

William Parker Sports College, Hastings.

**SEX AND RELATIONSHIP
EDUCATION POLICY**

Reviewed and updated
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1. Context

Sex and relationship education (SRE) is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes. Sex and relationship education should empower young people, build self-esteem, offer a positive and open view of sex and sexuality and support sexual self and mutual acceptance and respect.

SRE is firmly rooted in our college's Personal, Social and Health Education (PSHE) and Citizenship Framework and is also delivered as part of other curriculum areas such as Science and RE. It is one theme that is being developed in William Parker Sports College as part of the Healthy School Scheme. This policy links with other college policies such as the anti-bullying policy, the equal opportunities policy and health and safety policy.

2. Aims and objectives of sex and relationship education

SRE supports and promotes our students' *'spiritual, moral, social, cultural, mental and physical development and prepares them for the opportunities, responsibilities and experiences of adult life.'*

Section 351 of the Education Reform Act 1996, the two broad aims for our curriculum.

At William Parker Sports College, Sex and Relationship Education (SRE) is underpinned by the ethos and values of our college and we uphold it as an entitlement for all our students. We recognise the need to work as a whole college community to ensure a shared understanding of SRE and the values under-pinning it and to deliver an effective programme that meets the needs of our students.

We aim to develop in our students an understanding of the biological, emotional, social, legal and moral aspects of sex and sexuality. We teach SRE within the wider context of building self-esteem, emotional well being, relationships and healthy lives. The sex and relationship education curriculum will be concerned with:

- the discussion of attitudes and values
- the development of a range of personal and social skills
- the provision of factual information and the development of the understanding of it

The objectives for sex and relationship education should match the age and maturity of the students involved. Our learning outcomes include:

Attitudes and values:

- to learn the value of respect, love and care
- to learn to value and respect ourselves and others
- to develop an understanding and valuing of diversity regarding for example; religion, family life, culture, gender identity and sexual orientation
- to develop positive values and a moral framework that will guide decisions, judgements and behaviour
- to promote a positive attitude to healthy lifestyles and keeping self-safe
- to be aware of and comfortable with their sexuality

Personal and social skills:

- to learn how to identify and manage emotions confidently and sensitively
- to develop self-respect and empathy for others
- to develop communication skills with peers, college, family and health professionals
- to develop critical thinking, decision-making, negotiation and assertiveness skills
- to develop an understanding of difference and an absence of prejudice
- to develop an appreciation of the consequences of choices made
- to develop the ability to understand the impact of external factors, such as the media, Internet, peer groups and remain independent decision-makers
- to learn how to assess risk and to develop strategies for keeping safe
- to develop the ability to give and secure help
- to behave responsibly within sexual and personal relationships
- to learn how to recognise and avoid exploitation and abuse of self and others

Knowledge and understanding:

- to learn about and understand the biological facts related to human growth such as puberty, reproduction, conception, pregnancy and birth
- to understand human sexuality, reproduction, genetics, sexual health, emotions and relationships
- to understand how the law applies to sexual relationships
- to learn about contraception, condoms, emergency contraception and abortion
- to learn about the routes of transmission, symptoms and treatment for sexually transmitted infections and HIV/AIDs

- to be aware of the reasons for and benefits of abstaining from or delaying sexual activity
- to learn about the responsibilities of parenthood
- to understand the possible impact of risk-taking behaviour such as drinking or drug taking on sexual health
- to learn about college-based, local and national sources of confidential information, advice and treatment

3. The sex and relationship education curriculum

SRE is firmly rooted in our college's Personal, Social and Health Education (PSHE) and Citizenship curriculum framework and is delivered through four interrelated strands:

1. Developing confidence and responsibility and making the most of students' abilities.
2. Preparing to play an active role as citizens.
3. Developing a healthy safer lifestyle.
4. Developing good relationships and respecting the differences between people.

