PSHE: Qualitative Review

Children and young people's perspectives on school, family, and community-based personal, social and health education (PSHE), in particular concerning alcohol, sexual health and relationships

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1. Key Findings

1. Qualitative evidence relating to young people's views and experience of PSHE is very limited.

   However, incidental data showed that young people were generally positive about PSHE. They felt it provided them with a greater understanding of the 'real world', reduced prejudices and aided them in decision making.

   However, lesbian and gay pupils were not as positive about their PSHE experiences as heterosexual pupils.

2. There is evidence which suggest that young people do not receive consistent, systematic information on alcohol.
   - Young people would not seek information from teachers because they consider teachers to not care about the subject and are not trustworthy.
   - Young people would seek information and advice from youth workers and school nurses because they are considered technically well trained and offer confidentiality on alcohol issues.
   - Some young people would go to relatives like parents and older sibling or friends because they are considered experienced and trustworthy.
   - Young people would not trust the police or go to them for alcohol information. Nor would they go to their GPs due to the lack of a relationship with them.

   Young people want factual, practical information about alcohol that applies to the realities of their lives. This includes:
   - Number of units of alcohol in drinks,
   - Effects of alcohol on their bodies,
   - Harm reduction information and where to go for information.
   - How to minimise the influence of the media on their alcohol beliefs and behaviours.

Young people want alcohol and sex to be dealt with in more depth in SRE lessons. They want to understand the influence of alcohol on sexual behaviours and also where to get confidential support to manage their emotions if they make a bad decision whilst drunk.

Young people want the freedom to discuss alcohol related issues in the classroom. They want professionals, including service staff, school nurses, teachers, learning mentors and social work staff to:

- Be good listeners
- Be someone you can trust
- Be down to earth
- Make sessions interesting and fun
- Not judge young people and their behaviour
- Treat them like adults
- Respect confidentiality and be clear when it is not available
- Be relaxed and tell the truth, indicating the negatives and the positives
- Be understanding
- Be interesting and humorous
- Not preach
- Be accessible, genuine, open, warm, friendly and patient
- Not be patronising
- Be comfortable talking about sex, relationships, drugs and alcohol
- Be sensitive to diversity
- Be there when you need them

Young people feel that a dual teacher/peer education approach to alcohol education would be most helpful. Teachers are considered more knowledgeable and peer educators more understanding, realistic and patient.

3. There is evidence which suggests that the main sources of information about sex for young people were:

- Schools
- Family (parents, older siblings)
- Peers (friends)
- Media (television, videos, books, magazines, internet)
- Pornography

The preferred sources of information were related to gender, experience of sexual intercourse and ethnicity. Boys and girls (aged 14-17) with no experience of sexual intercourse would seek information from friends who had experienced sexual intercourse. Family members and magazines were popular sources of information for girls. Older peers and pornography were popular sources of information for boys. However, some boys were sceptical about pornography as a reliable source of information.

Young people (aged 17-18) from ethnic minority groups tended to seek information from the school and internet but not from family members.

People with learning disabilities in Northern Ireland (aged 13-40) perceived that their experience of SRE was vague or non-existent. They learnt about sex from various sources such as school, media, parents or other family members, front-line staff, professionals and friends.

Young gay men sought information from the gay scene as their formal sex education did not meet their needs or address their realities.

4. There is evidence which suggests that young people prefer more information in SRE relating to the following:
   - Emotions and relationships
   - Sexual issues related to real life situations
   - More explicit/intimate information on sex
   - Lesbian, Gay, Bisexual and Transgender issues
   - Issues relating to sex as a pleasure and desire

- STIs

5. There is evidence which suggests that young people (aged 13-17) felt that SRE was delivered too late to be of practical use as many had experienced sexual activity prior to it.

   Young people who had experienced sexual intercourse believed that school education had started too late.

   Young boys, from a single-sex school, who had not experienced sexual intercourse, felt they might feel embarrassed and not be mature enough to learn if SRE was delivered too early.

   Incidental data showed that a few young women, who felt their SRE had been delivered too late, were concerned that if sex education is delivered too early it may influence young peoples' wish to have sex.

6. There is evidence which suggests that young people aged 11-19 of both sexes prefer active over passive teaching methods for SRE.

   Active teaching methods help young peoples' learning and participation in SRE.

   Young people did not want to be tested in SRE classes. Nor did they want activities which encouraged competition between the sexes.

   A combination of single and mixed sex classes were considered ideal for teaching SRE by both boys and girls.

   Young people liked, or wanted, to be taught in smaller groups and this lessened feelings of inhibition.

   Setting ground rules in SRE classes helped young people to feel more comfortable.

7. There is evidence which suggests:

    - Young people felt that SRE was a sensitive and potentially threatening subject.

    - Making SRE lessons fun helps to reduce the levels of anxiety felt by pupils. Pupils considered it the responsibility of the teacher to make the lesson fun.

8. Young people highlighted that continuity in SRE classes (including remaining in the same grouping for PSHE and/or continuity in relation to their teacher) was important as this reduced their anxiety levels and aided learning.

    Young people were happy to be taught by either external or internal staff as long as the lessons were fun and confidential.

    Young people had conflicting views on mixed-sex classes.
    The advantages of mixed-sex classes included:

    - Developing confidence in communicating with the opposite sex

    - Learning each others views on sex and relationships

    The disadvantages of mixed-sex classes included:

    - Boys felt unable to ask questions in-front of girls.

    - Boys often disrupted the class as a way to deal with their underlying anxieties and the non relevance of SRE content to meet their needs.

    - Girls sometimes felt harassed by the boys' behaviour.

    Girls highlighted that single-sex classes or single-sex groups within a mixed-sex class allowed them to be more open when expressing their views.

9. There is evidence which suggests that both boys and girls felt SRE had changed their views, intentions and behaviours regarding sex and relationships.

Boys' changes in behaviour included:

- encouraging their use of contraceptives
- Delaying first sexual experience
- The ability to discuss sexual relations with a prospective partner
- Waiting until the girl was ready
- Feeling more confident about knowing what to expect at their first sexual encounter

Girls' changes in behaviour included:

- Waiting until they were in a long-term relationship before having sex
- Enrolling on information courses about contraception

2. Background

Personal, social and health education (PSHE) is a planned programme of learning opportunities and experiences which helps young people develop as individuals and members of families and communities (PSHE Subject Association 2007). It aims to promote emotional and social development, and health and wellbeing in order to equip children and young people with the knowledge and practical skills for healthy, safe, fulfilled and responsible lives. This relates directly to 'Every Child Matters' outcomes, that are for children to ''be healthy'', "stay safe", "enjoy and achieve" and "make a positive contribution'' (Department for Education and Skills 2004a).

A central component of PSHE is health literacy, which is the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions (World Health Organization 1998). PSHE is taught in schools throughout years 1–11 (key stages 1 to 4). There is no formal framework for providing PSHE for those aged over 16 years.

Schools and colleges can exert a positive influence on health outside the formal PSHE curriculum. This may be achieved through links with parents and the community and by involving children and young people (Department for Education and Skills 2004b). New duties on schools and local authorities from 2007/8 to promote pupil wellbeing and community cohesion emphasise the role of the whole school in the delivery of health outcomes for all children and young people. Schools are increasingly encouraged to become the focal point for care and support through extended schools, children's centres, youth outreach and access to networks of extended services (Department for Education and Skills 2007a).

An estimated one quarter to one third of all young people have sex before the age of 16 years (Department for Education and Skills 2007b). In 2003, 8% of 15–16 year olds in the UK reported having unprotected sex after drinking alcohol. Almost two-thirds of young women and over half of young men aged

15–18 years (64% and 56%, respectively) ranked school as the preferred setting for sex and relationship education (SRE), irrespective of ethnic group (Testa & Coleman 2006). However, 40% of young people rated their school SRE as poor or very poor (UK Youth Parliament 2007). A recent report on PSHE for young people aged 11–16 acknowledges that despite improving provision, pupils' needs have not always been sufficiently identified or addressed (Ofsted 2007). Girls aged 13–21 years are more likely than boys to receive 'a lot or quite a lot' of information from parents (63% and 48% respectively), to use alternative sources of information such as friends (56% and 43% respectively) and written media (52% and 26% respectively) (British Market Research Bureau 2004).

A supportive school ethos is important in providing an appropriate context for the delivery of PSHE and this is one where pupils play an active part in the decision making process (PSHE Subject Association 2007). Although the content of school sex education should not be solely determined by the views of young people, such data provides important information regarding the areas that young people consider important and relevant, as well as gaps in knowledge and areas of misunderstanding (Forrest, Strange, & Oakley 2004).

This review will inform the development of the NICE public health programme guidance on school, college and community-based personal, social and health education, including health literacy, with particular reference to sexual health behaviour and alcohol.

3. Research Questions

1. What are children and young's people's views and experiences of personal, social and health education, in particular concerning alcohol education and sex and relationships education, received from schools, colleges, family, social and community sources?

The following sub questions were considered:

PSHE

a. What are young people's views of their experiences of PSHE in general?

b. What did they like and dislike about it?

c. Was it useful to them in developing their sense of personal wellbeing and/or helping them to practice healthy life styles?

d. What is it about PSHE which helps and/or hinders them in achieving the above?

Alcohol Education

e. What do young people want to know about alcohol and alcohol use?

f. Where do young people get their information about alcohol and alcohol use from?

g. Which sources do they prefer and why?

h. What are their opinions of the quality and limitations of the information from these sources?

i. What are young people's views on their experiences of alcohol education at school or college and in community settings?

For the different settings:

i. What did they like and dislike about it?

ii. What helped or hindered their participation in it?

iii. What are their views on the extent and depth of the content?

iv. What are their views on the timing of content delivery in relation to their personal needs?

v. What are their views on the appropriateness and skills of the person(s) delivering it? e.g. teacher/ tutor/ nurse/ youth worker/ parent/ carer

vi. What are their views on the impact of alcohol education on their knowledge and understanding of, and skills to deal with alcohol issues?

vii. What are their views on the extent it changed their behaviour in relation to alcohol use? e.g. timing of first use, amount consumed, coping with peer pressure, accessing advice and services

Sex and Relationships Education

j.   What do young people want to know about sex and relationships?

k.   Where do young people get their information about sex and relationships from?

l.   Which sources do they prefer and why?

m.   What are their opinions of the quality and limitations of the information?

n.   What are young people's views on their experiences of sex and relationships education at school or college and in community settings?

For the different settings:

i.   What did they like and dislike about it?

ii.   What helped or hindered their participation in it?

iii.   What were their views on the extent and depth of the content?

iv.   What are their views on the timing of content delivery in relation to their personal needs?

v.   What are their views on the appropriateness and skills of the person(s) delivering it? e.g. teacher/ tutor/ nurse/ youth worker/ parent/ carer

vi.   What are their views on the impact of sex and relationship education on their knowledge and understanding of, and skills to deal with sex and relationship issues?

vii.   What are their views on the extent it changed their behaviour in relation to sexual activity and relationships? e.g. social relationships, intimate relationships, emotions, sexuality, commencing sexual activity, coping with peer pressure, inappropriate or unwanted relationships, safe sex, accessing advice and services

viii.   What are young people's views about having sex and relationships education and alcohol education integrated together?
Would this be helpful and why?
If not why not?

2. What reasons do children and young people give for changing or not changing their behaviours relating to alcohol, sexual health and relationships?

3. Where differences in views/experiences are found, can they be explained by:

- sample characteristics (age, gender, ethnicity or faith/religion, socioeconomic background, family demographics)
- study design
- setting/context where and when the study was conducted?

4. How the findings of the studies could contribute to informing intervention development?

4. Operational Definitions

- Sexual activity – includes activities ranging from touching and kissing to full sexual intercourse

- Social and community sources - includes multimedia, local authority services such as Connexions and DAATs, health services, faith groups, friends

- Sex and relationship education - "The objective of sex and relationship education is to help and support young people through their physical, emotional and moral development. A successful programme, firmly embedded in PSHE, will help young people learn to respect themselves and others and move with confidence from childhood through adolescence into adulthood. It is lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching

of sex, sexuality, and sexual health." (DfES 2000)
http://www.dfes.gov.uk/sreguidance/sexeducation.pdf

- Learning disabilities: The World Health Organisation defines learning disabilities as 'a state of arrested or incomplete development of mind'. Somebody with a learning disability is said also to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning'. This means that the person is likely to have difficulties understanding, learning and remembering new things, and in generalising any learning to new situations. Due to these difficulties with learning, the person may have difficulties with a number of social tasks, for example communication, self-care and awareness of health and safety. A dimension to the definition, for the purposes of this review, is that these impairments are present from childhood, not acquired as a result of accident or following the onset of adult illness.

- 'Looked after'/ 'In Care' children: These are children who are looked after by or who are in the care of local authorities usually in foster care or residential care.

Acronyms

- AIDS: Acquired Immunodeficiency Syndrome

- BME: Black and Minority Ethnic

- HIV: Human Immunodeficiency Virus

- LGBT: Lesbian, Gay, Bisexual and Transgender

- NICE: National Institute of Health and Clinical Excellence

- PDG: Programme Development Group

- PSHE: Personal, Social and Health Education

- SRE: Sexual and Relationships Education

- STIs: Sexually Transmitted Infections

School Year and Age of Students

- Year 5:   9-10 years old

- Year 6:   10-11 years old

- Year 7:   11-12 years old

- Year 8:   12-13 years old

- Year 9:   13-14 years old

- Year 10:   14-15 years old

- Year 11:   15-16 years old

- Year 12:   16-17 years old

- Year 13:   17-18 years old

The following terms have been used interchangeably throughout the review:

- "Young people", "Pupils" and "Students"

- "Boy", "Young male" and "Young man"

- "Girl", "Young female" and "Young woman"

When we have used "Young people", "Pupils" and "Students" without describing any specific gender it should be assumed that both boys and girls are included.

We have used the term "gender" in the review as defined by the WHO:

> ""Gender" refers to the *socially constructed* roles, behaviours, activities, and attributes that a given society *considers appropriate* for men and women".

The authors of the review understand that "sex" refers to the *biological and physiological* characteristics that *define* men and women as defined by WHO as well.

Despite the previous, we have respected the use of the term "sex" by the authors of all the papers, even when we thought that gender could have been more appropriate. In most cases they refer to everyday language, colloquial expressions like "single-sex school", "mixed-sex classroom", etc.

The term "incidental data" is used to refer studies/reports that were not designed to specifically examine young people's subjective views on sex and alcohol education.

5. Scope

This review focuses on children and young people's perspectives on school, family, and community-based PSHE, in particular concerning alcohol, sexual health and relationships.

5.1. Participants of Interest

Participants of interest included children and young people aged 19 years and under in full-time education, children and young people who are looked after or leaving care aged 21 and under, and those aged 25 and under with physical and/or learning disabilities. This included those in:

- primary and secondary schools

- sixth form and further education colleges

- special schools

- city technology colleges, city academies, pupil referral units,

- secure training and local authority secure units, and young offender institutions

- community settings

The review excluded children aged 0–4 years and young people aged over 19, (except those looked after or leaving care and/or with physical and /or learning disabilities).

5.2. Interventions of Interest

Personal, social and health education (PSHE), in particular concerning alcohol education and sex and relationships education, received from schools, colleges, family, social and community sources.

5.3. Outcomes of Interest

Young people's perceptions of the relevance and quality of PSHE, in particular SRE and alcohol education related to:

- Content

- Method of delivery

- Timing

- Place of delivery

- Professional involvement

- Parental involvement

- Community involvement

5.4. Study Types

All studies/ surveys of qualitative design, carried out in the UK, as well as "grey literature" were included.

6. Methods

6.1. Literature Search Strategy

See appendix 1.

6.2. Exclusions

- Primary studies set in any country other than the UK

- Papers in a language other than English

- Papers published before 1997

- Abstracts

- Evidence not related specifically to children and young people's views on PSHE/SRE/alcohol education

6.3. Data Extraction Strategy

Data were extracted by one reviewer and any uncertainty was resolved by discussion with another reviewer.

