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The critical role of schools and teachers in developing a sexual health education curriculum for Muslim students

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Abstract
Schools and teachers have a critical role in the curriculum decision-making and development process. However, the various stakeholders or interest groups seeking to influence the curriculum as well as the pervasiveness of commercially based curriculum materials produced as kits and packages, have pushed to the background the significant contribution to curriculum that can be offered by individual schools and teachers. The influence of a 'top down', policy environment on the school curriculum has also failed to successfully cater for the diversity of student populations in Australian schools; a case made clear with Muslim students and the health education curriculum. This paper will report on current research by the author which involves exploring ways to develop an appropriate sexual health education curriculum framework for Muslim students. A curriculum framework is proposed and serves as an approach for schools and teachers to develop a balanced and fair representation of cultural expression in the school curriculum. Underpinned by six principles, this curriculum framework is a move towards school based research, classroom curriculum design and community involvement; positioning educational research in schools and good for teachers, students and the wider community.

Introduction

The school curriculum is generally thought of as all the knowledge and skills schools are accountable for (Marsh and Willis, 1999; Saylor et al, 1981), and the school curriculum decision-making and development process, as one that involves the political, cultural as well as the social climates of the school community (Lovat and Smith, 2003; Walker, 2003; Brady and Kennedy, 1999). As social institutions, schools are subject to considerable pressure from society and the school curriculum is in constant renewal and change. The on-going change in health education agendas in Australian schools suggests that health education has been a school subject heavily implicated by societal changes; its permeable character causing many shifts in policy, practice and perspectives.

Australia has achieved local and international respect for innovation in dealing with complex health issues such as drug education, HIV/AIDS and sexual health. However, addressing the sexual health needs of Muslim students in the Australian school curriculum has been significantly marginalised. Islam attaches paramount importance to health education and is a curriculum area that concerns many Muslim students and their parents. Despite the cultural and ethnic diversification of Australia's society and the growing Muslim student population in many Australian schools, present health education curriculum decision-making, development and practice, exert a dominant Judeo-Christian values system and ideology (Donohoue Clyne, 2001; Lindsay et al, 1987). Calls for culturally appropriate health education curriculum, promotion and prevention programs (Bennett, 1992; Kirk and Tinning, 1990) are largely overlooked. Australian schools have become agents incorporating and transmitting a 'monocultural' (Halstead and Reiss, 2003) education ideology to a multicultural, multiethnic, multireligious and multilingual society and the curriculum has become a powerful method of legitimacy, conformity and social control.

What is needed and what this paper seeks to do, is provide a curriculum framework for the development of a sexual health education curriculum for Muslim students. To successfully embrace a philosophy and practice of culturally appropriate education, the development of culturally appropriate curricula thus becomes the responsibility of individual schools and teachers. The curriculum framework proposed in this paper serves as an approach for schools and teachers in the development of a balanced and fair representation of cultural expression in the school curriculum.

The critical role of schools and teachers in curriculum development

Curriculum is a dynamic concept. The variations in definitions, understanding, desires and expectations for what the curriculum should deliver illustrate its complexity. What students *should* learn and *must* acquire are curriculum decisions made by many competing forces, ideologies and interest groups seeking to influence the curriculum, making the curriculum decision-making and development process essentially a "manipulative strategy" (Print, 1993:15). Australia has eight separate government education systems, each with their own curriculum documents, assessment systems and credentialing procedures (Green, 2003). Despite the lack of uniformity in curriculum frameworks and guidelines, Australian schools share a predominantly 'state-developed' or 'state-approved' curriculum decision-making and development process (Reid, 2002, 1993).

The impact of state intervention in curriculum development has been attributed to the lack of curriculum initiatives in many schools (Cohon and Ball, 1990; Cornbleth, 1990; Sikes, 1992). The emergence of commercial curriculum materials such as kits, packages and programmes have also done "little to transform the nature of the classroom environment or the teaching-learning interactions within it" (Kirk, 1990: 409). Although 'top down' bodies are prepared to commit enormous amounts of energy to advance their preferred solutions to specific curriculum problems, these materials have been criticised for their very limited understanding of curriculum theories, principles and processes. Some curriculum theorists posit that the dominance of the 'top-down' beauracratic decision-making process in the education system is an agent of ideological control, reproducing the dominant values and beliefs of society and support for the established order (Apple, 1990, 1993; Posner, 1995; Giroux, 1981). Although some teachers find them desirable aids to their work, Grundy (1987:31) warns,

> when the plan becomes external to the planner, teachers lose control of curricula and pedagogical skills to large publishing houses. No matter how sound the theoretic basis for this change of method might be, the fact remains that many teachers are de-skilled by such curriculum. If teachers do not have ultimate control in the design of the curriculum, it is open to scrutiny.

Exploring the issue of teacher professionalism and development further, Apple and Jungck (1991) make a convincing case when they refer to the 'deprofessionalisation of teaching' as a result of more and more state intervention. "Instead of professional teachers who care greatly about what they do and why they do it, we have alienated executors of someone else's plans (p.3).

