values (let alone discussing pleasure) would lead to immoral behaviour and distract youth from their societal duties.

In this chapter, I provide a comprehensive summary of the literature relevant to sexual health education in England. First, I discuss recent and current research that has focused on the importance of intervening in young people’s sexual and reproductive practices, outlining the various concerns that constitute reasons to intervene in pupils’ sexual and reproductive practices. In the following section I examine literature with specific focus on social constructionist perspectives in which the emphasis is on the various ways young people’s sexuality is constructed and how these differing understandings affect the practice of health promotion.

The third section focuses on schools as a setting for intervention from the health promotion perspective. This section discusses the different types of sexual health education programmes as well as their benefits and limitations. Additionally, attention is

drawn to the way research is conducted in relation to programme efficacy and the various implications of methodological shortcomings that often characterise such research. The last section of this chapter outlines the history of RSE in England. This section of the literature review addresses the intricate process of policy development related to RSE. I highlight specific aspects of the process from a critical health psychologist's stance, and also draw on the broader discursive context that surrounds sex education in England.

2.2. Intervening in young people's sexual and reproductive practices

There are several concerns that constitute reasons to intervene in pupils' sexual and reproductive practices in England. These concerns include high rates of early pregnancies, which, despite declining for 10 years, continue to be one of the highest in European countries (Parliament UK, 2018b). Statistics in 2017 show that the early pregnancy (whether intended or unintended is not known) rate in England and Wales was 17.9 per thousand females aged 15 to 17 (16,740 individuals) (Office for National Statistics, 2019). Another concern prompting intervention is the occurrence of sexually transmitted infections (STIs) among young people. In 2018, the age-group 15 to 19 showed the highest occurrence of Chlamydia, genital herpes, and genital warts (Office for National Statistics, 2019). Between 2017 and 2018, syphilis diagnoses in England increased among 15 to 19-year-olds by 23% (from 168 to 206) and diagnoses of gonorrhoea increased by 24% among those aged between 15 and 24 from 16,517 to 20,453 (Public Health England, 2019).

A particularly problematic factor in relation to these high rates of STIs among this cohort is evidence showing that teenagers generally have very limited knowledge of STIs (Garside, Ayres, Owen, Pearson, & Roizen, 2001). The lack of knowledge around STIs means that young people are engaging in unprotected sex because they are unaware of the possible negative health outcomes. Furthermore, young people often do not consider the risk of STI transmission as a potential negative outcome of sex. Rather, associations of sexual behaviour in terms of negative consequences is commonly limited to the possibility of early pregnancy (Garside, et al., 2001), yet young girls generally do not have adequate understanding of how pregnancy occurs (Hyde, Fullerton, Lohan, Dunne, & Macdonald, 2016). Adverse effects on children's and young people's developing sexuality and sexual wellbeing is linked to a lack of understanding of how their own bodies work (Hyde et al., 2016; Mason, 2005). While the lack of factual knowledge is not the only issue, this aspect must be still addressed.

There is also evidence of problematic sexual practices among teenagers under the age of 14. For instance, in a qualitative study, Mason (2005) found that a high proportion of 11 to 14-year-old girls attending sexual health clinics in England requesting emergency contraceptive pills were uncertain whether they had in fact engaged in sexual intercourse. This behaviour was attributed to having had unplanned sex following excessive alcohol consumption. Mason (2005) found three dominant themes in relation to young girls' sexual behaviour: peer pressure, lack of self-assertiveness, and lack of knowledge of STIs. Peer pressure was identified as an influence predominantly from female peers, who, for example, dare each other to drink alcohol resulting in memory loss and taking the emergency contraceptive pill as a precautionary measure. Pressure (actual or perceived) from boyfriends to have sex was mentioned by three out of eight interviewees. Voluntary but unwanted sexual behaviour was also linked to perceived societal pressure to attain a certain image. The issue of feeling pressured is closely related to girls not being able to recognise coercion or feeling "as though they have to be pleasing all the time" (Mason, 2005, p 202).

The themes identified by Mason are widely reported in studies with young people themselves (e.g., Bonomo et al., 2001; Garcia et al., 2019; Garside et al., 2001; Kowaleski-Jones & Mott, 1998; Littleton, 2014; Mott & Haurin, 1988; Wight et al.; 2000). However, these studies typically focus on young people over the age of 16. In contrast, Mason's (2005) study shows that these behaviours do not only occur among youth above the age of consent but also in the earlier teenager years.

Additionally, recent findings regarding sexual harassment and sexual violence in schools across England further highlight the need to intervene in young people's sexual and reproductive practices. In 2016, the Women and Equalities Committee's report (Parliament UK, 2016) revealed data gathered from numerous qualitative and quantitative projects across the UK that show the extent of the issue. For example: 59 per cent of females aged between 13 and 21 experienced some form of sexual harassment in educational settings. Unwanted sexual touching at school was reported by 29 per cent of girls aged between 16 and 18. Such practices, supported by "lad culture", which is often inappropriately viewed as "just banter", percolate in the school environment and affect pupils as young as age 6. For example, girls aged between 7 and 12 are already confronted with jokes of a sexual nature and verbal sexual insults.

Although sexual harassment in schools discussed in the report often did not reach the threshold of criminal activity (e.g., pulling up skirts; unhooking girls' bras; name-calling,

etc.), it has been highlighted that sexual harassment considered 'low degree' – typically related to everyday sexism – has adverse effects on the individuals involved. Importantly, these issues must be addressed in order to ensure that such behaviours do not escalate “into criminal abuse and harassment” (Parliament UK, 2016, p.3).

The above-mentioned issues coincide with global issues related to continually changing and advancing digital technologies such as Internet pornography and sexting. Sexting is increasingly becoming a part of youth culture. The practice involves the exchange of messages of a sexual nature or creating, sharing, and forwarding sexually suggestive or explicit images through digital devices (Dobson & Ringrose, 2016; Ringrose, Gill, Livingstone, & Harvey, 2012). Although sexting is generally motivated by sexual pleasure and can be a positive and pleasurable experience, it is also often linked with peer and societal pressures, coercion, harassment, bullying, psychological distress, and at times violence (Dobson & Ringrose, 2016; Ringrose et al., 2012). Pressure refers to peers encouraging one another to engage in sexting as well as societal pressure as young people often experience perceived pressure to “judge and be judged” in the context of sexting (Ringrose et al., 2012, p, 8).

This type of pressure is two pronged. Firstly, it includes expectations of idealised bodily appearance. Secondly, it involves behaviours that are typically considered to have negative health outcomes. These behaviours include viewing pornography; girls performing oral sex on boys to produce the desired sexting material: “soliciting, collecting and distributing peer-produced sexualised images of girls’ bodies, which operate as a form of commodity or currency” (Ringrose et al., 2012, p, 8). Based on young people’s recommendations in the UK, it is suggested that education regarding sexting should be addressed within the wider context of issues concerning romantic and/or sexual relationships (e.g. gender, power dynamics, and concerns around trust) as opposed to taking punitive measures (Jørgensen, Weckesser, Turner, & Wade, 2019).

In terms of young people’s consumption of/exposure to pornography, the potential negative influences of pornography regarding choice, consent, gendered understanding of sexuality, self-consciousness, as well as possible implications in terms of risky and harmful sexual behaviour are well documented in studies investigating the relationships between self-reported pornography use and its effects (see Chen, et al., 2018; Hald, Kuyper, Adam, & Wit, 2013; Morrison, Ellis, Morrison, Bearden, & Harriman, 2006; Mulholland, 2013; Willoughby, Carroll, Nelson, & Padilla-Walker, 2014). Interestingly, however, Spišák (2016, p, 138) reports that young people are generally puzzled by the

risk and harm discourse related to exposure to pornography “more than [by] the actual pornographic content they have encountered”. Therefore, it is necessary to engage in discussions with pupils about the range of interpretations and possible implications of pornography (see Kohut, Fisher, & Campbell, 2017).

Given the array of social and health issues above, children and young people – who are developing their sexuality and have begun to understand what sex is – need supportive environments to discuss topics relevant to sexual and reproductive health. The following section discusses the various ways that young people’s sexuality is constructed and the implications of these constructions in terms of young people’s sexual subjectivity and education regarding sexual health.

2.3. Construction of young people’s sexuality and implications for intervention

The way young people’s sexuality is constructed influences the institutions of government, health care, education, and the media (Schalet, 2011). The common modern Western understanding of adolescents’ sexuality interconnects adolescent identity with biologically determined hyper-sexuality. The view of adolescents as biologically driven hyper-sexual beings is based on a developmental model of understanding youth sexuality, which positions teens as vulnerable to their rebellious sexual drive and emphasises their innate hyper-sexuality, impulsiveness, irresponsibility, and inadequate sense of judgment. It portrays adolescent sexuality in terms of dangers and deficits and particularly places teens at risk, consequently, treating adolescent sex as a social problem (Morison & Herbert, 2019).

The construction of adolescence as a difficult and problematic developmental phase justifies adult efforts to control and regulate adolescents’ sexuality (Bay-Cheng, 2003) and supports an authoritative and surveillance-based approach to sexual health education (Sanjakdar, Ellen, Rasmussen, Quinlivan, & Aspin, 2015). Adult experts attempt to prepare youth “to build individual resilience to risk” (Morison & Herbert, 2019, p. 5). Similarly, as Bay-Cheng (2003) points out, constructing adolescent sexuality as entirely regulated by biology, neglects the social context.

Moreover, typically in Western societies like the United States, United Kingdom, Australia, and New Zealand, taboos around youth sex reflect specific moral and societal concerns. Acknowledging young people’s sexual subjectivity and right to engage in sexual behaviour threatens traditional values around marriage and the family, which is assumed to lead to “the breakdown of the traditional family structure” (Powell, 2010, p.

15). In addition, acceptance of youth sex, specifically in relation to young women's sexuality, generates fears over "a growing 'underclass' of young single mothers dependent on state resources" (Powel, 2010, p, 15).

Schalet (2011) demonstrates how different ways of understanding young people's sexuality can lead to differing approaches to sex education and potentially differing health outcomes. Different constructions of adolescent sexuality and autonomy can shape how parents and other caregivers view their responsibility as sex educators. For instance, in Dutch families adolescent sexuality is normalised and constructed as "nonproblematic, non-emotionally disruptive, and decidedly relationship based" (p.32). Whereas in the United States, adolescent sexual desire is dramatised and viewed as triggered by raging hormones constructing their "sexuality as an internal and interpersonal battlefield" (p. 206). Schalet (2011) argues that these differences in construction of adolescent sexuality (normalised vs dramatised) between the Dutch and the American middle-class (she specifically searched for as perfectly cross-nationally comparable samples as possible) shape experiences and attitudes beyond parent-child relationship. Indeed, differences between sexual health indicators between the United States and the Nordic countries are well documented, with considerably more positive sexual health outcomes in favour of the latter (e.g. Berne & Huberman, 2000; Lottes, 2002; Schalet, 2011).

In recent years, there have been challenges to the dominant views of adolescents as risky or at risk (Morison & Herbert, 2019). It is argued that focusing exclusively on specific 'threats' or 'problems', such as unwanted teen pregnancy, STIs, or sexual violence, constrains our understanding of young people's sexuality, limiting the provision of the knowledge and support they need (Bay-Cheng, 2003). In addition, risk reduction programmes that are based on individualistic neoliberal goals are strongly contested. These focus on the formation of responsible sexual citizens, encouraging personal responsibility, self-discipline and rational planning of behaviour to safeguard one's own health and wellbeing. It is argued that this individualistic approach not only overlooks young people's perception of their own sexuality but also entirely disregards the societal, material, and contextual factors that contribute to health inequalities (Bay-Cheng, 2003; 2018; Morison & Herbert, 2019).

A growing body of literature emphasises the need for acknowledging young people's own conceptualizations of their sexuality and what sexual health education means to them, in order to empower them to behave in a manner that supports their sexual health

(e.g., Allen, 2005; 2007; 2011; Hirst, 2004, 2013; Jearey-Graham & Macleod, 2017; Sanjakdar, et al., 2015). The argument is that omitting young people's insights of their own sexuality and/or disregarding their suggestions in terms of content and implementation of sexual health education, can result in their disengagement with interventions (Allen, 2011; Jearey-Graham & Macleod, 2017). Research has suggested that such education often lacks credibility among students because the dominant discourses of the education programmes do not take into consideration students' own understandings and lived experiences (Hirst, 2004; Jearey-Graham & Macleod, 2017).

In contrast to depictions of teenagers as sexually risky, children are often viewed as naïve, innocent and pure, which characterises them as vulnerable and needing adult protection. This construction of children is intimately linked with the concept of childhood innocence in which children's sexual subjectivity is largely dismissed as they are considered asexual (Robinson, 2013). It should be pointed out that from the legal perspective, children in England are defined as anyone who is under 18 years of age (DfE, 2018b). The discourse of childhood innocence is often utilised as a powerful political tool to monitor, censor, and regulate people under the age of 18 and their lives in the name of protection (Robinson, 2013). For example, childhood innocence is often used in political debates in relation to whether or not school-based sexuality education is permitted and if so, what kind of information in relation to sexuality children are allowed to receive (Ingham, 2016).

Thus, pupils' sexual positioning as non-sexual or sexually innocent together with viewing them as irresponsible and incompetent to make rational decisions, can work against the aims of sexual health education. It is in tension with young people's own sexual subjectivity and may deprive them of the kind of agency required to adequately care for their sexual wellbeing. In contrast, by recognising their sexuality and seeing it as legitimate and positive aspect of their lives as well as acknowledging their own formation of strategies to improve sexual and reproductive health, we allow discursive spaces for them to be sexually agentic (Allen, 2007; Morison & Herbert, 2019). In the following section, I focus on schools as a setting for intervening in young people's sexual and reproductive lives.

2.4. School-based sexual health education from a health promotion perspective

Health education has a longstanding history in the field of health promotion (Stephens, 2008). Indeed, school-based sexual health education is considered the most feasible

way of targeting children and young people in a universal and comprehensive manner to address sexually transmitted infections (STIs) and unintended pregnancies (Schaalma, Abraham, Gillmore, & Kok 2004). Throughout the history of sexual health education, discourses of intervention have mainly focused on risks and dangers related to specific aspects of youth sexuality and sexual health, such as disease, pregnancy, reputation, and moral character (Hall, 2009). Although, in publications by the Health Education Journal that focus on sexuality and sexual health, discourses concerning “pleasure and empowered choice” in the context of sex education in the UK can be traced back to as early as 1943 (Iyer & Aggleton, 2015, p. 4). However, these discourses remain absent in most school-based sex education (Hirst, 2013).

As a result, research suggests that sexual health promotion has traditionally often focused on knowledge transfer, which is frequently framed in terms of ‘danger and disease’ and without adequately consideration for the socio-cultural context of young people’s lives, including their households, communities, media landscape, and beyond (Spencer, Doull, & Shoveller, 2014). The assumption is that simply improving young people’s knowledge will change their behaviour, but fails to engage students’ realities, often leaving them disengaged and so undermining any potential success of sexual health education programmes (Jearey-Graham & Macleod, 2017). Furthermore, the traditional linear knowledge transfer approach – which suggests that there is an uncomplicated cause and effect relationship between young people’s poor choices and negative outcomes – further strengthens the already dominant discourse of individual responsibility (Spencer et al., 2014). This discourse positions young people as responsible for their own negative sexual health outcomes, because, as I argued earlier, they are seen as incapable and too incompetent to make healthy choices.

Shifts in health promotion discourses have shaped how sexual health promotion is approached. Since the 1970s, the discourses and practice of health promotion has shifted from the focus of pathology and behaviour change towards wellbeing and social change (Stephens, 2008). Consequently, there is a wide range of sexual health education approaches with differing rationales and aims. Also, various terms have been used for programmes that address sexual health education, such as: sexuality education; sex education; relationship and sex education; sex and relationships education; abstinence-only education; comprehensive sexuality education, holistic sexual health education, or critical sexuality education.

