

Submission to the Ministry of Education

The following is an extract from Sexual Wellbeing Aotearoa's submission to the Ministry of Education's proposed Health and Physical Education curriculum on 24 April 2026.

Purpose statement

While the Purpose statement captures many of the important aspects of health education, our chief concern pertains to the way in which Relationships and Sexuality Education (RSE) is essentially dismantled, and thus, diluted in this new approach. While we acknowledge that RSE is just one part of the broader health curriculum, we are concerned that the holistic nature of RSE is not represented in this statement and nor throughout the curriculum related to RSE. Sexuality, sexual activity, and intimate and romantic relationships are intrinsic to overall health, wellbeing and identity; the purpose statement fails to acknowledge how these factors interrelate. RSE has historically aimed to braid these matters together, providing information on how the biological, emotional, social and relational experiences function in concert. The Purpose asserts that *"manage their own health in an informed way,"* yet the knowledge and practices in this draft learning area don't reflect the national or international evidence base. For example, there is no information on condom skills or how to navigate sexual, intimate or romantic relationships. Relatedly, there is no mention of the cultural context of New Zealand, nor any connection to Te Tiriti o Waitangi. The Māori health model of Te Whare Tapa Whā has been used to ground the health education approach. The absence of this model, or anything analogous, further demonstrates the lack of a holistic, comprehensive approach. As the quote used to introduce this curriculum, *"He oranga ngākau, he pikinga waiora, Positive feelings in your heart will raise your sense of self-worth"* suggests, matters of the heart and a sense of self are central to health. Comprehensive RSE speaks to the lived experiences of young people – their confusion, desires, choices, and struggles. The Purpose should specifically acknowledge and represent both the concerns and positive aspects of RSE.

Learning area structure

The description of the learning area structure theoretically captures the critical aspects of health. Our concern is that the substance of the curriculum does not adequately reflect the aims articulated in Health Education. There are several components related to *"identity, body, emotions, relationships and safety,"* which are only cursorily addressed or omitted entirely. This includes information on gender diversity, gender identity, sexual orientation, LGBTQIA+, and sexuality more broadly. One's gender and sexual orientation are key

components to an individual's identity. The provision of information about bodies, puberty and menstruation is provided too late or in other areas of the curriculum that miss opportunities to tie critically relevant topics together. The emotional content is restricted to friendship dynamics for younger students. There is no information about appropriate touch, a notable gap given the stated interest in promoting safety. The omission of information on sexual and romantic relationships misses a significant opportunity to talk about safety and consent in a sexual context. Failing to include meaningful information on these topics puts young people at increased risk.

Introduction

The Introduction does not capture the lived reality of young people today, particularly regarding changing ideas around gender and sexual orientation or the enormous influence of social media and other online channels. It is critical to ensure that the curriculum reflects and addresses what young people are experiencing in contemporary social, emotional, digital, and mental health landscapes. Crucial information is missing that would help young people formulate their sense of self and belonging.

Phase 1 Teaching sequence

This provision of information in this section is generally logical and consistent with international standards. There are, however, several topics which are absent, including: identifying of body parts, including genitals, and the ability to name them (in te reo Māori and in English); understanding basic concepts about reproduction; information on appropriate touch; and the relationship between gender, identity and wellbeing. It is essential that young people can understand and name their different body parts and their functions in an age-appropriate manner. This helps to build confidence in understanding and relating to their bodies. It also serves as the building blocks in conceptualising consent and respect in relating to other people's bodies. Understanding appropriate touch is a cornerstone in preventing several types of abuse, including sexual abuse.

Young people are interested in understanding differences; it is crucial to address gender as part of this and how it can inform one's sense of identity. This lays the foundation to understanding concepts of equality, inclusion and tolerance and putting them into practice.

Phase 2 Teaching sequence

We are concerned about how the timing of teaching particular subjects differs from the international recommendations, specified in RSE Guidelines 2020 and UNESCO Sexuality

Technical Guidance (UNESCO 2018). These guidelines are rooted in evidence-based information and the UNESCO Technical Guidance is widely considered the authoritative document for those developing comprehensive sexuality education around the world.

There are several topics in the proposed curriculum which are scheduled to be taught one year later than recommended in UNESCO's guidelines; these include puberty (changes from growing bodies), menstruation, consent, and social media and body image. The topic of staying safe online is 2-3 years later than recommended. There are also several topics missing including: information on human anatomy, the difference between gender and sex, and knowledge about gender diversities and sexual orientations; and different types of relationships.

These are all essential topics and delaying their introduction puts young people in a precarious position of seeking less reliable information from other sources including websites, peers, and others who may not have the correct information to share. Young people need and deserve to know about human anatomy and how it impacts their everyday lives. Many young people are going through puberty and starting menstruation during or even before the timing specified for providing information; this represents a considerable disservice to young people as they are left without adequate, trusted information about the significant changes they may be experiencing at this time. Ideally, young people should learn about puberty and menstruation before they go through these changes.