6.4. Quality Assessment Strategy

Quality assessment was conducted by one reviewer and in cases where there was uncertainty, a second reviewer was asked to appraise the evidence independently. The appraisal was carried out according to guidance set out in the *Methods for development of NICE public health guidance manual – version 1* (NICE 2006). (See appendix 2)

6.5. Evidence Level and Grading

The evidence was graded according to criteria in the *Methods for development of NICE public health guidance manual – version 1,* which classifies studies into grades of ++, + and – (NICE 2006). The grade of each study reflects 'how well the study was conducted':

++	All or most of the criteria have been fulfilled. Where they have not been fulfilled the conclusions of the study or review are thought **very unlikely** to alter
+	Some of the criteria have been fulfilled. Those criteria that have not been fulfilled the conclusions of the study or review are thought **unlikely** to alter
-	Few or no criteria fulfilled. The conclusions of the study or review are thought **likely** or **very likely** to alter

6.6. Method of Synthesis and Formulating Evidence Statements

Data were analysed and synthesised and different themes were identified from the literature. The authors' own words have been adopted to convey the intended meaning of young people's subjective views and experiences, and when appropriate, supported by quotes from young people participating in the research.

Themes were generated from data in the included studies relating to sex and alcohol education provided at secondary schools, to pupils aged 11-19 years. The distribution of the main themes across the papers and their relationship with the characteristics of the population is illustrated in Table 1.

6.7. Quality Assessment

A breakdown of the methodological quality of the included papers is presented in Appendix 3, table 3.2.

7. Results

This review summarised the evidence of the subjective views and experiences of young people (aged 11-19) about issues relating to SRE and alcohol education in the secondary school setting and in community settings. Only one study, with incidental data, was found which related to sources of information on SRE in primary school.

7.1. Included Papers

Our literature searches identified 1,659 papers of which 136 full text papers were retrieved for detailed evaluation (Figure 1). Of these, 19 papers reporting 13 studies met our inclusion criteria for review and analysis (Appendix 3, Table 3.1).

(Bragg 2006;Buston & Wight 2002;Buston & Wight 2006;Buston, Wight, & Hart 2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Forrest, Strange, & Oakley 2004;Hilton 2003;Hilton 2007;Hirst 2004;Kidger 2004;Lester & Allan 2006;Lynch & Blake 2004;Measor, Tiffin, & Miller 2000;Rolston, Schubotz, & Simpson 2005;Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006;Wallace & Kyprianou 2007)

We also identified incidental data from 17 papers/reports that were not designed to specifically examine young people's subjective views on sex and alcohol education (e.g. from a quantitative survey). Small excerpts from these papers, in the form of qualitative data, of young people's views (aged 11-19) relating to sex/alcohol education were included by the authors of this review. In most of these papers/reports, methodological quality could not be determined due to limited/lack of methodological details available.

(Alcohol Education and Research Council 2008;Bell & Stanley 2006; Family Planning Association 2007; French et al. 2005;Halstead & Waite 2001;Hunt 2007;Lavie-Ajayi 2007;Mather & Springthorpe 2006;Mentor UK 2007;Ofsted 2002;Plymouth Youth Parliament 2006;Redgrave & Limmer 2004;Stanley 2005;Tacade 2004;Twine et al. 2005;Underdown 2002;Warwick et al. 2005)

Figure 1. Flow Diagram of Search Results

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┌──────────────────────────────────────┐
│ Potential relevant papers identified: │
│                                       │
│   ▪  Electronic databases (n=1,173)   │
│   ▪  OpenSigle (n=355)                │
│   ▪  Hand searching key journals      │
│      (n=40)                           │
│   ▪  PDG/Organisations (n=91)         │
│                                       │
│ Total               1,659             │
└──────────────────────────────────────┘
        │
        │                    ┌────────────────────────────┐
        │───────────────────▶│ Papers excluded as not     │
        │                    │ relevant by reviewing titles│
        ▼                    │ and abstract (n=1,523)     │
┌──────────────────────────┐ └────────────────────────────┘
│ Full text papers retrieved│
│ for detailed evaluation   │
│ (n=136)                   │
└──────────────────────────┘
        │                    ┌────────────────────────────┐
        │───────────────────▶│ Papers excluded if methodology│
        │                    │ unclear or did not report outcomes│
        ▼                    │ of interest (n=100)        │
┌──────────────────────────┐ └────────────────────────────┘
│ Papers eligible for in-depth│
│ analysis/data extraction  │
│ (n=19) reporting 13 studies│
│                           │
│ Incidental data (n=17)    │
└──────────────────────────┘
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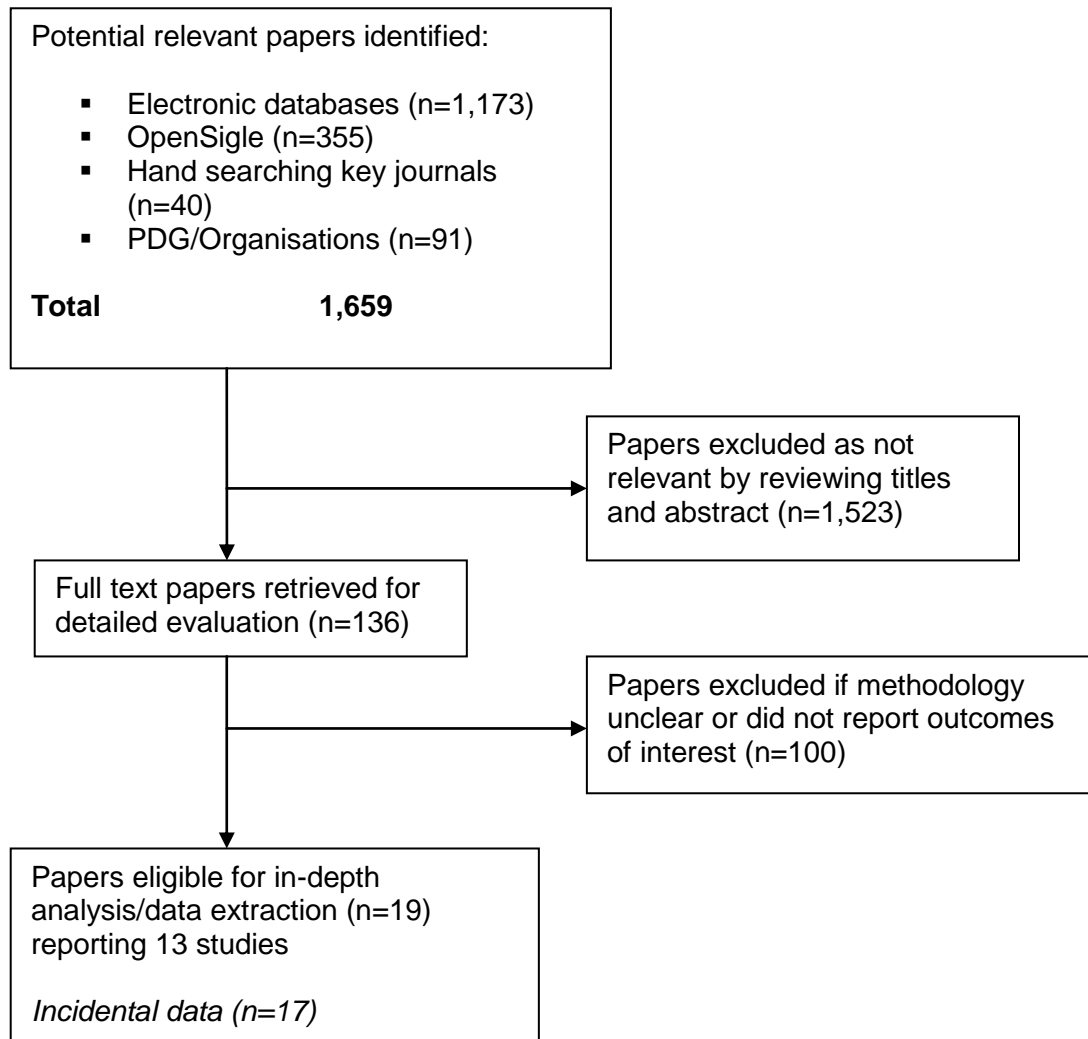
Table 1: Matrix of Themes/Concepts (SRE)

Characteristics of the participants	Main themes identified from the findings across the papers						
	Sources of information	**Content**	**Timing**	**Classroom dynamics**	**Characteristics of educator**	**Teaching methods**	**Perception of impact**
Gender	*(Buston & Wight 2002) *(Buston & Wight 2006) (Lester & Allan 2006) (Measor, Tiffin, & Miller 2000)	(Bragg 2006) *(Buston & Wight 2002) *(Buston & Wight 2006) **(Forrest, Strange, & Oakley 2002) **(Forrest, Oakley, & Strange 2003)	*(Buston & Wight 2002) *(Buston & Wight 2006) **(Forrest, Strange, & Oakley 2002) †(Hilton 2007)	*(Buston, Wight, & Hart 2002) **(Forrest, Strange, & Oakley 2002) **(Forrest, Oakley, & Strange 2003) (Measor, Tiffin, & Miller 2000)	**(Forrest, Strange, & Oakley 2002) **(Forrest, Oakley, & Strange 2003) †(Hilton 2003) †(Hilton 2007) (Lester & Allan 2006)	(Bragg 2006) *(Buston, Wight, & Hart 2002) **(Forrest, Strange, & Oakley 2002) **(Forrest, Oakley, & Strange 2003)	*(Buston & Wight 2002) *(Buston & Wight 2006)

		(Hirst 2004) †(Hilton 2007) (Lester & Allan 2006) (Measor, Tiffin, & Miller 2000)			(Measor, Tiffin, & Miller 2000) (Simpson, Lafferty, & McConkey 2006)	†(Hilton 2003) †(Hilton 2007) (Measor, Tiffin, & Miller 2000)	
Age×	*(Buston & Wight 2002) *(Buston & Wight 2006) ††(Rolston, Schubotz, & Simpson 2005) ††(Schubotz, Simpson, & Rolston 2002) (Selwyn & Powell		*(Buston & Wight 2006) (Lester & Allan 2006) (Measor, Tiffin, & Miller 2000)	**(Forrest, Oakley, & Strange 2003)	**(Forrest, Oakley, & Strange 2003) (Kidger 2004) (Lester & Allan 2006) (Selwyn & Powell 2007)		*(Buston & Wight 2002)

	2007)						
Ethnicity	(Selwyn & Powell 2007)	(Hirst 2004)		**(Forrest, Oakley, & Strange 2003) (Hirst 2004)	(Hirst 2004)	**(Forrest, Strange, & Oakley 2002)	
Faith/Religion	(Selwyn & Powell 2007)	(Hirst 2004) ††(Rolston, Schubotz, & Simpson 2005) ††(Schubotz, Simpson, & Rolston 2002)				(Hirst 2004)	
Intellectual ability	(Simpson, Lafferty, & McConkey 2006)	(Simpson, Lafferty, & McConkey 2006)			(Simpson, Lafferty, & McConkey 2006)		
Experience of sexual intercourse	*(Buston & Wight 2002)		*(Buston & Wight 2002) *(Buston & Wight 2006)				*(Buston & Wight 2002)

Type of school			*(Buston & Wight 2006)	(Lester & Allan 2006)	†(Hilton 2003)	†(Hilton 2007)	
Attitude to school (like/dislike)			*(Buston & Wight 2002)				*(Buston & Wight 2002)
Frequency of drinking	*(Buston & Wight 2002)		*(Buston & Wight 2002)				*(Buston & Wight 2002)
Family structure							*(Buston & Wight 2002)
Sexual orientation	(Lynch & Blake 2004)						
Not related to any specific characteristic		*(Buston, Wight, & Hart 2002) **(Forrest, Strange, & Oakley 2004) (Lynch & Blake 2004) (Selwyn &			(Lynch & Blake 2004) *(Buston, Wight, & Hart 2002)	(Lynch & Blake 2004) (Lester & Allan 2006) (Selwyn & Powell 2007) ††(Schubotz, Simpson, &	(Wallace & Kyprianou 2007)

		Powell 2007)				Rolston 2002)	

✗Age was described in all studies, but here we included only those studies in which age was considered a variable, that had an impact on the authors' interpretation of the findings (according to the authors' report).

Table 2 Matrix of Themes/Concepts (Alcohol)

Sources of Information	**Content**	**Characteristics of Educator**	**Teaching Methods**
(Lynch & Blake 2004)	*(Buston & Wight 2006)	(Tacade 2004)	(Alcohol Education and Research
(Mentor UK 2007)	(Lynch & Blake 2004)	(Lynch & Blake 2004)	Council 2008)
	(Mather & Springthorpe 2006)		
	(Redgrave & Limmer 2004)		
	(Mentor UK 2007)		
	(Alcohol Education and		
	Research Council 2008)		

* Separate report of a larger study (The SHARE study)

** Separate report of a larger study (The RIPPLE study)

† Separate report of a larger study

†† Separate report of a larger study

7.2. Personal Social and Health Education (PSHE)

Evidence Statement
Qualitative evidence relating to young people's views and experience of PSHE is very limited.
However, incidental data showed that young people were generally positive about PSHE. They felt it provided them with a greater understanding of the 'real world', reduced prejudices and aided them in decision making.
However, lesbian and gay pupils were not as positive about their PSHE experiences as heterosexual pupils.

Findings from Papers

Incidental data showed that young people's views about PSHE were generally positive. They felt they can talk about issues such as stress, teenage pregnancy and anorexia:

> *…it [PSHE] helped us not to stereotype and be more understanding of each other. (Pupil from secondary school, age and gender not specified)* (Warwick, Aggleton, Chase, Schagen, Blenkinsop, Schagen, Scott, & Eggers 2005)

> *Teachers keep everyone on task……we do brain gym warm-up exercises which help you get going…it [PSHE] is fun, it's different from other lessons, it gives insight into and understanding of the real world…..it's changed from telling people 'You will not do this and that' to 'informing people so that they can make the right decisions. (Pupil from secondary school, age and gender not specified)* (Warwick, Aggleton, Chase, Schagen, Blenkinsop, Schagen, Scott, & Eggers 2005)

Lesbian and gay pupils commented however, that teaching about sexual orientation could be misleading and inaccurate, and this could lead to further bullying:

PSHE was about AIDS – the teacher didn't contradict that it was a 'gay disease' and implied what gay men did in bed was disgusting. (Girl, aged 18, from an independent school) (Hunt 2007)

My teacher was very ignorant about gay issues and the laws about gay sex. But I didn't want to correct her because I didn't want to draw attention to the fact that I knew about it (Girl, aged 17 from a comprehensive school) (Hunt 2007)

Incidental data

Underdown (Underdown 2002) suggested including information within PSHE on young carers. This should help to reduce stigmatization and increase understanding amongst all pupils of the difficulties this group of young people faces.

7.3. Alcohol Education

Evidence Statement
There is level + evidence from one paper (Buston & Wight 2006) and level – evidence from one paper (Lynch & Blake 2004) and incidental data which suggest that young people do not receive consistent, systematic information on alcohol. • **Young people would not seek information from teachers because they consider teachers to not care about the subject and are not trustworthy.** • **Young people would seek information and advice from youth workers and school nurses because they are considered technically well trained and offer confidentiality on alcohol issues.** • **Some young people would go to relatives like parents and older sibling or friends because they are considered experienced and trustworthy.** • **Young people would not trust the police or go to them for**

alcohol information. Nor would they go to their GPs due to the lack of a relationship with them.

Young people want factual, practical information about alcohol that applies to the realities of their lives. This includes:

- **Number of units of alcohol in drinks,**
- **Effects of alcohol on their bodies,**
- **Harm reduction information and where to go for information.**
- **How to minimise the influence of the media on their alcohol beliefs and behaviours**.

Young people want alcohol and sex to be dealt with in more depth in SRE lessons. They want to understand the influence of alcohol on sexual behaviours and also where to get confidential support to manage their emotions if they make a bad decision whilst drunk.