Overall, there is no general agreement of the appropriate delivery method regarding the content, objectives, pedagogy, and the desired outcome of sexual health education (Iyer & Aggleton, 2015; Kirby, 2002; Simovska & Kane, 2015). Some attempt has been made to reconcile differing perspectives and offer guidance. For example, the Federal Centre for Health Education (BZgA) in conjunction with the World Health Organization (WHO) released a document in 2010: *Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists* (BZgA, 2010). The holistic approach described in the document (further discussed below) provides sexuality education standards predominantly aimed at countries in the European Union (EU) and the entire WHO European Region but also “for every country” (BZgA, 2010, p. 7). This document, however, is not binding in any country.

The following section aims to categorise the variety of programmes implemented worldwide. The purpose of the review of the different type of approaches is to show how they apply varying dominant understandings of youth sexuality, and treat the pupils in different ways based on the varied purposes and reasons underlying each approach.

2.5. Typology of school-based sexual health education

Internationally, school-based approaches to sexual health education can be categorized into three groups: (1) abstinence-only programmes (a morality approach), (2) comprehensive programmes (a health or harm-reduction approach), and (3) holistic programmes (a rights-based approach).

2.5.1. Abstinence-only programmes

This approach focuses primarily on delaying initial sexual intercourse until marriage (ideally) or adulthood. Within this approach, there are programmes that also advocate refraining all types of sexual activities that involve any form of sexual stimulation between people (Santelli et al., 2017). Santelli and colleagues (2017) point out that supporters of these programmes – particularly in the United States – commonly refer to abstinence from a moral stance, which often stems from religious ideology, using discourses with the focus on the sanctity of marriage, chastity, virginity, and self-discipline. According to this approach, the underlying moral standard is that the only true path is “delaying sex until (heterosexual) marriage” (Ingham, 2016, p, 447).

Therefore, the abstinence-only perspective is generally concerned with morality and the character of the individual. Indeed, some programmes do not include teaching about safe sexual behaviour, contraception, or what to expect during puberty (Ketting, Friele,

& Michielsen, 2016). One of the arguments from the moral stance is that offering young people information about contraception involves a risk of providing an alternative option to abstinence (Ingham, 2016). On the other hand, health professionals frame abstinence from a behavioural and health perspective, which focuses on health behaviours and health outcomes (Santelli, et al., 2017). Santelli et al. (2017) argue that these differing constructions of abstinence (morality vs. health) is problematic causing a level of disconnect between these groups.

There have been a number of critiques of the abstinence-only approach. Some contend that it disregards young people's rights on a number of grounds. This approach does not support the recipient of the intervention to develop their own value structures as the lack of information prevents individuals the adequate consideration of specific topics related to sexuality, such as: sexual diversity or sexual violence (Braeken & Cardinal, 2008). In addition, abstinence-only programmes fail to address the needs and concerns of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) youth, while simultaneously constructing their sexuality "as abnormal, pathological, or simply invisible" (Fine & McClelland, 2007, p. 1007). This approach clearly denies young people their right to adequate information regarding their reproductive capacities and sexual development, which evidently affect health outcomes. Critiques of abstinence-only programmes also highlight that the lack of information regarding contraception may encourages risky sexual behaviour (Carr & Packham, 2017).

2.5.2. Comprehensive programmes

These programmes were developed in response to the morality approach discussed above – as abstinence-only programmes are not alone ethically but also scientifically problematic and therefore "have been widely rejected by medical and public health professionals" (Santelli et al., 2017, p. 273). Although the name *comprehensive* implies that this approach delivers extensive and inclusive content, it merely refers to the approach that considers abstinence as an option and also informs about contraception and safe practices in terms of sexual behaviour (BZgA, 2010; Santelli et al., 2017). This approach concentrates more on health behaviour and health outcome rather than moralistic motivations. Within this approach, abstinence, being faithful, and adequate condom use related practices are each considered an equal preventative behaviour to the transmission of HIV and other STIs (Braeken & Cardinal, 2008).

However, more progressive comprehensive programmes go beyond teaching merely about how to prevent negative consequences of sex and include topics related to various

psychosocial factors that potentially affect sexual behaviour. These topics include social norms, self-efficacy, communication with partners regarding sexual matters, beliefs and perceived barriers regarding condom use, and how peers and parents may influence behaviour (Kirby, et al., 2007). However, sexual health education that focuses on health outcomes often does not address boys' and young men's needs adequately as girls are generally deemed the most vulnerable group (Braeken & Cardinal, 2008).

2.5.3. Holistic programmes

Holistic sexual health education (often called holistic sexuality education) is a reasonably recent concept (Ketting et al., 2016). Holistic programmes aim to teach about cognitive, emotional, social, physical, and the interactive aspects of sexuality through providing unbiased and scientifically correct information (BZgA, 2010). This approach is not considered an intervention per se, rather it is a learning process that takes place over several years, preferably starting in the early years and continuing throughout adulthood (BZgA, 2010; Ketting et al., 2016). It is based on pedagogical and educational theories as opposed to theories of behaviour change (Ketting et al., 2016). Hence, its objective is not to change behaviour but to assist learners to develop respectful and open-minded attitudes as well as empower them to self-determine their own sexuality – that is consensual, voluntary, safe, pleasurable, and satisfactory – while learning skills that can be utilised to protect themselves from potential harm (BZgA, 2010, Ketting et al., 2016).

In other words, the holistic approach primarily focuses “on sexuality as a positive human potential and a source of satisfaction and pleasure” while clearly recognising the need to provide knowledge and skills that prevent negative sexual health outcomes (BZgA, 2010, p. 20). According to this view, sexual health education is achieved through a positive attitude towards sexuality. It involves ongoing learning about the various aspects of sexual health that also includes sexual rights. Within this approach, the relationship between decision-making and the social and cultural determinants of sexuality (e.g., dominant discourses regarding gender roles, socioeconomic status, peer pressure, media, politics, culture, religion, etc.) are addressed.

Consequently, the holistic approach recognises the wider context in which practices and decisions occur. The holistic approach also enables RSE to address sexual issues, such as social inequality and exclusion, as well as culturally specific practices (e.g., female genital mutilation) through the promotion of the concept of rights (Braeken & Cardinal, 2008). As a whole, this approach aims to empower people through equipping them with

information, skills, positive values related to sexuality whilst fostering the ability to practice critical thinking.

2.5.4. Evaluation and critique of different programme types

In terms of holistic sexual health education, there are numerous difficulties evaluating the effectiveness of this approach as it is considerably different from others. These include: (1) sexuality education is not a single, time-bound intervention but a lifelong learning process beginning in childhood; (2) the use of conventional criteria such as outcome and impact indicators that seldom include measures of positive sexual experiences, such as pleasure or sexual relationship satisfaction; and (3) controlling for contextual factors (e.g., family, peers, media, religion, culture, sociocultural environment, etc.) is unfeasible (Ketting et al., 2016).

Nevertheless, research on the different programme types shows that abstinence-only programmes generally do not have any impact on condom and contraceptive use, initiation or frequency of sex, or number of sexual partners (Kirby, 2009). For example, Carr and Packham's (2017) longitudinal study in the United States investigated differing state-level policies on mandated sex education and young people's sexual health outcomes between 2000 and 2011. The results show that adopting or switching to abstinence-only education policy does not have any impact on teenage birth or abortion rates. The results also show that abstinence-only policy potentially has negative effects on STI rates among adolescents. Comprehensive programmes on the other hand are considerably more effective than abstinence-only education. Research regarding the efficacy of comprehensive programmes show that these interventions are effective in several ways. They can delay the initiation of sex, reduce the number of partners, and increase the use of condoms and contraception (Kirby, 2009).

A critique of both abstinence-based and comprehensive programming is put forward in relation to their grounding in social cognition theory. Mielewczyk and Willig (2007) highlight the theoretical and methodological issues related to social cognition theory, arguing that these theories do not consider the broader social factors relevant to health-related activities which are inextricable from social practices. Mielewczyk and Willig (2007) propose that research should explore health related behaviour in the context that it takes place with specific focus on meaning and significance. For example, condom use also has symbolic and social meanings (e.g., trust, promiscuity) and in turn, these discursive constructions can affect usage (Marston, King, & Ingham, 2006; Willig, 1998). Consistent with this argument, an important characteristic found that increases the

effectiveness of sexual health education programmes in general is addressing psychosocial factors, such as perceived norms and beliefs, related to sexual behaviour (Kirby, 2009; Kirby et al., 2007).

Though there is admittedly scope for improvement in the evaluation of sexual health education programmes, several characteristics have been identified that enhance the efficacy of programmes that aim to promote the sexual health of children and young people. Early, all-inclusive education that is based on the needs of young people in which content is right-based and framed within social context has been shown to formulate the most effective approach (Kirby, 2009; Kirby et al., 2007; Santelli et al., 2017).

Having provided the background of the different types of programmes and their potential impact in terms of enhancing sexual health, in the following section I turn to describe the intricate process of policy development related to school-based sexual health education in England specifically. I do not claim that what follows is the complete history of school-based sexual health education in England. This claim would imply that there is an official history, suggesting linearity in the process of policy development. Rather, I attempt to describe the “messy” and “web-like” process of curriculum development (Ovens, 2010, p. 28), drawing attention to specific aspects of such a process from a critical health psychology stance.

2.6. The development of School-based sexual health education in England

Policy development is a negotiated and complex process in which a dynamic influence of community groups, social movements, the media, the public, and the government collectively shape policy agendas and proposals (Dalton, Draper, Weeks, & Wiseman, 1996). Furthermore, as it has been pointed out previously, the way that youth sexuality is constructed influences a wide range of institutions, it is therefore important to understand the broader discursive context that surrounds sex education in England.

The development of formal school-based sex education in England is characterised by a struggle between progressive and conservative actors, with a ‘one-step-forward-two-steps-backward’ governmental approach. Looking at the history, every progression (or possibility of progress) has been met by certain restrictive powers to the extent that Hall (2009) has claimed:

Studying [the emergence of British sex education] is like doing the time-warp, *deja-vu* all over again, Groundhog Day. Reading modern studies on the state of sex education in the UK, it is possible to wonder just how far we have travelled from the

1870s. Certainly, while a lot of incidental features may have changed, most of the underlying issues still seem to be firmly in place (p. 20).

Table 1

Overview of key policy documents 1864 - 1999

Name of document	Purpose	Revisions
<i>Contagious Diseases Acts of 1864, 1866, 1869</i>	Aimed to address the increasing concerns over the continuous spread of venereal diseases	
<i>The Handbook of Suggestions on Health Education (1928)</i>	Guidance document	1933, 1939, 1956, 1968
Board of Education pamphlet 119: <i>Sex Education in Schools and Youth Organisations (1943)</i>	Guidance document	
<i>The Education Act 1986</i>	Provided provision in relation to the education system	
<i>The Education Reform Act 1988</i>	Aimed to restructure the entire education system through the marketization of schools. Also, the Act established parentocracy	
<i>Local Government Act 1988, Section 28</i>	Aimed to restrict teaching about non-normative sexualities by placing a ban on the “promotion of homosexuality”	
<i>Teenage Pregnancy Strategy 1999</i>	Ten year plan to reduce early pregnancies and minimise social exclusion	

2.6.1. The social purity movement and the beginnings of sex education in the late 1800s

The idea that there is a need to provide children and young people with some level of enlightenment regarding sex dates back as far as the 1870s (Hall, 2004): a reaction to the social purity movement and its strong moral agenda, which developed from the battle against the *Contagious Diseases Acts* of 1864, 1866, and 1869 (Mort, 2002, Portier-Le Cocq, 2014). It was against this backdrop that the three most central questions still haunting sexual health education emerged: Who tells the children? When do they tell the children? What do they tell the children? (Hall, 2004).

During this time, children were considered innocent and without sexual instincts or curiosity. However, according to social purity supporters, children could potentially be led astray by “untrustworthy servants or nasty-minded companions” (Hall, 2004, p. 94). Accordingly, they advocated that providing children the ‘right’ knowledge could safeguard them from sexual danger. This knowledge was to be imparted by parents, who were encouraged to use examples of how fertilisation in nature works (“the birds and the bees”) (Hall, 2004, p. 94). Such nature-based analogies were acceptable from the religious standpoint and spared parents the embarrassment of talking about sex.

2.6.2. The social hygiene movement and sex education in the early 20th century

The late 19th and early 20th centuries were dominated by a social hygiene discourse and the significant national concern about “venereal diseases” (Hall, 2004). The purpose of sex education was to control, regulate, or possibly entirely prevent sexual exploration (Hall, 2004; 2009; Mort, 2002), as well as to “improve both the physical and the sexual-moral health of ‘the Nation’” (Pilcher, 2005, p. 154). Importantly, responsibility for educating children about sex eventually shifted towards the state (Hall, 2004; Pilcher, 2005).

After the First World War, several positive developments occurred. Various institutions guided by government agendas referred to school-based sex education (Hall, 2004). The government expressed the need for paid teacher training on delivery of sex education (Pilcher, 2005). The Board of Education advocated a “natural, wholesome, and progressive” sex education in schools (as cited in Pilcher, 2005, p. 155). These developments occurred against a backdrop in which social purity ideologies and the overtly religious discourses were superseded by the social hygiene discourse (Mort, 2002; Thomson, 1994). Instead, sex education emphasised the importance of goodness, cleanliness, procreation, health, and social harmony (Gregory, 2015; Hall, 2004; Mort, 2002). New discourses around child sexuality led to the reconsideration of educational strategies to cautiously nurture children’s sexuality (Hustak, 2013). Strategies were proposed to address children’s sexual curiosity while encouraging positive attitudes towards sex through the teaching of love, but without the promotion of promiscuity and other behaviours that could result in (presumably) unhealthy sexual practices (Hustak, 2013).

Nevertheless, the dominant view of children as sexually innocent and potentially corruptible remained (Hall, 2004; 2009; Pilcher, 2005), which continued to undermine

efforts to provide school-based sex education. Setbacks included: the government withdrawal of funding for sex education work in 1929 (Hall, 2004), questions raised by the Chief Medical Officer to the Board of Education about the desirability of sex education, and a lack of direct instructions on school-based sex education (Pilcher, 2005). Instead of direct instructions, the guidance publication titled *The Handbook of Suggestions on Health Education* was introduced in 1928 (and revised in 1933 and 1939) (Pilcher, 2004; 2005). Teaching sex education in schools was sporadic and provision varied considerably, thwarted by: (1) large class sizes; (2) apprehension regarding parental opposition; (3) real or perceived opposition from government, local authorities, and teaching unions; (4) a fear of lack of official support in case issues arise; (5) a lack of knowledge; and (6) concerns regarding students' young age (Hall, 2004, Pilcher, 2005).

2.6.3. Significant attention without action during WWII

Moral panic during the Second World War (1939–1945) regarding youth sexuality, due to concerns regarding increases in STIs and extra-marital pregnancies, prompted the Board of Education to publish pamphlet 119 in 1943, titled *Sex Education in Schools and Youth Organisations* (Pilcher, 2005). The pamphlet reiterated persisting issues, such as parents' reluctance and the teachers' lack of confidence to deliver sex education to children (Hall 2004; Pilcher 2004, 2005).

Despite the pamphlet not being statutory, the suggestions were largely progressive (Pilcher, 2004; 2005). Schools were tasked with safeguarding young people from ignorance and acquisition of knowledge about sex from unreliable sources. Sex education was seen as helping young people to understand and control sexual urges, according to social norms centred on marriage and parenthood as well as through “mutual understanding and respect between the sexes” (as cited in Pilcher, 2005, p.158).

However, it has been argued that the purpose of the new pedagogy was the shaping of the nation by channelling sexual instincts for “the greater purposes of civilization”, with civilisation framed as heterosexual and white, comprised of middle-class and professional families (Hustak, 2013, p 451). In the end the Pamphlet's explicit recommendations did not translate into practice and were not incorporated into *The Handbook of Suggestions on Health Education* (Hall, 2004; Pilcher, 2005).