The relatively new and ever-evolving online landscape that young people navigate needs to be taught early and often. Waiting 2-3 years later than the recommended international guidelines to provide information about this puts young people at considerable risk. They need to understand the risks of online spaces, as the dangers are becoming increasingly sophisticated and difficult to avoid. These risks include those posed by social media in terms of self-perception and body image as well as how to navigate spaces that ostensibly feel kid-friendly but in fact, contain a variety of concerns and even legal implications. The sharing of nude photos, for example, is a ubiquitous practice that should be directly addressed.

Information gives young people the possibility of avoiding abusive relationships and coercive situations before they unfold. Given that young people often have access to the internet at a young age, conversations about online safety measures should begin early and occur frequently. Avoiding and ignoring these domains of young people's lives does not protect them but in fact, makes them more vulnerable – whether that is fear around the normal, developmental changes they are experiencing or the myriad of online and interpersonal dangers.

Young people need to learn about differences and inclusion to increase understanding and acceptance both in and out of school. The 2020 RSE Guidelines were developed in response to concerns about bullying in schools raised by parents and teachers. The proposed curriculum fails to address issues such as gender diversity, gender stereotypes, gender identity, sexual orientation, and sexuality more broadly. Many young people at this

age are beginning to consider and raise these questions for themselves; their peers are discussing these differences amongst themselves. School should be providing information on these topics so that there is a foundation of understanding and respect. Omitting this information breeds ignorance and from that springs fear and intolerance. Ignoring these issues leaves all students more vulnerable to school environments where such differences and dynamics are not acknowledged or discussed. Once again, failing to provide information on these topics does not protect young people but puts them – and the entire school community – at risk.

Phase 3 Teaching sequence

The proposed content for Phase 3 raises similar concerns as articulated for Phase 2. It does not effectively build on previous learning areas as they were not covered adequately. There are several topics which are covered later than recommended in the [RSE Guidelines 2020 and UNESCO Sexuality Technical Guidance](#). Consent in the context of sex is proposed to be taught a year later than recommended. Given the importance of consent education, it is critical to provide information when age appropriate. Sexual activity and what it is as well as sexualised content and pornography (unrealistic imagery) are proposed to be taught 2-3 years later than recommended.

Many young people in the intermediate years are beginning to test and explore new types of relationships, some of those romantic or intimate in nature. Failing to provide evidence-based information so that they can protect their physical, mental and emotional health is a serious oversight, with potentially life-long consequences. It is critical to give young people information so that they can make informed choices about their behaviour and how they engage with others. Moreover, information on healthy relationships is almost entirely omitted from the proposed curriculum. This is hugely concerning as the skills to have healthy relationships serves as the bedrock for many other aspects of health, community and society.

New Zealand has long had high rates of domestic violence. In 2023, data from the OECD indicated 23% of ever-partnered women aged 15-49 in New Zealand will experience intimate-partner violence (IPV) over the lifetime; this makes it 9th equal highest in the OECD for rates of intimate-partner violence (OECD 2023). A 2019 study found the number to be even higher: 55% of women of ever partnered women had experienced any IPV in their lifetime (Fanslow & Robinson 2011). In order to interrupt the patterns of violence and abuse, young people need consistent information to help them to develop positive, respectful, loving relationships.

Teen pregnancy in New Zealand has been a persistent issue. While rates have decreased in the past decade, this trend can be attributed to successful sexuality education which provides information when needed and accessibility to contraceptive methods. The

proposed curriculum delays this critical education until far too late. It is understood that education on human reproduction has been shifted to biology; this fracturing of information, separating it from issues of consent and relationships limits the ability to communicate effectively to young people about how these issues fit together. It does not give the opportunity to provide a comprehensive understanding of how sex, sexuality and relationships are all interconnected. If we fail to give young people basic information about sex and sexual activity, teen pregnancy rates will only increase, along with increases in sexually transmitted infections (STIs). UNESCO has provided a summary that “CSE is five times more likely to be successful in preventing unintended pregnancy and sexually transmitted infections when it pays explicit attention to the topics of gender and power,” (UNESCO 2026). These hugely challenging social issues will only be addressed with robust education about how to make choices regarding sexual activity that align with their fertility desires and life goals.

Phase 4 Teaching sequence

Like above, there are several topics which are not covered until far later than necessary. It is important to note that recent data indicates that the average age of sexual debut is 17 years old, and 25% have already had sex by age 16. This means that many in this year group will have already been sexually active or will be soon. This is a critical time to provide information that will help young people make decisions that protect their health and wellbeing. The proposed curriculum is slated to teach on consent and alcohol and other drugs, pornography (and its relationship to harmful sexual actions), accessing sexual health services and understanding sexual desire, one to two years later than recommended by the [UNESCO Sexuality Technical Guidance](#).