Young people want the freedom to discuss alcohol related issues in the classroom. They want professionals, including service staff, school nurses, teachers, learning mentors and social work staff to:

- **Be good listeners**
- **Be someone you can trust**
- **Be down to earth**
- **Make sessions interesting and fun**
- **Not judge young people and their behaviour**
- **Treat them like adults**
- **Respect confidentiality and be clear when it is not available**
- **Be relaxed and tell the truth, indicating the negatives and the positives**
- **Be understanding**
- **Be interesting and humorous**
- **Not preach**
- **Be accessible, genuine, open, warm, friendly and patient**
- **Not be patronising**

- **Be comfortable talking about sex, relationships, drugs and alcohol**
- **Be sensitive to diversity**
- **Be there when you need them**

Young people feel that a dual teacher/peer education approach to alcohol education would be most helpful. Teachers are considered more knowledgeable and peer educators more understanding, realistic and patient.

Findings from Papers

Sources of information for young people relating to alcohol were explored in two papers (Buston & Wight 2006) (Evidence Level +) (Lynch & Blake 2004) (Evidence Level –).

7.3.1. Sources of Information

Young people reported getting 'a bit of sex education here, a bit of drug and alcohol education there' and they highlighted this was all they could expect. They were clear that it is not just the responsibility of schools, but that to be effectively supported; they needed opportunities to explore these issues at home, at school and in the community, with one-to-one support as well as health services. (Lynch & Blake 2004)

They said they wanted skilled and competent professionals:

> *"I was lucky in that for a couple of years I had a teacher who was so sensitive and everyone loved her. You could just talk to her about anything any time. She was so warm"* (young man aged 18) (Lynch & Blake 2004)

The consultation study conducted by Mentor UK (Mentor UK 2007) found that young people did not want to receive alcohol education or advice from teachers because they believed teachers did not really care about the subject, did not give a balanced view about alcohol but rather focused on the

negatives. Some young people had also received poor quality drug education from teachers in the past and this influenced their perceptions on the subject. Young people said they would not go to a teacher if they had a problem with alcohol because they were not approachable and they believed they would refer them.

> *"I don't think [teachers] actually care about it, they're just paid to do the job."* (Young person aged 15) (Mentor UK 2007)

Confidentiality was very important for the young people when deciding who they would prefer to talk to about alcohol. Young people chose the following people who they would go to for education or advice about alcohol: (in order of preference)

- Youth worker

- School nurse

- Other people – such as older brothers and sisters

- Parents

- Friends

7.3.1.1. Youth Worker

Youth workers were believed to give a balanced view ('*tell you the facts – good and bad*'), did not patronise young people ('*treated them as adults*') and any discussion was kept confidential. They were also trained to deal with the issues, were experienced in working with young people and did not judge or stigmatise them. Young people usually had already a relationship with them, and their role was perceived as somewhere between the relationship with a parent and a friend.

7.3.1.2. School Nurse / Health Professionals

Young people said that nurses understood the effects of alcohol on the body and were also experienced in talking about drugs. Young people were aware

that any discussion between themselves and a nurse would be kept as confidential. However, nurses did not have a high profile in the school and there is a lack of clarity about their role. Therefore young people may feel intimidated about going to see them; however once they spoke to them they said nurses were 'nice'.

> "*[Nurses] have dealt with these things before and it's confidential.*"
> (Young person aged 14, gender not reported). (Mentor UK 2007)

However, young people would not speak to other health professionals like their GP because they did not have a relationship with them.

7.3.1.3. Other People (Older Brothers/Sisters)

Young people would go to other people like older brothers and sisters, because they may have experience of alcohol. Some young people would also speak to other members of the family, like their parents, because they trusted them. However, others felt that parents would overreact and refer them for help if they said they had drunk alcohol.

> "*My older sister's old enough to drink so she knows what she's talking about.*" (Young person aged 14 gender not specified). (Mentor UK 2007)

> "*They (parents) know you, they'll stand by you.*" (Young person aged 13 gender not specified). (Mentor UK 2007)

Some would speak to a close friend, but others felt friends would only tell them the positives about alcohol:

> "*Friends will just tell you it's cool.*" (Young person aged 13 gender not specified). (Mentor UK 2007)

7.3.1.4. Police

Young people would not go to the police because they believe they are there to stop crime not give advice, and they thought it was not going to be confidential ('*they will tell your parents*').

> *"It's almost like the police are the enemy because they stop you having fun."* (Young person aged 15, gender not specified). (Mentor UK 2007)

7.3.2. Content

In a study that evaluated some educational materials produced by TACADE (Alcohol Education and Research Council 2008) most pupils were curious about the effects of alcohol and eager to learn *'the facts'*. Girls in particular were eager to learn about safety and health issues. Pupils said they wanted classroom alcohol education to centre on realistic examples relevant to their lives. Young people in the study conducted by Mentor UK (Mentor UK 2007) said they wanted to be better informed about the number of units of alcohol in drinks, the effects of alcohol, where to go for information and also needed more harm reduction information. Young people in another study (Lynch & Blake 2004) asked once again to be taught about practical issues related to alcohol and drinking:

> *"Teaching us things like the recovery position, how drugs or alcohol can affect your body. It's like now, whenever we go out it's like 'Right, you need to drink this much water'. If we didn't think someone was drinking enough water we'd say 'Here's a bottle, drink some of that'. It's also a case of drinking it slowly because you can also do yourself damage if you drink too much water. These are the things that save lives, not telling people about acts and legislations, because you need to know what to do if you or someone else is taken bad"* (Young man aged 18) (Lynch & Blake 2004)

Young people also requested education on how to minimise the influence of the media on their alcohol beliefs and behaviours (Mentor UK 2007). They suggested educating them that what they read in newspapers and magazines

is not always a true reflection of what is really going on in society. They said that to some extent celebrities were their role models so they would want to copy their drinking habits. However, seeing celebrities drinking alcohol that young people perceived as having a negative image, such as Kate Moss and Pete Doherty, would put them off. They felt TV programmes that show young people drinking, such as 'Skins' (http://www.e4.com/skins/), could promote drinking, but if they also showed the negative affects (e.g. people being sick and hangovers) then this put them off the idea of acting in a similar manner.

Buston and Wight (Buston & Wight 2006) (Evidence Level +) found that boys wanted alcohol and sex to be dealt with in more depth during SRE lessons. (No quotes in the paper, no other characteristics of these boys). Incidental data (Redgrave & Limmer 2004) also showed that young people needed more on how to put this knowledge into practice in a real situation:

> *'They show you how to put a condom on a banana, it's nothing like that is it… it's there in front of you and easy to do it, but (not) when it's down there (points to crotch) and when you are drunk as well'* (male, aged 14-15) (Redgrave & Limmer 2004)

In contrast, teaching alcohol as a topic completely independent from SRE seemed to be perceived by young people as a way of evading potentially more difficult topics like relationships:

> *'Lessons terrible, missed 8 lessons due to teacher being ill or the fact that other students in my class always disturbing teacher who doing a great job of controlling the class. Relationships were not taught and moving immediately to alcohol and drugs. Lessons went quickly due to lack of work. I have learnt near to nothing in sex education class, which is bad'* (Boy, aged 15) (Mather & Springthorpe 2006)

In the study conducted by Lynch (Lynch & Blake 2004) young people said:

'They need to know:

- *Whether and how alcohol and other drugs can change the way you think about things and how they affect you*
- *Whether and why you make bad decisions when you use alcohol and other drugs*
- *How you can tell when you are drunk*
- *Whether alcohol and other drugs can make you have sex when you don't really want to*
- *Where they can go for help if they are worried*
- *Whether you will be judged if you go to a sexual health service for help and tell them you were drunk and made a mistake'*

'They need to be able to:
- *Talk to people about sex, alcohol and other drugs and access confidential help and support*
- *Understand the different risks and be able to assess risks and manage them effectively*
- *Plan in advance of a "night out"*
- *Recognise what they want and stick to their decisions even if use alcohol and other drugs*
- *Keep safe when they have used alcohol and other drugs'*

'They want to think about and explore:
- *Real-life dilemmas such as who to tell if you are worried or ashamed about something you have done*
- *Why decision-making is altered when you use alcohol and other drugs*
- *Know and understand different people's beliefs about sex, alcohol and other drugs*
- *How to get help and support and manage your emotions if you have made a mistake, including mistakes made while drunk or using drugs*
- *Why some people drink so much and have sex with 'anyone'*
- *Different expectations of young men and young women'* (Lynch & Blake 2004)

They also said they wanted to know how they can effectively inform and influence education and service provision so it feels relevant and appropriate for them and addresses their needs.

7.3.3. Characteristics of Educators and Teaching Methods

In the study that evaluated some educational materials produced by TACADE (Alcohol Education and Research Council 2008) pupils said they wanted the freedom to discuss drink-related issues in the classroom, not just be 'preached at'.

Different peer education projects developed by TACADE in secondary schools (Tacade 2004) found the following:

Year 7 students (aged 11-12) (mixed comprehensive, working class background) valued the workshops facilitated by the peer educators:

> *'Peer educators are more patient. They don't make you feel silly, they understand'; 'You understand them more. You're all kids';* and, *'They're young too. It's better' (gender not specified)*

Other students in Year 7 described advantages of teacher led sessions:

> *'Teachers are older – more knowledge. That's better sometimes'. (gender not specified)*

Students in Year 8 (aged 12-13) (mixed comprehensive, mainly white middle class background) who had also been the recipients of the peer education had mixed feelings. Though, generally those interviewed felt there was value to be had from working with peer educators:

> *'It's easier to talk to young people'; 'You feel you can say more than with teachers' (gender not specified)*

> *'The younger ones understand.' (gender not specified)*

They also felt that peer educators were able to present realistic situations to explore in the workshops. For some students, working with the peer educators had helped them to reflect on their own behaviour:

> *'It made me think about responsible behaviour'; and, 'It's made me think about it being easier to say no if a friend does'. (gender not specified)*

However, there was some concern about how the peer educators managed the behaviour of students and whether they had sufficient knowledge. In conclusion the students felt that a dual teacher/peer education approach would be most helpful (Tacade 2004).

In the study conducted by Lynch (Lynch & Blake 2004) young people said that professionals, including service staff, school nurses, teachers, learning mentors and social work staff, should:

- *'Be good listeners*
- *Be someone you can trust*
- *Be down to earth*
- *Make sessions interesting and fun*
- *Not judge young people and their behaviour and should treat them like adults*
- *Respect confidentiality and be clear when it is not available*
- *Be relaxed and tell the truth indicating the negatives and the positives*
- *Be understanding*
- *Be interesting and humorous*
- *Not preach*
- *Be accessible, genuine, open, warm, friendly and patient*
- *Not be patronising*
- *Be comfortable talking about sex, relationships, drugs and alcohol*
- *Be sensitive to diversity*

- *Be there when you need them'* (Lynch & Blake 2004)

7.4. Sex and Relationship Education

7.4.1. Sources of Information

Evidence Statement
There is level + evidence from seven papers (Buston & Wight 2002;Buston & Wight 2006;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006) and level – evidence from one paper (Lynch & Blake 2004) and incidental data which suggests that the main sources of information about sex for young people were: **Schools**   **Family (parents, older siblings)**   **Peers (friends)**   **Media (television, videos, books, magazines, internet)**   **Pornography**   **The sources of information were related to gender, experience of sexual intercourse and ethnicity. Boys and girls (aged 14-17) with no experience of sexual intercourse would seek information from friends who had experienced sexual intercourse. Family members and magazines were popular sources of information for girls. Older peers and pornography were popular sources of information for boys. However, some boys were sceptical about pornography as a reliable source of information.** **Young people (aged 17-18) from ethnic minority groups tended to seek information from the school and internet but not from family members.** **People with learning disabilities in Northern Ireland (aged 13-40) perceived that their experience of SRE was vague or non-existent. They learnt about sex from various sources such as school, media, parents or other family members, front-line staff, professionals and friends.**

> **Young gay men sought information from the gay scene as their formal sex education did not meet their needs or address their realities.**

Findings from Papers

Young people's (aged 14-16 years) views on where they received or found the information relating to sex and relationships were explored in eight papers (Buston & Wight 2002;Buston & Wight 2006;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006) (Evidence Level +), (Lynch & Blake 2004) (Evidence level –).

The common sources were:

- School and teachers

- Family (parents, siblings)

- Peers (friends, partners)

- Media (television, videos, books, magazines, internet)

- Pornography

- Health professionals (doctors, nurses)

7.4.1.1. Girls

Some girls believed it was not 'proper' to talk about or discuss sex and relationship issues at school, because these issues were considered too intimate or private (Measor, Tiffin, & Miller 2000). Instead they prefer to discuss it at home with their mothers, in what is considered a warmer and more caring environment:

> *I would rather talk to my sister or my mum about it than at school to stranger. (Girl, aged 14-15)*(Measor, Tiffin, & Miller 2000)

Girls (aged 14-16) cited school, friends, magazines and mothers as a useful source in learning about sex (Buston & Wight 2002;Lester & Allan 2006;Measor, Tiffin, & Miller 2000). They perceived school education as an introduction or supplementary to other sources such as family members or friends:

> *Say I learnt something at school and I would go home and say to my mum and she would add extra information onto it and stuff like that. (Girl, aged 16, no experience of sexual intercourse)*(Buston & Wight 2002)

Some girls (aged 14-15) claimed that they learnt most about sex in general from older boys and in some instances from practical experimentation (Lester & Allan 2006). Older girls (16 years) cited friends as a useful source, particularly those who were more sexually experienced than oneself and were willing to talk abut their experiences (Buston & Wight 2002). However, younger girls (aged 14) were sceptical about whether their friends knew as much as they claimed to.

Younger girls (aged 14), seemed to be less willing to talk to their friends about their sexual experiences:

> *I told my best friend, like she was staying at my house and she was like [whispering] 'did you?' and I was like, 'yeah' [laughs]. I felt quite ashamed about it because you don't really talk about it openly with friends when you are that age do you (Girl, aged 16, remembering her first sexual experience which had taken place in her early teens; had sexual intercourse >1)*(Buston & Wight 2002)

One girl (aged 14-16, with no experience of sexual intercourse) also cited her older sister who lost her virginity aged 15, as a useful resource of information about sexual behaviour and contraception (Buston & Wight 2002).

Sexually experienced girls, irrespective of age, were more likely than virgins to cite magazines as useful. Magazines appeared to function as a source that could answer specific questions, when mothers and school had been unable to do so, or when the girls were too shy or embarrassed to ask questions:

> *[Magazines].. a great help, I get that, I understand that now (Girl, aged 16, had sexual intercourse >1)* (Buston & Wight 2002)

> *[Magazines are good]….if you didn't have the guts [to ask questions in classes] (Girl, aged 14, no experience of sexual intercourse)* (Buston & Wight 2002)

7.4.1.2. Boys

Boys (aged 14-16) cited schools, friends, television, parents and magazines as a useful source of information (Buston & Wight 2006;Measor, Tiffin, & Miller 2000). Boys valued their male peers' advice, especially those peers who were older and sexually experienced. Older boys however, recognised the role bravado could play in any conversations they had with friends and peers about sex, exercising discretion in what they believed:

> *You learn to trust some of them [friends] and not to trust others (Boy, aged 16, no experience of sexual intercourse)*(Buston & Wight 2006)

Older friends were generally seen as more reliable source of information as they were more likely to have had sex. They tended to trust their closer friends more than the extended group they mixed with. Nevertheless, information described as useful appeared to centre around:

> *Passing discussions…..who has been with who. Like 'have you done this, have you done that?' (Boy, aged 16, no experience of sexual intercourse)* (Buston & Wight 2006)

Television including films, adverts, documentaries, drama series, soap operas and pornographic films were mentioned as sources of information to learn about relationships and factual information:

> *I would maybe take a note of just certain ways to tackle a situation (Boy, aged 16, had sexual intercourse >1)*(Buston & Wight 2006)

> *TV has made me aware of all the diseases and stuff that goes about (Boy, aged 16, had no experience of sexual intercourse)* (Buston & Wight 2006)

Some boys were sceptical about how realistic it was to learn from watching pornographic films:

> *They just do it all the way through and make noises and the bed shaking and all that (Boys, aged 15, in a group discussion)* (Buston & Wight 2006)

Some boys would read sex advice sections in girl's magazines (Lester & Allan 2006). Pornographic magazines were perceived as informative by some, though others dismissed them for not being useful for learning about sex (Buston & Wight 2006). However, some boys valued pornography because they gave specific and explicit information about sex:

> *In class, you only get what happens explained to you, whereas in porn you can see exactly what is going on. You must feel stupid going into a relationship when you don't know what to do, which you wouldn't from only hearing what happens at school and looking at diagrams in the textbooks you are given (Boy, aged 14-15)* (Measor, Tiffin, & Miller 2000)

Boys cited their parents as a useful source of information in terms of informal advice-giving, though not about 'sex as such'. Boys were generally uncomfortable talking to their parents about sex, although they felt that their

parents were more uncomfortable and embarrassed than they were (Buston & Wight 2006).