4. The organisation of sex and relationship education

Co-ordination

SRE is co-ordinated by the PSHE co-ordinator, Jo Domin. She is responsible for the overall planning, implementation and review of the programme. She monitors the planning and delivery of content, provides appropriate resources, and offers guidance and support in the delivery and assessment of SRE.

The PSHE Co-ordinator in line with other curriculum areas will endeavour to keep up-to-date with materials and guidance for SRE. She may lead, organise or inform staff and the wider school community of training and current issues.

Training and Development Needs

We will provide appropriate training for all staff whenever necessary and at least every 3 years. This training should provide the opportunities for staff to clarify their own attitudes and assumptions about SRE, discuss appropriate teaching and learning methods for the delivery of SRE and to update their knowledge and understanding of key issues.

Visitors

We welcome the support of visitors offering specialist support and links with the community. The school nurse and other health professionals are involved at different stages of the programme.

Visitor sessions always complement the existing SRE provision and never replace or substitute teacher-led curriculum provision.

Whenever visitors are involved, teachers will ensure that they have discussed and shared the planning, form and content of the input they intend to provide. The teacher will always be present and responsible for classroom management. When visitors are used to support the delivery of SRE the planning tools from *Effective use of visitors contributing to the PSHE and citizenship curriculum; Good practice guidelines for schools and visitors* will be used.

Visitors delivering SRE in a classroom setting need to follow the guidelines on confidentiality (as set out below) and work within the college's value framework and SRE programme. Where appropriate, students will be given the opportunity to ask questions and seek information confidentially.

Curriculum delivery

Curriculum planning for SRE is part of the whole college planning process for PSHE and Citizenship and is informed by the National Curriculum Science Orders.

PSHE is delivered by tutor teams at key stage 3. At key stage 4, we welcome the involvement of visitors from external agencies to complement the delivery of SRE during 'Health days'.

Appropriate arrangements will be made for students who are withdrawn from SRE. For example, they will be able to participate in a lesson in another class.

5. Delivering the sex and relationship education curriculum

Teaching and learning methodology

Teachers and staff will use a range of strategies to deliver SRE but will focus on active and experiential learning techniques. This will enable student participation and involvement in their learning and develop students' confidence in talking, listening and thinking about sex and relationships.

These techniques include:

- Establishing ground rules with students - as in all aspects of PSHE a set of ground rules helps create a safe environment.
- Using 'distancing' techniques.
- Knowing how to deal with unexpected questions or comments from students.
- Encouraging reflection.

All resources are selected to ensure that they are consistent with the college's ethos and values and support the SRE aims and objectives. Care is taken to ensure resources comply with our equal opportunities policy.

Differentiation and Entitlement for All

At William Parker Sports College, we are committed to working towards equality of opportunity in all aspects of college life as described in our Equal Opportunities Policy and Race Equality Policy. We will make sure that our SRE programme is inclusive and we will consider the needs of vulnerable groups, such as looked after children in the planning and delivery of our programme.

Special Educational Needs and learning difficulties

Our students have different abilities based on their emotional and physical development, life experiences, literacy levels and learning difficulties, but we will aim to ensure that all students are properly included in SRE. We will, for example, use differentiated materials.

Some students with SEN may be more vulnerable to abuse and exploitation than their peers, and others may be confused about what is acceptable public behaviour. These students in particular will be supported in developing skills to reduce the risks of being exploited, and to learn what sorts of behaviour are, and are not, acceptable.

Religion and Ethnicity

At William Parker Sports College we seek to recognise the diverse beliefs of our religious and minority ethnic communities and aim to value and celebrate cultural diversity. In line with our Race Equality Policy, we will explore assumptions about different cultural beliefs and values and encourage activities, which challenge stereotypes. We will use a range of teaching materials and resources that reflect our cultural diversity and encourage a sense of inclusiveness.

We accept that students and adults in our college may hold very different religious and cultural beliefs about SRE. We will encourage

consultation and discussion with students, parents and community leaders to ensure that we consider cultural, religious and linguistic needs in the development and review of our SRE policy and programme.