2.6.4. Health as an individual responsibility post WWII

Following the Second World War, government and public interest in sex education declined significantly and inadequate government regulation of school-based sex education continued (Hall, 2004; Pilcher, 2005). Responsibility for school-based sex education was devolved from central government (Hall, 2004; Pilcher, 2005). Immediately after the war sex education did not stretch further than the expedient approach of using outside lecturers like health professionals; clergymen; or of sanitary product representatives—the latter being ultimately an innovative marketing tool (Hall, 2004).

By the end of the 1950s discourse regarding sex education began to shift. The Ministry of Education's guidance on teaching about sexual matters – in the form of the fourth (1956) and fifth (1968) editions of *The Handbook* on health education can be seen as the beginning of this shift (Pilcher 2004; 2005). According to Pilcher (2004, 2005), *The Handbook* is an achievement for progressive understandings of human sexuality, though unfortunately “frankness about the human sexual and reproductive body only appeared in the context of pathological construction of sexuality” (Pilcher, 2004, p. 161). Furthermore, despite its overall progressive tone, the handbook was still only a guidance document, failing to provide much-needed statutory support for school-based sex education. Schools were still individually responsible for decisions on sex education. The term “sex education” remained absent in official curriculum documents. *The Handbook* was no exception, the section on sexual health-related topics was titled “School and the Future Parent” (Pilcher, 2004; 2005).

The 1960s saw significant progress regarding sexuality education. The educational and health departments increasingly collaborated to provide interventions aimed to promote “a healthier way of life” (Thompson, 1994, p. 44). Non-governmental organizations (NGOs) began to urge the government to make sexuality education compulsory and took on the task of providing sex education to young people (Hall, 2004). Broadcasters for school television and radio worked with schools, teachers, medical consultants, and experts in child development to create developmentally appropriate child-centred sex education that answered children's questions in a plain and truthful manner (Gregory, 2015; Hall, 2004; Limond, 2008).

These developments were however premised upon the dominant assumption that self-governance, based on informed individual decision-making, is the key to the wellbeing of citizens. Citizens' health was seen as dependent on their own choices rather than on

State actions. This construction of health contributed to the emergence of a discourse of individual responsibility. Ultimately, many of the progressive suggestions made in the 1960s and '70s by NGOs, authoritative agencies, and various professional communities in terms of school-based education around sexual health has unfortunately not materialised. Significantly, the updated version of *The Handbook* in 1968 still failed to provide a clear official mandate about sexual health education.

2.6.5. The late 20th century: The increasing influence of the children's rights discourse

In the 20th century, the emerging Children's Rights Movement, both in England and internationally, began to challenge dominant discourses of childhood. These changes were accelerated by the passing of the Children Act in the UK along with the UN Convention on the Rights of the Child Welfare in 1989 (Moran-Ellis, 2010). The debate regarding what type of rights children need was – and still is – based on the general principle to promote the “best interest of the child”. Though, of course, determining the meaning of ‘best interest’ is problematic (Franklin & Franklin, 1996; Woodhead, 2015).

The conception of children's rights is closely bound in cultural values and societal expectations in relation to children (Boyde, 2015). On the one hand, protectionists argue that children need protection due to their vulnerability and inability to make rational decisions related to their assumed intellectual and/or emotional incompetence. On the other hand, libertarians fight for the rights of children based on concepts such as autonomy, empowerment, and participation (Franklin & Franklin, 1996).

2.6.5.1. Sex education in the late 1990s and the onset of parental rights to withdraw children from it

Despite the rising conservatism of the late 20th century, progress in school-based sex education gained momentum. The term ‘sex education’ appeared again in the sixth edition of the handbook on health education in 1977 (Pilcher, 2004; 2005). This edition of the handbook was considerably progressive in its academic and scientific approach. *The Education Reform Act 1988* established by law the development of a national curriculum and testing system (Whetton, 2009) and specific aspects of sex education became compulsory in secondary schools, albeit largely as a result of the HIV/AIDS epidemic (Thomson, 1994). These developments potentially could have been drawn on to support children's right to sex education. However, several more conservative developments thwarted this, and *The Education Act 1986* still failed to officially mandate the delivery of the sex education, leaving it to the governing bodies of individual schools

to decide whether sex education should be included within secular curriculum (Legislation UK, n.d.-a).

The statutory decisions above occurred within a conservative moral context (Durham, 1989). The government banned several of the sex education television programmes discussed earlier as a bad influence on children, in response to public pressure (Durham, 1989). The controversial Section 28 of the Local Government Act 1988 limited the teaching about non-normative sexualities under a ban on the “promotion of homosexuality” (Legislation UK, n.d.-b). Children were seen as vulnerable sexual subjects who need protection from over/early exposure to sexual knowledge (McGinn, Stone, Ingham, & Bengry-Howell 2016).

In this conservative context, the parental right to withdraw children from sex education lessons emerged (Durham, 1989; Limond, 2008; Thomson, 1994). This right was secured in 1993 with the amendment of the Education Reform Act (Thomson, 1994). As a result, children’s rights to access information relating sexual and reproductive wellbeing can conflict with those of parents and potentially leave children without rights altogether (Franklin & Franklin, 1996). Thus, teaching about sexuality may be denied by parents despite the recognition that it is in their children’s best interest to acquire specific information, such as, how to recognise coercion and make rational decisions in relation to avoid early pregnancy and STIs (McGinn et al., 2016). Until recently, parents in England were able to withdraw their children from sex education up until 19 years of age, despite the voting age of 18 years and the age of consent of 16 years (Portier-Le Cocq, 2014).

2.6.6. The 21st century: the emergence of Sex and Relationship Education

Although improving young people’s sexual health was on the government’s agenda, the crucial boost to take the matter seriously derived from the Teenage Pregnancy Strategy in 1999 (Digital Education Research Archive (DERA), 1999) initiated in response to the UK’s “shameful” under-16 pregnancy rates, at that time among the highest in Western Europe (DERA, 1999, p. 4). This development points to the problematisation of teenage pregnancy and implies that young parents pose a ‘threat of degeneration’ as teenage pregnancy and parenthood are constructed as factors that incite social decline. Teenagers are considered children in transition to adulthood and therefore inadequate parents who will likely rely on welfare without positively contributing to society (Macleod, 2011).

In terms of school-based sexual health education, the strategy urged the development of a guidance for primary and secondary schools regarding the teaching of Sex and Relationship Education (SRE) lessons. Consequently, the Sex and Relationship Education Guidance (DfE, 2000) was introduced in 2000. It is important to emphasise that the initiative for this guidance was made in the context of reducing early pregnancy, which was constructed as an intractable social problem, rather than on the basis of young people's rights. Hence, this was part of a pragmatic approach with a particular aim (i.e., prevention of teenage pregnancy) as opposed to a holistic approach to sexual health education that considers the broader context of sexual health. As emphasised in the previous chapter, this policy states that the key task for schools is to minimise the occurrence of unwanted pregnancies through the teaching of SRE.

2.6.7. Actions towards making sexual health education compulsory

As part of achieving the objectives of the Teenage Pregnancy Strategy, efforts were made to make RSE a mandatory school subject. A UK Youth Parliament survey showed overwhelming support for school-based sexual health education among youth (UK Youth Parliament, 2007) and these findings, alongside considerable publicity, contributed to increased governmental attention (Ingham, 2016). Meanwhile in 2003, Section 28, which had prevented the 'promotion' of homosexuality in schools, was repealed (Portier-Le Cocq, 2014).

Overall, the efforts to make RSE mandatory were unsuccessful. A bill recommending statutory RSE presented to Parliament by working party (of researchers, youth organizations, teachers, and faith groups) met with considerable opposition. Arguments against the Bill pitted the rights of parents against those of young people, cited the fear of potential loss of innocence, and questioned the efficacy of sexual health education programmes (Ingham, 2016). Once again, attempts to push the issue were abandoned (Portier-Le Cocq, 2014). However, in the early 2010s cases of sexual exploitation of young girls (House of Commons, 2015), and later, increasing concerns regarding sexual offences in UK schools (Parliament UK, 2016), together contributed to the renewed governmental attention towards the need for school-based sexual health education.

In 2014, the Education Select Committee enquiry into Personal, Social, Health and Economic Education and SRE showed strong support of the statutory provision of SRE, yet change had not occurred. (Ingham, 2016). Then the Children and Social Work Act 2017 (Government UK, 2017) clearly specified that the government take action in terms of provision regarding RSE in all type of schools in England. All primary schools must be

required to teach Relationships Education and all secondary schools must be required to teach RSE. Following the release of the Act, the intention to undertake a statutory reform relating to RSE was announced (Parliament UK, 2017). It was intended that changes would be implemented from September 2019 (Parliament UK, 2018a). However, progress has been hindered and the date was changed to September 2020.

2.7. Conclusion

School-based sexual health education is considered the most feasible way of targeting children and young people in a universal and comprehensive manner to address specific practices that potentially affect their developing sexuality. However, recognising the need for such education is only the place of departure, as the way we conceptualise youth sexuality and childhood is particularly important in terms of our approach to intervention. Children and young people need supportive environments to discuss topics relevant to sexual and reproductive health.

By positioning them as non-sexual or sexually innocent, whilst also viewing them as irresponsible and incompetent to make rational decisions, we are in tension with young people's own sexual subjectivity as well as deprive them of the kind of agency that is required to adequately care for their sexual wellbeing. However, by recognising their sexuality as a legitimate and positive aspect of development, as well as acknowledging their own formation of strategies to improve sexual and reproductive health, we allow discursive spaces for them to be sexually responsible.

In terms of approach to intervention, the characteristics of the holistic approach fits well with the specifications that researchers identified as being beneficial in terms of programme efficacy. These characteristics include early and all-inclusive education, that is based on the needs of young people, in which the content is right-based and framed within social context that addresses psychosocial factors, such as perceived norms and beliefs, related to sexual behaviour. In terms of the history of sex education in England, particularly with regard to the directions of these complex course of events – including the developments leading up to the current reform of sexual health education – Hall's (2009) figure of speech in relation to experiencing Groundhog Day and *Deja-vu* is evident in this overview.

Overall, the conflicting ideologies and constructions surrounding sexuality – especially youth sexuality as well as through which methods we should protect children and young people from adversities and negative sexual/reproductive health outcomes – clearly

provide substantial difficulty to establish an approved curriculum for RSE. In the next chapter, I clarify the methodology used in the present study in order to examine the constructions present within the context of the current sexual health education reform in England.

Chapter Three. Methodology

3.1. Introduction

The present research is conducted from a critical, social constructionist standpoint using discursive methodology informed by Foucauldian notions of discourse and subjectivity. From a poststructuralist perspective meaning is not understood as fixed and stagnant, but rather, as I detail below, it is dynamic, provisional, and contextual (Lyons & Coyle, 2007). My analysis draws on the analytical procedures specified by Lyons and Coyle (2007) and Willig (2015). This chapter is an introduction of the research methodology outlined above. I discuss the theoretical background of my study— including the core assumptions of social constructionism and the Foucauldian discourse analytical approach—the key analytical concepts I used, and the data analysis procedures I followed.

3.2. Theoretical backdrop

3.2.1. Social constructionism

The core assumption of the social constructionist epistemological stance is that reality is actively re/produced through language and other forms of meaning-making within a particular historical, cultural, and social context (Gergen, 1985). Therefore, there is no one 'true' reality to be discovered, but rather multiple possible versions of reality, which may be dis/agreed upon. What we know and generally accept about the world and ourselves is produced (or constructed) through shared systems of meaning, referred to as discourses (e.g., religious, moral, and scientific).

These discourses are fashioned through social processes (e.g., interactions, relationships, law-making, representations) and are available for people to draw on in a particular context (i.e., time or place). For example, scientific knowledge is often considered as the "crowning jewel of Western civilization" in which humans are frequently constructed as "merely docile bodies" (Gergen, 2009, pp, 21-22). Scientific discourse is generally unchallenged and as such, scientific interpretations of the world play a prominent role in education, media, policymaking, criminal investigation for instance (Gergen, 2009).

The focus of social constructionist enquiry is to account for the various ways in which social phenomena are fashioned and produced within a specific socio-cultural location and/or historical moment. Importantly, social constructionism does not suggest that 'there is no reality' (as in a material world), but rather definitions of reality emerge from a

particular standpoint; they are subjective (Gergen, 2009). We construct an object or phenomenon in various ways depending on our social frame and the implicit and explicit values we place on it (Gergen, 1985; 2009). For example, the construction of the childhood in Western societies has shifted from children having economical value within the family and contributing to the family livelihood (Fass, 2013) to having emotional value and protected from economic labour and other rigours. Children were constructed as sacred, innocent and needing adult protection (Wolff, 2013). As discussed in Chapter 2, although opposition to the idea of childhood purity and innocence has emerged, the discourse of childhood innocence persists.

3.2.2. Foucauldian discourse analysis

The Foucauldian version of discourse analysis is based on poststructuralist philosophy and specifically influenced by Michel Foucault's work (Parker, 2015; Willig, 2015). This approach is concerned with topics such as ideology, identity and selfhood, power relations, and social change (Burr, 2015; Lyons & Coyle, 2007), which makes this approach to discourse analysis particularly suitable for this study. From the Foucauldian perspective, discourses have various functions as they can facilitate, limit, enable, and constrain the way we perceive and therefore understand the world around us. Foucauldian discourse analysis is mostly concerned with the role of language in terms of its function in shaping our social and psychological lives (Willig, 2015).

From this analytical perspective the focus is to locate discourses and their functions within a culture, including what it says, by whom, where and when (Willig, 2015). More specifically, any approach to discourse analysis that claims to be Foucauldian is fundamentally historical as it is ought to investigate the time of the phenomenon in question, how it has come into being, as well as how and by what forces it maintains itself (Parker, 2015).

Although contemporary Foucauldian discourse analysis is somewhat diverse, it is still very much concerned with the multidimensional relationship between power, knowledge, and resistance (Parker, 2015). Accordingly, a Foucauldian approach seeks to: (1) locate dominant discourses within a text—often the taken-for-granted understandings of phenomena, deeply ingrained as common sense (e.g., childhood innocence or youth sex is risky)—and (2) to identify alternative or subordinate discourses (also termed counter-discourses). The latter are related to power relations in terms of the function of discourse within the wider social structure. The key analytical concepts in Foucauldian discourse

analysis, which I discuss in turn below, are: (1) discourse, (2) subject positions, positioning, and (3) governmentality (Lyons & Coyle, 2007; Willig, 2015).

1.3. What is discourse?

In relation to identifying constructions and positioning, Parker (1990, p. 191) suggests that “a working definition of a discourse should be that it is a system of statements which constructs an object”. However, Macleod (2002) argues against a single definition and instead she outlines three common features of discourse based on a range of definitions, namely: (1) the underlying regularity of discourse; (2) the constructive effects of discourse; and (3) implications in terms of meaning and practices. I explain each of these features in turn.

3.2.2.1. The underlying regularity of discourse

This feature suggests that statements in a discourse relate to how knowledge about a phenomenon (i.e. the discursive object) is formulated. Burr (2003) points out that “each discourse claims to say what the object really is, that is, claims to be the truth” and what we refer to as knowledge is the particular discourse that is agreed to receive the “stamp of truth” in a given society (pp. 76-80). However, this regularity is not static, it is historically variable, which means that meanings are temporal and the regularities within a discourse are contingent on context of power relations (Macleod, 2002).

Each discourse provides a different representation of reality. Consequently, certain discourses can emerge as dominant systems of meaning making in a specific context, marginalising alternative realities (Burr, 2003; Parker, 1990; Willig, 2011; 2013). A good example is the construction of childhood discussed earlier. The constructions of the child and childhood have undergone significant change in meanings through time in Western societies and also have different meanings across cultures, such as: children in the Nazi Germany were constructed as public assets and they were said to belong “to the greater whole of German Volk” (Schumann, 2013, p. 453); street children in developing cities in the 19th century were viewed as autonomous individuals with entrepreneurial values (Fass, 2013); children nowadays are largely constructed as vulnerable, innocent, naïve, and immature needing adult protection (Wolff, 2013). Within Foucauldian discourse analysis the world is seen as having a structural reality in which the power relations are viewed as fundamental to how people understand and talk about the world (Lyons & Coyle, 2007).