However, boys would talk to their parents about how to use a condom, pregnancy and STIs, one-night stands and also aspects of sexual relationships:

> *(Parents said)…..Don't rush into it, make sure that education comes before relationship….and considering your other commitments… (Boy, aged 14, had no experience of sexual intercourse)*(Buston & Wight 2006)

7.4.1.3. Boys and girls

Both boys and girls (aged 14-15) found older siblings a good source of information. Parental involvement, however, was often seen to be negative, such as threats of what happen if a girl were to become pregnant (Lester & Allan 2006).

Although teachers were cited as being a useful source of information in lesson-time, few young people said they would talk to them on an individual basis about sex and relationships, mainly due to concerns of confidentiality (Selwyn & Powell 2007).

Incidental data from four papers (French, Joyce, Fenton, Kingori, Griffiths, Stone, Patel-Kanwal, Power, & Stephenson 2005;Halstead & Waite 2001;Lavie-Ajayi 2007;Stanley 2005) reported that the main providers of sexual information were school and teachers, family members, older friends, magazines, TV and the YWCA.

7.4.1.4. Age

Older boys and girls said they were more likely to turn to peers, partners and the medical professional such as GPs as and when they required information (Selwyn & Powell 2007). Some perceived that formal sources of sex and

relationship information and advice diminished in importance, as they got older:

> *The younger kids, that are coming up through…they are the ones who need help. We're older, we've been there, done that. (Boys, aged 17-18*) (Selwyn & Powell 2007)

Friends and schools were the main sources of information about sexual issues cited by young people (aged 14-25) in a Northern Ireland survey (Schubotz, Simpson, & Rolston 2002). Though older respondents had different views:

> *The information at school was factual and illustrative, but not relevant to real life experience. You know what I mean (young woman, aged 19)*

7.4.1.5. Ethnicity and Religious Background

Some young people perceived that their ethnic or religious background precluded the use of family sources of information and advice:

> *You don't need to know about it do you……..because in Islam you gotta be a virgin before you got married*

> *My dad? You mad? My Dad'll stitch my lips together if I asked him about sex (British Muslim male, aged 17)* (Selwyn & Powell 2007)

Young Asians identified schools and teachers as a useful advice and information sources in the context of PSHE lessons. Teachers were seen as a less formal but equally reliable source of information as their GP or other health providers. Other sources of information about sexual issues were the advice columns and articles in teenage magazines. Helplines were highlighted as a preferred source because of the confidentiality and anonymity it offered. The Internet was also mentioned as a source for seeking information, particularly information on STIs and location of sexual health services:

Well the thing is I would not go to Brook clinics like the one here. I would find out on the Internet somewhere far. And then go to one where I don't know much people or, like, not like Asian community, and go there. (Bangladeshi young woman, aged 16-18) (French, Joyce, Fenton, Kingori, Griffiths, Stone, Patel-Kanwal, Power, & Stephenson 2005)

7.4.1.6. Young People with Learning Disabilities

People with learning disabilities in Northern Ireland (aged 13-40) perceived that their experience of SRE was vague or non-existent ('*Didn't do it at school, they didn't teach us')* (Simpson, Lafferty, & McConkey 2006). They expressed the views that they should have the same rights as everyone else:

We are no different to anyone else 'cause when I was at school, I only had very little sex education and you know, it should be taught at school as well (young man, aged 21)

They learnt about sex from various sources such as school, media, parents or other family members, front-line staff, professionals and friends (Simpson, Lafferty, & McConkey 2006). These are examples of responses:

- *Mummy taught me not to do it*

- *Maybe from dirty video*

- *Learnt most myself*

- *Learn as I go along* (age of interviewees not specified) (Simpson, Lafferty, & McConkey 2006)

Young women with learning disabilities reported that they preferred to talk to another female as it would be embarrassing for them to talk to a man, whereas males did not have a preference. Some said they would be comfortable discussing sexual issues with staff but others preferred a stranger as 'staff would be too personal.' Some who were still at school said they would be comfortable with teachers. (Simpson, Lafferty, & McConkey 2006)

7.4.1.7. Sexual Orientation

Young gay men said their sex education did not meet their needs or address their realities:

> *"I felt very, very abnormal, and very, very alone". (Young gay man aged 19 on his SRE)* (Lynch & Blake 2004)

Gay young men reported the gay commercial scene as a key place for self-discovery:

> *"The only way I could think of finding our about sex was to actually find someone and doing it". (Young gay man aged 19*) (Lynch & Blake 2004)

7.5. Content of SRE

Evidence Statement
There is level + evidence from eleven papers (Buston & Wight 2002;Buston & Wight 2006;Buston, Wight, & Hart 2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Hilton 2007;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006) and level – evidence from 3 papers (Forrest, Strange, & Oakley 2004;Hirst 2004: Lynch & Blake 2004) which suggests that young people prefer more information in SRE relating to the following: • **Emotions and relationships**   • **Sexual issues related to real life situations**   • **More explicit/intimate information on sex**   • **LGBT issues**   • **Issues relating sex as a pleasure and desire**   • **STIs**

Findings from Papers

Young people's views on the content of and what they would like to learn from SRE classes were explored in all of the fourteen papers included. (Buston & Wight 2002;Buston & Wight 2006;Buston, Wight, & Hart 2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Hilton 2007;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006)(Evidence level+) (Forrest, Strange, & Oakley 2004;Hirst 2004;Lynch & Blake 2004) (Evidence level–)

7.5.1. Girls

Girls (aged 14-16) were generally positive about SRE and there was no clear pattern in this regard by sexual experience, age and school. They valued being shown different kinds of contraceptives, being told how effective each is, how to obtain them/plan to use them with one's partner, and/or how to use them (such as having a chance to practise putting a condom on a model phallus); being taught about STIs, including HIV and AIDS, how they can be contracted and prevented and/or where one can go to be tested; and being taught how to say 'no'. Particular aspects of SRE were criticised, such as nothing new was learnt or it came too late, or the course or parts of it were unrealistic. The latter criticism came from girls who had experienced sexual intercourse by the age of 14. (Buston & Wight 2002)

7.5.2. Boys

Boys (aged 14-16) were generally positive about SRE. The highlights of the SRE programme for them included learning more about what girls think about sex, how to communicate with girls about sexual issues, being taught how to use a condom, learning about STIs and how to avoid them. (Buston & Wight 2006) The common complaints were: sex education was boring, too repetitive and long/short, not explicit enough and they would like 'different positions' (sexual) to be dealt with (comments from boys, aged 16, had experienced sexual intercourse >1). These boys also felt sex education should be covered in more depth ('actual sex'), including alcohol and sex, how to make sex good

for the girls, types of contraceptives other than condoms, and more on making it easier to talk to girls. (Buston & Wight 2006)

Boys disliked the biological perspective of SRE as 'it's just about bodies' and would want the SRE curriculum to include:

- Girl's viewpoints:
    She [girl pupil] told me all about what having a period is like –it sounded horrible and made me feel really sympathetic (Boy, aged 16) (Hilton 2007)

- Feelings:
    We want to be told what it's like to fall in love (Boy, aged 16)

    When we tell an adult we are in love they don't take us seriously but laugh and say it' just a crush you'll get over it, they just put us down (Boy, aged 1)

- Sexual techniques:
    How to give a woman pleasure – how not to hurt her if it's the first time and how to do it (Boy, aged 17)

- Communication:
    [Boys pressurised to be more closed]….not to talk about what is worrying us, or what frightens us, but to laugh it off (Boy, aged 16)

- Worry and embarrassment about sexuality issues:
    [My parents] had never heard of it before they came here and they were confused and could not talk to me about it (Boy from an ethnic minority family, aged 17)

- Dealing with peer pressure:

Boys wanted to be given strategies for saying no, in a way that allowed them not to lose face and appear foolish or 'chicken'.

- Pornography

Boys felt that pornography should be, but was not, covered in SRE as many staff would be fearful of parents' reactions. They wanted more information on STIs, not just AIDS and HIV. Very few of the boys had ever seen a birth control pill or understood the term 'bubble pack' or the need for careful time-keeping when taking the birth control pill:

> *We're being kept in the dark about women things (Boy, aged 16)* (Hilton 2007)

Other topics which should be part of the SRE curriculum included parenting education, budgeting and caring for the family:

> *It's really social education we need, the whole stuff together ((Boy, aged 16)* (Hilton 2007)

7.5.3. Boys and Girls

Boys and girls perceived sex education as a 'touchy subject' as the content of the sessions and the classroom atmosphere made them feel uncomfortable. They were afraid of being laughed at or 'slagged off' if they participated in classes:

> *I sat at the back and kept to myself…..I think it was the sex education. I'm quite an outgoing person but I just thought, like, people will laugh at me (Girl, aged 16)* (Buston, Wight, & Hart 2002)

Both boys and girls were anxious that asking a question or making a comment would reveal that they did not know something that they believed all their classmates would. There were concerns about confidentiality and that what they said would be 'spread round the school'. Young people stressed that

they did not have these fears in relation to confidentiality when being taught by peer educators:

> *"(peer educators) took their time out to point it out, they said it about three times. They had it on a notice board as well 'everything said confidential'" (female student, aged 13-14)* (Forrest, Strange, & Oakley 2002)

Other anxieties about engaging in teacher-led lessons were related to changing one's teacher's opinion of oneself:

> *I think sometimes she [the teacher] would think to herself 'oh, why is Elizabeth asking about abortion, is she pregnant or something?' (Girl, aged 14)* (Buston, Wight, & Hart 2002)

Both boys and girls (aged 15-16) expressed the views that boys' disengagement and disruption was partly due to a failure of sex education to address issues considered by boys to be important. Boys found it difficult to talk about what they felt should be covered because of embarrassment of not being knowledgeable enough. Topics they felt should be addressed, included 'erections', 'masturbation', 'women's sexual pleasure', 'how to have sex', 'menstruation' and 'contraception'. (Forrest, Oakley, & Strange 2003)

In the context of peer-led education, pupils commented on new learning in peer-led sessions, for example, about condoms:

> *You know how to look out for the little mark and kite and stuff… and how it won't work…inside out and how to…look for air bubbles – you have to squeeze it out (Girls in a single-sex peer-led group, aged 13-14)* (Forrest, Strange, & Oakley 2002)

Young people would like more information on:

- STIs and HIV/AIDS: Descriptions and definitions, transmission and infection, symptoms, immediate and long term effects, where to go to get tested and receive treatment.

- Contraception: Descriptions and definitions, accessing contraception, planning to use/using contraceptives (reliability and effectiveness/failure), opportunities to look at and handle contraceptives and the chance to practice putting a condom on a model phallus.

- Things people do when they have sex: Sexual acts and activities, different positions for having sex, oral sex, anal sex, sexual arousal/response/orgasm, masturbation, wet dreams, pleasure/how to give pleasure to girls.

- Sexual feelings, emotions, relationships and communication: The 'right' age for sex, forming/negotiating relationships, different gender perspectives on sex and relationships, love, jealousy and disappointment, how to make it easier to talk to girls.

- Information on: contraception, pregnancy and abortion.

- How young people's bodies develop: Genital function and appearance/ rate of development, what is 'normal', menstruation.

- How not to have sex when you do not want to: Dealing with pressure from a partner to have sex, dealing with peer pressure, dealing with sexual assault or rape.

- Lesbian, gay and bisexual relationships: Identity and sexuality, morality and legality, disclosures.

- A wide range of other sexual matters, not in any particular order, such as Viagra, sex, alcohol and drug use, pornography, prostitution and breast cancer.

- Where to go to get advice on all of the above. (Forrest, Strange, & Oakley 2004)

Young people (aged 14-15) felt that SRE should be a practical tool for life and should be an ongoing process. They wanted more information on condoms and their dual purpose (prevention of pregnancy and STIs), STIs, chlamydia and infertility. There was variation in the quality and content of lessons attributed to teacher embarrassment and consequent poor delivery (Lester & Allan 2006):

.(the quality of the content of SRE).. .it depends what teacher you get as well. Mr…..he was alright talking about it, but say you had Mr- I don't think he…he was too shy and that (Girl, aged 14-15) (Lester & Allan 2006)

Young people (aged 12-19) would prefer an increase in the provision of SRE lessons, supported by a list of desired improvements such as:
- treating young people with respect

- providing information and advice in forms which were contemporary, confidential and/or fun

- making school lessons more interesting, less didactic

- ensuring that no-one feels singled out and embarrassed (Selwyn & Powell 2007):

We should talk more about it……..at the moment, the teachers just make us watch a video or do worksheet…..And make it fun and then people learn better and remember it more (Two girls, aged 16) (Selwyn & Powell 2007)

In the study conducted by Lynch (Lynch & Blake 2004) young people said:

'They need to know:

- *Whether alcohol and other drugs can make you have sex when you don't really want to*
- *Where they can go for help if they are worried*
- *Whether you will be judged if you go to a sexual health service for help and tell them you were drunk and made a mistake'*

'They need to be able to:
- *Talk to people about sex, alcohol and other drugs and access confidential help and support*
- *Understand the different risks and be able to assess risks and manage them effectively*
- *Plan in advance of a "night out"*
- *Recognise what they want and stick to their decisions even if use alcohol and other drugs*
- *Keep safe when they have used alcohol and other drugs'*

'They want to think about and explore:
- *Real-life dilemmas such as who to tell if you are worried or ashamed about something you have done*
- *Why decision-making is altered when you use alcohol and other drugs*
- *Know and understand different people's beliefs about sex, alcohol and other drugs*
- *How to get help and support and manage your emotions if you have made a mistake, including mistakes made while drunk or using drugs*
- *Why some people drink so much and have sex with 'anyone'*
- *Different expectations of young men and young women'* (Lynch & Blake 2004)

They also said they wanted to know how they can effectively inform and influence education and service provision so it feels relevant and appropriate for them and addresses their needs. (Lynch & Blake 2004)

7.5.4. Limitations of Current SRE Content

Young people (aged 15-16) felt that there was a striking difference between young people's actual sexual experience and that constructed in SRE (Hirst 2004). Their sexual experience in reality was inconsistent with the romantic and idealised imagery they had been led to believe. Sexual encounters were often 'not private':

Well, it (sex) only happens in the park between 8 and 10 pm on a Friday night where other friends are there… say anytime between eight and ten o'clock. Most of us have to be home by 10.30pm the least' (Girl, aged 15-16) (Hirst 2004)

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 it (Boy, aged 15-16) (Hirst 2004)

I've…always had my clothes on or most of 'em. I've never done it in a comfy warm bedroom or bed even and I've been wet and freezing loads of times (Girl, aged 15-16) (Hirst 2004)

Yeah, they [Teachers] don't mention how cold it is when they're on about contraception…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 (Girl, aged 15-16) (Hirst 2004)

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. (Girl, aged 15-16) (Hirst 2004)

SRE was also perceived to be limited to 'vaginal penetration' and conveying the purpose of conception. This contrasts with the more extensive sexual

redoires disclosed by the pupils. Although anal sex had not been raised in SRE, young people disclosed knowledge of its practice among friends:

She had it [anal penetration] by accident, she said it just slipped in. (Girl, aged 15-16) (Hirst 2004)

It's safer, can't get pregnant (Girl, aged 15-16) (Hirst 2004)

If you haven't got any jonnies [condoms] (Girl, aged 15-16) (Hirst 2004)

Young people felt that SRE was limited in sharing /rehearsing various languages used in sexual encounters, for example, '*you know, under your pants'*, *'on the girl's bits'*, and assuming vaginal penetration as the outcome of *'proper and real sex'* (Hirst 2004). Also, SRE did not acknowledge the degrees of differences in sexual experience 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 (Girl, aged 15-16) (Hirst 2004)

SRE was also perceived to fail to promote safer non-penetrative sexual practice and this reinforced 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 nowt about other types of sex. It's stupid 'cos you think you're maybe a bit weird cos' you are not having proper sex (Girl, aged 15-16)) (Hirst 2004)

The discourse of desire and pleasure relating to sex was perceived to be largely absent from SRE discussion:

It's [sex] gotta be about enjoying yourself. I have always done it 'cos I wanted to…not 'cos me hormones made me. My brain and my feelings made me. (Girl, aged 15-16))

You are just not used to talking about it. How are you meant to admit ya like it? Teacher would think you are a slag. (Girl, aged 15-16))

You don't just do it 'cos you're a teenager, or your mates tell you to, you do it cos you want to. And they can't say it's teenage curiosity…………. If you aren't curious, there's summat up with you, you must be dead boring (Boy, aged 15-16)) (Hirst 2004)

There was limited opportunity for knowledgeable young people to offer their expertise and experience in sexual matters in SRE classes. Thus they did not have their status recognised and could not derive a sense of empowerment.

