

Submission to the Ministry of Education

The following is an extract from Sexual Wellbeing Aotearoa's submission on the Consultation Survey published by the Ministry of Education regarding the proposed Years 11-13 Health and Physical Education curriculum. It was submitted on 15 June 2026.

Statement

Provided in answer to Question 14 – additional or supporting feedback.

Sexual Wellbeing Aotearoa welcomes a national curriculum, including Relationships and Sexuality Education (RSE), that is compulsory and consistent. We see a clear, standardised curriculum as essential to ensure all young people across the motu receive the same foundational learning, and that continues into Years 11 to 13. Our primary concerns with the proposed Phase 5 curriculum are focused on:

- the fragmented approach to RSE
- missing content areas, insufficient attention to inclusivity, diversity,
- and navigating digital spaces and sexual relationships.

We are also concerned that the decision to change the structure of the strands and elements from Phases 1-4 to Phase 5 may lead to confusion.

Separating health into physical, mental and social strands fractures the holistic concept of wellbeing recommended by the World Health Organisation (WHO). It also omits Taha Wairua, or spiritual health, the essential fourth pillar of Te Whare Tapa Whā. Overlooking Taha Wairua fails to reflect Aotearoa's unique health context and fails to uphold Te Tiriti o Waitangi. Furthermore, by separating these elements of health into distinct strands, it makes complex sexuality-related topics unclear and difficult to convey in a holistic manner that reflects the lived reality for young people today. For example, physical, social and mental health intersect in consequential ways when navigating intimate relationships and sexual decision-making. The draft curriculum doesn't acknowledge the interconnected nature of issues such as sexual and reproductive health, alcohol and other drugs, consent, relationships, and navigating digital environments.

There are several key content areas which are either absent from this draft curriculum, or are insufficient in addressing the realities and challenges young people face today. Many of the topics omitted are crucial to support young people's health and wellbeing as they navigate their teenage years and into young adulthood. The recent report from the Ministry

of Social Development (MSD), *Youth Health + Wellbeing Survey, 2025 Findings*, surveyed 9,400 young people aged 13-19 (MSD 2026). The findings highlight many of the key issues facing young people today in New Zealand. One-sixth (15.7%) of the respondents reported being sexually active; among those, only half (53.5%) were practicing safe sex to avoid the transmission of sexually transmitted infections (STIs). This is a significant public health issue and one that can have life-altering effects for young people. It is critical to inform young people of the importance of practicing safe sex both to avoid STIs and unintended pregnancy. Condom skills are a key part of this education.

The information included in the current curriculum does not adequately respond to what young people describe that they want and need, including information to help them navigate health challenges at intrapersonal, interpersonal, community, and societal levels. The importance and complexity of digital spaces cannot be understated. The section “digital world and being online” doesn’t go far enough in addressing sexuality-related harms and influences online. With the rise of deepfakes, AI chatbots, and misinformation or disinformation being presented as fact through convincing formats, young people need to be taught to critically examine the sexuality-related content they see online before accepting it as fact.

A robust health curriculum that includes RSE should include content that equips young people with the knowledge and skills to keep themselves and others safe and understand how to ethically and cautiously navigate online spaces.

MSD’s report also found that one in four young people reported experiencing bullying; one-fifth (21%) reported that they were bullied based on identifying as LGBTQIA+ and 1 in 10 reported it was due to their gender (MSD 2026). This suggests that there needs to be critical education around inclusivity, diversity and acceptance. We are concerned about the lack of diversity and inclusivity, particularly around gender identity throughout the proposed curriculum. The binary language used does not reflect and respect LGBTQIA+ communities, and risks creating confusion between gender identity and physiological health needs. This is especially concerning in the context of sexual and reproductive health; for example, anyone who has a cervix will need access to cervical screening information and resources. This lack of inclusivity risks the curriculum contributing to discrimination against our LGBTQIA+ communities and undermining its own goal of creating safe, inclusive environments. Schools need to be safe environments for all students. While we recognise teen pregnancy is an important issue, we urge the Ministry of Education to consider shifting the angle to reduce stigma and reflect young people’s lived experiences, many of whom will have been raised by a single parent. More broadly, a human rights approach emphasises the need to uphold and

support all people to pursue individual reproductive and fertility goals according to their wishes.

