

**Let's Talk About Sex (Education,
Contraception, and Sexual Health):
Beyond the Birds, Bees, And Binary**

YOUNG AND WISE ROUNDTABLE REPORT
August 2025



“

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”

About ARACY

ARACY champions the wellbeing of all Australian children and young people. Together, we drive systemic change, collaborate with communities, and amplify young voices to create a healthier future. Our work focuses on prevention, early intervention, and equity. Our purpose is for every child and young person to thrive.

We genuinely listen to and amplify the voices of young people, highlighting their issues and the solutions they envision. Our Young and Wise Roundtables is a continuation of ARACY's Young and Wise Report by Dr Kristy Noble. The report brings together insights from over 117 consultations with children and young people across Australia over the past five years.

Purpose

The purpose of this Young and Wise roundtable was to understand better how young people experience sexual health education and contraception support in Australia, with a particular focus on the role of social media. Insights from the session will inform the Department of Health, Disability and Ageing's efforts to develop inclusive, evidence-based supports such as the Contraception Decision Support Tool, ensuring policy and practice reflect the real-life experiences of young people.

Key discussion themes, identified in consultation between ARACY and the Department of Health, Disability and Ageing, included:

- **Sex Education – Does school or other education prepare young people for real-life decisions? What's missing? Is it inclusive?**
- **Social Media Influence – How does online content shape attitudes and choices around contraception and sexual health?**
- **Accessing Information – Where do young people learn about contraception? How much do they trust these sources?**
- **Communication and Stigma – What makes it easier or harder to talk about contraception and sexual health with others?**
- **Understanding Sexual Health – What do young people know about different contraception options and how they work?**

Scope

ARACY has made every effort to ensure participants in this roundtable represented a diverse cross-section of young people nationally. While the number of participants was limited, their insights offer valuable policy and program development entry points. This report is not intended as a comprehensive assessment, but rather a scoping exercise that surfaces common experiences, likely gaps, and opportunities for change. As always, action taken in response should be co-designed with young people.

ARACY's Young and Wise Roundtables are supported by the Australian Government Department of Health, Disability and Ageing under the Health Peak and Advisory Bodies Program.

Key Details

Roundtable date: 14 May 2025

Roundtable time: 4:30pm – 6:00pm AEDT

Online/in person: Online (Microsoft Teams)

Recording available: Yes

ARACY staff present: Adam Valvasori, Liz Depers, Josie Horne

Participant Demographics

Total number of participants:

6 Participants – 2 female, 2 non-binary, 1 gender-fluid, 1 male

States:

Participants were aged between 18 and 24 years of age and were from New South Wales, Western Australia, Victoria, Northern Territory, and Australian Capital Territory.

Lived Experience/ Identity Characteristics:

Participants also had the option to self-identify from a number of diversity criteria. Participants in their application self-identified as one or more of the following:

- **Culturally and Linguistically Diverse (CALD): 1**
- **Neurodiverse: 1**
- **LGBTQIA+: 4**
- **Lives or grew up in a rural, regional, or remote area: 2**
- **Other diverse lived experience not listed: faith-based schooling: 3**

We would like to thank the young people who generously shared their time, insights, and lived experience to help us better understand, contextualise, and strengthen the findings of this report.

Process

Participants were recruited and consented via circulation of an Expression of Interest form to ARACY's Young and Wise subscriber network of 500+ young Australians. Demographic details were collected during registration through a short non-compulsory survey. The EOI remained open for two weeks. Of approximately 34 applicants, 18 were invited to participate in the roundtable, selected based on diversity of age, geography, and lived experience, ensuring a broad cross-section of perspectives.

Availability to participate was confirmed via a poll, and the most accessible time was selected to support young people balancing study, work, and caring responsibilities. The workshop was held online (via Zoom), enabling national participation.

Participants received a brief overview (10 minutes) from ARACY at the beginning of the session, outlining the roundtable purpose, format, and connection to the Australian Department of Health's work on improving contraception access and youth sexual health supports. The session also included an icebreaker, remuneration reminder, and time to introduce themselves.

The workshop was divided into four key discussion themes, shaped by Menti polls and questions pre-agreed questions with the Department. ARACY staff facilitated the session using prompts, with live discussion accompanied by quantitative polling and real-time chat contributions. The discussion was recorded (with consent) and later transcribed. Verbatim quotes have been used throughout this report to reflect participant voices and highlight core insights.



Executive Summary

Adequate sexual health education goes beyond basic biology or pregnancy prevention. It's about empowering young people to navigate their lives with autonomy, affirm their identities, stay safe, and build trusting relationships to thrive. This roundtable builds on the inclusive principles outlined in the Department of Health, Disability and Ageing's Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research (2024), which calls for equity-driven, evidence-informed approaches that reflect the full diversity of people's experiences.

Young people in the Young and Wise roundtable on Sexual Health and Contraception shared candid and at times confronting experiences of inadequate, exclusionary, or harmful sex education. For many, sex education felt outdated, moralising, and disconnected from their realities, especially LGBTQIA+ students and young people with disabilities. Participants described formal sex education as "basic", "not inclusive", and in some cases "actively damaging".