While a policy environment seeks to influence the school curriculum, there is growing interest and support in the literature for school based curriculum development (SBCD). Based on the notion that schools can and should centralise curriculum decision-making as a means for stimulating school improvement, SBCD encourages a "teacher-initiated, grass roots" (Marsh, 1990:3) approach to curriculum development. The school principal has an important role in SBCD, often described as the 'prime mover', able to transform and produce structures for curriculum development and improvement (Barnett, et al 1990; Ornstein, 1993). Schools mediate teachers' meaning of curriculum and build support for teacher involvement, provide appropriate resources, including time during the school day to deliberate on curriculum issues. This is very important as Basica and Hargreaves, (2000: 17) explains

> It is one thing to plan and create a new curriculum and another thing to have that curriculum formally adopted by a school.

As well as the school principal, teachers have a fundamental role in the development of an effective and successful curriculum. It is the teacher who tackles the substantive matter of schooling, formulating curriculum-directed questions about content, method and the learner (McNeil, 2003; McGee, 1997). Firmly situated in their classrooms, teachers are in a position

to subject curriculum to periodic questioning, criticism and review. They have the potential to create an overall approach to curriculum development rather than follow a prescribed course of action. Curriculum developed through the transaction of the classroom has been described as 'real curriculum' encouraging teacher interpretations and pedagogical alternative Hatton (1998). Johnson's (1990:28) analysis of teachers' role in the curriculum development was explored in the everyday reality of classroom life. His classroom observations found that teachers participate in a multiplicity of curriculum activities at a classroom level which became the very substance of their daily curriculum decisions.

> Perhaps the greatest advantage teachers working in their own school have, is not only do they undertake their development work with a detailed knowledge of all the relevant factors about their students, the school and their whole situation, but also that there will be a consistency in the curriculum they plan.

The curriculum decision-making and development process is both a personal and social construct, taking place in the much broader context of the social, political, economic and cultural structures of the school. Although the curriculum is interwoven with the social fabric that sustains it, Australian schools are not underpinned by a common or core curriculum and thus, have the autonomy and unique opportunity to design, plan, develop and implement a curriculum which meets the requirements within their school. Hence, curriculum objectives can be concerned with maintaining the school's specific culture, reflecting the ideals, knowledge and skills that are believed to be significant. Schools have the capacity to collaborate, negotiate and build team work structures and plan for curriculum development which involves parents and the wider school community. Such an interactive nature of the school curriculum is particularly important when serving the educational needs of the Muslim community.

Current work in progress: Developing an appropriate sexual health education curriculum framework for Muslim students

The interest of this research lies in the concerns many Muslim students and parents have about current health education curriculum content and practice in Australian schools. Health education has proven to be the most contentious subject for many Muslim parents and students. Although the themes of English books and perspective on History can be just as value laden, certainly no other subject is accorded such attention or has received such scrutiny. Controversy surrounds the teaching of sexuality in many schools, with some still most comfortable if 'sex' remains invisible in the school curriculum (Epstein and Johnson, 1998). However, the heightened attention to teenage pregnancy and the threat of HIV/AIDS, has added momentum to the importance given to sexual health in the overall health education curriculum.

Australian schools share the same health education agenda; to advance the health of students (Colquhoun et al, 1997; Nutbeam et al; 1993; Lavin et al, 1992), and the health education curriculum is frequently subject to critical review and redefinition. As a result, the findings of a national survey of Australian secondary students relating to HIV/AIDS and sexual health, has recently been published (Smith et al, 2003). Furthermore,'Talking Sexual Health: A National Framework for HIV/AIDS education in Australian secondary schools' (Ollis and Mitchell, 2001) has established Australia's first benchmark for content and approach to sexuality education. Recognising a socially orientated program and advocating for the teaching of positive attitudes towards sexuality rather than the traditional safer option to disease prevention, this framework wins support as a more thoughtful approach to sexual health. As Beckett (1996:12) argues,

> Sexuality education can be divided into two camps or schools of thought. The more conventional approach staunchly promotes family life education, youth abstinence

> from sexual activity, the avoidance of disease, reproductive heterosexuality, and conformity to moral absolutes. A more thoughtful approach to sexuality education acknowledges the complex social process of sexuality and the cultural expression of what it means to be sexual.

However the influence of a hegemonic culture in Australian education (Partington and McCudden, 1992; Bullivant, 1981), has contributed to delivering inequality health education for different groups, namely same-sex students and minority groups (Beckett, 1996). The noble intention to cater for the rich variety of cultural values and traditions currently within Australian society in the health education curriculum has not yet been translated to a meaningful degree (Bennett, 1992; Kirk & Tinning, 1990). Pallotta-Chiarolli (1996:53) sums this up well when she writes that

> although schools are increasingly addressing issues of ethnicity, gender and sexuality, what is still not very apparent is the 'interweaving' of multiples sites and multiple codes of meaning in relation to these categories.