Whilst we will always try to work with parents to accommodate their wishes, we will also accept that parents can exercise their right to withdraw their children from SRE outside National Curriculum Science.

Consultation with Students

A key aspect in employing effective teaching and learning strategies is the involvement of our students in their learning. We will consult with them during lesson time and at college council meetings on issues they would like to cover and we provide opportunities for them to evaluate lessons, resources and teaching methods. We will use information from the Health Related Behaviour Survey, 2007 to support curriculum planning.

Monitoring and Evaluation of the SRE Curriculum

Teachers and students will evaluate the lessons to aid future planning. Monitoring takes place through liaison between the PSHE Co-ordinator and class teachers. Opportunities for the PSHE Co-ordinator to observe SRE teaching are in place. Students are involved in evaluating the programme – through focus groups and end of unit questionnaires.

Specific Issues

We recognise that some aspects of SRE for teachers, students, parents and the wider college community may be considered sensitive or challenging. What constitutes a sensitive/challenging issue is likely to vary according to the individual, group, place or context.

We respect the varied beliefs and values held by our college community, however personal beliefs and attitudes will not influence the teaching of SRE. Teachers and all those contributing to SRE are expected to work within our agreed values framework as described in this policy and supported by current legislation and guidelines.

Teachers will be offered support and training to deliver the programme sensitively and effectively. This may involve support from the PSHE Co-ordinator, the senior management team / outside agencies and the school nurse.

Students may ask questions or seek information about specific issues. It is college policy to address these questions and provide information in

a straightforward age and maturity appropriate way. The school nurse may be used to support this process. In this way, students will be offered reassurance and will have misinformation corrected.

6. Confidentiality and child protection

William Parker Sports College is committed to acting in the best interest of all the individuals within the school community. Sex and relationship education should take place within a safe and supportive environment that facilitates relevant discussion. Confidentiality contributes to this and will be used as a ground rule for all SRE lessons. As part of discussions about confidentiality, all students will be informed of the limits to teacher confidentiality and will be told that teachers cannot keep confidentiality especially when the teacher is concerned about their safety or that of another child. Students will also be discouraged from making personal disclosures during PSHE lessons. As an integral part of PSHE students will be made aware of confidential sources of information. These confidential sources of help could include helplines such as Childline, the school nurse, MAC's Place, the Connexions PA, or a local young person's advice service or local sexual health service. In this way students will be empowered to access support services, including sexual health advice and treatment if they require it.

As part of SRE at William Parker Sports College, students will be encouraged to talk to a trusted adult, possibly a parent, if they are having sex or contemplating doing so. Students will also be reminded that the age of consent for heterosexuals and same sex relationships is 16.

Decisions to follow child protection procedures will be made depending on the age or maturity of the student, if it is not clear whether the young person consented to any sexual activity or if there is a large age gap between the young person and their partner.

If it is decided that it is not a child protection issue then the best interests of the young person will be carefully considered. Attempts should be made to persuade the young person to talk to their parents or an older family member.

The DCSF Guidance states that schools ought to also ensure that the young person 'has been adequately counselled and informed about contraception, including precise information about where young people can access contraception and advice services'.

Referrals can also be made to the school nurse. The school nurse code of conduct will then be invoked. Health professionals, such as school nurses are bound by their professional codes of conduct in a one-to-

one situation with individual students, but it is important that this code of conduct has been discussed with key members of college staff to ensure there is clarity about what the health professional can offer pupils or students. Parents are informed of this different type of confidentiality.

Teachers and support staff are aware that teaching sex and relationship education can lead to student disclosures of abuse. All staff and visitors involved in the delivery of SRE are also clear that they cannot offer or give confidentiality to children in the college. Staff are also aware of college child protection procedures, local guidance and the DfEE's Child Protection circular 10/95 – "Protecting Children from Abuse: The Role of the Education Service". Staff will reassure students that, if confidentiality has to be broken, they will be informed first and supported.