The [UNESCO Technical Guidance on Sexuality Education published a report](#) which is used as the benchmark for international standards for this domain of health education. This report is evidence-based, providing clear direction for what young people need to learn and when. We urge the Ministry to revise the curriculum to be a more inclusive and culturally responsive curriculum that recognises health as holistic which aligns with WHO and international best practice. We want to see more specific sexuality education topics covered, including:

- condom use and skills
- negotiating safer sex
- communication and consent
- sexual consent generally and in the context of drug and alcohol use
- critical analysis of mis/disinformation
- critical media literacy related to pornography
- harmful narratives linked to pornography
- gender-based violence
- knowledge and practices related to sexually transmitted infections (STIs)
- cervical cancer and other gynaecological cancers
- HPV screening and vaccines
- access to sexual and reproductive health services
- infertility prevention and care
- mental health and its relationship to sexual and reproductive health and intimate relationships
- identity formation (e.g. gender identity, sexual orientation) and related experiences of stigma and discrimination
- more comprehensive definition of wellbeing
- copper IUD insertion as a form of emergency contraception

Survey questions

The following are the relevant survey questions, followed by Sexual Wellbeing Aotearoa's answer to each.

5. The pathways visual is helpful for students when choosing subjects.

The pathways visual can be found in the introduction. It illustrates the material the subject or subjects cover through Years 11–13.

Strongly disagree Disagree Agree Strongly agree Not applicable / don't know

In the introduction to the pathway, “sexual and reproductive health” is stated as a part of the curriculum in the text introduction but none of the subsections include it (those in purple font). More broadly, it is unclear where other topics areas are covered, assuming that the text in red is meant to capture larger ideas and the text in purple is to give more granular detail about those topics. It is also unclear how the text in pink (e.g. Health Education and Outdoor Education) relates to the smaller topics in purple. It is hard to understand if the title “Health Education” also encompasses Health and Wellbeing Services, Outdoor Education and Physical Education. It seems from the topics in purple that wellbeing and some outdoor topics are covered but it is hard to know how the broadest header relates to the various subsections outlined in this graphic.

6. The strands outlined in the subject documents accurately represent the associated knowledge and practice statements.

“Strands” are the key components or learning areas within the subject. You will find these in the teaching sequence section of the curriculum subject document.

Strongly disagree Disagree Agree Strongly agree Not applicable / don't know

While some of the content aligns with the knowledge and practice statements, it is unclear why there is not more cross-over. For example, in terms of RSE, sexual and reproductive health is addressed only in Physical Health; we see this as problematic as this domain of health meaningfully intersects with the other strands. We recognize that there are other topics which are addressed in both the Social Health and Mental Health and Wellbeing and strands which would fit within the realm of RSE, including issues of diversity, identity and bullying; navigating sexual content in digital spaces, and managing sexual relationships. The fact that these topics are spread out across the strands and across years relates to our larger concern about the fact that RSE is now fractured across disciplines and areas of learning such that it is impossible for teachers and students to discuss this aspect of health and wellbeing holistically and comprehensively. When these topics are parsed in this way, it is not possible to speak to the bigger picture of how these topics interrelate.

7. The subject description aligns well with the knowledge and practice statements.

Knowledge statements define what students know while the practice statements define what students can do.

Strongly disagree	Disagree	Agree	Strongly agree	Not applicable / don't know
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We are concerned that in many cases the numerous knowledge statements are not balanced with the practice statements. An example within the realm of RSE: knowledge statements about sexually transmitted infections (STIs) are included but there is little information in the practice statements about how to prevent transmission other than a parenthetical mention of condoms and dental dams (please note that the correct term is “oral dam”). Best practice for relationships and sexuality health education includes information about condom use and skills as well as how to handle negotiation of condom use. This relates once again to our central concern about how the fracturing of information that would typically be presented together within RSE is problematic; speaking about STI prevention requires a bigger conversation about relationships and power dynamics. Another example of missing information is in the Mental Health strand regarding use of drugs and alcohol; the knowledge and practice statements should also include information about sexual consent in contexts where drugs and alcohol are being used. The loss of inhibition and increased risk-taking that can accompany the use of drugs and alcohol is essential address in sexual decision-making and to grasp a complete understanding of consent. These topics would normally be covered together in a comprehensive RSE curriculum.

8. For Year | Tau 13 subjects only - this subject has been designed to support student progression to potential tertiary study, training, or employment.