Young people felt that there was an over-emphasis on abstinence by teachers and parents, which was counter-productive. Adults failed to recognise their increasing maturity. The idea of outside experts, such as sexual health clinic staff, to provide sex education modules in school was welcomed. They would like inclusion of the emotional side of sex, which was missing in current teaching (Lester & Allan 2006):

They treat us in the same way throughout school…they find it really hard to believe that we're nearly adults (Boy, aged 14-15) (Lester & Allan 2006)

With the teachers you can't have a discussion. It's like a taboo or hush hush subject (Boy, aged 14-15) (Lester & Allan 2006)

Young people appreciated the problems of differential maturity and ability. However, they were concerned that pupils in different classes were given different sex education. Young people felt that the 'less able' were the people most at risk of reckless sexual behaviour, but they were getting the least sex education:

See the bottom set is less mature about things and they mess about…With the lower set they have a narrower range of things they can do with the class before it breaks up. (Boy, aged 14-15) (Lester & Allan 2006)

I think that's wrong 'cos the lower bands are the ones having the sexual relationships (Girl, aged 14-15) (Lester & Allan 2006)

Young people (aged 14-15) were concerned about two main areas relating to the information given in SRE, the first related to the emotional content and the second concerned the lack of explicit information on a wide range of subjects (Measor, Tiffin, & Miller 2000):

They talked about what would happen to your body, not about your emotions

It's too factual, not enough depth into feelings

Teachers teach enough about normal sex. They should go into things like oral sex.

We weren't told what to do when having sex. We don't know about these things.
(pupils aged 14-15, gender not specified) (Measor, Tiffin, & Miller 2000)

Young people perceived that desire was linked with danger (of contacting HIV/AIDs) and they criticised the lack of information about, and assistance in, issues relating to desire and pleasure:

All they ever do is talk about the dangers of sex and that, and nothing about the pleasure.
They tell us about the danger, never the love and enjoyment
(Boy, aged 14) (Measor, Tiffin, & Miller 2000)

….needed more information about the actual feelings of desire and lust (Girl, aged 17)

OK….my school is quite open, but it never discusses very intimate things. We discuss contraception, but not sex. (Girl, aged 14)
            (Measor, Tiffin, & Miller 2000)

Incidental data from 3 papers also suggests that young people felt that issues around loving relationships, LGBT and responsibilities were lacking within SRE. (Bell & Stanley 2006; Mather & Springthorpe 2006 ;Ofsted 2002)

7.5.5. Ethnicity and Religious Background

Young people from ethnic minority backgrounds (African Caribbean, Pakistani and Somali) felt that only white identities were presented in their school SRE:

There's nowt about me in sex education. It's all white (Girl, aged 15-16)
(Hirst 2004)

It's [sex education] not really aimed at us….Pakistanis. It's like more for white kids (Girl, aged 15-16)

Everyone who isn't a Muslim thinks we don't do it 'cos of our beliefs and cos we don't allow being in sex education lessons. You're wrong there, very wrong (Boy, aged 15-16)

…… never ever [seen Black people]. Not in a video, never on worksheets, leaflets. They are always white. (Girl, aged 15-16) (Hirst 2004)

Young people (aged 14-25) in Northern Ireland questioned the moral and religious values at the heart of the sex education they had experienced. They preferred an approach that was less directive and judgemental, but more positive, reliable and balanced about sex (Schubotz, Simpson, & Rolston 2002):

But sex education in the school is shit. It's crap. They need to know more than mummy and daddy go to bed and mummy and daddy have a baby, you know what I mean? They need to know a lot more than that, because that's shit. They need to know about feelings. Schools put in a lot of emphasis on love too, you know what I mean: love, love, love, love. And not everybody has sex because they love somebody, you know what I mean……………Especially Catholic schools, right. They have little or no sex education, and if they do, its: you have to be married, and you have to be in love…..I think that's bullshit. Because I went to a Catholic school. And you just have to teach kids just the way it is, you know. You have to tell them the truth and teach them the way it is 'cos that's what I would do with my kids, you know, tell them the way it is in life, and not fill them full of shit. They would definitely have to know the way it is, you know, in real life. And the real things you feel like…about sex and after sex like. I was told [sarcastic] your mummy and daddy go to bed, they are very much in love and all that there craic, right. And then afterwards you feel free. But not everybody does and they just gonna have to know.

And they definitely have to be told about gays and lesbians. They have to, because in a class of 30 people one in ten people are gay, you know, so three in that class are gay or lesbian. They are sitting in the class and just going; I don't know, I don't relate to that….then feel dead confused and lost…..There has to be something done. (Statement from a young man, aged 19) (Schubotz, Simpson, & Rolston 2002)

Young people in Northern Ireland commented on the selectiveness of sex education and felt that 'the teachers skip the important bits'. They wished sexual issues that are not linked to reproduction, such as masturbation, wet dreams, orgasms, oral sex, homosexuality/bisexuality etc., were more openly, and more frequently, talked about in schools. They also felt there should be more information about rape/sexual abuse, abortion and relationships:

> *I think there should be more information about rape/sexual abuse and also homosexuality and bisexuality. My generation needs to change their attitudes on how they feel towards such as the above. I also think we should be given more information on abortion and relationships. As well as being taught about the anatomy of the body when talking about sex, I think we should be given more information on what it is actually like (Young woman, aged 14)*

Young people in Northern Ireland also perceived that sexual feelings and emotions were not given priority in sex education, or were likely to be presented in a negative way. Young people were either encouraged to delay sexual initiation or simply to say 'no'. Overall, sexual desire - 'how to make sex more satisfying', for example, ranked low in the hierarchy of topics actually covered in sex education. Young people ranked sexual desire high on their agenda of aspiration.

> *..More about sex in relation to (the) emotional upheaval it causes. Less moralising and more on how it affects self-esteem if it's gone wrong. (Young woman, aged 25)* (Schubotz, Simpson, & Rolston 2002)

7.6. Timing of SRE

Evidence Statement
There is level + evidence from six papers (Buston & Wight 2002;Buston & Wight 2006;Forrest, Strange, & Oakley 2002;Hilton 2007;Lester & Allan 2006;Measor, Tiffin, & Miller 2000) and incidental data on young people's (aged 13-17) views of the timing of sex education at school. This data suggests that SRE was delivered too late to be of practical use as many had experienced sexual activity prior to it.   **Young people who had experienced sexual intercourse believed that school education had started too late.**

> **Young boys, from a single-sex school, who had not experienced sexual intercourse, felt they might feel embarrassed and not be mature enough to learn if SRE was delivered too early.**
>
> **Incidental data showed that a few young women, who felt their SRE had been delivered too late, were concerned that if sex education is delivered too early it may influence young peoples' wish to have sex.**

Findings from Papers

Young people's (aged 13-17 years) views on the timing of SRE were explored in six papers (Buston & Wight 2002;Buston & Wight 2006;Forrest, Strange, & Oakley 2002;Hilton 2007;Lester & Allan 2006;Measor, Tiffin, & Miller 2000) (Evidence Level +).

In general, young people felt that sex education had come at the right time, or that it came too late and /or they had learnt nothing new from it, for example, girls had already started their periods when menarche was discussed and both girls and boys were already well informed (Forrest, Strange, & Oakley 2002) or had already taken sexual risks (Buston & Wight 2002;Buston & Wight 2006). Information should be delivered before embarking on a sexual relationship:

> *I think you should know everything about sex before rather than finding out afterwards (Girl, aged 14, had no experience of sexual intercourse)*

> *I think because I had sex before really you got much sex education it didn't really change what I was thinking already, but maybe if I had sex education first it might have made me think differently about things (Girl, aged 16, had experienced sexual intercourse > 1)* (Buston & Wight 2002)

While some pupils (aged 14-15) felt that an early start in sex education would help to overcome embarrassment (Lester & Allan 2006), some boys (aged 14) who had not experienced sexual intercourse highlighted they might feel

embarrassed and not be mature enough to learn if SRE was delivered too early (Buston & Wight 2006). Some boys described school sex education as "too little too late" and asked for an earlier start to sex education and more lessons on it (Hilton 2007). Some pupils felt that Year 9 (aged 14) was the time they would need to know about sex because they were 'getting older' and 'starting relationships. Pupils aged 14-15 did not consider themselves too young to hear about contraception and STIs and would appreciate information (Measor, Tiffin, & Miller 2000).

Incidental data from three papers found that young people believed that SRE, including LGBT (lesbian, gay, bisexual and transgender) issues, should be taught at a younger age:

> *I feel that people are doing things at a younger age and don't really know what they are doing (additional comments from young people [aged 14-15] to a questionnaire)* (Twine, Robbe, Forrest, & Davies 2005)

> *I think it's really important that everything to do with sex education is taught from the beginning of secondary school including LGBT issues. Basic family relationships and friendships should be taught at reception, already the sexual side of relations should only begin in year 5/6 [aged 9-10] (Boy, aged 16)* (Mather & Springthorpe 2006)

Some young women (aged 12-16), whilst feeling that SRE had been delivered too late, were concerned that it should not start too early (no age range given as to what was too early) as they were concerned that sex education can influence one's wish to have sex (Lavie-Ajayi 2007).

7.7. Characteristics of the Educator

Evidence Statement
There is level + evidence from nine papers (Buston, Wight, & Hart

2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Hilton 2003;;Kidger 2004;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006) and level ─ evidence from two papers (Hirst 2004; Lynch & Blake 2004) which suggest that:

- **Both boys and girls want educators who they feel they can relate to and who are open, honest, not embarrassed by the topic content and who are considered trustworthy. These characteristics are more important than age or gender of the educator.**

- **Young people are happy with either external or internal educators as long as confidentiality is maintained.**

- **Peer educators must be reasonably (at least 2 years) older than the students in order to gain their respect. Peer educators can increase learning and interest in SRE as long as they can maintain discipline and are considered knowledgeable enough in the eyes of the students.**

Findings from Papers

Young people's (aged 11-19 years) views on the characteristics of the educator delivering the intervention were explored in eleven papers (Buston, Wight, & Hart 2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Hilton 2003) (Kidger 2004;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Selwyn & Powell 2007;Simpson, Lafferty, & McConkey 2006) (Evidence level +) (Hirst 2004;Lynch & Blake 2004) (Evidence level ─)

7.7.1. Characteristics of the Educator and Gender

A number of studies found that girls and boys had different perceptions on some of the characteristics of their educators. However most of these characteristics were perceived or desired in the same way by both sexes.

Girls and Boys

Both boys and girls wanted teachers who they felt they could relate to, who they perceived to hold similar values to their own and who were 'open' and fun and could have a 'laugh' (Forrest, Oakley, & Strange 2003).

> *"If any of us had to pick like, if anyone had to pick a teacher, it would have to be Mr S 'cause he gets along with everyone" (girl aged 15-16)*

Both boys and girls expressed dissatisfaction when teachers failed to keep the class in order. It was important to pupils that teachers were able to control the class and manage disruption. For pupils to feel comfortable and to participate, they had to feel confident that their teacher would ensure that classmates would not ridicule them. (Buston, Wight, & Hart 2002):

> *You could hear them (boys) laughing in this bit. You're like that 'Mr Betts, are you going to tell them to shut up and sit and listen?' (girl, aged 14)*

> *She's (the teacher) relaxed, but then again, if somebody stepped out of line she would be like telling them 'don't do that because it's going to hurt someone's feelings' (girl, aged 16)*

One study (Buston, Wight & Hart 2002) also found that a few pupils cited the gender of the teacher as important in fostering their comfort. Those who did mention this, preferred their teacher to be of the same sex to themselves. A number of teachers of both sexes were liked and thought to be good sex education teachers by most boys and girls. Female teachers in general were perceived as more empathetic and sympathetic by both boys and girls (Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002), (Hilton 2003).

On the subject of the educator's gender and age, one paper (Forrest, Strange, & Oakley 2002) found that if male peer educators showed interest in sexual health, boy pupils would too. Boys in another study (Hilton 2003) expressed their preference for a male teacher between 25-30 years old, because they

believed he would be more in tune with them and their feelings. They also felt they would be able to talk more easily to him about 'men's issues'. Finally boys agreed that teachers who had experience of the teaching materials and were considered trustworthy were more important factors than sex and age in engaging pupils in SRE lessons. Forrest et al (Forrest, Oakley, & Strange 2003) found that boys have greater respect for male teachers who have more authority in the classroom and are better able to ensure discipline. Boys objected to an all-female team of health professionals delivering SRE and complained there was no one to talk to them 'man to man' (Measor 2004;Measor, Tiffin, & Miller 2000)

Hilton (Hilton 2003) found that students thought a combination of male and female teachers sharing the delivery of the curriculum would be helpful, as they could give both points of view. Boys in single-sex schools preferred this to bringing girls into the classroom. They highlighted that they would find this difficult to cope with, although they acknowledged it would be better practice when teaching sex education. Some boys in single-sex schools would have preferred a female teacher as they considered a woman better at dealing with relationships issues:

> *"…women are better at this relationships stuff (boy, aged 16-17, single-sex school)"* (Hilton 2003)

Girls

Forrest et al (Forrest, Oakley, & Strange 2003) found that girls also wanted teachers who were 'fair', but for girls this meant someone who would ensure representation of their views and who listened and responded equally to boys and girls. Girls considered that a female teacher would be more likely to understand their experiences and perspectives. Girls' difficulties in lessons were exacerbated by having a male teacher as any interaction with him, such as asking a question, could be used by boys as a sign of their sexual interest in the teacher and therefore open them to teasing and ridicule. However, girls also considered that a male teacher would not be as vulnerable to teasing from boys as a female teacher. Therefore a male teacher will control the boys

better and this will result in girls being able to relate better to the boys during the lessons.

In contrast to boys, Measor et al (Measor, Tiffin, & Miller 2000) found that girls asked for teachers' intervention in a number of areas related both to classroom interaction and to SRE outside the school boundaries. Though girls found it difficult to ask questions of a male science teacher. They also complained about the behaviour of other male teachers (not PSHE ones) who were *'not funny'* or *'took the piss out of virgins'* (Measor, Tiffin, & Miller 2000).

Simpson et al (Simpson, Lafferty, & McConkey 2006) found that most female interviewees reported that they preferred to talk with another female as it would be embarrassing for them to talk to a man, whereas males did not have a preference. Several interviewees said that they would be comfortable discussing sexual issues with staff but others preferred a stranger as 'staff would be too personal'. Some who were still at school said they would be uncomfortable with teachers.

Hirst (Hirst 2004) highlighted that some Muslim girls could participate in SRE though not in the presence of males. Hence these girls had to exclude themselves from lessons if the teacher was male, and also if male peers were present.

7.7.2. Characteristics of the Educator and Age

In a study of a peer-led programme where the peer educators were young mothers (aged 17-25 years old), Kidger (Kidger 2004) found that the students (aged 14-16 years old) were highly engaged with the sessions. Pupils said that one reason why they paid greater attention in these peer-led sessions compared to when they were in teacher-led sessions was that the young mothers were their peers, similar in age or status.