Although the liberal values inherent in the sexual health education curriculum reflect the actual political, legal and economic circumstances that prevail in western societies generally (Halstead and Reiss, 2003), there is a strong argument in the literature for the inclusion of religious and cultural values in sexual health (Sears, 1997; Thomson, 1993). Ulanowsky (1998) is outraged at how religion now appears to be irrelevant in health education and equates the absence of religion to imply hostility towards different worldviews. Halstead and Reiss (2003: 87) argue that the lack of consideration to the religious views of students in the classroom and broader society in the sexual health curriculum, fails to appreciate the universality and applicability of religion to student lives.

> Religious views about sexual values need to be considered for two main reasons. First, that an inconsiderable number of people have them; second, that if we wish to live together in a pluralist society, it behoves all of us to understand at least something of what it is that motivates others. Such understanding is both intrinsically respectful and instrumentally useful.

Sexual health programs that fail to recognise religious and cultural diversity are susceptible to a variety of 'breakdowns' (Irvine, 1995: xii) and misunderstandings which are likely to occur across lines of ethnic or other difference. At present, curriculum structures and perspectives in Australian schools, function to enforce an 'assimilationist mode' where an 'assimilationist mentality' is evident, particularly in the humanities, social sciences (Bullivant; 1981) and in health education. As Lindsay, McEwen and Knight's (1987:1) Australian study confirm, the health and physical education curriculum appear to be "purposely designed to serve a social integration function of the Judeo-Christian culture". The dominance of the permissive sexual ideology and cultural bias in sexual health education needs to be challenged to fully address diversity and the multicultural nature of Australian society and identity.

The Islamic position on sexual health

Islam gives guidance to all aspects of life and Muslims should live by the tenets of Islam as Allah's vicegerents *(Khalifah)* on the Earth. All their actions should be guided by Allah's commands as contained in the Qur'an and as demonstrated by the life example *(Sunnah)* of Prophet Muhammad in the *Hadith*[1]. Discussion, teaching and learning about sex, sexuality and sexual health, are not taboo or opposed in Islam. In fact, given the centrality of sexuality in human affairs, in both the public and private spheres, sexuality has a prominent place in Islam. Both the Qur'an and the Hadith have placed much emphasis on acquiring knowledge in

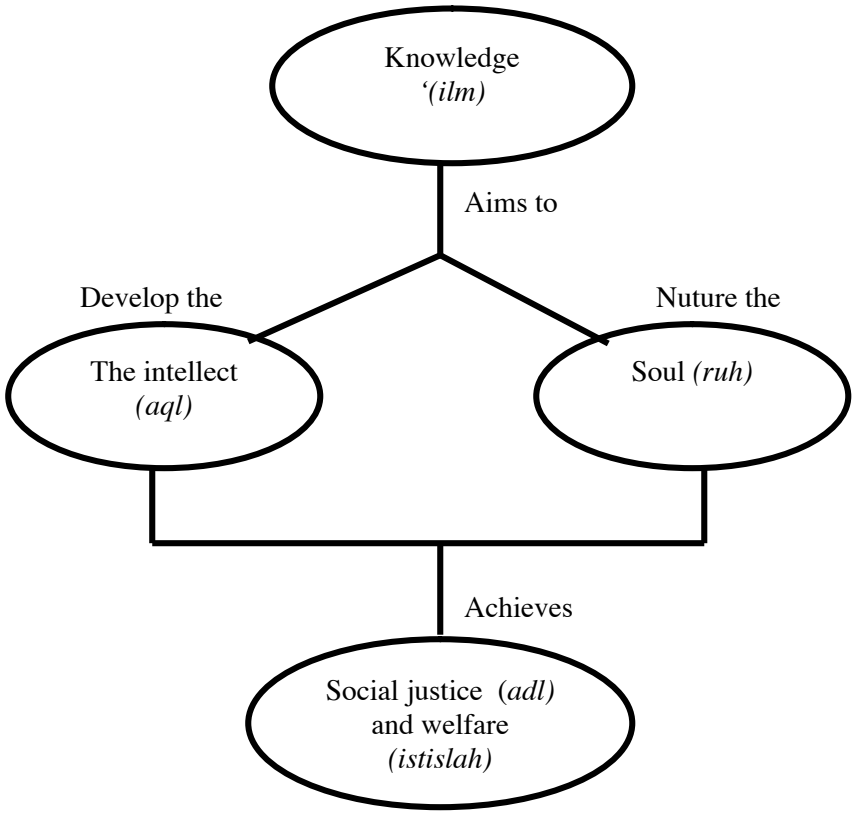
[1] There are a number of well known Hadith, that is the authenticated sayings of Prophet Muhammad (p.b.u.h) that are considered part of the common domain of Muslim thought, just as proverbs are in English. When quoting Hadith, Muslims always end it with a blessing for the Prophet, saying 'Peace be upon him' (p.b.u.h).

all areas and in the days of Prophet Muhammad (p.b.u.h), Muslim men and women were never too shy to ask questions including those related to private affairs such as sexuality.