Across the session, young people shared their experiences with:

- **Inaccessible and inconsistent formal supports, noting discomfort, lack of anonymity, and judgement.**
- **Sex education in schools as a site of stigma and harm, with limited, gendered, and often moralised information.**
- **Informal sources (like social media) being more helpful than school-based education although seen as risky, especially when learning came through trial and error.**
- **Barriers to contraception knowledge, especially for LGBTQIA+ participants, and women.**

When asked what needed to change, participants weren't seeking more content – they asked for respect, representation, relevance, and honest, inclusive conversations; education that affirms identity and acknowledges lived experiences; services that are approachable and anonymous and systems that trust young people to co-design what works. Their insights point to a need for meaningful policy and practice reform to ensure all young people in Australia are supported to make informed, safe, and confident decisions about their sexual health.



Policy Insights and Opportunities arising from the Roundtable:

1. What if sexual health education truly included everyone?

- **Insight:** Young people noted that existing sex education rarely addresses diverse needs, particularly for LGBTIQ+ students or those requiring alternatives such as latex-free contraception. This exclusion leaves many feeling unseen and unsupported.
- **Opportunity:** Embed inclusive, tailored sexual health content across all schools nationally, ensuring that resources reflect diverse identities, bodies, and needs.

2. What if schools were safe spaces for those with lived experience of sexual violence?

- **Insight:** Participants raised concerns that schools and staff are not always equipped to respond safely to disclosures of sexual violence, which can retraumatise students seeking support.
- **Opportunity:** Invest in trauma-informed training and whole-of-school approaches that provide safe, supportive environments for students with lived experiences of violence.

3. What if digital tools reflected young people's realities?

- **Insight:** Young people are increasingly turning to digital platforms for sexual health information, but many tools fail to reflect their realities or engage them in design.
- **Opportunity:** Co-design digital sexual health tools with young people to ensure they are safe, relevant, inclusive, and reflective of lived experience.

4. What if confidentiality was guaranteed when seeking care?

- **Insight:** Concerns about confidentiality and judgement remain a barrier for young people accessing contraception and care, particularly in smaller and or rural communities.
- **Opportunity:** Strengthen protections for confidentiality in health and education settings, supported by awareness campaigns that reduce stigma and encourage help-seeking.

5. What if sex education was consistent no matter where you lived or studied?

- **Insight:** Experiences of sex education vary significantly depending on state policy, school type, or even individual teachers, leading to inequities and, in some cases, harm.
- **Opportunity:** Establish nationally consistent, mandatory sex education standards to ensure every young person, regardless of postcode or school type, receives accurate and inclusive information.

6. What if trusted information could outpace misinformation?

- **Insight:** While social media is a key source of knowledge, it is also a space where misinformation spreads quickly. Young people want better information without losing peer-to-peer learning.
- **Opportunity:** Develop accessible, trauma-informed online platforms that provide evidence-based information while validating youth-led knowledge sharing.

Understanding Sexual Health

Access and Trust in Formal Services

Participants described formal services such as GPs, school counsellors, and sexual health clinics as judgmental, expensive, or difficult to access. For many, trust was a barrier as much as geography or cost.

“It often feels inaccessible, too expensive and having to speak to a GP is hard”

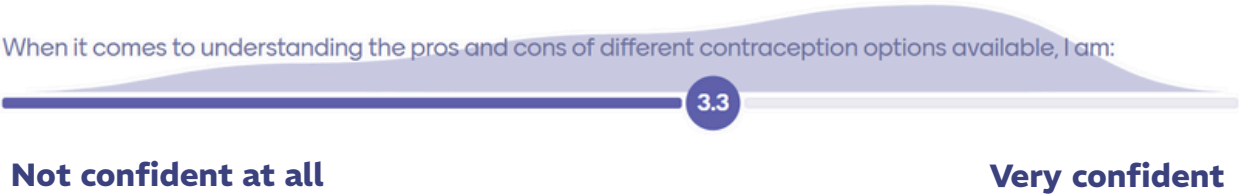
“I've lived in so many rural, like small towns, and there's a larger stigma in smaller towns. Just even with like GPs... there's just not as much information, especially inclusive information. It's just very barren.”

Participants also raised concerns about the quality and inclusiveness of information from professionals, noting gaps in understanding the pros and cons of different contraception options, as shown below.

“The majority of GPs I know do not know that much about the newer forms of contraception or different sexual health identities. And it's like a lot of it is very outdated and the nationwide information they're given aren't always the best.”