3.2.2.2. *The constructive effects of discourse*

Discourses are constructive rather than descriptive of the social world. Discourses contain subjects and construct objects within the ‘realities’ that emerge through discourse (Macleod, 2002). The term discursive constructions refer to the ways in which phenomena or objects are constructed. Furthermore, the construction of an object has implications for the positioning of the subject (Lyons & Coyle, 2007). It means that there is a relationship between the way we construct meanings through language and the subjectivities that become available as a result. Accordingly, subject positions refer to the specific discursive locations – within the networks of meanings in a discourse – that is made available for us to occupy. Essentially, subject positions are discursive positions from which a person can speak and act (Willig, 2015).

In other words, discourses can construct our social world in various ways and therefore make available discursive resources through which we can see the world and allows us various ways of being in it. Discourses therefore make available positions for subjects to take up in relation to other people and the object itself. The ways we think and talk about an object influence and reflect the ways we act in relation to that object (Allen, 2011; Willig, 1998; 2011; 2013).

For example, according to Schalet, (2011), within a discourse in which adolescent sexuality is constructed as a normative and potentially positive human function – where teenagers are viewed as developing individuals who are on a continuum as opposed to being categorically different from adults – a sexually autonomous subject position becomes available for teenagers to take up. Such subject position is framed as nonproblematic, shame-free, and non-emotionally disruptive, which in turn legitimises young people’s sexual feelings and desires allowing them to practise sexual decision-making. Importantly, the normalised construction of adolescent sexuality enables parents, sex educators and other sexual health professionals to openly communicate and therefore engage in honest dialogue with youth on matters related to relationships, sex, and sexual health.

3.2.2.3. *The implications in terms of meaning and practices.*

As discussed above, discursive constructions enable and constrain ways of being in the world. Therefore, there is a relationship between discourses and our lived experiences. In the context of sexual health education, Willig (1998) emphasises that it is never merely about providing information, but rather, a curriculum draws on different discourses to

construct particular versions of reality. These versions of realities have practical implications in relation to the impact and function of the message it is trying to convey.

In particular: (1) the constructions of sexual activity as “temptation”, “romance”, or “male preserve” may place specific people (especially girls and women) in a disempowering position regarding practicing safe sex (Willig, 1998, p. 389). Furthermore, the dominant discourse of individual responsibility in sexual health education often positions young people incapable or incompetent to make healthy choices, which affects policy development and approaches to teaching RSE. In Foucauldian discourse analytic perspective this is referred to as the function or purpose of text and/or language (Lyons & Coyle, 2007; Willig, 2013).

3.2.3. Positioning and subjectivity

As stated earlier, ‘subject position’ refers to the way a discursive object is constructed within a discourse (e.g. RSE as protecting youth from sinning) that in turn creates available position/s for subjects to take up (e.g. teachers as protectors, youth as vulnerable, children as sexually innocent). Once taken up, a subject position has implications for our subjectivity and experience (Willig, 2015). Thus, the subjectivity (or social identity) gained through specific positions in turn can also affect the way we experience the world. In practice, subject positions are related to our experiences as they can open or close opportunities for action. Although we can take up positions in one discourse but not in others, the discursive context that people are ‘in’ is a social given, specific to social, historical, and cultural background.

Finally, discursive positionings can also shape the subjective perspective that the world is seen from. Take the male responsibility of sexual knowledge discourse as an example. Dominant gender discourses stipulate that boys need to know what to do during intercourse while girls do not need to know this or need to know less than boys (Measor, 2004; Measor, Tiffin, & Miller, 2000; Pound, Langford, & Campbell, 2016). This specific discourse appoints young people to take up certain positions, such as “a ‘proper’ girl or a ‘proper’ boy” and dictates what it means to be “properly masculine” (p. 158) or feminine.

3.2.4. Governmentality

Foucauldian discourse analysis allows one to investigate the potential relationship between discourses and institutions (Willig, 2015). In its broadest sense, Foucault’s notion of governmentality is related to how governance or power is practiced by institutions, such as the government, large corporations, or schools (Walters, 2012).

However, the focus is not on the analysis of the institutions' direct actions but of their practices in terms of discourses in relation to reasoning for actions and strategies through which control is potentially covertly exercised (Petersen & Bunton, 1997).

Analysis in terms of Governmentality is interested in finding the mechanisms of "power that takes the form of guiding, shaping, leading, conducting humans" (Walters, 2012, p. 21). For example, particular discourses within health promotion strategies, such as school-based sexual health education, may be linked with institutional social practices and mechanisms that make use of governmental power to control and manage young people's sexual behaviour (e.g. mandatory teaching of the law on age of consent) while avoid coercive actions that may breach human rights (e.g. judicial chastity device for youth).

3.3. Method

3.3.1. Data collection

The documents selected for analysis were located using a systematic online search of governmental websites in the UK: Department for Education, Public Health England (i.e. GOV.UK), Department of Health and Social Care, and House of Commons Library. The following search words were used: England, United Kingdom, RSE, SRE, sexual health, youth sexuality, relationships education, sexuality education, sex education, and/or reproductive health. Given my interest in the current English statutory reforms announced in 2017, I was interested in documents published by the UK government since the announcement (i.e., post 2017). However, I also included Public Health England's sexual and reproductive health action plan for 2016-2019 released prior to this, in 2015. This policy document includes a significant focus on young people and school-based sexual health education. Therefore, it is relevant to the topic in the proposed analysis. Table 2 below shows the summary of the 13 documents identified as relevant in the context of progression in policy development regarding the current school-based sexual health education reform.

Table 2

Data Set: policy documents selected for analysis

Author	Year	Title	Type
Public Health England	2015	Health promotion for sexual and reproductive health and HIV: Strategic action plan, 2016-2019	Action plan

Department for Education	2017	Policy statement: Relationships education. Relationships and sex education, and personal, social, health and economic education	Position statement
Department for Education	2018	Relationship Education, relationships education and sex education, and health education in England: Government consultation (including call for evidence response)	Report
Houses of Parliament	2018	Relationships and Sex Education	Position statement
Department for Education	2018	Changes to the teaching of sex and relationship education and PSHE: young person and parent responses to call for evidence	Report
Department for Education	2019	The relationships education, relationships and sex education and health education (England) regulations 2019	Explanatory memorandum
Department for Education	2019	Relationships Education, Relationships and Sex Education, and Health Education in England: Government consultation response	Report
Department for Education	2019	Relationships Education and Relationships and Sex Education: Impact Assessment	Impact Assessment
Department for Education	2019	Relationships and sex education (RSE): Damian Hinds writes to Paul Whiteman	Correspondence document
Department for Education	2019	Introduction of statutory Relationships Education, Relationships and Sex Education and health Education: Equality Impact Assessment and Public Sector Equality Duty	Impact Assessment
Department for Education	2019	Understanding Relationships and Health Education in your child's primary school: A guide for parents	Guide for parents
Department for Education	2019	Understanding Relationships, Sex and Health Education at your child's secondary school: A guide for parents	Guide for parents
Department for Education	2019	Relationships Education, Relationships and Sex Education (RSE) and Health education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers	Final statutory guidance

3.3.2. Data analysis

There are no rigid steps to follow for a Foucauldian Discourse Analysis, but Lyons and Coyle (2007) and Willig (2015) do provide frameworks for analytical work. These frameworks formed the basis for my analytic process, which I describe below. Considering that reflexivity is an essential aspect in carrying out discourse analysis (Lyons & Coyle, 2007), in parallel with the description of analytic process, an account of my reflexive work is also included here. It should be noted that the following description of my analytical process is not a prescriptive linear method. Instead, the way I undertook the analysis was an iterative procedure.

3.3.2.1. Initial reading

Reading text in accordance with a discursive analytical approach is based on the idea that language is performative, which means that the reader must focus on the general structure of the discourse in terms of its function or purpose (Willig, 2015). Prior to the beginning of the analytical work, it is important to read the text without an attempt to analyse it. Reading without focusing on the analytical process allows the researcher to become aware of the discursive effects of the text (Willig, 2015). In terms of this analysis, this means that during initial readings, I needed to be perceptive of first impressions regarding what the text is 'doing'. In other words, I was attentive of what the documents are trying to convey.

During the initial reading at the beginning of the analysis, I read the documents multiple times while taking notes of any thoughts or impressions that prevailed one way or another. My research questions (see chapter 1) were particularly important in terms of what aspects of the general structure of the discourses I needed to be mindful of within the documents. While I was initially very critical of the policies, these research questions helped me engage with the data in the appropriate manner required by the discourse analytical approach.

Admittedly, trying to read the textual material *prima facie* was challenging in relation to my personal valuing of, and hope for, progressive, sex-positive, and evidence-based policy on RSE. I found myself wondering whether I was reading documents on sexual health education or a propaganda campaign for shaping ideal citizens. As pointed out in the introduction, my initial perception was of strong neoliberal ideologies of healthism and good citizenship. Alongside this, I noticed an indistinct agenda for improving reproductive health and sexual health promotion, and a lack of definitions of key terms

(such as Relationships Education, Sex Education, RSE, sexuality and sexual health), or reference to empirical research. The lack of reference to empirical findings is important in terms of Governmentality as I initially attempted to explore which institutional social practices and mechanisms can be identified in the documents. My initial impression, reinforced by the process of public consultations, was that evidence-based sexual and reproductive health promotion perhaps had lost its precedence.

3.3.2.2. *Coding*

Following initial readings is the coding phase in which the material for analysis is selected. Coding is done in relation to the research questions (Willig, 2015). Coding meant that I read and reread the documents and selected parts of the text into rough thematic sections (Macleod, 2002) that could be meaningfully grouped together. I used NVivo qualitative data analysis software as a tool to help organise words, phrases, paragraphs within the documents that I considered as broad aspects (i.e. thematic sections) that relate to the research questions. The thematic sections that particularly stood out include consent, complex and modern world, rights, personal attributes and character, marriage, school flexibility, risk areas, healthy and happy, opt-out, resilience, religion and belief, differing views, seeking help and support, and legislative language. Furthermore, I separated any text into files that I considered relevant to schools/teachers, parents, pupils, and RSE delivery and content.

In other words, at this stage of the analysis, through careful readings of the materials, all relevant sections of the text – including indirect or vaguely related aspects and topics – were selected, highlighted, copied and filed in NVivo. Consequently, at the early stage of coding, I located 34 thematic sections, many of which considerably overlapped or turned out to be trivial. Hence, the codes needed “thinning out” (Harper, 2003, p. 83). During this process – which is not unique to the coding phase of the analytic process – codes that seemed tangential were disregarded. For example, a code was located that I titled ‘RSE as a burden’ that initially seemed particularly relevant. However, I soon realised that ‘burden’ was constructed as schools’ financial concern rather than as a figurative grievous overload on teachers’ shoulders. Thus, it was decided that the code is not meaningful to my research questions. Eventually, the selected material constitutes the data corpus, which was explored in detail as follows.

3.3.2.3. *Locating discursive objects and their discursive constructions*

This stage of the analysis is concerned with identifying the discursive objects within the data. Based on the objectives of the study, I was particularly concerned with locating the

following discursive objects: RSE, students, parents, schools or educators, and youth sexuality. Once the discursive objects are distinguished, the next task is the identification of the different ways in which these discursive objects are constructed (Willig, 2015).

It is important to search for both explicit and implicit references to the object in question. Indeed, implicit references or lack of direct discussion about the discursive object are particularly important as this can provide us essential information of the way in which the object is constructed (Willig, 2015). For example, omitting to overtly discuss youth sexuality or discussing it within the context of parental withdrawal from RSE may imply that young people's sexual subjectivity is overlooked or even denied.

3.3.2.4. Wider discourses

Having identified the discursive objects and their discursive constructions, my focus moved to analyse the differences between the constructions in relation to each discursive object. Each discursive object may be constructed in very different ways. Therefore, the aim here was to locate the wider discourses that the documents draw on when they talk about each construction. I also investigated potential interconnections between (as well as within) the wider discourses surrounding the varying discursive constructions of the discursive objects.

3.3.2.5. The function or purpose of the discursive constructions

This phase of the analysis is concerned with a careful examination of the discourses already found in terms of how the discursive objects are deployed within them (Willig, 2015). In particular, the focus is on the discursive context in terms of seeking answers to questions such as: 1, "What is gained from constructing the object in this particular way at this particular point within the text?"; and 2, "What is the function and how does it relate to other constructions produced in the surrounding text"? (Willig, 2015, p. 158). This step is closely linked with the following analytical concept that I needed to focus on, which is positioning (Willig, 2015).

3.3.2.6. Positioning, subjectivity, and practice

Locating subject positions and identifying the implications in terms of experience, subjectivity, and practice were not entirely separate steps in my analysis – as Willig (2015) suggests. Yet, further examination of the discursive constructs allowed me to obtain for deeper insights into these discursive objects. Locating these analytical concepts, particularly the identification of subjectivity in the discourse, are speculative

(Lyons & Coyle, 2007; Willig, 2015). The documents do not overtly state what the subject positions are. For instance, pupils are not clearly talked about as children who are not capable of making good decisions because they are incompetent and inexperienced. The familiar concepts, such as childhood innocence, adolescent irresponsibility, or sex positivity in particular, were not mentioned. Instead, the data seemed obscure. This means that the values and assumptions informing the construction of subjectivities (e.g. adolescent irresponsibility, or sex positivity) were implied rather than made explicit.

In terms of the discursive construction of children/pupils who need education on relationships and sexual matters, the data frequently refer to age of consent in the contexts of RSE content for pupils, as well as parental withdrawal of children from sex education in secondary schools. Based on my understanding, age of consent is linked to the way pupils are constructed but in a particularly concealed manner (discussed in detail in the following chapter). Thus, I needed to identify how the covert and at times subtle ways of referring to the discursive objects create the subject positions in the data as well as to interpret how the wider discourses come into play in terms of subjectivity and practice.

3.3.2.7. Governmentality

This phase of the analysis involves investigating governance that is covertly exercised within the data, and distinguishing to what extent and in what form. The focus here is to investigate how power is cultivated through specific discursive tactics, techniques, or dispositions related to shaping youth behaviour. The specific questions I raised include: (1) whether there are specific knowledges, such as developmental psychology or pedagogy, that are utilised in attempts to govern the discursive object/s (Walters, 2012); and (2) what form of discourses are perhaps at play that aim to confront and remould the students who engage in undesired risky sexual behaviour to become disciplined and predictable individuals through the teaching of RSE.

3.4. Conclusion

As described in this chapter, the critical approach in the present analysis, which is based on social constructionist epistemology, allows me to identify the implicit and explicit values attached to RSE and how relevant constructions are fashioned within the values and social frame from which RSE emerges. The analytical approach is grounded in Foucauldian perspective and has been adopted as it enables me to investigate how and for what purposes language is used (i.e. what is the role of language) in governmental documents such as letters, policies, and research reports. Accordingly, this

methodological framework allows me to answer the research questions and therefore shed light on possible discursive barriers in relation to the delivery of effective RSE. What follows is the result of the analysis and a critical discussion that includes a review of the wider system of discourses regarded essential to interpret the findings.

Chapter Four. Analysis and discussion

4.1. Introduction

Working within a social constructionist theoretical framework, using discursive methodology, the aim of the analysis is to identify the specific discourses relevant to youth sexuality in the context of sexual and reproductive health education. The goal is to locate the various, potentially contradicting, discursive constructions presented in documents published by the UK government relevant to the reform of school-based sexual health education in England. In order to answer the research questions, I unpack the discourses I identified and present a critical discussion considering the wider system of discourses that are relevant and shape sexual health education in England. I present four interlinked discourses identified in my analysis namely: (1) the factual legal discourse; (2) the hidden moral discourse; (3) the hollow empowerment discourse; and (4) the right-based discourse. I demonstrate how these discourses work together toward a paternalistic agenda—despite overt claims about young people’s empowerment—and to silence talk of pleasure, ultimately limiting possibilities for agentic and pleasurable sexual experiences.

