

Developing sexual competence? Exploring strategies for the provision of effective sexualities and relationships education

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Developing sexual competence? Exploring strategies for the provision of effective sexualities and relationships education

School-based sexualities and relationships education (SRE) offers one of the most promising means of improving young people's sexual health through developing 'sexual competence'. In the absence of evidence on whether the term holds the same meanings for young people and adults (e.g. teachers, researchers, policy makers), the paper explores 'adult' notions of sexual competence as construed in research data and alluded to in government guidance on SRE, then draws on empirical research with young people on factors which affect the contexts, motivations and outcomes of sexual encounters, and therefore have implications for sexual competence. These data from young people also challenge more traditional approaches to sexualities education in highlighting disjunctions between the content of school-based input and their reported sexual experience. The paper concludes by considering the implications of these insights for developing a shared notion of what SRE is trying to achieve and suggestions for recognition in the content and approaches to SRE.

Introduction

This paper starts from a position of accepting national (UK) survey evidence and government guidance (DfES, 2007) that school-based sexualities and relationships education (SRE) offers one of the most promising means of improving young people's sexual competence and levels of safer sexual practice. It also supports the view that the design and implementation of these programmes warrant high priority if they are to exact sufficient impact to improve the sexual health and wellbeing of young people (DiClemente, 2001). Whilst there is no 'one fits all' programme, it would seem logical that SRE should be underpinned by a clear conceptual framework that has evolved through consultation with young people on what SRE is trying to achieve. A contrary tendency is that 'too many schools do not base their curriculum' on students' needs (OFSTED, 2007, p.2) and rely on more traditional approaches which are derivative of anachronistic sex education programmes that have not been designed for or with the specific students whose needs it aims to serve. As one 16 year old research participant (Hirst, 2004) commented:

... they give us same thing year after year, just roll it out, ignore what we want or what we're like. Serena

Furthermore, the conceptual framework, or set of ideas, which underpins programmes of SRE is far from clear. Policy and practice guidance on SRE (see DfEE, 2000) inheres recommendations (though not explicitly stated as such) to improve sexual competence through setting out 'issues' to be covered in SRE such as contraception,

delay, sexually transmitted infections (STIs), safer sex and abortion, (p.14-18); develop skills (of say assertiveness); and become 'effective' users of services to prevent STIs and HIV. However, there is a conspicuous failure to define terms or, more importantly, acknowledge the potential for varied meanings of concepts such as 'sexual health' or 'safer sex'. This raises questions of how SRE programmes can be effective and how effectiveness can be measured, if there is no explicit or shared sense of exactly what it is that SRE is trying to achieve. For instance, meanings of 'safer sex' range from the reductionist (e.g. safer sex as equal to penetrative sex with a condom) to the more holistic that configure safer sex as including issues of self esteem, pleasure, and lack of regret (as discussed in more detail below). These differences in meaning are significant to the resultant content of SRE. A reductionist definition of safer sex might warrant no more than instruction on how to put a condom on a penis. In contrast, a more holistic notion of safer sex requires consideration of numerous contextual and individual, psychosocial mediators. This is illustrated later in the article through data from research with young people which highlights that traditional, reductionist approaches which focus primarily on the mechanics of vaginal intercourse and reproduction are flawed in so many ways that they have little potential to enhance sexual competence and improve sexual health.

These data prompt scrutiny of who is involved in designing SRE and the meanings it constructs for young people's sense of self, agency and ultimately, power to promote sexual health. In a time described by the UK Government's House of Commons Health Committee as witnessing a 'crisis in sexual health' (Evans, 2006, p.236) and given two decades of research and improved understanding of what 'works' in sexualities education, problems remain in accounting for SRE programmes that have resisted change nor heeded advice on providing input that has real potential to impact on young people's abilities to protect their sexual health. These issues were brought to the fore in a knowledge synthesis meeting on the effects and effectiveness of sexualities education convened in Pretoria, South Africa, and indeed provided the impetus for the paper. Among numerous themes, colleagues explored approaches that shed light on the processes by which 'sexual competency' might be best understood and developed. In looking at a range of different contexts (geographic, in and out of school), the salience of cultural mores to what was permissible and realistically achievable in sexualities education reaffirmed the case for input that is specifically

tuned to the expressed needs of the target group. This paper develops these ideas further by taking ‘sexual competence’ as a starting point and considering what it might mean from a range of perspectives and how support for achieving ‘sexual competence’ might be fashioned in classroom based SRE.