> *"Because they're more young people, like the same age as us sort of thing, unlike with the teacher we were more, people actually sat and listened. (Year 11 female, Dunsbrook)"* (Kidger 2004)

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> *"But they could have been like me, and if I do that it's going to destroy my childhood as well as my teenagehood. (Boy, Year 10)"* (Kidger 2004)

By contrast Lester and Allan (Lester & Allan 2006) found that both boys and girls (aged 14-15 years old) were unhappy with peer tutors near their own age. Girls believed that if that was the case, this person would lack credibility. Boys believed a tutor close to their own age would have problems controlling teenage boys and would not be taken seriously.

> *"I think we need someone with experience and who's more mature, but if it was somebody our age, they would mess about a lot"* (Boy, aged 14-15)

Girls thought that someone of undergraduate age would empathise with pupils and would be listened to. Boys also preferred being taught by someone more experienced and mature. It is not clear in the study whether these opinions were in response to an actual or past experience of peer-led programmes, or whether it was just a hypothetical question. Selwyn (Selwyn & Powell 2007) also found that peer educators were not considered credible if their age was too close to that of the pupils'. The boys considered peer teaching to be not very popular and described it as 'scary', although some were willing to try it.(Hilton 2003)

By contrast with some of the previous, in one of the RIPPLE papers (Forrest, Strange, & Oakley 2002) where peer educators were 3-4 years older than the students (peer educators 16/17 years old, students 13/14 years old) peer educators' perseverance and courage for volunteering to deliver SRE was appreciated. They were judged not so much on their knowledge but on their weakness in communicating effectively. They were perceived to be more sexually experienced, reliable informants and more realistic than teachers. Again, they were considered to be more empathetic because of similarity in age and for having similar personal and social experiences to pupils. They

were comparatively open without being familiar, using distancing techniques for discussing sensitive/personal issues. The role and level of participation of peer educators was a factor in determining pupils' participation and inclusion:

> *"…a lot of them (peer educators) would have had that, like experience and stuff like that and they're not shy to talk to you about it-they're not shy" (male student, aged 13-14)* (Forrest, Strange, & Oakley 2002)

> *"They treated us with respect, they treated us like fellow students instead of…pupils" (male student, aged 13-14)* (Forrest, Strange, & Oakley 2002)

7.7.3. Characteristics of the Educator in General

A number of studies found that young people's views on the characteristics of the educator, delivering actual interventions, were both positive and negative.

Pupils were positive about sex education delivered by an experienced sexual health team, as sessions were being led by someone other than a teacher. They said they behaved in a more open way, felt more comfortable and learnt more from the visit than a teacher-led SRE class (Buston, Wight, & Hart 2002). However, pupils also talked positively about some teachers who showed ability to empathise, balance the interests of girls and boys and understood their anxieties (Forrest, Strange, & Oakley 2002). Lester and Allan (Lester & Allan 2006) found that some teachers were respected for their good class control. Buston et al (Buston, Wight, & Hart 2002) found that certain teachers were portrayed as friends and the atmosphere in the class as 'friendly'. Their pupils tended to assess sex education lessons in a relatively positive way and to report fewer anxieties. The teacher's characteristics that appealed to pupils were: nice, funny, relaxed, encouraging, easy to talk to and able to control the class. They also liked teachers who treated them like adults, listened to them and understood what they said.

Students criticised the lack of training, specialisation and knowledge of some teachers (Forrest, Strange, & Oakley 2002). Other teachers were

uncomfortable delivering sex education, resulting in textbook teaching and reluctance to answer questions or enter into discussion (Lester & Allan 2006):

> *And it depends what teacher you get as well. Mr. . . he was all right talking about it, but say you had Mr– I don't think he . . . he was too shy and that.* (Girl from Cardiff, aged 14-15) (Lester & Allan 2006)

> *With the teachers you can't have a discussion. It's like a taboo or hush-hush subject.* (Boys from Vale, aged 14-15) (Lester & Allan 2006)

Some teachers and school staff were criticised for their apathy towards SRE. Although teachers were helpful during lesson time, students would not talk to them on an individual basis due to issues of embarrassment and confidentiality (Selwyn & Powell 2007).

In general young people said they wanted "less patronising" and more relevant information and for teachers to be sensitive to their increasing emotional and sexual maturity. They also though teachers should be comfortable with their own sexuality, take a relaxed attitude to sex education and should be willing to answer questions frankly. Young people wished to be treated with respect and not told how they should think and act. They would welcome outside experts, such as sexual health clinic staff, to provide sex education modules in school. (Lester & Allan 2006). They also wanted to receive information and advice in forms which were contemporary, confidential and/or fun; having more interesting school lessons ensured that no one felt singled-out and embarrassed. It was acknowledged that the youth centre sessions complied with all this (Selwyn & Powell 2007).

Lynch and Blake (Lynch & Blake 2004) found that young people had a number of suggestions about how professionals, including service staff, school nurses, teachers, learning mentors and social work staff, should be. These characteristics were:

- *'Be good listeners*

- *Be someone you can trust*

- *Be down to earth*

- *Make sessions interesting and fun*

- *Not judge young people and their behaviour; treat them like adults*

- *Respect confidentiality and be clear when it is not available*

- *Be relaxed and tell the truth indicating the negatives and the positives*

- *Be understanding*

- *Be interesting and humorous*

- *Not preach*

- *Be accessible, genuine, open, warm, friendly and patient*

- *Not be patronising*

- *Be comfortable talking about sex, relationships, drugs and alcohol*

- *Be sensitive to diversity*

- *Be there when you need them'* (Lynch & Blake 2004)

Boys

One paper (Hilton 2003) was concerned with exploring boys' perceptions on their sex education teachers. The author found that boys wanted to be taught by someone they could trust and also have instant access to. Even though there was no agreement upon whether this person should be a familiar member of staff or a stranger, the ability to encourage trust in the pupils was unanimously considered to be the most important quality. Boys thought this could be achieved by the teacher maintaining confidentiality, being sufficiently approachable, allowing the boys to relax and discuss personal and difficult subjects, create a safe environment within which to deal with sensitive subjects and answer direct questions in a relaxed manner. They also wanted to discuss sexual techniques with a teacher who was not embarrassed to answer direct questions or by any topic discussed or comment made. They thought this would only be possible in a safe environment created by a teacher where they could ask questions without feeling ridiculed by others. Using sarcasm and making individuals look foolish in front of their peers in order to cope with embarrassment was perceived as unforgivable by the boys. Teachers' embarrassment would make them lose credibility with the class.

Adults coming from outside the school were considered easier to talk to than the teachers the boys knew well; but a combination of outsider/insider was thought as useful. Outsiders would be better for the discussion of attitudes, beliefs, feelings, relationships and sexual behaviour; whereas insiders would be better at giving the basic facts. Measor et al (Measor, Tiffin, & Miller 2000) found that boys did not ask for adult input or support on issues they found difficult.

Boys considered that SRE teachers should not come from the senior staff who were in charge of discipline, such as deputy heads or year heads. However, at the same time the boys wanted someone who was well informed on the subject material to be delivered and could keep control of the class. The boys had all experienced difficulties with teachers who were unable to control discipline within the classroom. Boys did not know how to respond to the

apparent contradiction of not wanting authority figures as SRE teachers, and at the same time wanting someone who was able to keep control of the class.

Forrest et al (Forrest, Oakley, & Strange 2003) found that boys wanted teachers who were 'fair', which for them was someone who disciplined them when they misbehaved but did not blame them unfairly. It was also important that the teacher was a knowledgeable person (an 'expert') who is confident and unembarrassed about the subject material.

7.8. Teaching methods

Evidence Statement
There is level + evidence from ten papers (Buston, Wight, & Hart 2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Hilton 2003;Hilton 2007;Lester & Allan 2006;Measor, Tiffin, & Miller 2000;Rolston, Schubotz, & Simpson 2005;Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007) and level − evidence from two papers (Bragg 2006;Lynch & Blake 2004) which suggests that young people aged 11-19 of both sexes prefer active over passive teaching methods for SRE. Active teaching methods help young peoples' learning and participation in SRE. **Young people did not want to be tested in SRE classes. Nor did they want activities which encouraged competition between the sexes.** **A combination of single and mixed sex classes were considered ideal for teaching SRE by both boys and girls.** **Young people liked, or wanted, to be taught in smaller groups and this lessened feelings of inhibition.** **Setting ground rules in SRE classes helped young people to feel more comfortable.**

Findings from Papers

Teaching methods were discussed in twelve papers (Buston, Wight, & Hart 2002;Forrest, Oakley, & Strange 2003;Forrest, Strange, & Oakley 2002;Hilton 2003;Hilton 2007;Lester & Allan 2006;Measor 2004;Measor, Tiffin, & Miller 2000;Rolston, Schubotz, & Simpson 2005)
(Schubotz, Simpson, & Rolston 2002;Selwyn & Powell 2007) (Evidence level +) (Bragg 2006;Lynch & Blake 2004) (Evidence level –)

It was important for boys that the teacher had the ability to deliver the subject matter in a way which involved and engaged them, such as role-play and discussions. All the boys agreed that the ideal teacher would include them in the lessons and by doing so help them make decisions for themselves. Boys believed that mathematics teachers should not be allowed to teach sex education, as they saw their teaching methods as competitive and believed this had no place in sex education classes.

Boys thought that all teachers should be trained for this work; but also that some teachers should specialize in this area alone. Dual training, with a strong element of classroom management skills, seemed to be the answer.

7.8.1. Teaching methods that helped participation in SRE

A number of papers showed that young people, whatever their age and gender, preferred participatory, active teaching methods like role playing, discussions, videos if followed by discussions, making scrapbooks, posters, collages, anonymous written questions to be answered in class, "condom quizzes", 'brainstorming' in small groups, making presentations and run-around games.

Bragg (Bragg 2006) found that scrapbooks proved popular for pupils, because they enjoyed writing down their personal thoughts about practically anything without feeling embarrassed or judged. Pupils were enthusiastic about activities (collages, posters) that allowed them to share opinions and come to see things from other people's points of view without feeling judged. They were pleased to have opportunity to use role-play card exercises to deal with

lesbian and gay issues. This teaching method attracted a great deal of attention especially for girls who had the chance to debate these issues. An 'active debate' developed by a teachers was 'fun' as it allowed them to give different opinions and listen to other people's views.

Incidental data also corroborated this preference for active methods. Bell (Bell & Stanley 2006) found that boys preferred plays than workshops:

> *'learnt more from play, could actually see what was going on; don't have to hear, can see it. When you talk about stuff in lessons, you can watch videos and actually see what's happening.'' (Boy, Year 8)*

Girls enjoyed role-play elements of workshops such as:
> *'discussing stuff in groups. That was the best part I think. Especially doing about what girls like and boys like and we swapped it over'' (Girl, Year 8)*

A number of girls requested that SRE in schools should be taught in small single-sex groups based on friendship as it can be 'difficult to ask questions in front of the whole class'. Girls felt embarrassed and thought that boys did too. (Buston, Wight, & Hart 2002;Measor 2004;Measor, Tiffin, & Miller 2000)

Measor et al (Measor, Tiffin, & Miller 2000) found that a girls' only lesson on contraception was evaluated very positively by the pupils. This was due to the relevance of the content, the use of practical activities like putting a condom on a phallus model and receiving information about local sexual health services.

Incidental data

Redgrave et al (Redgrave & Limmer 2004) demonstrated that even when using active methods it is necessary to put the knowledge into a real situation context:

> *'showed you how to put a condom on a banana, it's there in front of you and easy to do it, but (not) when it's down there (points to crotch) and when you are drunk as well'* (male, aged 14-15) (Redgrave & Limmer 2004)

Lester and Allen (Lester & Allan 2006) found that students were reluctant to watch sexual health programmes at home, but would welcome viewing them in school. Wallet-sized cards with relevant contact numbers (such as contraceptive advice, STI clinic etc) was considered a good idea. Students thought that discussion-based sessions were the best way to deal with STI issues.

It was agreed that strategies like agreement of ground rules made students feel comfortable (Forrest, Oakley, & Strange 2003).

Students that were part of peer led groups (Forrest, Strange, & Oakley 2002) liked the activity approach used by them. Pupils were able to move around and talk, work in groups and touch contraceptives and condoms, make posters, presentations and games and do quizzes and 'brainstorming'. All these provided opportunities for joking and laughter, thus making the lessons more enjoyable. It was also found that having 3-4 peer educators in one session made it easier for pupils to engage in discussions without being the centre of attention.

A combination of lessons, some with girls and some without them, was considered by some boys to be a good idea. This structure allowed them to find out about the feelings of the other sex and also provided the opportunity to discuss 'man things' (Hilton 2007).

7.8.2. Teaching methods that hindered participation in SRE

Certain teaching methods were disliked by young people and hindered their participation in the lessons. In all the papers that explored this theme, young people, of any sex and age, said they disliked didactic and passive activities. These activities included reading, writing, completing worksheets, copying off

the board, listening to teachers talking, sitting still, being quiet and looking at drawings or diagrams.

Incidental data also corroborated this (Mather & Springthorpe 2006):

> *'rubbish, mostly just watch video and got so bored nobody really listened, wasn't any conversation, it's all boring worksheets that everybody binned them' (Girl, aged 13)*

Both boys and girls disliked recall testing and activities that encouraged competition between the sexes as this enhanced the differences between them. (Forrest, Oakley, & Strange 2003)

Some Muslim boys sometimes excluded themselves from the lessons, not because of their faith, but because they chose the part of the content they wished to participate in. Some Muslim boys admitted taking advantage of teacher's ignorance about their faith in excusing themselves from "doing worksheets and that. We stay in for videos" (Boys, aged 15-16) (Hirst 2004)

Young people did not like it when teachers gave out handouts and did not communicate orally with their students about 'contentious' issues. (Schubotz, Simpson, & Rolston 2002)

The teaching materials used in SRE were perceived differently by boys and girls. Girls mentioned videos used in SRE classes which show naked men and women and how boys talked about women's bodies in relation to the images on the screen. This made the girls feel objectified and demeaned. (Forrest, Oakley, & Strange 2003)

Young people in the Lester's study (Lester & Allan 2006) did not like role-play and neither did the boys in the Hilton study (Hilton 2007). In the latter study, role-play was considered babyish, and the only way to make it work was in a single-sex setting as it was considered useful for thinking about reactions and feelings of the opposite sex.

Teacher-led sessions (Forrest, Strange, & Oakley 2002) were associated with reading, copying off the board, listening to teachers talking, sitting still, being quiet and looking at drawings and diagrams. Pupils perceived that teachers viewed activity approach as an opportunity for students' digression /subversion.

Boys in state schools wanted to be taught in smaller classes. (Hilton 2007) The current group sizes were too big and made boys feel inhibited. This prevented them from asking questions for fear of ridicule. Group sizes in public schools (10-15 pupils) seemed acceptable.

Young people (Lynch & Blake 2004) had some suggestions about teaching methods in different settings.

Young people's ideas for education settings:
- *'Spread the work across the school timetable*
- *Coordinate the lessons across year's groups*
- *Give us opportunities to explore issues as one-off lessons don't work*
- *Have dedicated teachers and planned timetables*
- *We want visits from experienced external agencies too*
- *Use distancing techniques such as case studies that allow for exploration without disclosure and feeling unsafe*
- *Use video to start discussing things we need to know*
- *Use language we understand*
- *Use young people and outside visitors*
- *Work at a level we understand*
- *Don't assume we know everything about sex and drugs*
- *Make it relevant to the realities of our lives'* (Lynch & Blake 2004)

"There should be certain time each week in the timetable. Something that actually says 'not just here and there'- it should be set" (Boy, aged 16)

Young people's ideas for health, community and other settings:

- *'Make the work practical and hands on*
- *Plan dedicated time/regular lessons*
- *Provide leaflets and free stuff to take away (without having to ask!)*
- *Make sure it is different from usual lessons*
- *Involve and link work to services and agencies*
- *Provide more discussion and in more details*
- *Start at a young age*
- *Use language that is easy to understand*
- *Offer opportunities to explore consequences*
- *Make it thought provoking*
- *Use interactive methods such as art, drama, role play or quizzes*
- *Support us as peer educator*
- *Be genuine*
- *Ensure all the work is relevant to reality'* (Lynch & Blake 2004)

7.9. Classroom Dynamics

Evidence Statement
There is level + evidence from four papers (Buston, Wight, & Hart 2002;Forrest , Strange & Oakley 2002;Measor, Tiffin, & Miller 2000) Forrest, Oakley, & Strange 2003) and level − evidence from one paper (Hirst 2004) which suggests: • young people felt that SRE was a sensitive and potentially threatening subject. • the importance of making SRE lessons fun thus helping to reduce the levels of anxiety felt by pupils. Pupils considered it the responsibility of the teacher to make the lesson fun. Young people highlighted that continuity in SRE classes (including remaining in the same grouping for PSHE and/or continuity in relation to their teacher) was important as this reduced their anxiety levels and aided learning.