When it comes to understanding the pros and cons of different contraception options available, I am:

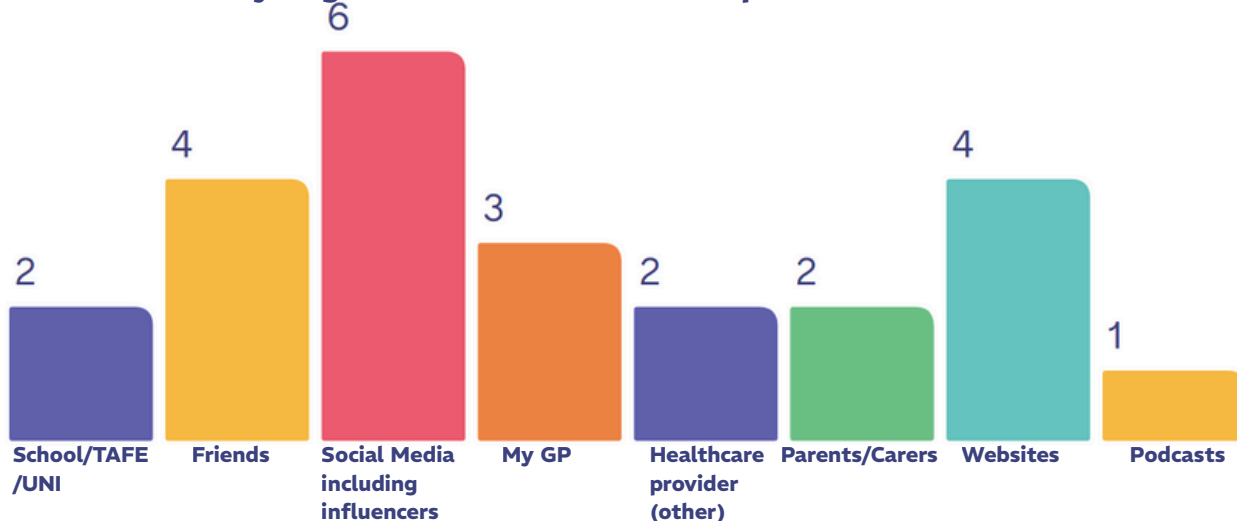
When it comes to understanding the pros and cons of different contraception options available, I am:



Knowledge Gaps and Needs

Access issues resulted in most young people relying on informal or self-guided sources, like friends, social media, or trial-and-error. These were more accessible but not always safe or accurate.

Where do you go to learn about contraception and sexual health?



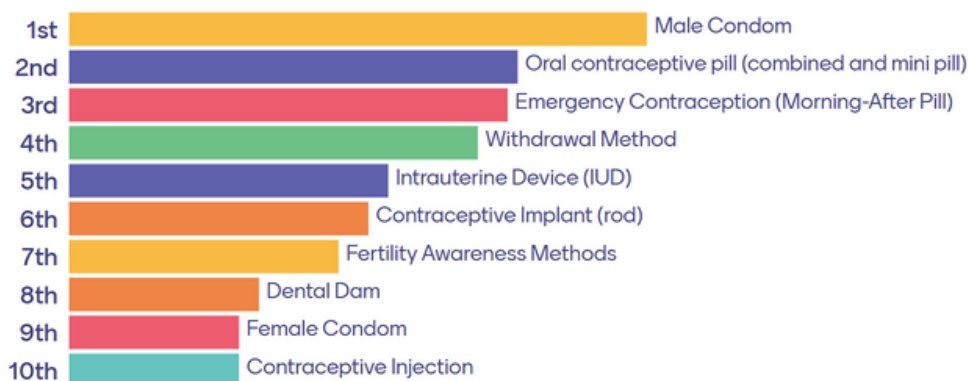
Although informal sources were seen as more relevant and accessible, they were also described as inconsistent, sometimes overwhelming, and rarely comprehensive, particularly around side effects, LGBTIQ+ options, gender specific information, and medical decision-making.

"They tell you you'll prevent pregnancy, but do not tell you (as a woman) how the adverse side effects could affect your life"

"It's very really unclear how, like the morning after pill or like injected contraceptives work, and especially if you're putting something in your body like you wanna know what the side effects are, especially when there are so many."

"Super hard to gain information about contraceptive methods for female anatomy. Even when discussed – not really inclusive."

Rank the contraception options from the ones you're most familiar with



This reliance on informal learning is also evident in how familiar young people are with different contraception options, with methods beyond the male condom and pill, such as the female condom or contraceptive injection, being the least known.



Despite these gaps in method-specific knowledge, young people still hold a holistic understanding of sexual health, recognising it as encompassing elements such as consent, to emotional wellbeing, and gender identity alongside safer sex and contraception.

“The informal education was very much a result of trial and error and putting myself in vulnerable positions. And I think that I'm definitely not alone in that.”



Sex Education in Schools

Inconsistency, Inequality, and the Consequences of Moralising Content

Experiences with sex education varied widely depending on location, school type, and individual teachers. Participants in faith-based or conservative schools described deeply moralised content that excluded key topics like consent and LGBTQIA+ identities.

“Sex education was never neutral. It was never ‘you get to form your own opinion’. It was, ‘here is the opinion of the teacher’ and coming from a very Christian environment, it was very consistently like abstinence is key... I think moralising is such a good description of how sex education is in schools, because I feel like a lot of teachers can’t help but put their own thoughts and feelings towards Sex Education because it is so personal.”