Personal information about a student is only shared on a need to know basis and in the best interests of the child. All college staff will respect information given to them in confidence. Information about student such as a pregnancy or their HIV status will not become a matter for general discussion among staff.

7. Liaison with Parents and Carers

William Parker Sports College would like to share responsibility with parents in the delivery of sex and relationship education. We are confident that good communication and sharing our philosophy, aims and purpose of SRE will enable parents to support our SRE programme.

Parents have the right to withdraw their children from all or part of the sex and relationship education provided at college except for those parts included in the statutory Science National Curriculum. Parents who wish to exercise this right should talk with the PSHE co-ordinator. The issue of withdrawal will be handled, as sensitively as possible and alternative arrangements will be made for any student withdrawn from this aspect of the curriculum.

8. Health and Safety

Please refer to health and safety policy. We need to recognise that there is no legal obligation for this college to be told of the HIV status of any of our students, staff or parents. Consequently, we need to have good health and safety procedures securely in place.

9. Implementation of Policy

This policy, including the supporting guidance will be implemented and delivered by all staff.

10. Policy monitoring and review

This policy was drawn-up in October 2007.

The review and monitoring of this policy will be the responsibility of the PSHE Co-ordinator and will include:

- Review of planning and guidance.
- Liaison with class teachers.
- Classroom observation in line with other curriculum areas.
- Carrying-out a regular audit of provision in order to ensure we are meeting the needs of all our students and delivering an effective programme.
- Release time for the Co-ordinator to enable him / her to carry out the above.

Governors in liaison with class teachers have the opportunity to observe SRE sessions. The PSHE Co-ordinator is available to discuss the SRE programme with them informally and will report formally to the governors regularly.

Appendix A: Dealing with questions

A key objective for sex and relationship education is to provide an environment in which young people feel able to ask questions. Young people should be encouraged to discuss sex and relationships with their parents and older family members, but if they ask a question in college then this question should be answered. Having a set of ground rules provides boundaries over what is appropriate and not appropriate and about how to respond to unexpected questions or comments from students in a whole-class situation.

Question boxes can also be used for students to ask questions anonymously, this also provides teachers with time to prepare appropriate responses. Appropriate question box questions could be typed and distributed for small groups of students to try and answer.

Suggestions for responding to questions:

- If a question is of a personal nature, remind the student of the ground rule: 'no one has to answer personal questions'.
- If a teacher or member of staff does not know or is unsure of an answer, they will say so and explain that they will get back to the student later (and try to specify when). Alternatively the question can be put into the question box.
- Colleagues, the PSHE Co-ordinator and the college sex and relationship education policy can be consulted for support and guidance on responding to a challenging question.
- It may be important to clarify what is meant by the question. Students can be asked how much they already know about the answer to the question or why they are asking the question.
- Lengthy or complicated responses are not usually necessary; a simple and concrete piece of information offers clarity and may avoid confusion. The issue can then be placed within the context of the college's SRE curriculum. "At the moment we are looking at 'X', in year 9 you will look at 'Y' in more detail." It may also be appropriate to provide the young person with ideas about where to go for further information i.e. the school nurse, websites (that have been checked out as appropriate), helplines, family members.
- Recognise different views are held, for example, about contraception.
- If a question is very explicit (for example about a particularly kind of sexual activity) and seems too old for the year group arrange to respond in the next lesson. This will provide time to come up with an appropriate response. Such questions may indicate sexual abuse or access to pornography and will need careful handling.
- If you have concerns about sexual abuse, follow the college's child protection procedures.

- If a student needs further support, he could be referred to the school nurse, helpline or outside agency.

Appendix B: Teaching and Learning

The handbook for the *Certification of the teaching of PSHE* programme contains useful standards that provide a good checklist for the teaching of PSHE and SRE. This can be downloaded from www.wiredforhealth.gov.uk

Ground rules

Some examples of SRE ground rules. It is a good idea to try and have no more than five, as any more will prove difficult to remember and uphold.