This list includes major considerations in the realm of sexual health and safety. A 2020 report from the Classifications Office found that 1 in 4 New Zealanders had viewed pornography by the age of 12 (Classification Office 2020). The proliferation of pornography and its unrealistic and sometimes harmful representations of sexual activity need to be proactively addressed so that young people can develop a critical understanding of this increasingly ubiquitous aspect of media. Sexual behaviour depicted in pornography often translates into common practice and expectations for young people. For example, choking/strangulation in the context of sexual activity has recently become normalised in recent years (Conte 2025). Young people often have no idea about the incredible harm that this activity poses. When people do become sexually active, they need to know where to go to avail themselves of services including access to contraceptives, STI tests, and other aspects of sexual health.

There are several other topic areas which are proposed to be introduced much later (three to six years) than the recommended including contraception, STIs and transmission,

sharing sexual images and other sexual behaviours, sex should be positive and pleasurable, and how the body responds to sexual stimulation. Like those topics just covered above, these are all essential topics to help young people maintain their sexual health and give them the opportunity to control their fertility as they wish. It is also critical that young people are provided information about the positive dimensions of sexuality as this is often the motivation for sexual activity; this includes pleasure, desire and intimacy. These dimensions should not be ignored as they are central for overall wellbeing and the development of a healthy relationships to one's own sexuality.

Overall comments

	Key point	Additional information
1	Not aligned with best practice or the evidence-based	Much of the curriculum is either not aligned with best practice or the evidence-base or fully goes against it (e.g. UNESCO Technical Guidance, WHO). This includes national best practice and evidence – e.g. removal of Te Whare Tapa Wha and health in a holistic context, cultural diversity and safety considerations, and aligning with New Zealand's legislation around human rights.
2	Young people's realities are not reflected	HPE does not reflect young people's realities of living in 2026. The language, contexts and pitch of the information isn't aligned with young people's feedback and international best practice. In particular, the lack of information about online safety and RSE topics in the context of the online realm (i.e. social media, AI etc.) is either completely missing or lacking.
3	Holistic wellbeing has been taken out	Holistic wellbeing as a concept including the removal of Te Whare Tapa Wha and the four underlying concepts that make up the 2007 HPE curriculum (Hauora, attitudes and values, the socio-ecological perspective and health promotion).
4	Skill-building is lacking	Skill-building is missing, particularly around physical and sexual health and practical skills that young people can apply to their lives. 'Skills for Health and Well-being' is an entire area of learning identified by the International Technical Guidance for Sexuality Education (page 58) that is vital to young people's health and wellbeing outcomes. Examples include knowing how to correctly use a condom, knowing where to find information about using period products, and negotiating contraception use with a partner.

5	RSE is no longer comprehensive	HPE is no longer comprehensive – topics are discussed in isolation and there is little mention of how they connect. The term RSE has removed and has been replaced with ‘sex education’ (from Y8 only). Topics are not discussed in the context of ‘sexuality’ – for example, contraception is heavily focused on knowing the different methods but doesn’t encompass other relating topics (e.g. communication, decision-making, substance use, relationships).
6	Diluting of information	Content has been “watered down” and is potentially far too basic for what young people need. This is particularly noticeable with reproduction/conception, menstruation, contraception, STIs and healthy relationships. These areas are missing key information and concepts that don’t give young people the full picture.
7	Removal of SOGIESC (Sexual Orientation, Gender, Identity, Expression, Sexual Characteristics)	The acknowledgement and messaging around SOGIESC that was largely integrated into all areas of the current HPE curriculum (although schools do have the option to decide how much) is now missing. There is no acknowledgement of SOGIESC diversity included in anti-bullying, harassment or active bystanding content, which is significantly focused on throughout. This is against the International Technical Guidance for Sexuality Education and evidence-base and puts young people and communities at risk of harm.
8	The foundations are too late or not there at all	The foundations of relationships and sexuality education are missing or are too late – for example, there is no learning on what sexuality or anatomy and physiology is. Topics that are mentioned later, use this language without introducing it in the earlier years, assuming that young people will understand and have the knowledge to meet progress outcomes.
9	Young people’s safety is being put at risk	We know that comprehensive sexuality education is essential for keeping our young people safe, not just from physical/sexual harm, but in terms of overall wellbeing. Key topics that we know largely contribute to the safety of children are missing – appropriate touch, types of relationships and appropriateness within those relationships, being able to correctly name body parts, and building confidence to talk about bodies and relationships with trusted adults. There is very little information on romantic and intimate relationships, including the acknowledgement that young people have romantic and intimate

		relationships. There is no information on unhealthy or abusive relationships. This extends to online and grooming behaviours.
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