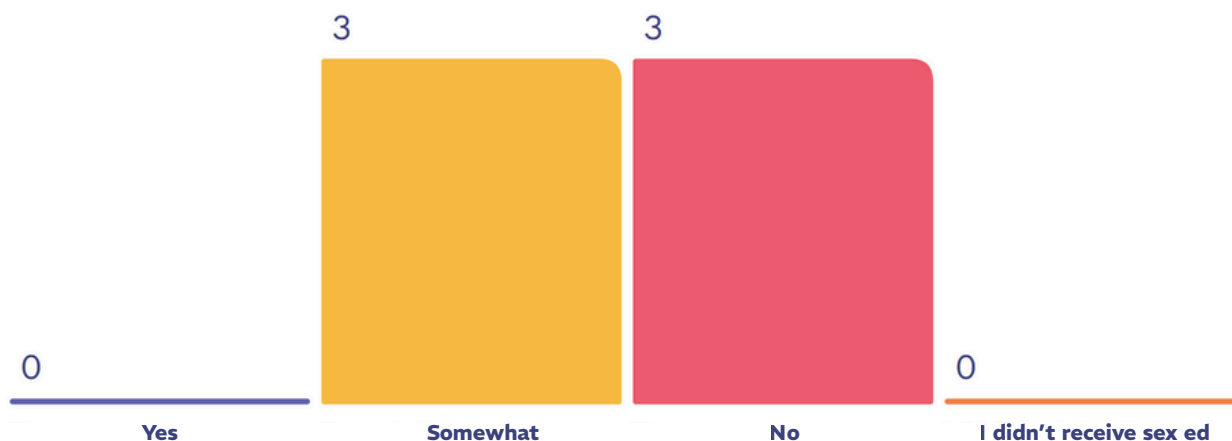
This patchwork delivery has led to significant disparities in quality and content based on geography, school type, or individual teacher discretion. Many participants reported that their sex education felt inconsistent at best, and exclusionary or even harmful at worst.

What words come to mind when you think of sex education in school?



Participants highlighted how these messages disproportionately impact female and LGBTIQ+ students, reinforcing stigma and limiting access to inclusive, respectful learning. At a deeper level, young people spoke to the real-world consequences of moralised, limited, or fear-based sex education, particularly how it interacts with broader social attitudes towards gender and violence. They described a need to connect the dots between education, identity, and safety.

Was your sex education inclusive of different genders, sexualities and experiences?



"I really think that there needs to be an overhaul of programs and the way they talk about sexual health that isn't purely just sex, but how misogyny is intrinsically linked to sexual violence and sexual abuse... I just think that there's a lack of acknowledgement that it's such a multifaceted issue and there are more topics to cover."

"I know like a lot of people talk about institutional betrayal and erasure and all those things. And that was very much my experience. So yeah, I would say that it's not just that (the educational value of sex ed in schools) is bad, but it's actively doing harm."

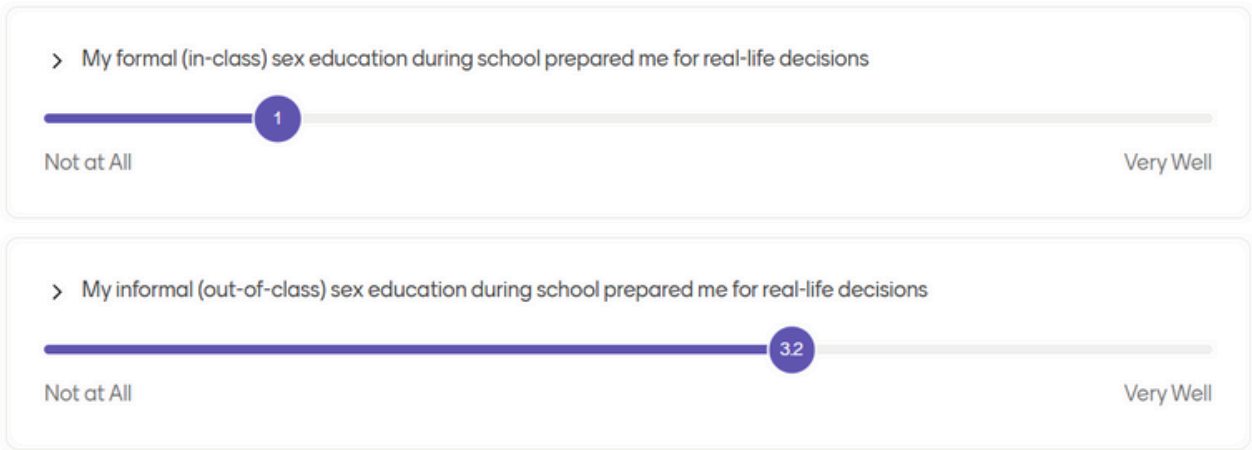
This call for change reflects a frustration with how current sex education in school fails to centre safety and lived experience.

"Destigmatising shame. Centring safety and wellbeing, and personal autonomy at the centre of the conversation rather than contraception."

Youth advocated that education should do more than prevent pregnancy, it should equip them with the tools to understand autonomy, boundaries, and respect.

"It largely focused on the biological aspects of reproduction and the prevention of pregnancy and STIs, often using fear-based messaging rather than fostering a healthy, open understanding of sex."

Many also felt let down by the lack of depth, follow-through, and responsibility taken by schools, especially when confronting real-world issues.