- Be kind to each other...therefore no put downs
- No personal questions
- Listen to each other
- Be honest...therefore say what you feel and believe and not what you think you should say, e.g. for the teacher or your friends
- Have fun
- Join in if you can... therefore you can pass
- Keep confidentiality
- Use words we all feel comfortable with

Active learning strategies

The following active learning strategies encourage students to practise skills, use their knowledge and understanding, explore and exchange views:

- Discussion & sharing ideas
- Listening exercises
- Case studies and scenarios
- Trigger drawings, story boards, photographs as a basis for problem-solving
- Role-play and discussion
- Videos and films
- Using puppets
- Questionnaires and quizzes
- Story telling
- Attitude grids

Consultation with students

Such as through:

- Graffiti sheets, where students write their responses to a session.
- Question Boxes, students are given the opportunity to write down any questions or concerns they have and post them in a question box, which the teacher can open and consider first before responding to the students.
- Circle-time sessions, with the focus on evaluating a particular aspect of SRE.

- Devising and completing questionnaires.
- Using continuum lines, where students can respond to a question on an aspect of SRE by standing on an imaginary line of 1-10, e.g. how helpful did you find that session?
- Review the SRE programme through the college council.

Appendix C: Teaching and Learning

Agenda setting - activities should be used to find out what students already know and have strong feelings or opinions about. This should make an impact on lesson and programme content and delivery making clear links with the worlds of children and young people outside the college. Activities could include writing ideas and responses on displayed graffiti sheets; quizzes; paired interviews; rounds; question boxes or human bingo.

Distancing techniques - all students need help to discuss sensitive issues and develop their decision-making skills in a safe environment. Techniques to depersonalise discussion can avoid embarrassment and polarised debate as well as protect privacy and include role-play; use of third person; case studies with invented characters and the use of stories, magazines, photographs and videos.

Values clarification - a critical objective of SRE is to help students develop their values and their attitudes to relationships within a moral framework A number of methods enable students to compare their views with others and to appreciate the spread of opinion in a group. Misunderstandings and assumptions will need attention and challenging. Students can form an attitude continuum to show how strongly they hold a view; visual images can be discussed; cards with beliefs or opinions written on them can be sorted into agree/disagree or important/not important piles for discussion and comparison with other groups

Problem Solving - problem solving about relationships and situations associated with sexual health is a key and complex skill that is an essential component of an SRE programme activities should give opportunities to practice personal and social skills to include clarifying the problem, generating different solutions and evaluating and selecting the best way forward. Methods could include using problem page activities; conflict resolution strategies and a carousel or fish bowl arrangement to encourage lively paired work with a rehearsal of a specific solution or skill, such as saying no to unwanted sexual pressure.

Encouraging reflection - learning from experience necessarily involves reflection and is crucial as it encourages students to consolidate what they have learned and form new understanding, skills and attitudes. Time should be set aside during and at the end of a session for the group to discuss what has happened, based on the following questions: What happened? How did I feel? What did I learn? How can I apply what I have learned?

Appendix D: Faith and religion

As stated in our SRE policy it is important that a school's SRE programme values different faith, religious and secular perspectives. Furthermore, we need to create a safe framework in which parents from faith communities and members of the wider community understand more about SRE, are able to discuss their views and beliefs and to feel involved with the process of developing SRE.

One aspect of this would be for teachers to further develop knowledge of different faith perspectives on SRE. However, it is equally important that assumptions are not made about an individual or a family from a particular faith background as they may hold very different views. *Faith, Values and Sex Education*, Sex Education Forum 2002, has an excellent section on different faith perspectives. In East Sussex and Brighton and Hove, the LEA Travellers' services can provide information and resources on gypsy traveller views on SRE. The following may also be of help in developing understanding.

Religion and Contraception

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Baha'i Faith

'The Baha'i Faith began in Persia in the middle of the last century. Its founder, Baha'u'illah (meaning Glory of God) lived from 1817–1892, and is regarded by Baha'is as a messenger of God. His teachings centre on the unity of humankind and of religion, and include the harmony of religion and science, the equality of men and women, and the abolition of prejudice.