4.2. The legal discourse: law as the guiding principle

Throughout the data set, the law is continuously referred to as the guiding principle of RSE curricula. Considering that the data set includes various policy documents, it is perhaps unsurprising. However, as I shall demonstrate, the explicit pairing of law with youth sex and sexuality in the documents has transformed the role of law and RSE in young people's lives from a supportive facet to one that condemns pupils’ sexual behaviour, specifically under the age of 16. The following quotes illustrate the overarching theme of law as the guiding principle.

Quote 1. We have concluded that starting with the central concept of always providing pupils with the knowledge they need on the laws of this country relating to relationships – children and young people, at age appropriate points, need to know the laws governing the society in which they are growing up in. (DfE, 2018d)

Quote 2. The starting principle when teaching each of these [sex, sexuality, sexual health and gender identity] must be that the applicable law should be taught in a factual way so that pupils are clear on their rights and responsibilities as citizens. ... As with all teaching for these subjects, schools should ensure that their teaching is sensitive, age-appropriate, developmentally appropriate and delivered with reference to the law. (DfE, 2019a)

The civil and criminal law that are reiterated repeatedly in the documents as the ought to be starting points for designing RSE content include the following key aspects: the age of consent; what consent is and is not; the definitions and recognition of sexual

offences (i.e., rape, sexual assault and harassment); the legal rights related to marriage and civil partnership, especially the facts about the protective aspects of such institutions; choices permitted by the law on pregnancy; and legality of pornography and sexting. The terms “age of consent” and “consent” are of particular importance for this analysis.

The age of consent represents a legal boundary between people of specific age groups who are legally allowed to be involved in sexual relations (Waites, 1999). It also represents a symbolic boundary between childhood and adulthood, with adolescence construed as a transitional period (Macleod, 2011). Framing the age of consent simply as factual knowledge, with RSE intended to clarify and/or inform young people “on their rights and responsibilities as citizens” (quote 2) is problematic. Age restrictions are not simply factually determined but based on “a process of interpretation or selection...informed by culturally defined moral problems, power relations, ideas about proper development, ideal citizenship, and, invariably, what is in the state’s interests” (Morison & Herbert, 2019, p. 3).

Above all, it is implied in the data that young people should become sexually active only after the legal age of consent, because this is what is expected of them as responsible citizens. Therefore, there is a considerable overlap between the conceptions of childhood innocence and future adult responsibility/citizenship (Waites, 1998). Youth under the age of 16 are positioned as incapable of making certain decisions. However, the data also construct pupils as potentially competent decision makers.

Quote 3. Pupils should be well informed about the full range of perspectives and, within the law, should be well equipped to make decisions for themselves about how to live their own lives, whilst respecting the right of others to make their own decisions and hold their own beliefs. (DfE, 2019a)

Quote 4. The new subject content will give them the knowledge and capability to take care of themselves and receive support if problems arise. (DfE, 2019a)

Drawing on a legal discourse in which ‘within the law’ pupils can decide how to conduct their lives, the policy documents position pupils as rational subjects who are capable of making intellectual and rational decisions on matters of a sexual nature. Once again, the decision-making process regarding young people’s life and health is framed within the legal boundaries. It is clearly expressed that the government places responsibility on pupils to ‘take care of themselves’ and their health.

Young people are thus constructed as having the *potential* to become rational and responsible individuals. It is assumed that when pupils are taught 'the full range of perspectives' then they should not have any difficulty making the right choices as provided by the law. Rather than being in young people's own interests (i.e., an enhanced and thorough understanding of their own sexuality), this is framed in instrumentalist terms, making rational decisions guided by the law and practising self-reliance (i.e. being responsible). Within this instrumentalist framing, young people's own sexual subjectivities and desires are overlooked. Indeed, throughout the documents, youth sexuality is implicitly framed in terms of capacity. For instance, it is stated that "[G]iven that young people are **able to consent** and engage in sexual activity at age 16, they should be able to access sex education before that point" (DfE, 2018d). Thus, sexual education is a means of "risk proofing" a future citizen, rather than a right or potential benefit to the individual.

Hence, pupils are positioned primarily as rational and responsible subjects and future citizens.

Ideas about self-governance focus on knowledge and help-seeking and the numerous contextual factors that potentially constrain rational decision-making include gender, age, culture, beliefs, attitudes, power relations, and socio-economic factors (Moriera et al., 2005). This individualised and decontextualized construction is supported by a neoliberal discourse of personal responsibility. Neoliberalism is a dominant Western ideology that emphasises self-mastery and personal responsibility, which in turn frames negative social and health outcomes as personal failure rather than the result of structural and social conditions (Bay-Cheng, 2015; Ferguson & Hong, 2012; Meyer, 2016).

Prior to the age of consent, an arbitrary cut-off point, youth are positioned as incapable and incompetent in sexual decision-making. Although the documents point out that people under the age of 16 should be allowed to receive sex education, what the sex education component in RSE is, is not clarified. Current law related to age of consent is based on the view that people's ability to consent to sex is dependent on their cognitive capacity to be aware of and understand the social rules regarding sexuality (Bullough, 2004; Hines & Finkelhor, 2007). This belief is deeply rooted in the ideologies based on theories of developmental psychology. Hence, the legal discourse intersects in the data with the developmental discourse. This is also indicated in Quote 1 and 2 in which there are references to the need of age-appropriate and developmentally appropriate teaching.

The intersection of the legal and developmental discourses work together to position children on the basis of their age as vulnerable, incapable, at risk or in some way in need of protection or intervention from adults (Burman, 2008). In contrast, teachers are positioned as uniquely able to respond to children's developmental needs and to act in their best interests by virtue of their professional, expert status. As Burman (2008) maintains, developmental psychology is significantly entrenched in popular understandings in relation to what it means to be a parent (especially a mother), a teacher, or a health professional in the care of children and young people; so much so that it entirely renders youth to being dependent, malleable, and uniformed subjects within each developmental stage prior to adulthood.

The common positioning of teachers as "trusted professionals" is illustrated in the following extracts.

Quote 5. Central to the government's entire education policy is trust for professionals - and we trust and support head teachers to make decisions that are in the best interests of their pupils. (DfE, 2019e)

Quote 6. We are determined that the subjects must be deliverable and give schools flexibility to shape their curriculum **according to the needs of their pupils** and communities. ... Schools should ensure that the policy **meets the needs of pupils** and parents and reflects the community they serve. ... The policy should also reflect the views of teachers and pupils. Listening and responding to the views of young people will strengthen the policy, ensuring that it meets the needs of all pupils. (DfE, 2019a)

Here educators are constructed as uniquely aware of the numerous factors that are needed in order to develop effective RSE programmes, including what is in pupils' 'best interest' and the 'needs' of pupils' and the wider communities. The subject positions within the construction of the trusted professionals are: (1) the knowledgeable experts who know what is 'best' for their pupils; and (2) the ultimate decision makers who are guided by the law. These quotes show how the characterisation of teachers as "trusted" is linked to their expert status and specifically, their ability to act in students "best interests" and to "meet their needs". This subject position implies that teachers ultimately know what is 'best' for children and young people (quote 5) and has implications for positioning children and young people.

A developmental discourse is clearly drawn on here. The notions of children's best interests and 'needs' are established within developmental psychology and used to legitimise and justify decisions related to children and the presumption that children are helpless and therefore in need of protection. Although these notions appear neutral, what is "best" and what children "need" are subjective and morally laden (Woodhead, 2015).

In this way pupils were positioned as “as passive, to be serviced, protected and provided for, rather than to be engaged with as active participants” (Burman, 2008, p. 73).

It is also possible to see in the extracts above how positioning teachers as uniquely knowledgeable about children’s needs allows for the notion of “flexibility” and forms the justification for ceding control to schools. Efforts to resolve issues around RSE content is ultimately left for schools to combat. Thus, the intersection of ‘best interest of the child’ and legal discourses are utilised to fulfil this claim through the mobilisation of the construction of schools as the trusted professionals. As the trusted professionals in this discourse, teachers are expected to design and deliver sex education whilst the government continues to offer little guidance to tackle the controversial and complex subjects related to RSE (Monk 2001).

The discourses of school flexibility and parental engagement are utilised to shift responsibility to the schools to resolve potential conflict related to content and delivery of RSE programmes. Interestingly, the developmental discourse also potentially offers a way for schools to renounce their responsibility for sex education for as long as possible, as shown below.

Quote 7. Many parent respondents said that relationships and sex education is not appropriate in schools. They highlighted perceived negative consequences, such as depression, sexual crimes and suicide, including because children and young people are not mature enough to understand the concepts involved in relationships and sex education. Many parent responses highlighted the importance of ensuring that lessons are age-appropriate, and safeguarding requirements are met at all times. (DfE, 2018e)

Here children and young people are positioned as too immature to comprehend information related to relationships and sexuality. These constructions not only situate childhood in opposition to adulthood but the inability to understand aspects of adult life are linked with devastating consequences. This provides justification for holding delaying sexual education.

4.3. A hidden moral discourse: RSE as a tool to shape ideal citizens

Another common discursive feature of the data is the absence of overtly moral language. Instead, aspects of youth sex and sexuality (behaviours, living conditions, choices, attitudes, or values) – that may once have described as morally inappropriate – are articulated in terms of young people’s developmental stage, which is seen as opening them up to risk. A developmental discourse is further supported by a neoliberal discourse

in which “rather than direct intervention, the primary mode of governance involves motivating individual consumer-citizens to make healthy choices and to regulate their practices for their own sake and for the greater good” (Morison & Herbert, 2018, p. 436). In this way, the moral dimension of the policy becomes hidden (Morison & Herbert, 2018). This intersection of developmental and neoliberal discourses is apparent in three constructions of RSE as: (1) protecting young people from risk; (2) preparing future citizens; and (3) containing youth sexuality to an ‘appropriate’ life stage. Each of these constructions, and the subject positions they make available, are discussed in turn.

4.3.1. RSE as protecting youth at risk

The data reiterate potential risks that children and young people may face in modern Britain, such as: unintended/unwanted pregnancy; STIs, including HIV and AIDS; rape; sexual assault and harassment; bullying; grooming; sexual exploitation; domestic abuse, including coercive and controlling behaviour; negative consequences of sharing digital sexually explicit images; and female genital mutilation. This can be seen in the quotes below.

Quote 8. Given the increasing concerns around child sexual abuse and exploitation and the growing risks associated with growing up in a digital world, there is a particularly compelling case to act in relation to pupil safety. (DfE, 2017)

Quote 9. Many adverse sexual health outcomes occur in young people, regardless of their sexuality. ... The highest rates of STIs diagnoses are among young women, who may also experience adverse outcomes associated with teenage pregnancy. ... [T]he majority of STI diagnoses made among heterosexual GUM attendees in 2014 were among those aged 15 to 24, who accounted for 63% (57,558/91,901) of chlamydia diagnoses, 55% (8,722/15,814) of gonorrhoea, and 42% (12,223/29,240) of genital herpes. ... Women aged 16–19 have the highest proportion of pregnancies that are unplanned (45%). ... Teenagers have the highest rate of unplanned pregnancies, with teenage mothers, young fathers and their children experiencing disproportionately poor health, emotional wellbeing and economic outcomes. (Public Health England, 2015)

These quotes show how youth sexuality is strongly tied to the notion of risk (Kidger, 2005; Morison & Herbert, 2019; Powell, 2010). In addition, statistical information within the data together with intensifiers, such as ‘most’, ‘highest’, ‘many’, ‘growing’ and ‘increasing’, are used to amplify the risks in relation to youth in order to position them as more vulnerable compared to adults. The construction of such category based on statistics, functions as a means of comparison between youth and adults. In addition, as discussed above, children and young people are generally viewed as sexually immature. Risk is constructed as directly tied to developmental stage. As a result, policies that focus on risk and danger can potentially construct every group of youth and their practices and behaviours in terms of risk (Kelly, 2001; Morison & Herbert, 2019).

Furthermore, unplanned early pregnancy is constructed as problematic, which implies that young parents pose a ‘threat of degeneration’ (Macleod, 2011) to the nation. This constructs early pregnancy and parenthood as a cause of social problems as teenage parents are positioned as individuals who lack social and emotional maturity to raise children. Teenagers are considered children themselves who are in transition to adulthood (Macleod, 2011). This transitional phase and its link to being less developed than adults, making young people inadequate parents, as evidenced by the adverse consequences cited, such as ‘teenage mothers, young fathers and their children experiencing disproportionately poor health, emotional wellbeing and economic outcomes’ (quote 9). Hence, teenage parents will likely rely on welfare without positively contributing to society (Macleod, 2011).

4.3.2. RSE as preparing ideal future citizens

An unexpected finding in this analysis is the strong emphasis in the documents on character building through the teaching of RSE. There are repeated statements regarding the importance of character building. This is illustrated with the following extracts from The Guide:

Quote 10. A growing ability to form strong and positive relationships with others depends on the deliberate cultivation of character traits and positive personal attributes, (sometimes referred to as ‘virtues’) in the individual. (DfE, 2019a)

Quote 11. All of this content should support the wider work of schools in helping to foster pupil wellbeing and develop resilience and character that we know are fundamental to pupils being happy, successful and productive members of society. (DfE, 2019a)

Quote 12. As in primary, secondary Relationships Education can be underpinned by a wider, deliberate cultivation and practice of resilience and character in the individual. These should include character traits such as belief in achieving goals and persevering with tasks, as well as personal attributes such as honesty, integrity, courage, humility, kindness, generosity, trustworthiness and a sense of justice, underpinned by an understanding of the importance of self-respect and self-worth. There are many ways in which [primary and] secondary schools should support the development of these attributes, for example by providing planned opportunities for young people to undertake social action, active citizenship and voluntary service to others locally or more widely. (DfE, 2019a)

The discourse related to character building emphasises the importance of becoming a specific kind of person, an ideal citizen who is resilient and virtuous. In these quotes, the explicit positioning of young people as future citizens is evident. The allusion to “productive members of society” is linked with the concepts of virtue and character that are considered necessary resources for positive and active societal participation. The

construction of a young person as someone who is ‘becoming’ as opposed to a person who is in their own entity in the now is already mentioned in relation to the legal discourse, which is closely related to the discursive subject of a future citizen found in the context of moral discourse. As the following quote illustrates, adult life is again constructed as an end goal.

Quote 13. These subjects represent a huge opportunity to help our children and young people develop. The knowledge and attributes gained will support their own, and others’, wellbeing and attainment and help young people to become successful and happy adults who make a meaningful contribution to society. (DfE, 2019a)

Here, pupils are constructed as future ‘successful’ adults who are ideally going to be able to meaningfully contribute to British society. The successfulness is linked with personal knowledge and attributes gained through RSE. It is important to note however that the concepts of virtue, value, and character are closely connected with the ethos of society in which these concepts are shaped by public forces (Arthur 2005). In the context of this analysis, it can be argued that the ‘virtues’ discussed in the above quotes are based on a particular moral worldview that closely resembles neoliberal ideologies as to what constitutes an ideal citizen (e.g. achieving goals, persevering with tasks, productive, and successful).

However, there are issues with introducing virtues into sexuality education. For instance, ‘[t]eaching virtues has never featured in the research evidence on effective RSE and one worries about the message it would give children to teach that relationships are about self-sacrifice, rather than about equality and enjoyment, for example’ (Schools Week, 2018). Concerns have also been raised about the problematic nature of teaching specific virtues, such as tolerance and self-sacrifice, in the context of abuse, violence, and bullying (DfE, 2019j).