The paper is shaped by insights from a small-scale investigation conducted in a city in the north of England. Given the absence of a definition of ‘sexual competence’ in government guidance or policy documents on SRE and PSHE, as noted above, the paper begins by offering suggestions for what might be understood by the term ‘sexual competence’ in relation to definitions of sexual health. Discussion goes on to explore ‘sexual competence’ as conceptualised in research articles and government guidance on SRE and PSHE, then draws on data from a project involving conversations with school students on their sexual practices, what they needed in SRE and what was made available to them. These data help to enhance understandings of the contextuality and diversity of young people’s sexual practices and problematize more reductionist representations of teen(age) sexuality that can inform more traditional/mainstream, political and academic debate about SRE. The paper concludes by considering the implications of these insights for devising a shared notion of ‘sexual competence’ and recognition in the content of SRE.

Method and study participants

Participants in the study were age 15-16 years and comprised 11 female students (1 Pakistani, 4 Somali, 2 African-Caribbean, and 4 white) and 4 male students (2 Pakistani and 2 white). They attended the same secondary school, and with one exception, came from working class backgrounds. The study sample was purposive insofar as it specified a particular age range (14-16 years), and sought to include young women and men of different ethnic backgrounds, and with a range of sexual attitudes and experiences. The school staff selected a year form group that was felt to best satisfy these criteria. The resultant participants represent those who volunteered following an initial invitation to the whole form group. This particular school was involved following a direct invitation to the head teacher whose consent was influenced by previous successful working when the researcher was employed as the city’s advisory teacher for sexuality and HIV education. Methods included a series of

focus groups, and whole group, small group and individual un-structured interviews conducted ‘as conversations’ (Kvale, 1996). All participated in at least two focus groups, a whole group interview and one small group / individual interview (minimum 4 hours total), with some involved in an additional two (2 x 1 hour) individual interviews. Data elicited were corroborated by observations conducted in sex and relationship education lessons, policy document reviews and interviews with key teaching staff. The research strategy aimed to foster trusting relationships with participants so as to facilitate understanding of everyday worlds from their standpoint (Smith 1988). All interviews were carried out, transcribed verbatim and analysed by the author of this paper. Data were analysed on the basis of dominant themes and discrete categories of meaning (Wertz, 1983). Descriptions of ethnic identity are those chosen by participants. Pseudonyms are used throughout.

The meanings of sexual health and sexual competence

In order to clarify how notions of sexual health articulate with sexual competence it is useful to look at how policy makers define sexual health, at global and nation-specific level. National and regional sexual health documents in the UK tend to draw on the World Health Organisation’s definition:

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).

The national strategy for sexual health and HIV in England echoes the WHO definition in acknowledging the social and emotional aspects of sexual health and similarly upholds the entitlement to specific human rights:

Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease. (DH, 2001)

The reference to ‘sexual fulfillment’ is a development on previous, more negative definitions that were more disease and problem focused, but does not go as far as the WHO definition which ‘requires a positive ... approach’ and the possibility of

‘pleasurable’ sexual experiences. It is also notable, as Evans (2006) points out, that the subsequent strategy *Implementation Action Plan* (DH, 2002) makes no reference to ‘sexual fulfillment’. In a similar vein, other documents on the implementation and evaluation of sexual health initiatives, such as, *Guidance on sex and relationships education*’ (DfEE, 2000) and government inspections of PSHE (OFSTED, 2007) and SRE (OFSTED, 2002), do not define sexual health, nor stipulate a requirement to do so. Optimistically, this permits individual schools to define sexual health for themselves and construct their own framework of practice specific to students’ needs. Less hopefully, it does not require schools to define their conceptual framework or consider the relationship between theoretical ideas and practices. The latter scenario is more likely in schools which rely on more traditional, disease and problem focused approaches since these have an enduring and immutable legacy in essentialist and positivistic models of sex education (Hirst, 2005). There is evidence to suggest that these approaches are not effective in bringing about risk reduction (UNAIDS, 2001) and successful initiatives are those underpinned by more positive conceptions of sexual health and which acknowledge the positive and pleasurable aspects of sexual identity and practice (Boyce *et al*, 2007). In other words, a sex positive approach, as embodied in the ensuing consideration of ‘sexual competence’. Such an approach encapsulates the WHO definition of sexual health with a central tenet being the right to pleasure alongside physical, emotional, mental and social well-being.

