

Committee Secretary  
Senate Standing Committee on Environment, Communications and the Arts  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600 Australia  
[eca.sen@aph.gov.au](mailto:eca.sen@aph.gov.au)

London: 13 May 2008

Dear Secretary

**Re: Inquiry into the sexualisation of children in the contemporary media environment. Adverse comment relating to the International Planned Parenthood Federation (IPPF)**

IPPF congratulates the Senate and its Standing Committee on Environment, Communications and the Arts (Standing Committee) for undertaking this important inquiry.

We thank you for the opportunity to comment on the adverse comment about IPPF in written evidence to the above mentioned inquiry. For the purposes of our response, IPPF would like to formally note that it fully endorses the written submission of its Australian Member Association, Sexual Health and Family Planning Australia, sent to the Senate Standing Committee.

**What is the IPPF**

The International Planned Parenthood Federation is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working for communities and individuals in 183 countries.

**Parameters to IPPF's response**

IPPF has limited itself to two factually inaccurate key sentences noted in the written evidence submitted to the Standing Committee. These are:

- [SH&FPA and IPPF] have a vested interest in getting children sexually active as early as possible
- Sex education provided in schools contributes to the sexualization of children

It should be noted that supplementary evidence to some of IPPF's responses is included in Annex A.

From choice, a world of possibilities



## Response

The IPPF recognizes the many concerns regarding the sexualization of children and adolescents. For over fifty years IPPF has been a pioneer in its work with young people.<sup>1</sup> We are a respected and trusted partner of young people and governments around the world. Our work is rooted in our experience and based on the best medical and educational research and practice. IPPF understands that comprehensive sexuality and relationships education promotes good citizenship, builds self esteem and respect, helps young people prevent unintended pregnancies and sexually transmitted infections and improves the health and wellbeing of young people everywhere.

IPPF believes that young people have a right to information and education, including sexuality education; a right embodied in several international treaties and conventions, including the Convention on the Rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Conference on Population and Development Programme of Action (ICPD PoA).

Comprehensive sexuality education is defined as “a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy.”<sup>2</sup>

Improving age-appropriate sex education in and outside school is proven to make an important contribution to enhancing the health and overall wellbeing of young people. Education empowers young people to best address the challenges they face. Sexuality education in particular addresses the ability of young and vulnerable people to make responsible choices.<sup>i</sup> It can effectively delay the initiation of sexual activity and reduce unprotected intercourse.<sup>ii</sup>

IPPF recognizes that young people have evolving capacities and, consequently, that sex education needs to be age appropriate. Without appropriate sex education, young people are denied the opportunity to make informed and responsible judgments about sex, sexuality and the best way to protect themselves. It makes them vulnerable to unwanted pregnancy and sexually transmitted infections: world wide one young person contracts HIV every 14 seconds, two-thirds of which are young women.<sup>3</sup> The alternative is to keep young people ignorant of sex, sexuality and their own bodies.

Research related to the recent controversy over the abstinence until marriage approach clearly highlights the need for a comprehensive approach to sexuality education.<sup>iii</sup> Promoting abstinence-only to young people as the most effective way

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<sup>1</sup> The age definition of young people is 10 to 24 years (source United Nations)

<sup>2</sup> The International Medical Advisory Panel (IMAP) Statement on Comprehensive Sexuality Education (October 2007)

<sup>3</sup> “State of the World,” report by the United Nations Population Fund (2003)

to prevent unwanted pregnancy and the transmission of HIV is a triumph of ideology over the best medical and educational practice.<sup>iv</sup>

Governments, health care providers and educators have an obligation to address the reality of young people's lives and deliver evidence-based, age-appropriate sex education. To contend that providing medically accurate and age appropriate sex education promotes the sexualization of young people, and that organizations such as IPPF have a vested interest in doing so, is misleading, disingenuous and irresponsible.

Comprehensive sex education allows young people to make responsible and informed choices about sexual and reproductive health.<sup>v</sup> It addresses the objectification of women and girls by building respect between men and women from an early age.

I am happy to answer any further questions you may have.

Yours sincerely

Dr Gill Greer  
Director General

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## Annex A - Supplementary Evidence

<sup>i</sup> A review of sex education by UNAIDS based on an analysis of 68 research reports concludes that quality sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and rates of sexually transmitted infections and helped to promote responsible and safe behaviour. (**Impact of HIV and sexual health education on the sexual behavior of young people: UNAIDS 1997**).

<sup>ii</sup> Recent reviews of effective sexuality education programmes have found common characteristics that are beneficial to young people's sexual health. These include:

- A strong focus on reducing specific risky behaviors;
- A better understanding of what influences people's sexual choices and behavior;
- Having clear and continuously reinforced age-appropriate message about sexual behaviour and risk reduction including knowledge, skills, values, attitudes, norms and communication;
- Providing accurate information about the risks associated with sexual activity, about contraception and birth control, and about different ways of avoiding or deferring intercourse;
- Dealing with peer and other social pressures on young people; providing opportunities to practice communication, negotiation and assertion skills;
- Using a variety of approaches to teaching and learning that engage young people and help them personalize the information;
- Using approaches to teaching and learning which are appropriate to young people's age, experience and cultural background;
- Having good linkages with contraceptive and STI/HIV/AIDS.

(Blake, S and Katrak, Z. (2002). *Faith values and sex & relationships education*. London: Sex Education Forum, National Children's Bureau; Guttmacher Institute. (2005). 'The global need for comprehensive sex education.' *Priorities in Adolescent Sexual and Reproductive Health*; Kirby, D., Laris, B.A. and Rolleri, L. (2005) *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. Youth Research Working Paper No.2. North Carolina: Family Health International; Kirby D, Obasi, A and Laris, B A (2006). The effectiveness of sex education and HIV education interventions in schools in developing countries. In: Ross, D., Dick, B. & Ferguson, J. (eds., 2006). *Preventing HIV and AIDS in Young People: A Systematic review of the Evidence from Developing Countries*.

<sup>iii</sup> Data obtained from a study of a virginity pledge movement in the U.S. by the National Longitudinal Survey of Youth suggested that many teens who intend to abstain fail to do so and that when abstainers do initiate intercourse, they may fail to protect themselves by using contraception. (Santelli et al.' 2006b).

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Also an article from **Guttmacher Policy Review (Spring 2007)** effectively counters the arguments for abstinence-only education, demonstrating how unrealistic the goal of abstinence until marriage is now and has been for decades. According to a study published in the January/February issue of **Public Health Reports**, premarital sex is normal behavior for the vast majority of Americans: By the time they reach age 44, 99% of Americans have had sex, 95% have done so before marriage and 74% have done so before age 20. Even among those who abstain from sex until age 20 or older, 81% eventually have premarital sex. (The typical age of marriage in the U.S. is currently 25 for women and 27 for men). (**Heather D. Boonstra. 'The case for a new approach to sex education mounts; will policy makers heed the message?'**).

<sup>iv</sup> There is detailed and strong international evidence to demonstrate that promoting abstinence-only education until marriage is not only ineffective, but indeed dangerous, as some participants were also less likely to use contraceptives once they became sexually active. (**Cochrane Collaborative Review Group on HIV infection and AIDS (2004); Human Rights Watch (2005)**).

<sup>v</sup> "Becoming a Responsible Teen", a programme of weekly meetings with small group discussions, role playing, sessions with HIV-positive young people, information, sexual decision making, and use of condoms, was found by St. Lawrence et.al. to delay initiation, decrease the number of sexual partners, and increase condom use. (**Collins et al., 2002**).