The bearing of children is regarded as one of the main reasons for the institution of marriage, but the details and extent of contraceptive practice are left to the conscience of the couple. Many Baha'is will not use methods that may work by preventing the implantation of a fertilised egg'.

Source: National Spiritual Assembly of the Baha'is of the United Kingdom. Information Office. Members of the Baha'i faith as hospital patients: some notes for nurses, doctors, and health care workers.

Buddhism

'Buddhists are the arbiters of their own destiny. Cultural and other influences apart, they are free to act according to their own insights and understanding. They are, however taught to act responsibly and to take complete responsibility for the effects of these actions. In acting thus, they would be guided by certain personal undertakings. Foremost amongst these would be the undertaking to avoid intentional harm to any living (breathing) thing, cultivating as integral to this, genuine attitudes of loving kindness (metta) and compassion (karuna) with regard to them.

Birth control by means of contraception is not ordinarily a problem for Buddhists, as harm cannot by definition be done to a non-existent being. As Buddhism is open to personal interpretation, attitudes to this and other questions will vary depending on levels of education and understanding of the surrounding culture'.

Source: The Buddhist Society.

Catholicism

'For the past twenty years Roman Catholicism has been struggling with the tension between the traditional position of the central teaching authority of the church on population issues and various moves to change the doctrine. Pope Paul VI in the papal encyclical *Humanae Vitae* (1968) restated the traditional Catholic condemnation of artificial contraception stating that every conjugal act had to be

open to the transmission of life. The same document encouraged the development and refinement of natural family planning methods acceptable to official church teaching. Population problems are usually discussed within the context of economic and political development. The official view is challenged by a number of Catholic scholars who feel that it is right of individuals to follow their own conscience. In fact, a large number of Catholics in western societies practice all methods of contraception'.

Source: Roman Catholic Bishops' Conference for Marriage and Family Life.

Christian Science

'Members of the Church of Christ, Scientist, are not counselled in personal matters, and are therefore free to make their own decisions regarding family planning. However, the Christian Science text book *Science and Health with key to the scriptures*, by Mary Baker Eddy, has an entire chapter on marriage and describes its purpose as 'the legal and moral provision for generation among humankind'. At the same time, great emphasis is placed on mutual respect and compassion, morality, spiritual growth, and the Biblical law of the Ten Commandments and the Sermon on the Mount.

Christian Scientists depend on prayer for healing, and not on medical aid. This means that they prefer to be free of drugs and all forms of medication, including the contraceptive pill. Freedom from sexual activity is not uncommon between couples wishing to progress spiritually or during pregnancy'.

Source: The First Church of Christ, Scientist.

Church of England

Contraception is acceptable to most in the Church of England, as long as it is mutually acceptable to both partners. It is generally agreed that parents have a responsibility to decide the number and spacing of their children, decisions based on the needs of existing children, prospects for maternal and child health and the particular social context. However, the Anglican tradition allows for a wide range of views, all of which are held sincerely and reached after much thought and prayer.

Source: General Synod of the Church of England. Board for Social Responsibility.

Church of Jesus Christ of Latter Day Saints (Mormons)

'In planning a family, husbands must be considerate of the health and welfare of the their wives. Married couple should seek inspiration from the Lord in meeting their marital challenges and rearing their children. Both male and female sterilisation should only be considered where medical conditions seriously jeopardise life or where a person is not judged mentally competent and not responsible for his or her actions. Even then, such an action should only be considered after the person has consulted with the Bishop and received divine confirmation, through prayer.

Source: The Church of Jesus Christ of Latter Day Saints. Health and Medical practices.