‘Competence’ refers to the ‘ability, skills or knowledge to do something successfully’ (OED, 1998). Because of the importance of practices and outcomes to qualifications of sexual health, I apply the term here in positing ‘sexual competence’ as referring to the ability to be involved in sexual practices with successful *processes* and *outcomes*. The meaning of ‘successful’ will of course be subjective and therefore variable, but, in the context of SRE which aims to protect sexual health, I offer some qualifications to frame the discussion on what SRE might aim to achieve. To address *outcomes* first, a successful outcome would be a positive sexual experience. This is suggested as one that reflects the WHO definition of sexual health but more specifically, does not threaten sexual health in the physical sense of avoiding sexually transmitted infections and allows one to exercise choices over conception; and in the emotional sense of having enjoyed the experience through deriving pleasure and minimal or no regret.

Though the idea of including pleasure in SRE is contentious, there is convincing evidence of health benefits from positive sexual experiences (Hirst, 2007).

Regarding *process*, these outcomes naturally intersect with the interactional process between the individuals involved insofar as pleasure and/or no regret might derive from participation in a process of sexual practice that is chosen, satisfying, and involved emotional connection and negotiation over non-penetrative safer practices or the effective use of condoms. Overall, it would meet the desired outcomes and honour the rights of all involved. In more negative terms, a 'positive' outcome would exclude post-sex worries over contracting STI and/or conception, having no regrets over the person or circumstances in which sex took place, and having not been coerced or acted against one's will. There is also the outcome - more likely at the start of sexual careers and/or beginnings of a relationship – where a sexual encounter might be emotionally desired and enjoyed but not yet physically pleasurable (because of naiveté in technique, for instance) but nevertheless judged as positive overall. These relative variations are important to highlight in order to resist a sense of competence in research enquiry that is absolute, i.e. either 'achieved' or 'not achieved'.

These suggestions for what sexual competence *is* are not intended to minimise the difficulties inherent in achieving it. Sexual practices result from a complex interplay of various prior and *in situ* social, cultural and historical contexts and biographies, which vary in and between individuals and relationship formations. In addition to bringing these variables to sexual interactions, as Ingham and van Zessen (1997) emphasise, it cannot be assumed that individuals will act rationally or routinely on the basis of knowledge, attitudes, intentions or perceived risk. In this frame, attention is focused on understanding the complexities and dynamics of the interactions between individuals in producing sexual behaviour. Such questions of *why* behaviours occur given specific contexts, relations and interactions are hugely important but represent a bigger conundrum than can be addressed here. My interest here is on that aspect of the sexual health equation that can be influenced by sexualities education. SRE can do little to influence the contexts for sexual practice or the prior biographies that mediate sexual conduct. However, SRE can influence the outcomes of sexual practices by providing young people with knowledge and skills that enhance their opportunities for enacting agency (Morris, 2005). While knowledge alone is not enough, it is a

prerequisite, and research has demonstrated a 'significant positive relationship between knowledge and practice over time' (Kippax & Stephenson, 2005, p.368). As data from young people will illustrate later in the paper, SRE is also salient to young people's sense of self and in turn their faith in personal abilities to strive for practices of their choosing. Thus it becomes all the more important that students and sex educators have opportunities to discuss meanings and understandings of 'sexual health' and the concept of 'sexual competence' since, to reiterate a point made earlier, this underpins what their SRE programme is trying to achieve.

The next section continues discussion of notions of sexual competence through analysis of government documents on SRE and improving sexual health advice and services, and recent academic research.

Sexual competence, government guidance and research

While sexual competence is assumed as a goal of SRE, it does not follow that sex educators and students have a shared sense of meaning. There is a lack of evidence from either students or teachers on what the concept might mean or how it might be defined. The ensuing section explores the notion of sexual competence as construed in national survey research literature and alluded to in UK government documents on SRE and related sexual health services.