> *"Say: Are they equal those who know and those who do not know?"* (The Holy Qur'an, 39:9)
>
> *"Blessed are the women of the Helpers. Their modesty did not stand in the way of their seeking knowledge about their religion"* Hadith Bukhari and Muslim (Kazi, 1992: 118)

Rules concerning sexual health govern many Islamic issues such as prayer, *(salat),* fasting *(sawm),* bathing *(ghusl*), marriage *(ziwaj),* divorce *(talaaq),* performing the pilgrimage *(hajj),* as well as the entire spectrum of human needs and behaviour, including kindness, fairness, justice and equality. Education regarding sexual health in Islam is considered part of the religious upbringing of a child (Ashraf, 1998; Mabud, 1998; Noibi, 1998; Sarwar, 1996) and centres the religious and moral concepts of unity *(tawheed),* and worship (*ibadah*). An Islamic perspective on the sexual health education curriculum must contain 'Islamicised' knowledge, in which the teaching of the Qur'an and the Hadith are central. Curriculum content and pedagogy must be underpinned by Islamic Law *(Sharia),* which recognises that any prohibitions (e.g sex outside of marriage or homosexuality) are taken with faith that God has our best interest at heart, guiding us away from potentially destructive behaviour (Al-Qaradawi, 1960). When the Qur'an, the Hadith and Sharia are combined, an Islamic philosophy of education emerges (See Figure 1), where the acquiring of knowledge *(ilim*) is aimed to develop intellect *(aql)* and nurture the soul *(ruh)*, which will lead to the promotion of both social justice *(adl)* and public welfare *(istislah)*. The Islamic position on sexual health education is therefore an avenue for exploring Islamic ideology and establishing the Islamic consciousness. Sexual health education becomes a vehicle for spiritual development and hence compulsory education for every Muslim.

Figure 1: The Islamic philosophy of education



Persisting problems with sexual health education curriculum for Muslim parents and students

The sex education component of many Australian schools health education curricula is generally opposed by many Muslim parents and students in Australia (Donohoue Clyne, 2001; McInerney et al., 2000) and overseas (Halstead, 1997; Thomson, 1993). This research shows that it is not always necessarily the content of the health education curriculum that is objectionable to many Muslim parents and students, but rather the presentation of the subject, totally divorced from moral and values education. While many people would agree that Muslim students need to understand the nature of their developing sexuality, how, by whom and when it should be done is also the source of contention for many Muslim parents and students. Three main aspects of contemporary practice in school sexual health education have become legitimate targets for Muslim opposition (Halstead, 1997).

- Some sexual health education material offends the Islamic principle of decency and modesty.
- Sexual health education tends to present certain behaviours as acceptable which Muslims consider sinful.
- Sexual health education is perceived as undermining the Islamic concept of family life.

Natural Modesty

> *"Every religion has a distinctive quality and the distinctive quality of Islam is modesty"* Hadith Bukhari and Muslim (Kazi, 1992: 120)

In Islam, a human being must be treated as a spiritual and moral being therefore sexual health education for Muslim students cannot be purely physical without any spiritual or moral dimensions. The moral framework in sexual health is a form of protective control and is also closely linked with upholding the honour of the family. The concept of natural modesty (*haya*) in Islam goes far beyond a specific Islamic dress code, but deals with the entire spectrum of Islamic behaviour, attitude and etiquette. For many Muslim parents and students, it is not always necessarily the content of the sexual health education curriculum that is a violation of natural modesty, but the presentation of the subject, totally divorced from moral and values education (Al-Romi, 2000). As Abdel-Halim (1989: 15) states, teaching the etiquette of dating as is currently practised in much of the world, violates Islamic principles of chastity.

> It is the way sex education is imparted and presented….completely divorced from moral values and ethics. Information should not be given in a way that would encourage immoral relationships and conduct, for example, some teachers teach the etiquette of dating without any consideration of cultures who do not encourage dating.

An Australian study on the potential barriers to learning Personal Development, Health and Physical Education (P.D.H.P.E) in New South Wales schools characterised by religious diversity, (McInerney et al, 2000), found that Muslim students experienced more difficulty engaging in P.D.H.P.E related activities than their Catholic peers. Issues of modesty "such as dress, public display, mixed-sex activities" were of greatest concern (ibid.:26). A commonality of experiences in health and physical education classes of Muslim students is mirrored in a few overseas studies. In their study of an English secondary school with a high South Asian Muslim population, Carroll and Hollinshead (1993:65) identify four problem areas as points of conflict between students, parents and Asian communities: P.E kit, showers, Ramadan and extra-curricula activities. The wearing of the sports uniform caused embarrassment for both male and female students and feelings of guilt and shame were exacerbated when many of the activities were held in public places such as playgrounds and community parks. Communal showers, part of the school's health education program, caused

severe problems even to the extent that some students absented themselves from school. The apparent failure of staff members to accommodate to the students' needs was described as 'a policy of positive discrimination towards the Muslims', an 'attack on cultural and religious values' and a strong push for 'institutional racism' by the school (Carroll and Hollinshead, 1993:71).