Strongly disagree	Disagree	Agree	Strongly agree	Not applicable / don't know
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The fragmented approach to health does not reflect contemporary models which are emphasize the holistic, interconnected nature of health and wellbeing which includes physical, social, emotional and spiritual health. It is also concerning that indigenous Māori models are not included such as Te Whare Tapa Whā which are aligned to modern health models which are used internationally. For example, a widely used approach is the socioecological model which highlights the interconnected nature of intrapersonal, interpersonal, familial, community, cultural and political spheres and how these work across the different aspects of health and wellbeing. These missing models of health are foundational to tertiary study, training, and employment related to health in general.

9. The knowledge and practice statements are appropriate for the intended year level.

Knowledge statements define what students know while the practice statements define what students can do.

Strongly disagree	Disagree	Agree	Strongly agree	Not applicable / don't know
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The research we have available make it clear that young people feel much of the information that they receive is too basic and obvious. Our 2024 survey of 979 young people (aged 16-20) in New Zealand highlighted several issues that they identified as critical in RSE including: to provide more RSE earlier and continue it into later years of secondary school, to ensure that RSE content is inclusive and comprehensive for all genders and diverse sexual orientations; student consultation for what content is included in RSE; that students see RSE education as critically important and necessary; more access for teachers to be trained in RSE.

10. The knowledge and practice statements are sequenced to support student progression across the subject pathways.

Strongly disagree	Disagree	Agree	Strongly agree	Not applicable / don't know
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Given that the finalised version of Phases 1-4 curriculum is still outstanding, it is difficult to know whether the information that students will be taught in Phase 5 follows a sequenced progression.

11. Is there any content that is missing or not fully represented in the knowledge and practice statements?

Several important topics have not been covered or do not capture sufficient information according to international best practice and an evidence-based framework for RSE; these missing include the following:

- condom use and skills
- insertion of the copper IUD as a form of emergency contraception
- sexual consent including in the context of drug and alcohol use and rough sex
- cervical cancer, HPV screening, and related vaccines and their timelines
- access to sexual and reproductive health services
- gender-based violence and coercive control
- infertility prevention and care
- mental health and its relationship to sexual and reproductive health and intimate relationships
- information on gender identity, sexual orientation or LGBTQIA+

- information on STIs and how to protect against them
- clarification that many STIs asymptomatic which means regular testing is required
- comprehensive definition of wellbeing
- critical media literacy related to pornography
- skills to identify misinformation or disinformation

12. The Year | Tau 11-13 subjects are designed to be inclusive and accessible for all students.

Strongly disagree	Disagree	Agree	Strongly agree	Not applicable / don't know
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The information on sexual and reproductive health and sexual relationships employs leans into a fear-based approach, leaning into concerns about teen pregnancy and heavily features an abstinence message. The research on effective RSE is clear that this type of approach is ineffective compared to a comprehensive, evidence-based approach which acknowledges and respects healthy sexual development, the positive aspects of sex and sexuality, and gives information on how to engage in healthy intimate and romantic relationships (Santelli et al. 2017). These findings are echoed by the WHO and UNESCO; their reviews of the evidence find that comprehensive sexuality education does not increase sexual activity (WHO 2023, UNESCO 2018). In fact, comprehensive sexuality education is associated with decreased risky sexual behaviour, increased sexual health knowledge, increased contraceptive use (Chin et al., 2012; Santelli et al., 2017; UNESCO, 2018). We know from the Ministry of Social Development's recently published Youth Mental Health and Wellbeing Survey 2025 that one sixth (15.7%) of those aged 13-19 have already initiated sexually activity. A previous survey of young people in New Zealand found that one-quarter (24.9%) of 16 years olds (typically the age of those in Year 11) had ever had sex. These findings alone justify the need for comprehensive RSE so that young people can make informed choices which protect their own health and that of their sexual partners. More specifically, the information provided to Year 13 in Healthy Communities is far too brief and superficial. More information is needed as well as language that is more inclusive and avoids the binary language that is currently included.

13. What factors would support or challenge the deliverability of this subject? (e.g resources required, implementation considerations, online delivery options)

There is a strong need for resources to support the delivery of this curriculum. These resources need to be evidence-based and pitched appropriately for the year levels.

16. Is there any other overall feedback you would like to provide?

(Please add into the comment box below.)

We strongly recommend that the curriculum content relating to clinical issues, such as contraception and STIs are reviewed by a clinical specialist in sexual and reproductive health to ensure that the knowledge and practices are clinically accurate. Also noting that if including clinical information in the curriculum, it should be reviewed regularly to ensure it is up to date.

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