No definition of sexual competence was found in UK government literature on sexual health, education or service provision, for example, in documents such as the National Strategy for Sexual Health and HIV (DH, 2001), Guidance on Sex and Relationship Education for Schools (DfEE, 2000), Extended Schools: Improving Access to Sexual Health Advice Services (DfES, 2007) and related documents (see DH, 2004; Ofsted, 2007, 2002). However, results from the second UK National Survey of Sexual Attitudes and Lifestyles (NATSAL II), which was partly funded by the Department of Health, offers measures for sexual competence which have some significance for SRE. From evidence involving 11,181 participants, Wellings *et al* (2001) constructed measures for sexual competence derived from variables on the reasons for and circumstances surrounding first intercourse. These are:

- (1) absence of regret,
- (2) willingness (not under duress),

- (3) autonomy of decision (a natural follow on in the relationship, being in love, curiosity), as opposed to non-autonomous (being drunk or peer pressure),
- (4) reliable use of contraception.

These four categories could be seen to minimise the plethora of factors involving in mediating sexual conduct. Indeed, they owe much to the previous work of authors mentioned above (e.g. Ingham, 1998; Ingham & van Zessen 1997) who have conceptualised competency in more nuanced and complex ways. It is difficult to judge, for instance, whether pleasure is simply unrecognised in Wellings *et al's* typology of competence or whether pleasure is taken as implicit to subjective understandings of other categories such as regret or willingness. Nevertheless, the Natsal II findings provide insights useful to thinking about the content of SRE.

Notwithstanding that these are researcher defined measures and therefore not necessarily akin to young people's conceptualisations, according to Wellings *et al*, sexual competence (where all four of the above factors are reported) has increased over the past 30 years, and found to be inversely proportional to the age of first intercourse. Ninety one per cent of girls and 61% of boys who had first intercourse aged 13-14 years were not sexually competent and most likely to express regret; and those whose main source of sexual education was from school were more likely to be sexually competent and delay first intercourse to a later age. Although these statistics are a product of externally constructed measures (i.e. not defined by young people), they support the need for school-based sex education and mirror findings from other studies that young people require information and guidance before becoming sexually active (see Buston & Wight, 2002).

In addition, the Natsal II data signal some essential components for SRE because factors most closely associated with lack of competence and sexual risk-taking, such as, effective contraception use and avoiding regret, appear to be those most amenable to intervention via SRE and Personal, Social and Health Education. The DfEE guidance on SRE (2000) does not name or address sexual competency directly, but alludes to some of the competencies in the Natsal II research. For example, the competencies (1) absence of regret, and (2) willingness (not under duress) are implicit

in the DfEE advice that secondary pupils are given ‘...a clear understanding of the arguments for delaying sexual activity and resisting pressure’ (p10), ‘... learn the reasons for delaying sexual activity and the benefits to be gained from such delay; and the avoidance of unplanned pregnancy ’ (p.5). The competency (no.3) of autonomous decision making (as opposed to non-autonomous - being drunk or feeling under pressure) is loosely addressed in the advice to ‘link sex and relationship education with issues of peer pressure and other risk taking behaviour, such as drugs, smoking and alcohol’ (p.10); and the competency (no. 4) of reliable use of contraception is alluded to in the assertion to ‘provide young people with information about different types of contraception, safe sex and how they can access local sources of further advice and treatment’ (p.10).

While this guidance is laudable, there is no obligation to follow the advice and no clarity on how the provision might be monitored and evaluated. Accordingly, OFSTED’s (2007) survey of PSHE and survey of SRE (2002) in the UK found that not all schools are fulfilling the intentions set out in the guidance and a study by Westwood & Mullan (2006) concluded that current forms of sexuality education are not providing adequate knowledge regarding sexual health and contraception. While knowledge is only one aspect of the portfolio of skills and competencies that can assist young people to protect their sexual health (together with, for instance, strong sense of agency, communication between sexual partners and access to sexual health services), it is nevertheless key to the process, and the observed deficits give cause for concern.