All discussions about sexuality with Muslim students must be within the context of *haya* and to preserve this modesty, single sex classes for sexual health programs are preferred, as are classes that are taught by a teacher of the same sex. Popular classroom practices such as demonstrations on how to 'use a condom correctly' do little to safeguard the modesty of Muslim students as does the use of explicit videos, depicting nude people or detailed diagrams of the human form. "Staring at people of the opposite sex or watching people kissing on TV or in the street" (D'Oyen, 1996:78) are also incompatible with the principle of modesty in Islam.

Behaviour in accordance to Islamic law

Muslim parents look for an education that builds and develops Islamic morals, deeds, character and behaviour (Donohoue Clyne, 2001; Sanjakdar, 2000b). Contemporary sexual health education tends to present certain behaviours which Muslims believe are sinful, as normal or acceptable. 'Free sex', 'safe sex', 'boyfriend/girlfriend relationships', for instance, are terms and concepts devoid of any responsibility and accountability and hence are in direct violation of appropriate Islamic behaviour and Islamic law (*Sharia)*.

In Islam, pre-marital, extra-marital and same sex relationships are forbidden and therefore, cannot be advocated or taught as alternative lifestyles or forms of behaviour (Halstead and Lewicka, 1998). Muslims are not permitted to touch, date, have intimate relationships including sexual intercourse, outside of an Islamic marriage. Language such as "spending time together alone", "getting to know each other", "feelings can run high but lack of experience with close relationships can lead to many unhappy, disappointing and even bitter experiences" commonly found in secondary school health texts (Davis and Butler, 1996; Wright, 1992), contravene Islamic principles of decency, modesty, chastity, sexual responsibility and accountability. The widespread 'choice and preference' model of school sex education (Ulanowsky, 1998), is also unacceptable from a Muslim point of view. Quranic injunctions and Hadith make it clear that sexual behaviour is not based entirely on 'personal choice', but must be within God's laws (sura 22 verses 5-7, sura 7 verses 80-81). The philosophy underpinning this idea of individual 'freedom' to judge and the individual 'ability' to judge, is a secular one and stands in opposition to the Islamic, conservative one; which takes account of the mind, the spirit and the emotional aspects of sexuality as well as acknowleding that in adolescence, physical maturity is rarely accompanied by a matching psychological and emotional maturity.

Australian health educators must be aware that Muslim students try to live an Islamic life in a non-Islamic country. Therefore, a spiritual and moral dimension to sexual health education can help Muslim students to better understand themselves and see the relevance of religion to their contemporary lives (Reiss and Mabud, 1998). In a pluralist society such as Australia, Muslim students should also not be prevented from learning that non-Muslims may hold sexual values or adopt sexual practices different from their own. As Halstead (1997: 320) argues,

> It is appropriate for education in a pluralist society to encourage Muslim children to adopt an attitude of toleration towards behaviour which, although un-Islamic is acceptable in the broader society. However, great care must be taken in the classroom

> so that Muslim students do not confuse *toleration* of difference with *celebration* of difference.

Marriage and the family

Marriage is a sacred institution in Islam and must not be ignored in the sexual health education curriculum for Muslim students. In Islam, marriage gives expression to the divine harmony consisting of the complementarity of men and women. Sexual duality in creation reflects the duality on earth (Ashraf, 1998) and is recognised as one of the great signs Allah has bestowed on humankind.

> *And among His signs is this: He creates for you mates out of your own kind, so that you might incline towards them and He engenders mutual love and compassion between you. (Qur'an, 30:21)*

> *He has created you from a single soul and from that soul He created its mate (Qur'an,4:1)*

Marriage is viewed as a "legal sexual means and a shield from immorality" (Sarwar, 1996: 24), a social obligation which forms the basis of an orderly society and the cornerstone of building a family; the basic unit of the Islamic society, the *Umma*. While procreation is an aim, it is not an exclusive aim. Companionship and enjoyment of the spouse along with avoidance of unlawful or sinful relationships are also main purposes. The current individualistic perspective to sexual health education prioritises personal autonomy and self desire over obligations and commitments to others such as family. To avoid undermining the Islamic position and concept of family life, family values must remain intact within the sexual health education curriculum. Therefore, as Halstead, (1997: 320) points out:

> unmarried cohabitation or same-sex partnerships are in direct opposition to Islamic teaching as are any programmes of sex education which imply to Muslim children that relationships which have some of the features of marriage such as cohabitation, are just as valid as marriage itself.