“Lack of depth and felt like they were washing their hands of any responsibility for students’ sexual health and well-being.”

These insights speak to the need for nationally consistent, inclusive curriculum standards that don’t vary by postcode, school type, or personal beliefs, ensuring all young people receive accurate, respectful, and relevant sex education.



Existing Effective Supports

In contrast, participants spoke positively about external sex education programs that partnered with schools that were inclusive, youth-led, and values-aware.

Participants advocated for programs such as YACWA, Consent Labs and Man Cave for these reasons.

"(YACWA) was by youth mentors as well which was the thing that was most appealing. It wasn't a bunch of adults being like be safe, it was a young person being like "this is how you do this and be safe" and then that's chill because you're also a young person."

" (Consent Labs) They are centred on respectful relationship education and they are youth-led and not-for-profit. They're focused on prevention through education. So they'll talk a lot about healthy relationships. You know, language that you may not know is inherently sexually violent or violent towards women, but is in a lot of slang. They also go to high schools and they have programs. I really like the Instagram because they have really good explainers and infographs, and they do a lot of advocacy for more comprehensive frameworks around consent education in schools, particularly in high schools. So they're a really good organisation."

"... I organised Man Cave to come out to the school earlier this year and they were amazing... the Year 9 boys had such a good response to it, they felt so seen and so heard ..."

"I definitely think like external educators are best positioned to do this work better. Again, for those reasons I discussed earlier about putting teachers in a position where they're not comfortable. I think it's also very like case-by-case basis because in some situations like some teachers may have really strong rapport that you just can't get with an external educator."



One participant was a primary school teacher and outlined supports for primary school aged children. Services such as Healthy Harold and Friendology were noted as being age-appropriate through discussing language and values around respectful relationships, consent and boundaries.

“The primary school that I work at has introduced the Friendology programme this year... it's been such a good resource to have and to fall back on. Instead of like focusing on “when boys do this”, “when girls said that”. It's just like how to treat people respectfully and nicely instead of making a gendered thing.”

“ When I was in primary school Healthy Harold came in a van, someone was controlling the puppet. Talking about healthy relationships and your body and just like everything really and it's age appropriate. So depending on (age), you get different information about things.”

Participants valued external providers of sex education in schools because they are youth-led and/or co-designed with young people while also respecting the autonomy of young people. Broad discussions about conversations, consent, values and attitudes towards people of all genders were praised and could be engaged with at multiple ages in appropriate ways. Preferred programs mentioned include LOVE BITES, Man Cave, Consent Labs, YACWA Youth Educating Peers, Healthy Harold and Friendology (the latter two for primary school aged children).



...(On external providers of Sex Education) They didn't come out with the intention of speaking at them. They came with the intention of creating a community.

Social Media's Role in Contraception and Sexual Health

Social media has become a primary source of sexual health information for many young people. It fills critical gaps left by formal education and inaccessible health services — but it also brings risks, especially when misinformation spreads faster than facts.

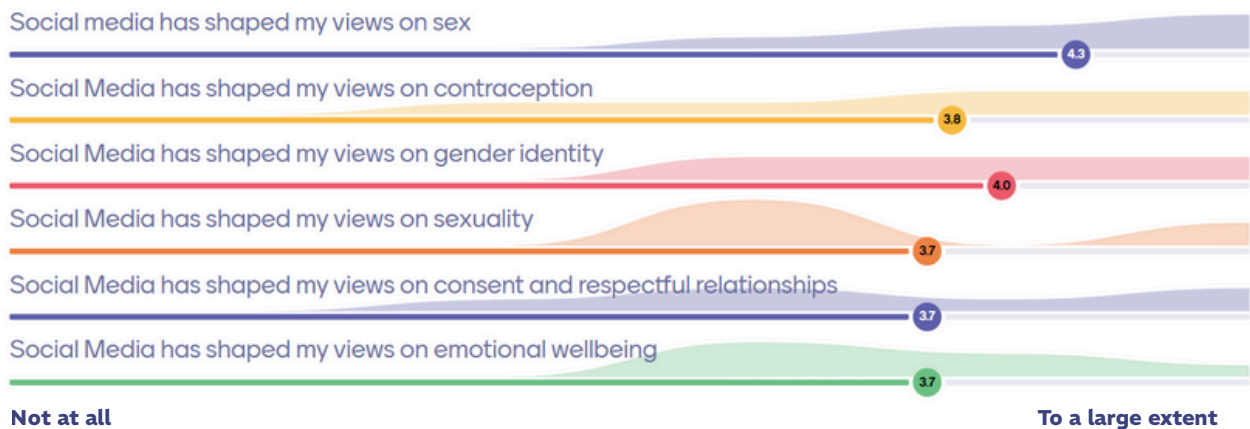
Learning From Screens, Not Schools

Participants describe how online spaces have influenced their views across a wide range of topics — from contraception and sexuality to consent, gender identity, and emotional wellbeing — often stepping in where schools have not.

"I went to a Catholic school... the way I learned about contraception was through a TV show."

"...there was no talk about queerness and queer sexual health at all. So it was very, very interesting, having to navigate those spaces myself online."