Another factor which could jeopardise a shared understanding of sexual competence and educators and students striving for the same goal in SRE (i.e. achieving or improving competence) is the reported lack of consultation with students, as mentioned in the introduction to the paper. According to OFSTED (2002) too few schools engage pupils in planning or evaluating their SRE programmes (p.5) and the monitoring and evaluation of SRE are weak in most cases. Consultation with students on the content and approaches to teaching SRE has long been recognised as vital (Trudell 1993; DfEE, 2000), as is the need for regular evaluation and review involving young people if content is to remain up to date and in line with needs (Kippax & Stephenson, 2005). As a means to illustrate, the next section of the paper

turns to data that highlights disjunctions between the content of school sex and relationships education and young people's reported sexual experience, and considers the implications this might have for learning about sex and developing sexual competence.

Young people's perspectives

Whilst poor sexual health is inarguably a complex issue and its relationship to wider inequalities cannot be underestimated, there are faults in traditional approaches to sex education (and its role in sexual competence) that are more easily attended to. There is not space here for critical assessment but in summary they include the following issues. Input does not match young people's expressed needs or the realities of experience, sexual behaviour is the focus and addressed in isolation from relationships and the social circumstances in which they occur, heterosexuality and vaginal penetration are privileged above other forms of sexual identity and practice, there are too few opportunities for discussion and developing communication skills, emphasis is on the risks and dangers of sexual acts with minimum attention to the place of pleasure, agency and autonomy in effecting safer sexual practices, SRE is not discussed normatively or underscored by young people's right to healthy sexual expression. These criticisms of SRE were reinforced by Muna Abdullahi (2006), member of the UK Youth Parliament (MYP) in her report on young people's views on school based SRE.

In the absence of evidence on what young people understand by sexual competence, the following data contribute insights on factors which affect the contexts, motivations and outcomes of sexual encounters and therefore have implications for sexual competence.

Impact of context on sexual negotiations and subjectivity

To develop a meaningful understanding of factors which young people view as affecting sexual competence, it is vital to provide space to hear about lives and practices in relation to the micro-contexts in which they occur (Aggleton, 1998). Young people's experiences and learning relates to the embeddedness of identity, discourse and practice in social relations and specific temporal and spatial locales

(Giddens, 1991). For young people in this study, there was a striking difference between actual sexual experience and that constructed in SRE.

Contrary to the impression created by much of the content of SRE, sex was not a private act, nor was it restricted to indoor locations (e.g. bedrooms). Rather, it was intrinsic to the collective (and public) socialising event. Furthermore, venues for sex rarely facilitated negotiation over its nature insofar as encounters were furtive, often rushed and in the vicinity of others. For white and African-Caribbean males and females, all the sexual activity disclosed had occurred outdoors, with friends nearby:

Well it [sex] only happens on a Friday night at the park, when t'others [friends] are there .. say any time between eight and ten o'clock. Most of us have to be in by half past ten at latest, ... so it can be a bit rushed. Maisie.

Indeed, only Hanif and Javed (Pakistani males) had had sex indoors. This had taken place in a one-roomed bedsit above a 'take away' restaurant (where Hanif worked) after late night shifts. The young men shared the room for sexual liaisons that were again restricted to specific times (between 2.15 and 4 am):

Well we have to share the room, there's only one .. so it's never .. like .. private.. Ya just don't have big lights on ... Me and Javed have to share the room and the lasses know that. Hanif.

Lack of acknowledgement of the constraints of time and place in SRE was highlighted by many of the young people interviewed:

I've always had my clothes on or most of 'em. I've never done it inside in a comfy warm bedroom or bed even and I've been wet and freezing loads of times. Julie

This rarely facilitated negotiation over its nature:

Yeah, they [teachers] don't mention how cold it is when they're on about contraception... or, that you have to be quick 'cos you ant [haven't] got all the time in the world. It's not nice and relaxed like they [teachers] make out [suggest]. Maisie.