Present sexual health education theory and practices not only clash with Muslim parents and students' moral and value perspectives to sexuality, but with their sexual ideology. As McKay, (1997:285) explains, "our perceptions, opinions and moral beliefs are derived from within the confines of the interpretative schema of our ideology. In this respect, ideology defines reality, not vice versa". Both restrictive (abstinence-only) and permissive sexual ideologies compete for influence in shaping sexual health education. However, the permissive sexual ideology, which endorses many forms of non-procreative sex including masturbation, oral sex and accepts homosexuality as morally valid, is the driving force shaping the nature and scope of sexuality education in Australia today. The dominant influence of one sexual ideology can be both damaging and destructive to Muslim students and those young people who do not identify with it. As Beckett (1996:15) points out, "this way of thinking about standards of morality and goodness condemns other expressions of sex and sexuality as wrong and bad, which can have a profound effect on young people". The contemporary approach favours an assimilation into the dominant culture rather than cultural pluralism which can increase the risk of indoctrination. As McKay (1997: 288) writes

> When we systematically and uncritically teach students secular ways of thinking about all subjects in the curriculum, we are in real danger of indoctrinating them; a deliberate attempt to induce students into accepting a particular point of view, or in this case, a particular sexuality ideology.

McKay (1997:288) further asserts that in the face of ideological pluralism, indoctrination can be seen as a violation of basic human rights and while it may not be possible to resolve what are fundamental conflicts of a plural society, "a moral agenda for sex education may be the most appropriately realised" (ibid.:288). Australian school curriculum and overall educational practices need to recognise and respect the reality, diversity and cultural specificity of student

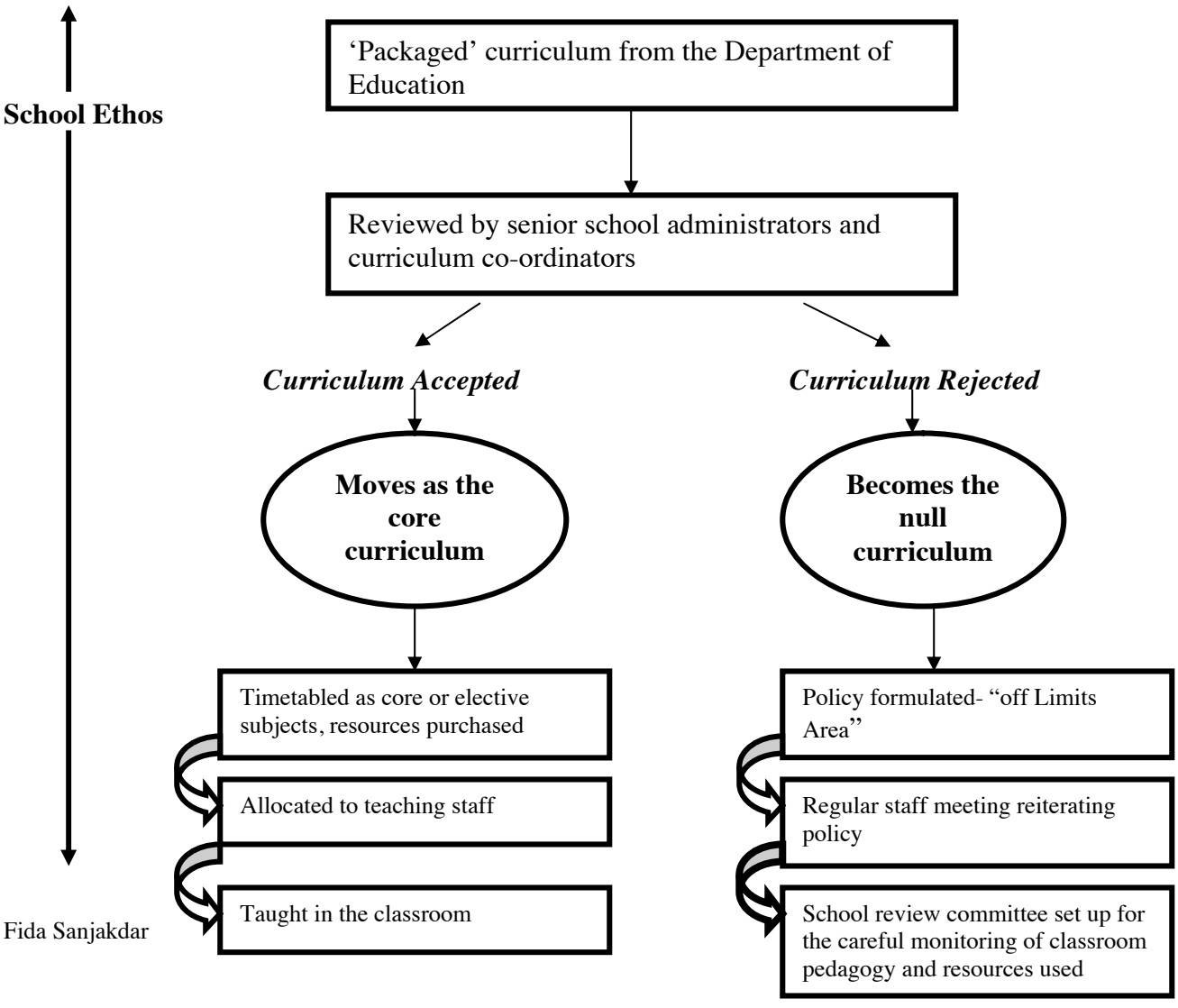
experiences in the classroom, including the sexual health educational needs of Muslim students.