Young people were happy to be taught by either external or internal staff as long as the lessons were fun and confidential.

Young people had conflicting views on mixed-sex classes.

The advantages of mixed-sex classes included:

- **Developing confidence in communicating with the opposite sex**
- **Learning each others views on sex and relationships**

The disadvantages of mixed-sex classes included:

- **Boys felt unable to ask questions in-front of girls.**
- **Boys often disrupted the class as a way to deal with their underlying anxieties and the non relevance of SRE content to meet their needs.**
- **Girls sometimes felt harassed by the boys' behaviour.**

Girls highlighted that single-sex classes or single-sex groups within a mixed-sex class allowed them to be more open when expressing their views.

Findings from Papers

Classroom dynamics were explored in five papers (Buston, Wight, & Hart 2002;Buxton & White 2004;Forrest, Oakley, & Strange 2003;Measor, Tiffin, & Miller 2000) (Evidence level +) (Hirst 2004) (Evidence level –).

7.9.1. Classroom Dynamics that Help Participation in SRE

Mixed-sex classes were considered by both boys and girls as a good opportunity to get to know each other and each others views on sex and relationships, as well as developing confidence in communicating with each other. This was important for boys because it gave them a sense of inclusion. Mixed-sex classes were particularly important for girls who were not encouraged to socialise with boys, such as British Asians. Some girls also welcomed and enjoyed the humour that boys often brought into the classroom.

On the other hand, girls also felt that single-sex classes or single-sex small groups within mixed sex classes were essential to allow them to be open when expressing their views and to be more focused when discussing specific issues. (Buston, Wight, & Hart 2002). By contrast boys did not seem to object to girls' activities or reactions in SRE lessons in the way the girls did to boys' behaviour. They did not ask for girls to be excluded from SRE or saw any advantage to single-sex teaching. (Measor, Tiffin, & Miller 2000)

Pupils were positive about sex education delivered by an experienced sexual health team. These sessions allowed pupils to be more open, feel more comfortable and have fun. Pupils felt they learnt more from the visit than a regular SRE class. These sessions were held in small (size not reported) friendship groups including some girl-only groups. Pupils felt what was said was confidential and they enjoyed being led by someone who was not a teacher. (Buston, Wight, & Hart 2002)

Overall, young people preferred sex education to be fun, thus decreasing fear and anxiety and facilitating engagement and learning by pupils of both sexes and all ages. They felt it was the teacher's responsibility to ensure that fun was centred round the purpose of the lesson.

Young people also felt that continuity (remaining in the same grouping for PSHE and/or continuity in relation to their teacher) would add value in mediating discomfort and building a conducive atmosphere in the classroom. (Buston, Wight, & Hart 2002)

7.9.2. Classroom Dynamics that Hinder Participation in SRE

Young people considered SRE a sensitive and potentially threatening subject. It could induce high levels of anxiety and discomfort in some boys, making it difficult for them to engage in the lessons. Measor et al (Measor, Tiffin, & Miller 2000) found that boys in mixed-sex lessons made jokes about the contraceptives samples and also on the topic of the penis and specifically on competition between boys about penis size.

Young people felt that a mixed sex classroom generated a general feeling of embarrassment and discomfort in both boys and girls, and hindered participation. Boys felt unable to participate because it was difficult to ask questions in front of the girls, to express their feelings and to discuss some topics that were perceived as embarrassing and therefore likely to expose them to ridicule. Boys' disruptive behaviour, both in mixed and single-sex sessions, was sometimes a way of dealing with underlying anxiety and fear and a consequence of the perceived irrelevance of the content of SRE for them. This could also generate the feeling of being excluded, thinking that girls' interests had been given priority.

Girls in mixed-sex classrooms very often felt harassed by boys, who made sexist comments, jokes and criticisms of girls, trying to dictate girls' involvement and often sexualising their comments and therefore the girls themselves. In general girls found boys' behaviour disruptive and obstructive of their engagement and acquisition of information. Some girls' difficulties in their sex education lessons were exacerbated by having a male teacher as any interaction with him, like asking a question, could be used by boys as a sign of their sexual interest in the teacher and therefore opening them to teasing and ridicule. Some Muslim girls sometimes had to exclude themselves when the teacher was male or when in a mixed-sex classroom. (Hirst 2004)

The teachers' reaction to boys' disruptive behaviour and ineffective strategies to control the disruption contributed to more disruption:

> *"But he (the teacher) just went mental when any of the boys mucked around, then we just had to stop and couldn't carry on"* (girl, age not specified) (Forrest, Oakley, & Strange 2003)

7.10. Perception of Impact on Behaviours

Evidence Statement
There is level + evidence from two papers (Buston & Wight 2002;Buston & Wight 2006) and level – evidence from one paper (Wallace & Kyprianou 2007) which suggest that both boys and girls felt SRE had changed their views, intentions and behaviours regarding sex and relationships. **Boys changes in behaviour included** ▪ **Encouraging their use of contraceptives** ▪ **Delaying first sexual experience** ▪ **The ability to discuss sexual relations with a prospective partner** ▪ **Waiting until the girl was ready** ▪ **Feeling more confident about knowing what to expect at their first sexual encounter** **Girls changes in behaviour included:** ▪ **Waiting until they were in a long-term relationship before having sex** ▪ **Enrol on information courses about contraception**

Findings from Papers

Young people's (aged 11-19 years) views on the impact of SRE on their behaviours were explored in three papers (Buston & Wight 2002;Buston & Wight 2006) (Evidence level +) (Wallace & Kyprianou 2007) (Evidence level –).

7.10.1.   Boys

Boys felt that what they had learnt had changed their views, intentions and behaviours in a concrete way by:

- encouraging their use of contraceptives and condoms

- delaying having sex for the first time while waiting for a special person

- carrying a condom at all times and knowing how to use it properly and using it

[had he not known how to use a condom, he…]…..would have ruined it [the sexual encounter] and been embarrassed (Boy, aged 16, had experienced sexual intercourse >1) (Buston & Wight 2006)

- discussing having sexual intercourse before embarking on a relationship

..because I know how the girls were thinking as well so it was better that way (Boy, aged 16, had experienced sexual intercourse 1) (Buston & Wight 2006)

- waiting until the girl was completely ready for sexual intercourse

…makes you realise that a girl doesn't always want to do it and that you shouldn't really pressure them. (Boy, aged 14, had experienced sexual intercourse >1) (Buston & Wight 2006)

- feeling more informed about the use of contraceptives generally

- realising that if a boy got a girl pregnant he would have to stand by her

- removed their apprehension around having sex which would probably have prevented them using a condom

- feeling more confident about knowing what to expect on one's first sexual encounter

- feeling more confident about communicating with women, especially in relation to persuading them to use a condom. (Buston & Wight 2006)

7.10.2. Girls

For girls, behaviour changes included enrolling on a free condoms scheme at a local clinic. They thought that the skills-based work would help them to modify their behaviour in the future, such as waiting until they were in long-term relationships before having sexual intercourse:

I've seen the mess that some of my friends have been in and I just thought 'no, I can't. Like I don't want to be in that mess (Girl, aged 16, had not experienced sexual intercourse) (Buston & Wight 2002)

Influences outside of school sex education had also changed their actual or intended behaviour. This included using or changing contraception (from family members and friends), having/not having/delaying sex (from friends). (Buston & Wight 2002)

Others reported having done something differently as a result of being on the programme "Not judging people by their look", being more aware of the risks they faced and peer pressure to conform. They were also more aware of how their behaviour could impact on others and how others behaviour could impact on them "Nasty you, get nasty back; nice you, you get nice back". The entire group reported that they now recognised the importance of planning for the future and all said they were now doing so. (Wallace & Kyprianou 2007)

8. Discussion

This review summarised the evidence of the subjective views and experiences of young people (aged 11-19) about issues relating to SRE and alcohol education in the secondary school setting and in community settings. It is drawn upon UK primary qualitative research and UK grey literature.

We are not aware of any existing qualitative reviews on this topic area.

Data from this review suggests a number of important themes relating to children and young people's views of PSHE and SRE and alcohol education. Those planning interventions in SRE and alcohol education may wish to consider the themes highlighted in this review (see key findings).

The main themes for SRE in this review are:
- Sources of information

- Content

- Timing

- Characteristics of educators

- Classroom dynamics

- Teaching methods

- Perception of impact on knowledge and behaviour

The main themes for alcohol education in this review are:
- Sources of information

- Content

- Characteristics of educators

- Teaching methods

8.1. Limitations of the Review

The overall quality of the papers was variable (13 papers rated evidence level +, 5 papers rated evidence level ─) mainly due to poor reporting of important details. This applies in most cases to:

- accounts of the criteria used for choice of method, sampling, data collection and data analysis

- characteristics of the participants and settings

- consideration of context bias

- description of how the data was processed to arrive at the results

The study on young people with learning disabilities did not disaggregate the data by age. Therefore we are unable to assess if the comments are by young people up to the age of 25 as the study's population included people up to the age of 40 years. However, as no other papers were available on this

topic for this population it was decided to include it and acknowledge this limitation.

A number of papers used a mixture of qualitative and quantitative data collection methods. As this review focuses on qualitative data only, we have not included quantitative data on this topic. The qualitative data has not allowed us to establish direct links between themes and characteristics of the populations under investigation. This is why, in the context of this review, relationships do not imply the existence of a direct causality. We related the themes to the characteristics of the populations who expressed the views included under each of those themes (as reported by the authors of the papers). We believe this explains, in part, the differences in views and experiences of young people that we were able to find during the review process. We cannot claim that the study design or the settings and contexts where the studies were conducted explain these differences. The vast majority of the studies were conducted in schools' setting and therefore we could not establish a comparison with other settings. The context and its influence on the results was either not addressed or poorly addressed in most papers, despite the previous, we did not find any striking differences in the results obtained across the papers.

No evidence was found related to the reasons that children and young people give for changing or not changing their behaviours relating to alcohol, sexual health and relationships. This issue was not addressed in any of the papers.

Other limitations of the data included:
- An under representation of black and minority ethnic people within all the papers.

- An under representation of LGBT people within all the papers.

- Classroom dynamics cannot be assumed to apply to settings other than schools.

- Inconsistency by the authors of the papers in the reporting of the characteristics of the young people who made the comments included in the quotations.

- Inconsistency by the authors of the papers in the reporting of the characteristics and the roles of the researchers.

9. Conclusion

Available data from this review provide a meaningful insight into young people's perceptions of PSHE with special reference to SRE and alcohol education. These are important steps to understanding their personal situations and circumstances in the context of SRE and alcohol education. Young people's views and experiences reflect the likely barriers and aids which can be considered to facilitate their engagement and learning of SRE and alcohol education. Data from this review will inform the planning and design of effective intervention strategies to improve young people's knowledge and behaviour on alcohol, sex and relationships and engender positive changes in their sexual health and wellbeing.

10. Evidence Tables

The evidence tables are available as a separate document.

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Warwick, I., Aggleton, P., Chase, E., Schagen, S., Blenkinsop, S., Schagen, I., Scott, E., & Eggers, M. 2005, "Evaluating healthy schools: Perceptions of impact among school-based respondents.", *Health Education Research*, vol. 20, no. 6, pp. 697-708.

World Health Organization 1998, *Health Promotion Glossary*, World Health Organization, Switzerland, WHO/HPR/HEP/98.1.

Appendix 1: Search Strategy

Bibliographic Databases Searched:

Sociological Abstracts

Assia (Applied Social Index and Abstracts)

ERIC

Psycinfo

OpenSIGLE

Key Journals Searched:

Children and Society

Sociology of Health and illness

Critical Public Health

Culture, health and society

European journal of public health

Health education

Health education journal

Health education research

Journal of health and social policy

Journal of public health

Sex Education

Sexual Transmitted Infections

Websites Searched

Every Child Matters website

Site aimed at teachers for professional issues/sharing best practice e.g.

http://www.teachernet.gov.uk/pshe/

Department Children Schools and Families (formerly DfES)

Department of Health

Department of Culture, Media and Sports

Department of Communities and Local Government

Office of Children's Rights Websites,

Sex Education Forum

PSHE Association

Healthy Schools Programme

Teenage Pregnancy Unit website

Joseph Rowntree foundation (JRF)

Schools Health Education Unit

A National Voice

Barnardo's

British Youth Council

The Children's Society

Connexions

Helpyourselves

Kidscape

Mentor UK

National Children's Bureau

NCH – The Children's Charity

National Society for the Prevention of Cruelty to Children (NSPCC)

National Youth Advocacy Service

National Youth Agency

Office of the Children's Commissioner

Pyramid

Rainer Foundation

Young Minds

UK Youth Parliament

Voice for the Child in Care

The Who Cares? Trust

Brook

The Family and Parenting Institute

Parentline Plus

Positive Parenting

Young Voice

4Children

Carnegie Young People's Initiative

Participation Works

Parentalk.co.uk

DEPIS

Drugscope

UNICEF

Health Scotland

ESRC

Scottish Executive

We contacted National Healthy Schools Programme Co-ordinators and others for key contacts.

We used a snowball approach to contact others for relevant 'grey literature', including potentially eligible literature referred by PDG members.