The effects of lack of privacy, time and weather conditions on sexual competence and the ability to negotiate sexual preferences and/or safer sex with a potential partner are obvious and signal important areas for inclusion in SRE. But, as I have suggested in more detail previously (Hirst, 2004), there is also importance in the contrast between settings for actual sexual activities and the hypothetical, sometimes idealised, romantic imagery that surrounds school-based SRE. The meanings mediated by inconsistencies in expectation and reality create tensions for subjectivity and fears of condemnation, particularly for young women:

It's not just that we are doing it [having sex], it's that folk would go mad if they knew we did it in the park, and it's not exactly how you'd like it to be either or how you thought it would be. Maisie

Yeah it's horrible really to think you have to get all mucky and get leaves on your bum [sex in the park]. It's nowt like you thought it were gonna be, like in films and sex education lessons. Josie

Don't exactly make you feel good about yourself. Jo.

Sexual negotiation is facilitated by confidence and positive sense of self (Fine 1988) but involvement in 'public' sex diminished the potential to achieve this. More specifically, young women's aspirations for sexual identity were not easily reconciled with contexts for sexual practice.

The heteronormative agenda and emphasis on vaginal penetration

SRE is ostensibly concerned to delay and/or promote safer sexual behaviour (DfEE 2000). For those already sexually active, useful education on sexual competence would include guidance on a range of safer sexual activities. But, these young people experienced SRE that limited sexual behaviour, without exception, to vaginal penetration, and, not insignificantly because of the meaning it conveys, for the purpose of conception. This contrasts with the more extensive sexual repertoires disclosed by young people that included kissing (on lips, breasts, vagina), mutual masturbation (referred to as 'fondling', 'rubbing off' and 'fingering') and oral sex (referred to as 'gobbing off' and 'licking out'). These safer behaviours occupied a far more significant position than is acknowledged in the content of most SRE curricula. Similarly, SRE did not acknowledge the range of sexual experiences between the two poles of substantial and no experience:

It's like in sex education, you either have sex, as in, with a willy inside ya, or you don't. Well it's not true, there's all sorts goes on between that. Angela

It is important for SRE to recognise this continuum, otherwise opportunities are sabotaged for input that promotes safer non-penetrative sexual practice (which some young women were striving for) and is inclusive of same sex practices. Likewise, failure to do so can reinforce the legitimacy of vaginal penetration over other forms of sexual expression:

There's nothing for me in sex education ... I know all the stuff about how to have a baby but they don't tell us owt about other types of sex. It's stupid 'cos it makes you think you're maybe a bit weird 'cos you're not having *proper* sex. Julie (her emphasis).

This and other disclosures make conspicuous the 'heteronormic forces' (Atkinson, 2002, p.120) operating in SRE. The terms 'real sex', 'going all the way', 'doing it properly' and 'getting down to the basic thing' were used throughout, and defined by interviewees as descriptions of vaginal penetration that could include ejaculation. These construct vaginal penetration as the assumed outcome of 'proper' or 'real' sexual activity. Respondents surmised that these norms for 'doing it properly' came from school-based input:

Never thought about it before, but suppose it's what you get given in sex education. Jo.

Media such as television and magazines were acknowledged as having a potential influence but were not as significant in the views of teachers:

Suppose they do influence you but when it comes from teachers it sort of has more ... I dunno, ... importance. Josie.

The heteronormative agenda also appears to exclude discussion of anal sex in SRE. Participants disclosed knowledge of its practice (among friends) as a means of protection against pregnancy:

It's safer, can't get pregnant. Josie
If ya haven't got any jonnies [condoms]. Jo

That no individuals had considered the potential for transmission of infection through unprotected anal sex highlights the significance of this omission in SRE and the need for an updated understanding of the types of sex young people are involved in.

The extent of reciprocity in heterosexual sexual practices is also an important dimension here. Community sexual health practitioners working with young women in the same city, reported sex without reciprocity for females as not unusual due to the high value allegedly assigned to anal sex and fellatio among young male adherents of macho culture. Ostensibly, these practices allow men not to use condoms but their saliency to young women's sense of self and sexual competence (through lack of pleasure, risk of STIs and potential for regret) deserve deeper understanding and questioning in the content of SRE.

Vocabulary and communication on sex

Young people's talk on sex highlighted their limited or inaccurate vocabulary on sexual anatomy and practices, or their reluctance to use the terms. Sexual repertoires

were described through words and gestures that largely excluded anatomical terms or accurate descriptions thereof. For instance, the penis was referred to as the 'peni' by young women throughout the research, and in describing cunnilingus, or mutual masturbation, young women either pointed to their genitals or used all-encompassing phrases like, 'on the girl's bits', 'you know, under your pants'.