The remainder of this paper will present a framework for developing an appropriate sexual health education curriculum for Muslim students. Based on the author's present study, this framework describes the critical role of schools and teachers in the construction of culturally appropriate sexual health education.

A curriculum framework for the development of an appropriate sexual health education for Muslim students: The critical role of schools and teachers

In my teaching experience at both mainstream and Victorian Islamic schools, (Sanjakdar, 2000a), the curriculum development process is essentially viewed as sets of statements about what should or should not be included. Curriculum decision-making and development often begins with the review of external curriculum documents or 'packages' by senior school administrators including the curriculum co-ordinator (See Figure 2). An accepted curriculum means the values and philosophies about goals, content and pedagogy are in congruence with the school mission. These subjects or topics then become the core curriculum, with time allocated in the timetable and resources purchased. A rejected curriculum becomes the null curriculum, "the options students are not afforded, the perspectives they may never know about, much less be able to use, the concepts and skills that are not part of their intellectual repertoire" (Eisner, 1994:107). English texts, History topics and Sexual health content, viewed as controversial, may be found in the null curriculum.

Figure 2: The curriculum development process as observed in both mainstream and Victorian Islamic schools



This linear pattern of curriculum development presents conceptual constraints for meeting the educational needs of Muslim students in Australian schools. From an Islamic viewpoint, the area of most concern is the total absence of a guiding religious moral and values framework. Driven by pragmatic aims, knowledge is controlled by the heavy reliance of curriculum packages. It is fragmented and compartmentalised concentrating only on the intellectual and physical development of students. The teacher's role becomes prescriptive and restrictive. Furthermore, community involvement is absent, hence devalued. To develop an appropriate sexual health education curriculum for Muslim students, schools and teachers must:

- consider the implications of current curriculum theory and practice in health education as well Muslim parent and student concerns
- offer a whole school approach to issues of ethnicity and sexuality in the curriculum, which involves the viewpoints and input of teachers, students, parents and wider community
- focus on both curriculum theory and practice; be inclusive to the needs of Muslim students but also flexible to incorporate multicultural perspectives on sexuality issues
- shed assumptions about what is considered 'normal' Australian behaviour and attitudes to sex and sexuality

The curriculum framework proposed in this paper is based on six principles. Generated from issues arising from the literature, previous research and school experience by the author (Sanjakdar, 2002a), these principles (see Table 1) establish a curriculum design and serve as the school and teachers' plan on how to proceed with curriculum development. The sequence of the principles should not be interpreted as a favoured developmental approach for curriculum development, but rather as key issues requiring in-depth exploration for the successful development of this curriculum.

Table 1: Principles underpinning a sexual health education curriculum framework for Muslim students

Principle 1: Constraints and potential barriers to effective curriculum development need to be identified, effectively addressed and if possible removed in order to facilitate curriculum development.
Principle 2: Curriculum development must encourage and facilitate some changes to current curriculum practice but neither intrude on nor disrupt the school's cultural coercion.
Principle 3: Teachers are considered the experts of their own teaching practice therefore their readiness and acceptance of any curriculum development must be considered and valued.
Principle 4: Students impact the planned and enacted curriculum, therefore their involvement will assess their readiness for this curriculum and their views on sexual health issues.
Principle 5: Engaging and liaising with the Muslim community is desirable to promote critical dialogue and communicative patterns about Islam and sexual health.
Principle 6: Mistakes during the process of curriculum development are to be considered as stepping stones and small journeys towards effective curriculum development.

1. The identification of constraints and potential barriers

The identification and subsequent removal where possible, of existing constraints or barriers that might hinder the development of a sexual health education curriculum for Muslim students, is essential. To achieve this, a situational analysis can be applied; the "recognition of some school problem which then becomes a springboard for curriculum development" (Marsh, 1992:79). Situational analysis is based on the belief that when the situation is understood, a curriculum can be developed to fulfil the potential of that situation. It involves the reviewing of external (broader contextual issues including societal and cultural issues) and internal (immediate school environment) factors to the school. Existing conditions tend to support existing practices. The identification of constraints and barriers will

- bring attention to existing patterns of school organisation, classroom interaction and its embedded values.
- consider the auditing and appropriation, where necessary, of existing classroom practices, texts, materials and resources to ensure that they do not violate Islamic principles of modesty, decency, marriage and family life.
- prompt for a greater range of representations of sexuality issues
- ensure that curriculum development is a contextualised process with a religious, moral and ethical motive.