Has social media shaped your perspective on the following?



Misinformation and Mixed Messages

Young people wanted better digital tools, ones they could trust. While most participants felt confident using social media to gather information, many acknowledged they still encountered confusing or misleading content.

Do you think there is misinformation about contraception or sexual health on social media? If so, how often do you see/engage with it?



All participants noted that they learnt about contraception and sexual health from social media. Half of them did see or engage with “misinformation about contraception or sexual health on social media”, although they do so with scepticism (voting 2.7/5 for the prompt “I find it easy to tell what sexual health info on social media is false/untrustworthy”). Despite this, social media has influenced participants’ perspectives on sex (4.3/5), contraception (3.8/5), gender identity (4/5), sexuality (3.7/5), consent and respectful relationships (3.7/5), and emotional wellbeing (3.7/5) to a significant extent.

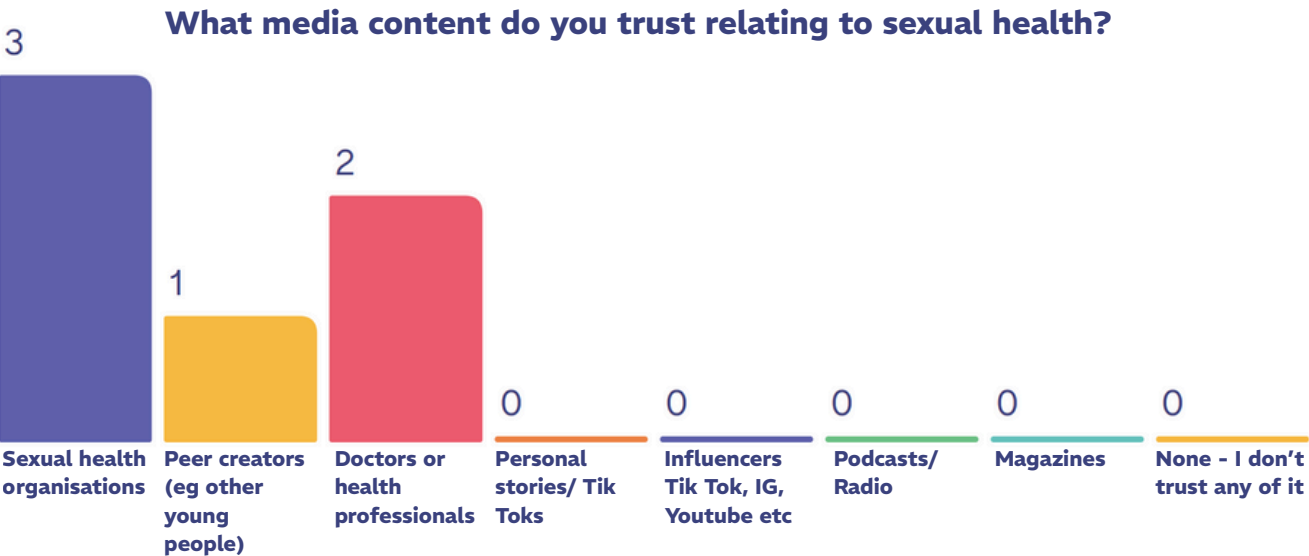
Some trusted and praised sources of knowledge about sexual health and contraception include Consent Labs, Man Cave, Healthy Harold, ReachOut, Elephant Ed, The Y – Freedom Centre Sexual Health Quarters YACWA Youth Educating Peers (YEPs), the Instagram profiles @chantelle_otten_sexologist, and the podcast from Jacqueline Hellyer, “My Mum’s a Sex Therapist”. Participants also produce and share their own information through online formats.

“I have a radio show about growing up queer in a bunch of small towns.”

Participants noted that they did gain some support from in-person, formal services, such as GPs, however they held doubts and concerns around the confidentiality, specialised knowledge (women’s sexual health, LGBTIQA+ sexual health), stigma and geographic location of formal supports. As part of a solution, participants advocated for online, anonymous and free services that were more accessible.

“Online space where you can ask questions, to (a choice of) AI or real people. The website should be shame free, anonymous and trauma-informed.”