This is not to suggest that communication cannot occur in the absence of clearer knowledge of sexual anatomy and vocabulary (as some young women's reports on sexual negotiations evidenced) but that sexual negotiation should not be hindered by either lack of familiarity with, or confidence to use, a mutually acceptable language. For the young people interviewed, SRE had provided no platform to share or rehearse the various languages and repertoires for sex, nor to extend awareness of strategies for choate communication. This is significant because confident fluency in talking about sex can enhance sexual competence. As Lefkowitz *et al.* (2004) found, comfortable and frequent conversations between same sex best friends were related to more positive attitudes towards condom use.

Also notable, was the lack of open and affirming communication between these young people and adults. Support from reputable confidantes to maintain current safer practices was specifically requested:

I just think, if I could talk to someone, like honestly, and I could trust 'em and they didn't tell on you, well you might think again about going all the way or just get that reminder in your head that you're worth more. Josie

It's like I'll remember these talks with you (reference to JH) and I hope it'll make me think before I do summat I might regret. Millie.

Such disclosures flag the potential for SRE to influence the decision-making processes of those on the precipice between some (e.g. mutual masturbation) and significant sexual practice (e.g. penetrative acts). Timing is obviously crucial here. These, like other young people (Measor et al, 2000), bewailed the fact that SRE took place too late. For optimum impact, guidance best occurs before teenagers enter into sexual liaisons and is then followed up (annually at least) so as to reinforce decisions over safer behaviours.

Pleasure, agency and sexual autonomy

The absence of pleasure in young people's narratives has been highlighted for two decades (Fine, 1988; Measor *et al.*, 2000). The findings from this study offer a contrast:

Do you enjoy sex? JH

It's gotta be about enjoying yourself Jo

I've always done it cos I wanted to ...not cos me hormones made me. My brain and my feelings made me Maisie

Yeah nobody makes me do it, you do it cos you want to enjoy yourself Josie

It is significant that participants did not include pleasure in disclosures until specifically questioned on the issue. Later, they asked for advice on ways to enhance enjoyment:

Can you tell us anything about how to get it going again when it's finished ... 'cos like.... you don't always feel you've had enough. Maisie

Yeah, like more on spicing it [sex] up. Jo.

These requests offer optimism for female agency but also provided an opportunity for the encouragement of safer practices such as mutual masturbation. However, subsequent disclosures illustrated why such opportunities are unlikely to present themselves naturally. Normative discourses and expectations of teacher's judgements militated against the articulation of the emotional aspects of sex:

Why has pleasure not been mentioned before? JH

Well, you're just not used to talking about it. Jo

How are you meant to admit ya like it? Teachers would think you're a slag. Maisie.

Fears of a threat to reputation (Harding, 1998) and the absence of pleasure in SRE are not the only factors which reinforce the omission of a discourse of pleasure, particularly for women. SRE curricula fail to provide a usable vocabulary for articulating desire or pleasure and also promote (perhaps not deliberately) ideologies of women as passive with little or no agency, or entitlement to pleasure, in the failure to speak of any sexual practice other than vaginal intercourse and illustrate it with images of women submissively positioned under the man. This is unsurprising as Evans (2006) observes,

...the word 'pleasure', and the concept of pleasurable sex, are almost wholly absent from the UK sexual health policy discourse. Official documents may promote 'safe' sex, and sometimes 'abstinence' from sex, but never 'pleasurable' sex. (p.237)

Strategies to foster sexual competence must, of course, acknowledge the influence of peer norms, alcohol, coercion and unequal gender relations on claims to pleasure, choice and agency. However, as Kippax & Stephenson (2005) argue, it is unwise to accept any linear relationship between context, practice and outcome since the influences and outcomes will vary with individuals and cultural norms. Participants in this study illustrated the complexity of the equation and the place of individual agency but also, surprisingly, its relationship to pleasure:

No lad will make me [have sex] but you might feel a bit odd if you've not done it and everyone else has. It affects how you feel about yourself and you have to be right determined to stick to your guns. Josie

What about alcohol, you've said before that being drunk might influence whether you have sex? JH

It does if you're pissed [drunk]. But I still make my own mind up how far I go. Maisie

You make different decisions at different times, it depends how you're feeling really. It's dead complicated. Josie.