In response to concerns raised during consultation, in the final statutory guidance (i.e. The Guide) the term ‘virtue’ was mostly replaced with terms such as “character traits or personal attributes” (quote 10), such as those listed in quote 12. There is considerably strong emphasis throughout the data on character building through RSE. Although the documents do not specifically use the term ‘character education’ in relation to Relationship Education or RSE, there is a clear influence of this approach. These extracts illustrate that the formation of individual character is not constructed as a private or family matter but as a governmental concern. This reading is supported by the fact that political enthusiasm for character education is (re)gaining momentum in recent

decades in the UK with substantial amount of money being spent on supporting it (Curren, 2017).

For example in the 2001 White Paper there is an extensive section that discusses a form of education termed 'education with character' (Department for Education and Skills, 2001, [DfES] p. 27). The content of the White Paper is heavily echoed throughout the data corpus. For example, the White Paper emphasises that schools need to encourage pupils to be active participants in society, specifically in taking action on matters that affect them. Schools are also suggested to teach about the rights and responsibilities in British democratic society. In addition, it is proposed that schools need to create opportunities for pupils "to influence others through active involvement in both school and the wider community [which] will play an important part in helping young people to develop into active and responsible citizens" (DfES, 2001, p. 28). Quote 12 particularly mirrors these statements.

According to Arthur (2005, p. 240) , "[c]haracter education can be understood to be a specific approach to moral or values education and is consistently linked to citizenship education. Character is ultimately about who we are and who we become, good or bad". The purpose of 'education with character' is to impart specific virtues that ultimately transform into internal principles governing pupils' decision-making and consequently behaviour, in order to adequately operate within British democracy (Arthur, 2003). Thus, character education in England is profoundly linked with citizenship. Moreover, the extracts in this section show that within the approach to RSE, there is a strong emphasis on individual choice. Sexual and reproductive health related policies developed with the focus on individual choice are heavily critiqued as they often entirely disregard wider social and cultural factors (see Bay-Cheng, 2003; 2018; 2019; Cense, 2019; MacKenzie, Hedge, & Ensil, 2017; Morison & Herbert, 2019).

Importantly, defining a politically and morally correct sexual citizen is likely to be an impossible task (Bartky, 1990). It is rather problematic to clearly draw a distinction between the political, social, and personal (McLaughlin, 2016) in relation to such a sensitive aspect of life. This is not to say that it is wrong for teachers to share their view of what they constitute as morally good or bad. The issue here is that these documents, particularly The Guide, are open to a wide range of interpretations in terms of how to cultivate the desired personal attributes in relation to sexuality and, in the context of a lack of clear guidance, can mean that schools inadvertently engage in misguided moral

dictation or adopt biased and authoritative or even patronising approaches in their educational programmes (McLaughlin, 2016).

Moreover, it has been pointed out in the introduction that programmes rooted in neoliberal ideologies focusing on goals such as the formation of responsible sexual citizens, in which children and young people are encouraged to discipline themselves and strategically plan their behaviour to safeguard their own health and wellbeing, are strongly contested. This approach not only overlooks young people's perception of their own sexuality but also entirely disregards the societal, material, and contextual factors that contributes to health inequalities (Morison & Herbert, 2019).

4.3.3. RSE as containing youth sexuality within 'appropriate' bounds

Delaying the initiation of sex till the 'appropriate time' is a reoccurring notion in relation to youth sex in the data. However, it is not explicitly stated what are the specific reasons for delaying sexual activity or when it is considered being the appropriate time for youth to pursue their sexual lives.

Quote 14. Effective RSE does not encourage early sexual experimentation. It should teach young people to understand human sexuality and to respect themselves and others. It enables young people to mature, build their confidence and self-esteem and understand the reasons for delaying sexual activity. Effective RSE also supports people, throughout life, to develop safe, fulfilling and healthy sexual relationships, at the appropriate time. (DfE, 2019a)

As the above quote illustrates, the notion of delaying sex until the appropriate time is associated with young people's maturity – which further supports the idea of the emphasis on teaching about the law regarding age of consent. The ideas of readiness and delaying sex are linked to the developmental discourse. From this perspective, what is considered problematic may not necessarily be to have sex outside of marriage, as it would have been in the past. Instead, early sexual debut is implied to be an issue because it is developmentally early. Developmental discourse maintains that certain sexual behaviours (i.e. intercourse and anal sex) are considered adult-type behaviours (Cacciatore, Korteniemi-Poikela, & Kaltiala, 2019; McGinn et al., 2016).

From a developmental psychology perspective, reproductive maturity during puberty occurs earlier than emotional readiness to have sex (Cacciatore, et al., 2019). Accordingly, interest in sexual behaviour occurs prior to the development of emotional maturity needed for reciprocal and responsible sexual activities. Hence, too early sexual experiences are associated with various adverse outcomes (Cacciatore, et al., 2019).

Early sexual debut is often linked to negative health outcomes, such as: unintended pregnancy, STIs, and feelings of regret (Wellings et al., 2001).

However, as shown in quote 14, pupils are positioned as able to become rational subjects using the knowledge learned in effective RSE programmes to avoid such outcomes. In other words, they can develop insights about ‘reasons for delaying sexual activity’. It is assumed that young people can learn to make decisions in relation to sexual debut. By applying such knowledge in their own lives, young people can make wise choices (i.e. delay sexual activity) in relation to their sexual health. This points to the presence of a neoliberal discourse in the data in which young people are construed as needing to be given knowledge and skills to self-regulate the timing of sex. This individualised understanding of readiness overlooks the various social factors that shape sexual practices, such as: pressure, coercion, discourses related to what it means to be ready for sexual intercourse, including romance and virginity discourses (see Ashcraft, 2006; Symons, Vermeersch, & Houtte, 2014), and so forth.

As seen, the findings in this analysis show that information in terms of sexual health and sexuality is positioned firmly within the context of romantic relationships. As the extract below shows, the emphasis is specifically on “committed stable relationships”, particularly marriage (claimed to be a lifelong status). The Guide stipulates that the following content should be taught in relation to marriage and committed relationships:

Quote 15. that families are important for children growing up because they can give love, security and stability. ... that there are different types of committed, stable relationships. ... how these relationships might contribute to human happiness and their importance for bringing up children. ... what marriage is, including their legal status e.g. that marriage carries legal rights and protections not available to couples who are cohabiting or who have married, for example, in an unregistered religious ceremony. ... why marriage is an important relationship choice for many couples and why it must be freely entered into. ... the characteristics and legal status of other types of long-term relationships. (DfE, 2019a)

Families are said to be characterised by love and care. However, focusing on committed relationships, love, and marriage in RSE is not representative of the full range of relations, which can have different levels of seriousness, including casual and purely sexual relations, that young people recognise and potentially engage in (Powell, 2010). Furthermore, the idealisation of marriage as a haven overlooks the reality that much harm occurs within this context and may exclude children for whom this does not reflect the reality of their lives (Corteen, 2006).

Importantly, in discussing the best time to have sex, there are concealed moral judgements being made. The policy works to contain sexuality within marriage (or committed monogamous relationships). The implication is that the underlying message conveys that sex should occur when one is married/in a committed monogamous relationship. There is an implicit moral judgement about the best time to have sex and therefore 'experimenting' and casual sex are not acceptable within this construction, nor any type of relationship that is outside the bounds of monogamy.

Quote 15 also implicitly signifies the 'conjugalisation of reproduction' (Macleod, 2003) in which childbearing is culturally appropriate only within a marital alliance. Subject positions of the 'unwed mother' or 'solo parent' are affiliated with negative connotations in this discourse. Indeed, the nuclear family is privileged as ideal that is in opposition to the teenage parent/single mother/broken family, which are the implied family formations to avoid. Hence, these oppositional constructions are not considered as equally desirable life experiences (Macleod, 2003).

4.4. Deceptive allusions to empowerment

A strong emphasis is placed on building skills across the data, such as: self-efficacy; internet safety; how to seek help, how to take care of own health; how to refuse sexual activity; teaching about concepts such as healthy and respectful as well as unhealthy relationships, consent, and so forth. Within approaches to health promotion in which acquiring life skills are emphasised, building knowledge about health-related matters is combined with the need to develop a positive attitude to health and utilisation of various personal skills. This is claimed to allow individuals to overcome constraints, which promotes self-empowerment (Clarke, Yankah, & Aggleton, 2015). The advocacy of this approach is clear throughout the data.

The following quote shows that the aim of RSE is to develop skills to make informed choices with the intention to increase pupils' control over their own health. Therefore, it can be argued that the language used in the documents indicates notions of empowerment.

Quote 16. Schools will be encouraged to foster pupils' **self-efficacy** so that they can **manage risk** and gain the **knowledge** needed to make **informed decisions**, **form opinions** and **make choices** about their own and others' overall health and behaviour. (DfE, 2019i)

Through the knowledge provided in RSE programmes, schools are expected to empower their pupils to take control over their own health (i.e. manage risks). Therefore, the ideal pupils/young people are constructed as rational and responsible choice-making individuals. However, clear discussions of the empowerment approach is entirely missing from the documents. An empowerment approach is only indirectly referred to by alluding to aspects of the empowerment concept in which pupils are presumably encouraged to make their own choices based on their own needs, and therefore control their own lives. In contrast, achieving happiness and success are explicitly linked to the content delivered through RSE. In particular, happiness is repeatedly implied to be connected to the acquisition of specific knowledge and skills through the teaching of RSE. This is illustrated by the following quote.

Quote 17. We will ensure our work results in a clear understanding about the full set of knowledge and life skills that Relationships Education, RSE and PSHE should provide for young people to support them to be safe, healthy, happy and successful. (DfE, 2017)

The government's aspiration to enhance the happiness of its citizens through RSE is clearly communicated throughout the data. This finding reiterates that school based RSE is constructed as the mechanism to fulfil the desire to help young people to become ideal citizens (i.e. health conscious, rational, resilient, and happy). It should be noted that the concept of happiness or indeed the word 'happy' did not appear in the previous guidance policy for RSE (i.e. DfE, 2000).

Happiness, as a measurement of wellbeing, is increasingly becoming the focus of wide-ranging international health policy evaluations since the emergence of positive psychology at the end of the 20th century (White, 2015). The primary concern of happiness, in terms of the promotion of individual wellbeing, is often considered a social project by governments (White, 2015). As it is shown in the following quote, it is argued that the documents analysed here have implicit social and personal messages that are based on positive psychology.

Quote 18. To embrace the challenges of creating a happy and successful adult life, pupils need knowledge that will enable them to make informed decisions about their wellbeing, health and relationships and to build their self-efficacy. ... Relationships Education also creates an opportunity to enable pupils to be taught about positive emotional and mental wellbeing, including how friendships can support mental wellbeing. (DfE, 2019a)

These findings indicate that the subtle empowerment discourse within the documents not only emphasises the importance of delivering information to foster pupils' ability to

self-determine their actions within the constraints of their specific context, but also aims to convey information in order to structure a well-ordered society with utilitarian and paternalistic undertones. What this means is that although there are alluding notions of empowerment throughout the data, the government is rather explicit in terms of what pupils' right choices should be in order to foster happiness and wellbeing (e.g., steer clear of sexting, pornography, alcohol and other substances; delay sex; and avoid pregnancies and STIs).

Regarding policy interventions, often there is an "implicit assumption that people are making erroneous choices (rather than deliberately choosing to pursue goals other than happiness)" (Sugden & Teng, 2016, p. 6). Therefore, people need to be steered and nudged towards behaviour that presumably bring themselves and others happiness (Sugden & Teng, 2016). In terms of this analysis, it can be argued that to achieve societal happiness, the government draws on neoliberal discourse in which the aim is to guide pupils towards the presumed right choices through RSE.

These right choices are generally based on the letter of the law, without regard to whether young people want to engage in sexting, sex, or view sexually explicit material for example. In other words, the utilitarian stance suggests that in certain circumstances youth are required to sacrifice their self-interest given that this potentially increases general good (Seedhouse, 2009). As the following extract shows sexting is considered to be a behaviour that young people should not engage in regardless whether or not they wish to do so.

Quote 19. Some respondents also commented on the need for more teaching on mental health in RSE, with some highlighting the impact of relationships on mental health. Some respondents suggested that there should be additional information on the negative effects of pornography and sexting. (DfE, 2019j)

Quote 20. Sexting was one of the areas most frequently mentioned by respondents. In particular, the legal consequences of sexting for those aged under 16 was referenced in many responses. (DfE, 2018e)

In the data, it is declared that sexting negatively affects young people's health. Therefore, pupils should be taught about these as well as the legal consequences. Sexting is conceptualised merely as a behaviour that has adverse consequences as opposed to an experience related to modern dating. It has been pointed out that the recommendation in official documents of informing students about the law relevant to creating and distributing images of a sexual nature, is an approach that tries to prevent sexting rather

than teach about it (Dobson & Ringrose, 2016). Furthermore, this positions schools as an important instrument to enforce control in relation to sexting.

This reductionist approach to education around sexting has been strongly criticised as it tries to nudge young people to simply avoid sexting as opposed to challenging the sexist culture that makes sexting problematic and particularly risky, generally for girls (Dobson & Ringrose, 2016; Ringrose, 2013). Importantly, this approach constructs youth as self-regulating subjects who can be held responsible for behaviour that is considered criminal. The teaching of such narrow conceptions of behaviour in terms of sexting has particular negative implications (Dobson & Ringrose, 2016; Ringrose, 2013).

For example, the law seems to be a double-edged sword, as inciting a young person to be involved in sexting is a criminal offence, yet the creation and distribution of sexual images are also criminal offences. Thus, the law becomes blurred and people who are coerced into producing such images become criminals themselves, which also promotes victim blaming. Moreover, criminalising consensual sexting among young people further strengthens the discourse of sexual shame (Dobson & Ringrose, 2016).

It is important to emphasise that the approach to teaching the legality of sexuality (e.g. age of consent, law on sexting and pornography) offers only partial information to pupils without providing the exhaustive knowledge that they need in order to make actual informed choices regarding sexual health. This approach also has the tendency to potentially blame young people with poor physical/mental health in relation to sexuality. For this reason, I argue that the indirect references of empowerment in the data (e.g. building self-efficacy and making informed decisions regarding one's life) is merely a deceptive illusion as the intent is to persuade young people not to engage in behaviour that adults do not wish them to do so.

Spencer, Doull, and Shoveller (2008) highlight numerous issues in relation to the way empowerment is conceptualised within RSE in the English context. One of which is that discussions of empowerment in RSE in which young people are encouraged to develop their decision-making skills through building self-efficacy and knowledge are often ambiguous and seldom involve critical consciousness-raising that promote youth to determine their own sexual agendas that is consistent with their own interests. As discussed in this section, the empowerment discourse in the analysed documents are particularly vague. Most importantly, paternalistic agendas are disguised in notions of empowerment, which in turn continue to render it impossible for schools to provide

programmes that promote the kind of critical thinking that is needed for youth to determine their own sexual agendas.

4.5. Rights-based discourse

Although parental opposition to change curriculum initiatives are not unusual, sexual health education in particular creates issues for schools (Bialystok, 2018). Sexual rights, which specifically include the rights to sexual freedom, sexual health education, sexual and reproductive health services, and freedom from sexual coercion, is a relatively new term within the human rights discourse. It first appeared approximately two decades ago (Tiefer, 2002). It is important to emphasise that there is a distinction between protectionist (i.e. freedom from) and affirmative (i.e. freedom to) types of sexual rights. Advocating for the latter (e.g. right to sexual pleasure, self-expression, or sex and sexuality education for children) is considerably more challenging and controversial (Tiefer, 2002).

As Bialystock (2018) points out, no parents oppose to the aims of reducing teenage pregnancies and STIs, nor would anyone not wish to protect their children from sexual violence, abuse, assault, or bullying. Yet, many parents oppose sexual health education in schools because contemporary and progressive RSE programmes also allude to affirmative sexual rights. Therefore, the rights of children are in opposition of the rights of parents in cases in which parents are against school-based sexuality education. The following quote outlines the government's guidance on how this issue needs to be addressed from 2020.