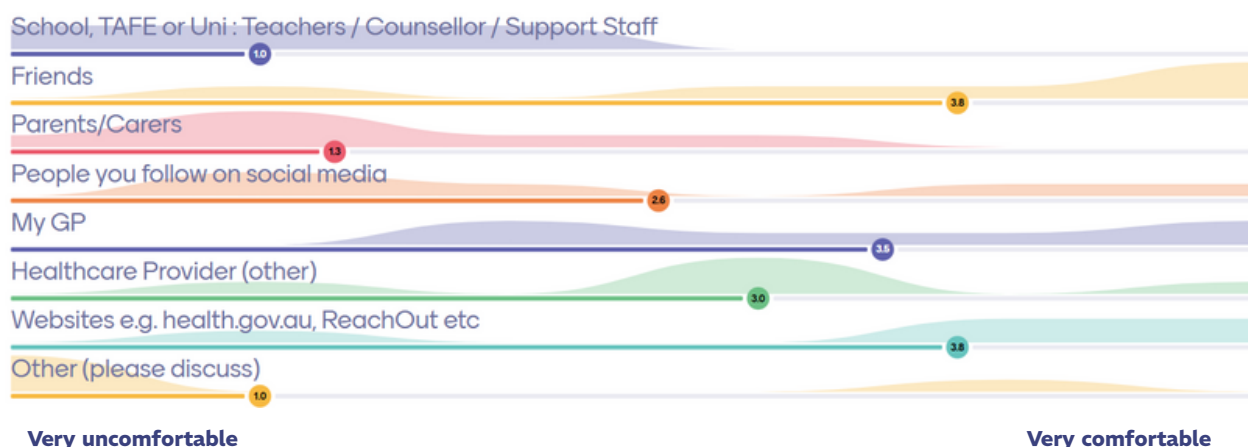
My mom is a GP and I know that like when I did the scary thing and asked her questions about sexual health, she was like, “I don’t know”, and then she ended up consulting with a LGBT GP centre... It would be cool if there was like an online version or like more of those in rural communities in particular, or a nationwide thing.”



Communication and Stigma

Earlier sections of this report explored how curriculum and school policy shape sex education. Young people also spoke about the less visible ways stigma operates — through conversations avoided, questions dismissed, and judgment embedded in tone, not just content.

Are you comfortable talking about contraception with the following people?



This stigma was often deeply cultural or relational, taking root in everyday interactions with family, teachers, GPs, or peers. It wasn't always explicit but shaped what young people felt they could ask, say, or seek.

"in (Year 9) our sport book it spoke about gay relationships and stuff and they made us go into the hall and tear that page out of our book. It's like they just really didn't want to talk about it, but I think also Year 10 was when we had more like in depth, sort of, conversations."

For many, this silence meant that sex, safety, contraception, and identity became individual burdens to navigate, not shared topics of care or learning. And when they did speak up, young people described being met with awkwardness, discomfort, or moral judgment.

Stigma Beyond the Classroom

While earlier sections focused on moralising within curriculum delivery, participants also identified how social and institutional norms outside the classroom reinforced stigma. These included family values, faith-based expectations, and healthcare settings where young people didn't feel safe or seen.

"A lot of the programs are abstinence-focused...They ignore things like reproductive rights and gender identity. I remember around the time that abortion was decriminalised... we were taught about it as less of a sexual health thing and more of a political issue."

I think that's a really bad way to go about it because you leave young women who could then put themselves or be put in a situation like that, you leave them misinformed and unhelped."

The Cost of Silence and Shame

Some participants had no formal sex education at all and described how harmful that absence became. Participants connected this silence to real-world risks, noting that their understanding of boundaries, consent, and identity often came through exposure to harm, rather than support or prevention.

"I didn't have it (sex education) at all in school, it wasn't until I got to uni"

"I went with a 0 for formal education and 3 for informal. Not because in, like the informal education was good. Just like to contrast like how subpar the formal education was."

"...a lot of my friends had to experience shitty things or experience things for people around them to know."

The Way Forward: Respectful, Honest, and Explicit Communication

Young people were clear: they want more than access and respect. Participants expressed frustration with how current approaches to sex education and health communication too often infantilise them or obscure meaning with euphemisms and analogies.

"I think young people want their maturity and intellect respected. We don't want analogies about milkshakes and using food to kind of communicate that stuff. I think a lot of people want that explicit communication and that's also like an accessibility thing for people with neurodiversity."

Rather than simplifying or avoiding hard conversations, participants called for a system that trusts young people's ability to understand complexity and offers safe, supportive spaces to explore it. They asked for education that acknowledges real-world risks and doesn't shy away from the consequences of silence.

This also means revisiting the tone and delivery of sex education. Participants described experiences where teaching was filtered through personal or religious values, often delivered awkwardly or without clarity.

"They made us do a little activity, which is: 'What do you know about like Sex Ed?' The top answer was 'women can get pregnant from sex'. It wasn't very substantive. Then when we were like, 'What are the solutions to that?'... the solution (from their teacher) was like 'don't have sex' and I was like, okay, that's a bit impractical."