Hinduism

Hinduism is a way of life as well as a religion. The Orthodox Hindu worship is centred on the home, and the eldest member performs religious and ceremonial rites with all the family present. Hinduism is primarily in favour of reproduction (pro-natalist), with many Hindus believing that it is their duty to produce a son, since only sons can perform the funeral rites that enable a man's soul to go to heaven. Sons are therefore needed to say prayers to ensure the survival in the next world. (a son is known as a 'putra' – he who saves from hell). Contraception is therefore not generally practised until after the birth of a son or sons when the parents feel confident that they are unlikely to die without a son. Hindus are also given to believe that 'semen is the elixir of life' and are advised to observe partial abstinence from sex, especially during religious festivals. Abortion is prohibited except where the life of the mother is in jeopardy.

Humanism

Humanism is not a religion but an ethical system of beliefs. Humanists base their morality on human responsibility for their own lives and concern for the quality of life of others. Great emphasis is placed on tolerance and open mindedness.

Humanists are strong advocates of family planning. They believe that the use of contraception is justified as it 'can prevent the misery of unwanted pregnancies and

unwanted children and if it can avoid the damage to women's health often caused in the past by repeated pregnancies.

They do not share the view of some religions that the only purpose of sex is to have children, but regard it as an expression of love and a healthy enjoyable experience to be shared within a loving relationship. They are however aware that the sexual freedom that contraception has brought carries responsibilities with it. A lack of consideration for the feelings or health of another is considered immoral.

Text approved by the British Humanist Association.

Islam

Whilst pre-marital sex is prohibited, a sexual relationship is seen as an important and necessary part of married life, both for the purpose of having children and to ensure that the sexual needs of the couple are satisfied within a legitimate relationship.

Contraception has been judged permissible in certain circumstances:

- To space childbearing thus promoting the health of all children in the family. For example to protect the health of an existing child who may not yet be weaned.
- Where there is fear for the physical and mental well being of the mother.

Coitus interruptus, the withdrawal method, was practised by early Muslims with the tacit approval of the prophet Muhammad (peace be upon him.) Some Muslim jurists have inferred from this that other non-permanent methods such as condoms, cap, IUD, and oral contraceptives are also permissible. Abortion is never permitted as a means of birth control. Allah tells us in the Qur'an:

Kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin.

Qur'an 17:31 YA

Vasectomy too is strictly forbidden. Although female sterilisation may be permissible, this is only when there is a medical opinion that the woman's life would be endangered or her mental health seriously affected by a pregnancy, which could not be prevented by other legitimate means.

Text approved by Dr S Darsh of the Islamic Shari'ah Council.

Jehovah's Witnesses

'Jehovah's Witnesses believe that family planning and contraception are matters for personal conscientious decision, with the exception that abortion and contraceptive methods which may work by preventing implantation of a fertilised egg are incompatible with their religious beliefs'.

Source: Watch Tower Bible and Tract Society of Pennsylvania.

Judaism

The sources in Jewish law state categorically that a man may not use any form of contraception. However, as any mention of females and contraception was omitted from the sources, most if not all use this omission to interpret that females may use contraception. However, for those that believe no 'physical impediment' may be used, even for females, oral contraception may constitute an exception as the pill does not interfere in any way with the natural act of intercourse and the male seed is not directly destroyed. Even the very religious, who may have many children, may seek and be given permission from a Rabbi to space their children to preserve their own health, which is always of paramount importance. It is popular in the Jewish population for a couple to have at least one boy and one girl. However, if a woman's life would be at risk by becoming pregnant, even for the first time, she would be under no pressure to bear a child.

Text approved by the League of Jewish Women.

Sikhism

Sikhs believe in monogamy and great importance is attached to high moral character and sexual morality. One of the five Ks (Religious Symbol) of Sikhs is Kachhahra, which is a special pair of shorts worn as an undergarment by all initiated Sikhs, both men and women. This highlights the importance attached to sexual morality in Sikhism.

Traditionally in Sikhism, like many other religions, the family size used to be large. However, attitudes today are beginning to change. Birth control through the use of contraception is an acceptable practice within Sikhism and the family size is usually small. As there is no actual religious prohibition, acceptance of family planning has grown in line with social and cultural changes.