Quote 21. Currently, when a school receives a parental request for their child to be excused from some or all of sex education, the school must comply with the request until the request is withdrawn. However, a **right for parents to withdraw** their child up to 18 years of age is no longer compatible with English case law or the European Convention on **Human Rights**. It is also clear that allowing parents to withdraw their child up to age 16 would not allow the child to opt in to sex education before the **legal age of consent**, to receive education designed to help them make good decisions and keep themselves safe and healthy before that point. The regulations therefore provide that a **parent will have a right** to request that their child be withdrawn from some or all of sex education which forms part of Relationships and Sex Education, and that the **pupil must be so excused** until the request is withdrawn, unless or to the extent that the head teacher considers that the pupil should not be so excused. The statutory guidance states that, before granting any such request, it would be good practice for the head teacher to discuss the request with the parent and, as appropriate, with the child to ensure that **their wishes are understood** and to clarify the nature and purpose of the curriculum. Once those discussions have taken place, except in exceptional circumstances, **the school should respect the parent's request** to withdraw the child, up to and until three terms before the child turns 16. At that point, if the child wishes to receive sex education, they should be provided with it in one of those three terms. (DfE, 2019h)

Throughout the documents, parents are constructed as “the primary educators of their children” (Dfe, 2018d) who should be involved in the process of programme development. As such, they can also override the wishes of their children to receive school-based education in relation to sex before they reach the age of consent – it should be noted that there is no clear indication of what sex education entails within RSE. Therefore, the construction of parental rights is framed within the idea that parents are entitled “to raise their children as they see fit” (Bialystock, 2018, p. 11). However, it is important to point out that the government does not attach further conditions to the withdrawal (e.g. evidence that appropriate sex education is provided for the child elsewhere).

Additionally, changes in Human Rights laws in relation to children’s rights are emphasised, yet not clarified. It can be argued that children’s and young people’s rights bear no substance. More precisely, the omission of explicitly stating that children have the right to education regarding sexual health, whilst clearly advising that ‘schools should respect the parent’s request to withdraw the child’, and stating that ‘pupils must be so excused’, entirely disregard pupils’ rights under the age of 16. It is clearly stated that ‘a parent will have the right ...’ yet no such statement is made in regards to pupils’ rights. Pupils’ wishes merely required to be ‘understood’ but not to be respected and granted. Therefore, the mention of Human Rights laws functions merely as a lip service in relation to children’s and young people’s rights.

Importantly, RSE in the above quote is linked with decision making in relation to keeping safe, especially once young people are legally allowed to have sex, as opposed to having the right to receive information about their sexual and reproductive health and developing sexuality in order to enhance sexual wellbeing. The focus is on protection from negative consequences rather than strengthening overall sexual health. It is evident in quote 21 that the rights for pupils to opt in to sex education against their parents’ wishes is linked to the concept of age of consent and competency. This finding is further supported by the following quote.

Quote 22. We believe the draft regulation preserves the parental right in most cases, but also balances it with the child’s rights, particularly once they are competent to make their own decisions. (DfE, 2019j)

A developmental discourse is clearly in play. The rationale here is that children are considered incompetent and immature to make rational decisions about sex before they

turn 16. Within the data, this assumption about such capacity is also linked to young people's capacity to make decisions in relation to their educational needs on sex. Given the presumption that sex takes place after 16 years of age, pupils can exercise their rights to receive sex education at a particular point in time. Up until such time, they may share their opinion but ultimately their parents can overrule children's wishes.

On the one hand, up until pupils' sixteenth birthday, children are not entitled to make their own decisions in relation to sex and therefore their rights to education are also compromised as they are considered incompetent to make rational decisions. On the other hand, they are expected to make a rational decision regarding whether they want to receive sex education well ahead of the arbitrary age limit of 16 to 'keep themselves safe and healthy'. Therefore, the developmental discourse is utilised to create the so called 'balances' between parental and children's rights.

Notably, reasons for withdrawal are not predominantly based on parental wish to educate one's child by the parents themselves on sexual matters, rather, as shown in the following extract, permission is granted based on value-laden justifications for the desire to opt children out from sex education.

Quote 23. In some cases, there is the potential for tension between the values and ethos of an independent school and the future requirements to teach RSE and Relationships Education in accordance with the new guidance. We expect this to affect mainly faith schools or schools serving faith communities. This is mitigated by the government's commitment to maintain the right of parents to withdraw their children from sex education within RSE. (DfE, 2019b)

The underlying assumption to allow parents to withdraw their children on value-based reasons (e.g. faith and religion) indicates that justification is granted on the bases of parental beliefs that school-based RSE is not in line with the perceived needs or interests of one's own children. This perception continues to maintain parental rights in the name of 'best interest' of the child.

As already discussed in this section, the fact that withdrawing children from sex education up to 18 years of age by their parents is 'no longer constitutional' is repeatedly stated in the documents. This is linked to changes in human rights laws (e.g. rights in relation to the entitlement to seek and receive information in relation to sexuality), yet how this affects children's rights in relation to compulsory RSE is not clarified. Instead, the data largely overemphasise parental rights to opt children out of parts of RSE. Thus, children's rights under a particular age are essentially pitted against those of their

parents: children's right to learn about sexual matters is in opposition to the parental right to child-raising as deemed appropriate according to individuals' values in relation to sexuality.

Additionally, although schools are constructed as the extension of the state in terms of ensuring that children's rights are respected, as discussed above, the right-based discourse within the data also inhibits this authority. Schools can overrule parents' wishes of withdrawal from sex education. Yet, it is stated that only in 'exceptional circumstances' (quote 21) schools can exercise their power to overrule parental wishes. The meaning of the term 'exceptional' is not elaborated on, which not alone places the responsibility of decision making on the shoulders of head teachers but also forces schools into the realm of political predicament – in which schools are expected to endorse parental rights as opposed to granting the wishes of children in relation to sex education.

4.6. Silences in the data

Silences in the data can be considered communicative and meaningful. Schröter (2013) points out that in political discourses, silences in specific contexts (e.g. policies regarding highly politicised matters) can be understood as a strategy of not having to address a sensitive issue. It can also be a way of manipulating the direction of public attention (e.g. foreground individual responsibility while remain silent about governmental responsibility) (Schröter, 2013). Therefore, I view silence as more than the omission of written word or the failure to include specific material in the policies. Rather, I focus the discussion on what might be achieved by considering the importance of the 'silences' found in the data.

As has been discussed earlier, schools are simply advised to build their programmes on facts and the law yet there is no guidance of what direction to take after laying down this foundational knowledge. There is a strong emphasis on risk prevention in the documents but suggestions for topics relevant to sex positivity is entirely missing. Furthermore, the topics of puberty and menstruation are advised to be taught in Health Education as opposed to incorporate these in RSE.

4.6.1. Sex positive discourse

Topics that imply affirmation and acceptance of sex related matters, such as: masturbation, pleasure, emotions, increasing bodily awareness, and learning to communicate about sex clearly and openly, all of which reassures that sex is neither

good or bad (Glickman, 2000; Ingham, 2014), is not discussed in the documents. The failure to integrate sex positive discourses within policy documents that are aimed to direct schools on how to develop their programmes implies that sex positivity is not an essential element of RSE. Importantly, the silence around open discussions about sexual pleasure and sexual activities fits well with the pattern of the findings in this paper. For example, pupils are expected to learn to be responsible citizens who are presumably not willing to engage in sexual activity before the age of 16.

Furthermore, talking about sexual pleasure is incompatible with the construction of youth as at risk in which sexuality is strongly tied to risks involving sexual activities. Therefore, remaining silent about the positive aspects of human sexuality or taking a positive approach to teach about sex, helps to emphasise the possible risks that must be avoided. However, the importance of the discourses of pleasure, desire, and emotions within progressive sexual health education programmes have been emphasised by many (e.g., Allen, 2011; Allen, 2013; Allen & Carmody, 2012; Allen, Rasmussen, & Quinlivan, 2014; Fine, 1988; Hirst, 2013; Lamb, 1997; Lamb, 2010; Sundaram & Sauntson, 2016).

Research in relation to the discursive silences around pleasure and desire in sexual health education programmes are predominantly undertaken by feminist researchers. The authors state that there is a growing acceptance of the value of incorporating pleasure, desire, and sex-positivity in our discussions with youth. Although, the discourse of pleasure is often tied with political aims and expected to perform various 'heavy' and 'hard' tasks that are perhaps "unrealistic goals" (e.g., dismantle the gendered views of sexuality, objectification, victimisation; and create sexual equality), such discourse is crucial (Lamb, 2014, p. 138). Indeed, Allen and colleagues (2014) argue that although in reality we do not completely understand how the inclusion of such discourses in the curriculum will work, we should not shy away from providing information about desire and arousal in the classroom.

Information that is relevant to the physiology of both physical and emotional sexual arousal, and voluntary and involuntary sexual arousal can raise awareness of what is expected and therefore 'normal' (Allen et al., 2014). This approach allows discursive spaces in which sex is not constructed as good or bad yet provides opportunities to address a wide range of topics that are considered both positive and negative. For example, consent and sexual abuse – vaginal wetness or penile erection do not necessarily mean that the person is willing to engage in sexual activity. However, sexual pleasure need not be limited to physiological function.

The sexual pleasure discourse should also include topics such as: emotional responses, how pleasure and desire are relevant to sexual and reproductive health, the social meanings of sexual pleasure, how it is related to power relations, as well as the more arbitrary relationship of pleasure with the exercise of individual agency and autonomy (Allen, 2013; Allen & Carmody, 2012). Moreover, “mystification and secrecy about sex and bodies may create the very circumstances that make hidden abuse more likely to be perpetuated” (Ingham, 2014, p. 74). Importantly, the vagueness or complete exclusion in discussing various forms of sexual activities (e.g., solo and mutual masturbation, oral sex) and pleasure from RSE, not only leaves pupils ambivalent about these aspect but implies (mostly for girls) that these aspects of sexuality are unspeakable and have negative connotations (Allen et al., 2014; Jackson & Weatherall, 2010).

4.6.2. Wider discourses around puberty and menstruation

Another finding in this analysis is that puberty and menstruation are not included amongst the topics that should be taught in RSE. Instead, both these topics are said to be covered in Health Education focusing on their ‘impact’ and ‘implications’ in terms of emotional and physical health:

Quote 24. The onset of menstruation can be confusing or even alarming for girls if they are not prepared. Pupils should be taught key facts about the menstrual cycle including what is an average period, range of menstrual products and the implications for emotional and physical health. ... Teaching about the impact of puberty, which will have started in primary school, should continue in secondary school, so that pupils are able to understand the physical and emotional changes, which take place at this time and their impact on their wider health and wellbeing. (DfE, 2019a)

Puberty and menstruation are constructed as biological forces that affect the cognitive functioning of the young person, which renders teenagers as merely bodies bound by their hormones. By foregrounding the ‘implications’ and ‘impact’ of puberty and menstruation and neglecting to bring awareness of the wider discourses around these topics, pupils are potentially blameworthy for their negative health outcomes. Accordingly, teaching is again left to focus on the potential risks. However, narrowing the teaching of these topics of human development to the ‘key facts’ and how the developmental changes affect the individual does not allow pupils to learn about the wider aspects of puberty and menstruation, including social and cultural factors.

Importantly, puberty does not occur merely on the personal level. Indeed, whether one experiences the various changes during puberty positively or negatively is contingent on

what those changes mean in the wider social context and how others respond to such changes (see Hayward, 2003). School teachers often limit their discussions about pubertal changes and menstruation to the necessary minimum due to their own discomfort and/or because of real or perceived discomfort of the students (Chrisler, 2013). Notably, it is unlikely that pupils will engage in serious discussions about the lived experiences of women in terms of menstruation and the menstrual cycle outside feminist classes (Chrisler, 2013).

Although females may talk to their gynaecologist about these topics, the focus is likely to be from the biomedical perspective, covering merely pathology and physical health (Chrisler, 2013). Moreover, beliefs and attitudes formed by historical and cultural stereotypes, stigma, customs, and myths about menstruation have a great influence on individual experiences (Chrisler, 2013; Thomas, 2007; Yagnik, 2019). Although myths and taboos about menstruation have generally diminished in Western societies, it is still frequently perceived negatively.

For example, negative attitudes towards menstruation such as: it is embarrassing, dirty, or annoying are likely to lead premenarchal girls to perceive menstruation as such, and in turn, negatively impact the experience of their menarche (Ussher, Chrisler, & Perz, 2020). Indeed, the medicalisation of women's bodies and how this discourse functions in terms of the legitimization and treatment of the 'problematic' physiological conditions that women might experience – during what is generally considered a natural function of the female body – is a particularly important issue that should be incorporated into the teaching of RSE.

4.7. Conclusion

I have discussed four interlinked discourses: (1) the factual legal discourse; (2) the hidden moral discourse; (3) the hollow empowerment discourse; and (4) the right-based discourse. I have shown that the legal discourse upholds the finding that the law is considered the foundation of programme development in relation to RSE. This factual legal discourse is however only seemingly impartial as it intersects with the developmental psychology discourse and consequently constructs children and young people in particular ways, which impact on their sexual subjectivity. The explicit pairing of the law with youth sex in RSE means that youth are also framed in the developmental capacity discourse that positions them as incapable and incompetent to make decisions regarding sexual conduct. By implication, 16 years is the so-called appropriate time to become sexually active, which ties in with the moral discourse.

The moral discourse is concealed through the intersection of the developmental and neoliberal discourses, which in turn constructs RSE in various ways. Importantly, the hidden moral discourse frames RSE as the mechanism through which the ideal citizen is potentially shaped as ideally responsible, law binding, risk avoiding, productive and successful. Although there is no blatant judgement on the morality of pupils' behaviour, this approach still performs a covert way of judging young people in an adverse manner.

Overall there is a distinct paternalistic agenda that both the legal and moral discourses work to accomplish, which renders any talk of empowerment mere lip service. The discourse of empowerment is particularly illusive when we consider that the constructions of young people include irrational/not yet rational and sexually immature. Therefore, they are not capable of making informed decisions and consequently need to be guided to become the 'ideal citizen'.

Correspondingly with the above-mentioned constructions, on the occasions that the empowerment and right-based discourses refer to the supposed good of young people (potentially capable of making informed decisions to improve their wellbeing and allowing them sexual rights) altogether lose their eminence. The right-based discourse echoes the discourses in which pupils' capacity is contested and parents' right to withdrawal from sex education is warranted. Consequently, primary and secondary age children's rights have no substance. The silence of sex-positivity and wider discourses around puberty and menstruation reinforce these effects.

Considering that remaining silent about the positive aspects of human sexuality and taking a positive approach to teach about sex, together with the focus on the individual in terms of the implications and effects of going through puberty, supports an authoritarian approach to sex education (Thomson, 1994). In the following chapter, a closing discussion brings together the findings, highlighting the discursive barriers that potentially interfere with the delivery of effective RSE. Furthermore, the subsequent discussion includes the practical implications of the findings, recommendations for future policy and practice, and the potential limitations of this thesis.

Chapter Five. Closing discussion

5.1. Introduction

The present study was designed to explore the discourses in governmental documents that are created within a highly politicised sphere of sexual health education. The primary focus of my study was to critically analyse documents published by the UK government that are relevant to the long-awaited reform of school based RSE in England. Importantly, the goal was to locate (potentially contradicting) discourses that may serve as barriers to providing adequate sexual health education that is relevant to the needs of young people.

This final chapter brings together the findings, highlighting the discursive barriers I located that may hinder the delivery of effective RSE. During the summary of the analysis, the discussion highlights the practical implications of the findings. In addition, I present recommendations for future policy and practice, as well as considering the potential limitations of the study.