To ensure that all relevant studies were captured and no evaluations were missed, a sensitive strategy with the following search terms (adapted for different databases) was used:

Search Strategy

Ovid MEDLINE(R) 1997 to November Week 2 2007

1	SEX EDUCATION/
2	HEALTH EDUCATION/
3	((personal or social or sex$ or relationship$ or alcohol$ or drinks or drinking) adj3 (education or teach$ or class$ or curricul$ or course$ or lesson$ or period$ or session$ or intervention$ or program$ or campaign$ or activit$ or lecture$ or counsel$)).tw.
4	(health adj (promot$ or education or literacy)).tw.
5	((sexual or reproductive) adj health).tw.
6	life skill$.tw.
7	or/1-6
8	CHILD/
9	ADOLESCENT/
10	STUDENTS/

11	(child$ or adolescen$ or kid$ or youth$ or young$ or minor$ or underage$ or teenager$ or student$ or pupil$).tw.
12	SCHOOLS/
13	((infant or junior or primary or secondary or middle or high or special or state or grammar or comprehensive) adj3 school$).tw.
14	sixth form$.tw.
15	(further adj3 education).tw.
16	(education adj3 authorit$).tw.
17	key stage$.tw.
18	(city adj3 (academ$ or technology)).tw.
19	(referral$ adj3 unit$).tw.
20	(secure adj3 unit$).tw.
21	(offender$ adj3 institut$).tw.
22	school$.ti.
23	or/8-22
24	ATTITUDE/
25	ATTITUDE TO HEALTH/
26	HEALTH KNOWLEDGE, ATTITUDES, PRACTICE/
27	(view$ or experience$ or opinion$ or attitude$ or impression$ or thoughts or perspective$ or estimation$ or barrier$ or obstacle$ or facilitat$ or perception$ or experience$).tw.
28	or/24-27
29	and/7,23,28
30	limit 29 to (humans and english language and yr="1990 - 2007")

Appendix 2: NICE Methodology Checklist: Qualitative Studies

Criterion	Is the criterion clearly addressed?	
Epistemology		
1. Is a qualitative approach appropriate? Does the research seek to understand processes or structures, or illuminate subjective experiences or meanings? Could a quantitative approach better have addressed the question	☐ Appropriate ☐ Inappropriate ☐ Not sure	Comments:
2. Is the study clear in what it seeks to do? Is the purpose of the research discussed – aims/objectives/research question Is there adequate reference to the literature Are underpinning values/assumptions/theory discussed	☐ Clear ☐ Unclear	Comments:

Criterion	Is the criterion clearly addressed?	
Study Design		
3. How defensible is the research design? Is the design appropriate to the question Are there clear accounts of the criteria used for sampling, data collection, data analysis Is the selection of cases/sampling strategy theoretically justified Is a rationale given for the choice of method	☐ Defensible ☐ Indefensible ☐ Not sure	Comments:

Criterion	Is the criterion clearly addressed?	
Data collection		
4. How well was the data collection carried out? • Were the data collected in a way which addressed the research question • Was the data collection and record keeping systematic	☐ Appropriately ☐ Inappropriately	Comments:

	☐ Not sure	

Validity

5. Is the role of the researcher clearly described? Has the relationship between the researcher and the participants been adequately considered Is there evidence about how the research was explained and presented to the participants	☐ Clear ☐ Unclear ☐ Not sure	Comments:
6. Is the context clearly described? • Are the characteristics of the participants and settings clearly defined • Were observations made in a sufficient variety of circumstances • Was context bias considered	☐ Clear ☐ Unclear ☐ Not sure	Comments:
7. Were the methods reliable? • Was data collected by more than one method • Is there triangulation, or justification for not triangulating • Do the methods investigate what they claim to	☐ Reliable ☐ Unreliable ☐ Not sure	Comments:

Analysis

8. Is the data analysis sufficiently rigorous? • Is the procedure explicit – i.e. is it clear how the data was processed to arrive at the results • How systematic is the analysis, is the procedure reliable/dependable • Is it clear how the themes and concepts were derived from the data	☐ Rigorous ☐ Not rigorous ☐ Not sure	Comments:

9. Is the data rich?		Comments:
- How well are the contexts of the data preserved - Has the diversity of perspective and content been explored - How well has the detail and depth been preserved - Are responses compared and contrasted across groups/sites	☐ Rich ☐ Poor ☐ Not sure	
10. Is the analysis reliable?		Comments:
- Did more than one researcher theme and code transcripts - If so, how were differences resolved - Did participants feed back on the data if possible and relevant - Were negative/ discrepant results addressed or ignored	☐ Reliable ☐ Unreliable ☐ Not sure	
11. Are the findings credible?		Comments:
- Is there a clear statement of the findings - Are the findings internally coherent - Are elements from the original data included - Can the data sources be traced - Is the reporting clear and coherent	☐ Credible ☐ Not credible ☐ Not sure	
12. Are the findings relevant to the aims of the study?	☐ Relevant ☐ Irrelevant ☐ Not sure	Comments:
13. Conclusions		Comments:
- How clear are the links between data, interpretation and conclusions - Are the conclusions plausible and coherent	☐ Adequate ☐ Inadequate	

• Have alternative explanations been explored and discounted • Does this enhance understanding of the research topic • Are the implications clearly defined • Is there adequate discussion of limitations	☐ Not sure	

Ethics		
14. How clear and coherent is the reporting of ethics? • Have ethical issues been taken into consideration • Are they adequately discussed e.g. do they address consent and anonymity • Have the consequences of the research been considered i.e. raising expectations, changing behaviour etc • Was the study approved by an ethics committee	☐ Appropriate ☐ Inappropriate ☐ Not sure	Comments:
Overall Assessment		
Is this study relevant to the review?	☐Yes ☐No	Comments:
How well was the study conducted?	☐ ++ ☐ + ☐ -	

Appendix 3: Included Papers

Table 3.1   List of included papers (including incidental data)

1.	Bragg, S. 2006, "'Having a real debate': using media as a resource in sex education", *Sex Education*, vol. 6, no. 4, pp. 317-331.
2.	*Buston, K. & Wight, D. 2002, "The Salience and Utility of School Sex Education to Young Women", *Sex Education*, vol. 2, no. 3, pp. 233-250.
3.	*Buston, K. & Wight, D. 2006, "The salience and utility of school sex education to young men.", *Sex Education*, vol. 6, no. 2, pp. 135-150.
4.	*Buston, K., Wight, D., & Hart, G. 2002, "Inside the sex education classroom: The importance of context in engaging pupils.", *Culture, Health and Sexuality*, vol. 4, no. 3, pp. 317-335.
5.	**Forrest, S., Oakley, A., & Strange, V. 2003, "Mixed-sex or single-sex sex education: how would young people like their sex education and why?", *Gender and Education* pp. 201-214.
6.	**Forrest, S., Strange, V., & Oakley, A. 2002, "A comparison of students' evaluations of a peer-delivered sex education programme and teacher-led provision.", *Sex Education*, vol. 2, no. 3, pp. 195-214.
7.	**Forrest, S., Strange, V., & Oakley, A. 2004, "What do young people want from sex education? The results of a needs assessment from a peer-led sex education programme.", *Culture, Health and Sexuality*, vol. 6, no. 4, pp. 337-354.
8.	†Hilton, G. L. S. 2003, "Listening to the boys: English boys' views on the desirable characteristics of teachers of sex education.", *Sex Education*, vol. 3, no. 1, pp. 33-45.

9.	†Hilton, G. L. S. 2007, "Listening to the boys again: an exploration of what boys want to learn in sex education classes and how they want to be taught", *Sex Education*, vol. 7, no. 2, pp. 161-174.
10.	Hirst, J. 2004, "Researching young people's sexuality and learning about sex: Experience, need, and sex and relationship education.", *Culture, Health and Sexuality*, vol. 6, no. 2, pp. 115-129.
11.	Kidger, J. 2004, "'You realise it could happen to you': the benefits to pupils of young mothers delivering school sex education", *Sex Education*, vol. 4, no. 2, pp. 185-197.
12.	Lester, C. & Allan, A. 2006, "Teenage sexual health needs: asking the consumers", *Health Education*, vol. 106, no. 4, p. 315.
13.	Lynch, J. & Blake, S. 2004, *Sex, alcohol and other drugs. Exploring the links in young people's lives.* National Children's Bureau.
14.	Measor, L., Tiffin, C., & Miller, K. 2000, *Young Peoples' Views on Sex Education: Education, Attitudes and Behaviour* RoutledgeFalmer, London.
15.	††Rolston, B., Schubotz, D., & Simpson, A. 2005, "Sex education in Northern Ireland schools: A critical evaluation.", *Sex Education*, vol. 5, no. 3, pp. 217-234.
16.	††Schubotz, D., Simpson, A., & Rolston, B. 2002, *Towards Better Sexual Health: A Survey of the Sexual Attitudes and Lifestyles of Young People in Northern Ireland: Research Report (Paperback)* Family Planning Association.
17.	Selwyn, N. & Powell, E. 2007, "Sex and relationships education in schools: the views and experiences of young people", *Health Education*, vol. 107, no. 2, p. 219.

18.	Simpson, A., Lafferty, A., & McConkey, R. 2006, *Out of the shadows. "Our voices aren't going to go quietly into the dark anymore"* *(Self-advocate) A report of the sexual health and wellbeing of people with learning disabilities in Northern Ireland*, Family Planning Association, London.
19.	Wallace, L. & Kyprianou, P. 2007, *Evaluation of Wirral Brook "All Different, All Beautiful" Programme*, Brook, London.

Incidental data

(Papers/reports not designed to specifically examine young people's subjective views on sex and alcohol education. Small excerpts from these papers, in the form of qualitative data, of young people's views relating to sex/alcohol education were included by the authors. In most of these papers/reports, methodological quality cannot be determined due to limited/lack of methodological details available).

1.	Alcohol Education and Research Council 2008, *Alcohol Insight. Alcohol Education materials for secondary schools*, Alcohol Education and Research Council.
2.	Bell, J. & Stanley, N. 2006, "Learning about domestic violence: young people's responses to a Healthy Relationships programme", *Sex Education*, vol. 6, no. 3, pp. 237-250.
3.	Family Planning Association 2007, *Are you ready? Young people's views of sex and relationships.*, Family Planning Association, London.
4.	French, R. S., Joyce, L., Fenton, K., Kingori, P., Griffiths, C., Stone, V., Patel-Kanwal, H., Power, R., & Stephenson, J. Exploring the attitudes and behaviours of Bangladeshi, Indian and Jamaican young people in relation to reproductive and sexual health. A report for the Teenage Pregnancy Unit. UCL, BMRB, Health

	Protection Agency, Kanwal Consulting Limited . 2005.
5.	Halstead, J. M. & Waite, S. 2001, "'Living in Different Worlds': gender differences in the developing sexual values and attitudes of primary school children", *Sex Education*, vol. 1, no. 1, pp. 59-76.
6.	Hunt, R. J. J. 2007, *The school report. The experiences of young gay people in Britain's schools*, Stonewall.
7.	Lavie-Ajayi, M. 2007, *Is it a sex thing? Using co-operative inquiry to support sexual health. A YWCA report of action research by young women*, YWCA England and Wales.
8.	Mather, K. & Springthorpe, L. Sex and relationships education: where are we now? Youth Parliament . 2006. Ref Type: Electronic Citation
9.	Mentor UK. Mentor UK consultation with young people about National Institute for Health and Clinical Excellence (NICE) draft guidance on Interventions Delivered in Primary and Secondary Schools to prevent and/or Reduce Alcohol use by young people under 18 years old. 2007. Ref Type: Unpublished Work
10.	Ofsted. Sex and relationships education in schools. Ofsted . 2002.
11.	Plymouth Youth Parliament 2006, *Plymouth Youth Parliament Sexual Health and Relationship Education Report 2006.*
12.	Redgrave, K. & Limmer, M. "It makes you more up for it". School aged young people's perspectives on alcohol and sexual health. Rochdale Teenage Pregnancy Strategy . 2004.
13.	Stanley, N. 2005, "Thrills and spills: Young people's sexual behaviour and attitudes in seaside and rural areas.", *Health, Risk and Society*, vol. 7, no. 4, pp. 337-348.
14.	Tacade 2004, *Peer Alcohol Education Project with Secondary School Students*, Tacade, Manchester.

15.	Twine, C., Robbe, I. J., Forrest, S., & Davies, S. 2005, "A needs assessment in South Wales schools for a novel medical student-led sex education programme.", *Sex Education*, vol. 5, no. 2, pp. 137-152.
16.	Underdown, A. 2002, ""I'm Growing Up Too Fast": Messages from Young Carers", *Children & Society*, vol. 16, no. 1, pp. 57-60.
17.	Warwick, I., Aggleton, P., Chase, E., Schagen, S., Blenkinsop, S., Schagen, I., Scott, E., & Eggers, M. 2005, "Evaluating healthy schools: Perceptions of impact among school-based respondents.", *Health Education Research*, vol. 20, no. 6, pp. 697-708.

* Separate report of a larger study (The SHARE study)

** Separate report of a larger study (The RIPPLE study)

† Separate report of a larger study

†† Separate report of a larger study

Table 3.2   **Quality Assessment of Included Papers**

Study	Qualitative approach appropriate?	Study clear in what it seeks to do?	Research design defensible?	Data collection carried out appropriately?	Role of researcher clearly described?	Context clearly described?	Methods reliable?	Data analysis sufficiently rigorous?	Data rich?	Analysis reliable?	Findings credible?	Findings relevant to the aims?	Adequate conclusions?	Appropriate reporting of ethics?	Study relevant to review?	Evidence level
(Bragg 2006)	Appropriate	Clear	Not sure	Not sure	Unclear	Unclear	Not sure	Not rigorous	Poor	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	–
*(Buston & Wight 2002)	Appropriate	Clear	Defensible	Appropriate	Unclear	Clear	Reliable	Rigorous	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
*(Buston, Wight, & Hart 2002)	Appropriate	Clear	Defensible	Appropriate	Unclear	Clear	Reliable	Rigorous	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
*(Buston & Wight 2006)	Appropriate	Clear	Defensible	Appropriate	Unclear	Unclear	Not sure	Rigorous	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
**(Forrest, Strange, & Oakley 2002)	Appropriate	Clear	Defensible	Appropriate	Unclear	Unclear	Reliable	Rigorous	Rich	Reliable	Credible	Relevant	Adequate	Not sure	Relevant	+

(Forrest, Oakley, & Strange 2003)	Appropriate	Clear	Defensible	Appropriate	Unclear	Not sure	Reliable	Rigorous	Rich	Reliable	Credible	Relevant	Adequate	Not sure	Relevant	+
(Forrest, Strange, & Oakley 2004)	Appropriate	Clear	Defensible	Not sure	Unclear	Unclear	Reliable	Rigorous	Not sure	Reliable	Credible	Relevant	Adequate	Not sure	Relevant	−
†(Hilton 2003)	Appropriate	Clear	Defensible	Appropriate	Unclear	Unclear	Reliable	Not sure	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
†(Hilton 2007)	Appropriate	Clear	Defensible	Appropriate	Not sure	Clear	Reliable	Not sure	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
(Hirst 2004)	Appropriate	Clear	Not sure	Not sure	Unclear	Not sure	Reliable	Not sure	Rich	Not sure	Not sure	Relevant	Not sure	Not sure	Relevant	−
(Kidger 2004)	Appropriate	Clear	Defensible	Appropriate	Unclear	Not sure	Reliable	Rigorous	Not sure	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
(Lester & Allan 2006)	Appropriate	Clear	Defensible	Not sure	Unclear	Unclear	Not sure	Rigorous	Rich	Not sure	Credible	Relevant	Not sure	Not sure	Relevant	+
(Lynch & Blake 2004)	Appropriate	Clear	Not sure	Not sure	Unclear	Not sure	Reliable	Not sure	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	−
(Measor, Tiffin, & Miller 2000)	Appropriate	Clear	Defensible	Appropriate	Not sure	Unclear	Reliable	Not sure	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+

(Rolston, Schubotz, & Simpson 2005) (Schubotz, Simpson, & Rolston 2002)	Appropriate	Clear	Defensible	Appropriate	Unclear	Unclear	Reliable	Not sure	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
(Selwyn & Powell 2007)	Appropriate	Clear	Defensible	Appropriate	Not sure	Not sure	Reliable	Rigorous	Rich	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	+
(Simpson, Lafferty, & McConkey 2006)	Appropriate	Clear	Defensible	Appropriate	Clear	Clear	Reliable	Not sure	Rich	Reliable	Credible	Relevant	Adequate	Appropriate	Relevant	+
***(Wallace & Kyprianou 2007)	Appropriate	Clear	Defensible	Not sure	Not sure	Not sure	Reliable	Not sure	Not sure	Not sure	Credible	Relevant	Adequate	Not sure	Relevant	–
Incidental data (Papers/reports not designed to specifically examine young people's subjective views on sex and alcohol education. Small excerpts from these papers, in the form of qualitative data, of young people's views relating to sex/alcohol education were included by the authors. In most of these papers/reports, methodological quality cannot be determined due to limited/lack of methodological details available).																
(Bell & Stanley 2006)																NA
(French,																NA

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Joyce, Fenton, Kingori, Griffiths, Stone, Patel-Kanwal, Power, & Stephenson 2005)															
(Halstead & Waite 2001)		NA													NA
(Hunt 2007)		NA													NA
(Lavie-Ajayi 2007)		NA													NA
(Mather & Springthorpe 2006)		NA													NA
(Mentor UK 2007)															
(Ofsted 2002)		NA													NA
(Plymouth Youth Parliament ent		NA													NA

2006)															
(Redgrave & Limmer 2004)		NA													NA
(Stanley 2005)		NA													NA
(Tacade 2004)															
(Twine, Robbe, Forrest, & Davies 2005)		NA													NA
(Underdown 2002)		NA													NA
(Warwick, Aggleton, Chase, Schagen, Blenkinsop, Schagen, Scott, & Eggers 2005)		NA													NA

* Separate report of a larger study (The SHARE study)

**Separate report of a larger study (The RIPPLE study)

† Separate report of the same study

*** Confidential draft. Aspects of the quality assessment not been evaluated satisfactorily are likely to improved after publication of full report

NA   Not applicable

Appendix 4: Excluded Papers

To be completed for PDG 1 meeting on 27 Feb. This will not be submitted with the final draft of this review on 13 Feb.