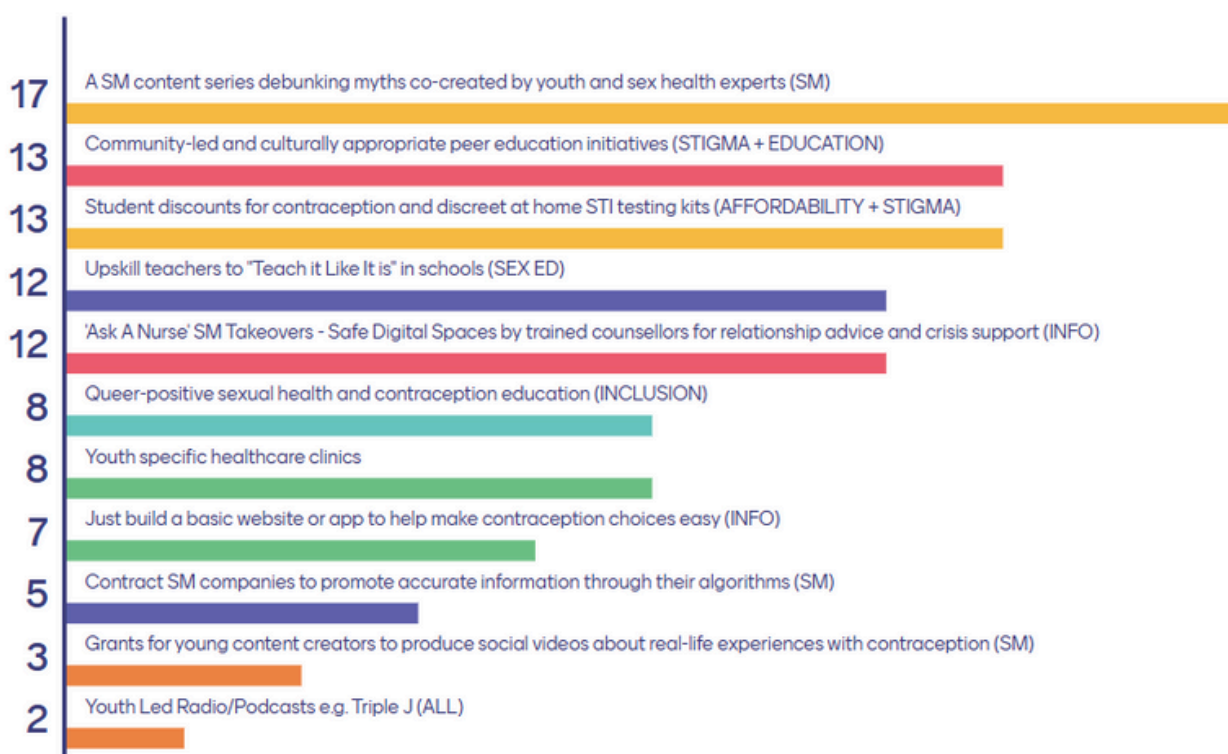
Participants also raised concerns about gender separation, which they felt limited understanding and reinforced secrecy.

"... they also split us up when they were having the Sex Ed talk, which only happened once during PHP, even though it probably should have been more so. I have no idea what the boys were told and maybe that was their way of going about it, but it would have felt much better if there wasn't a separation ..."

If I Were Health Minister for a Day...

To conclude the roundtable, participants were asked to imagine themselves as the Federal Health Minister for a day. If handed \$100 million to support better sexual health decision-making, how would they spend it?

The results were clear: young people want practical, youth-centred reform, not vague promises or political rhetoric.



What They Prioritised:

Participants prioritised youth-informed, accessible, and practical solutions. Top ideas included social media content co-created with sex health experts, community-led peer education, and discreet access to free or subsidised contraception and STI testing. They also backed teacher training to "teach it like it is," offer anonymous digital advice spaces, LGBTIQ+ inclusive clinics and content, and youth-friendly tools to help navigate contraception choices.

"Much more access to unbiased sex and contraception ed."

"Online space where you can ask questions... shame-free, anonymous and trauma-informed."

"Better, more comprehensive education that is more than a once-a-year session."

"Push for more anti-misogyny education. Stop letting 'boys be boys.'"

"Don't make it a religious debate. Look at facts, statistics, and the individual."

Young people's ideas reflected a deep understanding of the system's weak points, and the levers needed to create lasting change.

“

I would like to put to the department like, why are you doing this? Like what is the reason, the imperative behind it? Because I think that, you know, health is certainly not a value free, neutral thing. Science is not neutral. It's always shot through with morals and norms, and I think it's really important to examine those.

”

Conclusion

Participants in this roundtable spoke clearly and cared about the real-world challenges they face when navigating sexual health, contraception, and education. They described a system that often feels outdated, inconsistent, or incomplete, but they also offered insight into a better approach.

Throughout the discussion, young people shared:

- A desire for sex education that is consistent, inclusive, and reflective of lived experience, not limited by postcode, school type, or personal value.
- Concerns about the accessibility and affordability of contraception and sexual health services, particularly for those facing stigma or structural barriers.
- Frustration with social media as both a key source of information and a space where misinformation spreads unchecked.
- The need for safer, judgment-free spaces to ask questions, explore options, and engage in respectful conversations, both online and in-person.

Rather than placing blame, these reflections point to a clear opportunity: to partner with young people in shaping systems that meet their needs with honesty, equity, and respect. Participants consistently highlighted the importance of co-design, trauma-informed communication, and greater investment in platforms and services that are both evidence-based and relatable. By grounding future policy in the perspectives shared here, we can strengthen sexual health outcomes, improve access to information and support, and build a culture where young people feel confident, capable, and respected in making informed decisions.

This roundtable is not the end of the conversation — it is a starting point for more inclusive, collaborative work.



**Feedback from Young and Wise Roundtable Participants
on ARACY's reporting process:**

**I found the report really insightful
regarding all our comments, and I
definitely appreciate the heavy use of
direct quotes rather than paraphrasing**

**I love how you've collated the report.
And thank you again for giving me a
chance to speak.**

**Thank you again for the work you do and
representing our voices**



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