5.2. Summary of findings

The findings show that the legal discourse emphasises that the facts of the law ought to be the guiding principle in terms of knowledge needed to guide pupils to make informed choices in relation to their sexual health and relationships. In the context of sex and sexuality, schools are advised to create content based on the applicable laws, such an approach however can be considered as a covert use of the letter of the law to govern young pupils' actions. The teaching of the law in RSE serves as the mechanism to instruct children and young people about 'their rights and responsibilities as citizens', in which context, young people should not become sexually active before the age of 16.

Although the aim is not to criminalise sexual activities that occur between mutually consenting, similar-aged young people under the age of 16 (DfE, 2018c), consensual sexual activity under the age of 16 is considered as breaking the law and can result in judicial consequences (Legislation UK, n.d.-c). Graham (2018, p. 163) highlights that although "[m]ost such law-breakers are not currently prosecuted, it cannot be right that their freely given sexual consent is deemed illegal". Notably, consensual sexual activities regarded as illegal may be concealed from health workers for fear of being litigated, shamed, or stigmatised (Kismödi, Cottingham, Gruskin, & Miller, 2015; Yarrow, Anderson, Apland, & Watson 2014).

Considering that the law and young people's realities are often incompatible (Thomson, 2004), I emphasise that by drawing on the legal discourse around sex and sexuality in the context of RSE provision, especially in terms of legal definitions of sexual offences, age of consent, and the rightfulness of marriage, teaching will continue to have little reference to pupils' lived experiences. Importantly, I argue that the pairing of legal discourse with youth sex and sexuality essentially transforms the role of law and RSE in young people's lives from a supportive facet to one that condemns pupils' sexual behaviour.

The findings also show that youth sexuality is implicitly framed within a capacity discourse. Youth are positioned as incapable and incompetent to make decisions regarding sexual conduct prior to age of consent; they are also considered too immature to comprehend specific information in relation to sexuality and relationships. Against this background, the developmental discourse within the legal discourse is mobilised in such a way that allows schools to renounce the responsibility of teaching sex education and supposedly 'sensitive topics' (e.g., sexual diversity and sexual orientation) until secondary school. Therefore, this leaves primary school-aged children unenlightened about sexual matters, which is inconsistent with the evidence, as research shows that an important characteristic of effective programmes is that they start early in childhood (Kirby, 2009; Kirby et al., 2007).

In opposition to the construction of the children and youth as incompetent and immature to make independent decisions, I noted that pupils are expected to overcome their alleged incompetency through knowledge acquired through RSE, and so become rational and responsible individuals. I highlighted numerous issues with the neoliberal mode of governance related to responsabilisation and I argue that such an approach to teaching RSE further strengthens the already dominant pathology and deficit focused discourse of youth sexuality (Jearey-Graham, & Macleod, 2017; Kelly, 2001; Morison & Herbert, 2019).

The above finding is further supported by the covert moral language identified in the data. The hidden moral discourse in which aspects of youth sex and sexuality (behaviours, living conditions, choices, attitudes, or values) – that may once have been described as *morally* inappropriate – are articulated in terms of young people's *developmental stage*, which is seen as opening them up to risk (Morison & Herbert, 2019). The intersection of developmental and neoliberal discourses found is apparent

in three constructions of RSE as: (1) protecting young people from risk; (2) preparing future citizens; and (3) containing youth sexuality to an 'appropriate' life stage.

I have shown that positioning pupils as incapable of making the 'right' decisions for themselves, renders them as 'at risk'. Consequently, they need to acquire specific knowledge and character to help them resist the potentially negative influences in relation to sex and sexuality. These constructions have multiple unfavourable real-life implications for young people. There are several negative results of such discourses.

Firstly, adult stakeholders in RSE provision (i.e., teachers, parents, and policy makers) will likely find it difficult to construct youth sexuality as anything but risky. Secondly, pupils incapable of, or resistant to adopting the role of rational, responsible, resilient, and virtuous subjects, are considered at-risk. This positioning implies personal deficiency rather than considering social and cultural factors beyond individual control. Thirdly, RSE content will likely omit teaching about the wider context of sexuality relevant to decision making and the positive development of sexuality. Finally, the implicit moral judgement of when and how sex should take place means that 'experimenting' and casual sex are not acceptable within these constructions, nor any type of relationship that is outside of the bounds of (heterosexual) monogamy.

As regards the prominent empowerment discourse, this echoes Spencer and colleagues' (2008) findings which showed "thorny problems surrounding the notion of empowerment" in relation to the conceptualisation of empowerment both in policy and practice. In the context of the current political climate around RSE policy development, I maintain that the empowerment discourse evident in the data is rather deceptive. RSE is designed to fulfil the state's desire for young people to become health conscious, resilient, responsible, law abiding, and self-regulating future citizens, rather than enabling individuals to determine their own sexual agendas. Thus, while the proposed RSE curriculum should promote the ability to make informed decisions about one's own sexual health and life, notions of empowerment merely disguise a paternalistic agenda.

In terms of programme development, teachers involved in RSE are considered knowledgeable professionals and as such, they are trusted with the development of RSE agendas. However, researchers (e.g. Abbot et al., 2016; Alldred & David, 2007; Alldred & Fox, 2019; Corteen, 2006; Wilder, 2018) strongly emphasise that, in practice, school teachers are generally not the most appropriate choice to be responsible for the development of their schools' RSE programmes and relevant school policies. Besides

the fact that teachers are not sexual health experts and adequate training is not provided for them on the subject (Corteen, 2006; Sex Education Forum, 2018), I found that schools are expected to carry out particularly challenging and demanding tasks. Schools are expected to develop the mandated RSE programmes on their own while navigating the hidden agendas in governmental documents.

In order to fulfil the duty placed on them by the state, they need to be simultaneously attuned to pupils' and parental (potentially contradictory) needs, wishes, and rights in terms of RSE. These obligations are complex and challenging. In arguing for expert-led curriculum design, I do not suggest that teachers and other key stakeholders should not be involved in the development of RSE content, but that this should occur within clearly defined bounds, as I discuss further below.

A crucial factor in the successful implementation of policies and actualisation of the curriculum is teachers' ability to put them into practice (Bialystok, 2018). While policy constructs teachers as the knowledgeable experts who know best how to cater to the best interest of their pupils, in practice teachers are faced with numerous problematic concerns – especially when left without explicit and definitive guidance in terms of RSE content development. Thus, limiting governmental accountability by shifting the responsibility to schools for resolving potential conflicts related to RSE content and delivery creates a high risk that schools will ultimately design and deliver programmes that are not in step with young people's realities and therefore irrelevant and ineffective. This may be further compounded when we consider that pupils are constructed as not yet being entirely rational and responsible individuals. Therefore, it can be argued that when left to teachers to create the curriculum, they may not feel the need to take pupils' views into consideration.

In addition, the state's rationale for sex education is undermined by forcing schools into the realm of political predicament in which they are required to endorse parental rights to opt children out of 'offensive' parts of RSE, especially when the government does not attach further conditions to withdrawal (Bialystok, 2018). Allowing parents to withdraw their children from sex education without the requirement of providing adequate alternative sex education elsewhere, undermines the necessity of such education. Importantly, allowing parents to withdraw their children from the opportunity to acquire a critical understanding of identity, sexuality, pornography, consent, and diversity, has potential adverse effects for the child as well as for others (see Bialystock, 2018).

5.3. Closing reflection

As part of assuring the rigour and quality of my research, it is essential to consider my role as researcher. As a qualitative researcher, my subjectivity, feelings, and assumptions are particularly important to be aware of throughout the research process. Without maintaining continuous reflexivity, the rigour and trustworthiness of my research would be questionable (Finlay, 2002). Therefore, I recognise that my assumptions and thinking throughout the research process need close consideration.

It would be naïve to claim that my enthusiastic conviction for progressive and sex-positive school-based RSE did not influence my research process, especially during the analysis phase. However, I would argue that this did not come at the expense of the findings in this study. Indeed, similarly to Ian Parker's (1999) viewpoint, I consider such conviction as an "active rebellious practice" that drove my analytical process to create "spaces of resistance" to combat the discourses that do serve as barriers for youth centred school-based RSE (as cited in Harper, 2003, p, 78).

In terms of the analytic process, a frequent criticism of discourse analysis is that codes and discourses do not simply 'emerge' from the data, rather they are constructed by the researcher. Therefore, the analytic choices of the researcher shape what is produced (i.e., the findings) (Harper, 2003). I became aware that my codes as well as the connections between these categories evolved considerably. I focused and refocused on a range of connections between codes at various points in time during the process of analysis. Ultimately, I made a systematic selection of discursive constructions that I believed are most important to answer my research questions. Again, during supervision meetings, these decisions were thoroughly discussed, which served as a measure to keep me grounded in the data as opposed to being distracted by my personal views. Therefore, the discussions during supervision meetings throughout the analysis process, and indeed in the course of the entire research process, helped ensure that my research maintained the quality that is required to conduct a robust research (Finlay, 2002).

In addition, considering that the focus of my research is related to a current event, documents in relation to the reform may have continued to be released by the government following the end of data collection period. Therefore, it is possible that if I did not have to adhere to a specific time frame, additional documents could have been included to my data. However, more data does not necessarily lead to substantiate meaningful and significant claims (Tracy, 2010). During data collection, I gave serious consideration to whether the documents collected would provide enough data for

meaningful analysis, which was also discussed with my supervisor at the time. There was a collectively affirmative decision in terms of the adequacy of the 13 documents selected for analysis.

Due to my active as well as implicit choices throughout the research process, and how I interpreted the discourses I identified, means that the outcome of my analysis can be viewed as a construction rather than the results deemed as factual reality. However, as pointed out in chapter 3, poststructuralists argue that meaning is not understood as fixed and stagnant, but rather, it is dynamic, provisional, and contextual. Importantly, the findings I developed are systematic, which clearly linked to existing research and theoretical ideas in the current literature. Importantly for me personally, discussions with and feedback from my supervisor; working with youth as a sexual health educator; and discussions with other professionals at conferences both in New Zealand and England (including a recent conference in London on effective implementation of the new guidance policy) concurrently helped alleviate ambiguity during every phase of my thesis and consistently enabled me to be critical of my analytic process.

5.4. Recommendations for practice and future policy: implementing change

A good empirically supported theory (i.e. acknowledged, coherently described, and available to scrutiny) not only increases the likelihood of success of our intervention, but also offers an essential framework to help develop truly beneficial programmes that will avoid doing inadvertent harm (Stephens, 2008; Wight, 2008). Such a theoretical foundation is largely lacking in current RSE initiatives, which do not clearly state the proposed mechanisms by which the intervention is meant to work. Instead, various ideological assumptions and underpinnings were located within each discourse, for instance regarding children's capacity to consent or understand sexual issues. Going forward, a clear and good theoretical framework would also provide the important frame of reference that allows appropriate evaluation criteria for the intervention (Stephens, 2008; Wight, 2008).

Therefore, it is recommended that future policy on RSE must be established on a solid foundation of a good empirical theory. For example, Morison and Herbert (2019) recommend a distinctive theoretical perspective, the Sexual and Reproductive Justice Framework, in which the focus is both on rights and justice, which in turn conceivably precludes the inclusion of veiled morality and covert stigmatisation that are often deployed in policies in relation to reproductive and sexual health strategies. The Sexual and Reproductive Justice framework approach not only amplifies the importance of rights

but also focuses on contextual specificities of health inequities in relation to sexual and reproductive health (Morison & Herbert, 2019).

Such a framework would allow teaching about puberty and menstruation (topics currently overlooked in RSE) that is grounded in the social context. Significant attention could be taken to discussions regarding the meanings (to *both* boys and girls) related to transitioning through these developmental phases in a positive manner. Teaching should also focus on whether these meanings are comparable between girls and boys. Critical discussions should be encouraged that highlight the potential implications of these differences. In addition, I suggest that RSE guidance policy should also emphasise how the meanings associated with positive experiences, pleasure, sexuality, sex, puberty, and menstruation may be influenced by religion, cultural beliefs, or other societal factors (e.g., medicalisation, gender, disability, sexual orientation, politics, discourses related to sexuality like romance and virginity, and meanings around condom use).

Crucially, schools need more governmental support in terms of training teachers in all aspects of RSE, such as: programme development, sourcing materials and resources. Support is also needed in relation to programme delivery and within it preparedness for pupils' questions; policy development; and parental involvement. As Dobson (2019, p, 59) emphasises, it is certainly "not enough to merely direct [schools] to websites". She points out that it is especially problematic because such websites are often scrutinised by the media (e.g. negative reporting such as public shaming of programme creators, antagonising, or sensationalising), which in turn creates panic amongst parents. Ideally, the government should bring together an RSE Unit comprised of various health, educational, and academic professionals specialised in sexual reproductive health promotion who can offer schools the necessary resources, free of charge, to deliver beneficial programmes effectively.

In terms of parental rights to withdraw children from parts of RSE, greater efforts are needed to ensure that pupils' right to opt in to sex education is upheld and protected regardless of their age. Policy on RSE needs to clearly define pupils' sexual rights, especially in terms of children's rights to seek and receive information and education in relation to sexuality and sexual health. The new guidance policy (i.e., The Guide) clearly states that schools need to actively involve parents in the development of RSE curricula, which is encouraging.

Nonetheless, parental engagement must not mean that parents would have ultimate decision-making power over schools and sexual health experts. Instead, such engagement offers an opportunity for schools to engage in a constructive dialogue with parents, which amongst other benefits, will help build and improve trust between these stakeholders (Alldred, Fox, & Kulpa, 2016). Future policy should clearly provide an argument for the importance of parental involvement in school based RSE. Reinforcing such endeavour, rather than privileging parental rights to opt children out of sex education, the focus should be on parental rights to be involved in RSE.

The benefits of increasing parents' familiarity with the curriculum that is delivered to their children should be explicitly stated both in governmental and school policies. These benefits are not only relevant to the effectiveness of the programmes, but also have wide-ranging positive implications for young people's sexual socialisation. These positive effects include: (1) increase in the school's confidence in delivering the subject; (2) creating transparency about what is taught; (3) increased trust in the school's approach, which potentially can reduce parental withdrawal of children from RSE; (4) stimulation and improvement of communication parent-child and between caregivers about sexual health topics at home; and (5) improvement of parents' health literacy (Alldred, et al., 2016).

Importantly, the persistent tendency to construct youth sexuality as risky and dangerous, potentially neglects the fact that children and young people need to establish a positive view of sexuality in order for them to enhance their sexual wellbeing and sexual identities (Powell, 2010). Thus, the UK government should not recoil from establishing a truly progressive policy on RSE that clearly caters for the affirmative type of sexual rights of children and young people.

5.5. Conclusion

In conclusion, this is the first study to investigate the discursive barriers in the context of the contemporary educational reform of sexual health promotion in England. My overall aim during the research process was not to tell the reader of '*how things are*' but rather suggest to '*consider things in a certain way*' in order to bring to light and theorise the underlying assumptions of specific discourses that potentially hinder the delivery of effective RSE. In this analysis, four common discourses are deployed: (1) legal, (2) moral, (3) empowerment, and (4) rights-based discourses.

These discourses are not distinct from one another. In particular, the legal and moral discourses are complementary, they both have corresponding aims in terms of implicitly trying to control youth behaviour. These discourses however do not align with the empowerment nor with the discourse regarding children's sexual rights. Importantly, as the moral and legal discourses keep on echoing in the other two discourses, any talk of empowerment is particularly hollow, and the concept of youth rights is without substance.

Although making Relationships Education and RSE compulsory in all schools is a commendable progressive measure, several underlying discursive issues remain firmly in place that hinder the possibility to establish an approved curriculum for RSE. As discussed in chapter 1 in the context of the history of British sex education, we continue to experience *Deja-vu* (Hall, 2009). Due to the intertwinement of legal and moral discourses in the context of youth sexuality, we are still being held back from the possibility of delivering truly progressive sexual health education. My findings suggest that a clear, theory-based, and officially endorsed guidance on how to deliver effective, holistic school-based RSE, that also refrains from any form of governmentality through which young people's sexual behaviour is controlled and/or managed, remains to be determined.

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