And you have to balance what you're gonna do with whether you are gonna enjoy it or not. Jo

Yeah, you'll sort of remember that now, like whether you're gonna get owt out of it. Maisie

These last two comments probably arose because pleasure had been discussed earlier but nevertheless justify the need for recognition of pleasure in SRE, particularly if regret is to be avoided.

Conclusion

This paper has explored suggestions for what 'sexual competency' might mean based on definitions of sexual health and review of research and policy documents. Given the lack of data on young people's and teachers perceptions of the meaning of sexual competence, extracts from primary data have highlighted some factors that influence young people's sexual practices and outcomes. This reveals issues that sex educators might pursue to gain access to students' views on sexual competence. The paper concludes by bringing together some key issues that warrant recognition in a model of SRE that supports the development of sexual competence.

The overarching and perhaps most important message is that meaningful SRE will encompass content and adopt approaches borne out of a commitment to consultation with the specific young people it intends to support. Strategies for achieving this have been discussed previously (see Hirst, 2004) but the point here is that it is only through

honest and open communication that students and educators can arrive at a shared sense of what sexual competence might mean and therefore what SRE seeks to achieve. Whatever the outcomes of such discussions, it is likely that students and educators would agree that competencies of autonomy and safer sex are skills worth developing. Mediators of autonomous and non-autonomous sexual actions need to be understood from the perspectives of the specific audience and then linked to outcomes. Discussion could include reliable use of condoms / contraception, influence of perceptions of peer practices (likely to be exaggerated, Perkins, 2006), and contextual factors such as the place of alcohol and/or other drugs. While sex educators can do little to influence the contexts for sex, they can acknowledge that it is often furtive, clandestine and rushed, and together with alcohol, this can influence sexual negotiation, autonomous decision-making and influence young people's sense of self.

The availability of trusted and confidential contraceptive services is a necessary ingredient in discussions with this quest to help young people achieve greater agency. SRE should include guidance on 'youth-friendly' sexual health services, rights and confidentiality vis-à-vis contraceptives and emergency contraception, and clarity on age of consent. Encouraging young men's involvement is crucial here, given the observation of boys' resistance to SRE, their relatively lower access to sources of information and support (see Measor, 2004) and reports of marginalisation from sexual health and maternity services (Hirst *et al.*, 2006). Accompanied visits to sexual health services and role play on requesting sexual health advice from an external agency, are useful to this end. The recent advice from the DfES (2007) on setting up and improving access to sexual health services is a positive development.

The issue of regret has a complexity that requires more space than is available here but it is important not to assume a simplistic notion based on regretting the sex act in its entirety. As was suggested above, regret can be explained in relation to different dimensions of where, when, with whom and with which outcomes, and with additional issues raised by reflection over time. Irrespective of how regret is conceptualised, educators can suggest strategies for minimising negative influences that might mediate regret (and sense of autonomy) by endorsing the place of, and right to pleasure and its relationship to safer sexual practices including mutual

masturbation that lessen the possibility of negative outcomes such as STI or unwanted conception.

In conclusion, deciding what sexual competency might entail does not suggest the need for a gold standard. Irrespective of age, sexual competency is not something one has or does not have, all of the time. Rather it is something that one might have in one sexual situation or relationship but not another and the quest is to work towards feeling competent *more of the time*. Sexualities and relationships programmes can help by providing first, a framework for content (what issues might we address? What promotes and what hinders the various elements of sexual competency? What support services are available?); and second, a realistic basis for subsequent evaluation of the SRE programme.

Seeking young people's views on issues such as the place of control, active decision making and pleasure, and their role within a diversity of relationships signals recognition of young people's sexuality and their capacity to experience it in ways not unlike older counterparts. In other words, it signals a normalised conception of teenage sexuality. This is an important basis from which to build relations with adults (parents and educators). As Mabray & Labauve (2002) contend, it facilitates effective role modelling and the giving of emotional support that will empower young people to make decisions more consistent with achieving emotional and physical wellbeing.

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