2. Sensitive to the school culture

> Curriculum is not a concept, it is a cultural construction. It is not an abstract concept which has some existence outside and prior to human existence. Curriculum should not be read as a 'rule book', but rather recognised as both arising out of a set of historical circumstances and as being a reflection of a particular milieu (Grundy, 1987:5-6)

Cultural rules abound within each school and great care needs to be taken by teachers so that any curriculum development or improvement does not impose arbitrarily on the context, but rather takes into consideration the full richness of the context (Erlandson et al, 1993:36). For successful curriculum development, teachers need to be aware of the existing cultural patterns of the school. As Deal and Kennedy, (1983: 4) assert, "when culture works against you, it's nearly impossible to get anything done". Only when the school culture is understood, can teachers create a curriculum which is a construct of that culture. Sensitivity to school culture

- requires teachers to adhere to the school's mission and vision for education
- will determine the curriculum purposes, objectives, values, orientation, content, learning and teaching approaches
- will shape the interactions and dealings with the various stakeholders of the curriculum including other teachers and wider community
- is crucial for the overall work of teachers. Teachers entering a school, enter a culture of teaching that will establish their role in the classroom and within the curriculum development process. As Hargreaves (1989:217) explains,

> > teaching is the competence to recognise and enact the rules, procedures and forms of understanding of a particular cultural environment. What is involved is not a technical competence to operate in a pre-given, professionally correct and educationally worthwhile way, but cultural competence to 'read' and 'pass' in a system with its own specific history, a system once devised and developed to meet a very particular set of social purposes.

3. Teacher readiness and acceptance

Even when constraints are identified and appropriately addressed, it is important to determine if the development of a sexual health education curriculum is considered relevant and valued by the teachers. From an Islamic point of view, the teacher is more important than the subject itself, hence teacher acceptance and motivation is a priority and a key feature if effective

curriculum development is to take place. In our pluralistic society, there will be difficulty in finding a theory of curriculum that will suit or attract the support of all the teachers in one school setting. The different views and meanings of curriculum and the understanding of the nature of the curriculum development process, will be as varied as the different views about the nature of students, about what constitutes an educated person and about knowledge itself. Establishing teacher readiness and acceptance will therefore

- bring attention to their expectations, beliefs and attitudes about this curriculum
- allow teachers to voice their immediate concerns and curriculum priorities
- situate curriculum development as part and parcel to teachers' work and not as an adjunct
- encourage ongoing and active curriculum dialogue between teachers, curriculum co-ordinators and senior school administrators
- cause a shift in emphasis from the personal meanings and views teachers hold regarding this curriculum to the way Islam views sexual health education.

4. Student involvement and voice

Students ultimately affect the curriculum by mediating it. It is the students who decide on their level of engagement with what has been planned and on the amount of effort they wish to put into a learning activity, hence, exerting a fundamental impact on the planned and enacted curriculum. It is, perhaps for this reason, the important role of students in the curriculum decision-making and development process, is advocated and encouraged in the literature (Burton and Halliwell, 2001; Boomer et al, 1992; Beane, 1997). The active participation of students has been viewed as contributing to a democratic learning environment. As Allen (1995) states, if we are serious about empowerment in education then students "must be encouraged to voice their concerns, opinions and plans as learners, to discuss decisions, to talk and act like citizens in a democracy" (p. 286). Fullan (1991) views student involvement as contributing to the development of positive collegial relationship between teacher and student, encouraging teachers to "stop thinking of students just in terms of learning outcomes and start thinking of them as people who are being asked to become involved in new activities" (p. 189). In this framework, student involvement and voice can

- determine students' attitudes, beliefs and values about the inclusion and or exclusion of certain health issues
- ensure that curriculum content and practice is sensitive to the age and maturity of students. Sexual health education for Muslim students must commensurate with age. Muslim students are not supposed to know about the sexual act before they reach the adolescent period (Ashraf, 1998; Mabud, 1998). Therefore, great care needs to be taken to ensure that school programs do not undermine this Islamic position on sexual health matters

5. Establishing community participation

When looking to serve the particular educational needs of Muslim students in an Australian school context, curriculum planning must acknowledge the secular, pluralistic society in which Muslim students live in and the culturally diverse nature of the Australian Muslim society. Although Islam is a universal religion, Muslims do not constitute a homogenous group and whilst some Muslims views of education are strict, others can be quite liberal. Therefore, establishing community participation will

- shift the focus from a curriculum firmly embedded in statutory bodies or from an outside 'expert' source to one which vests interest and authority in the Muslim community or *ummah*; an approach consistent with the cultural patterns of Islam (Donohoue-Clyne, 2001)

- examine the range of knowledge, assumptions, attitudes, values and expectations of the curriculum within the Islamic community
- encourage exploration of ways to engage parents and the wider community in the political and social affairs of the school
- lead to a unity in curriculum production and a conceptually contextualised and holistic approach which is implicit in the Islamic viewpoint
- provide teachers with the opportunity to interact with several members of the Islamic community to refine their understanding of that particular group, to cultivate desire and motivation to work with them and to collect culturally relevant information to begin curriculum development

6. Curriculum development is towards a process not necessarily a product

This principle encourages a move away from the traditional linear 'Tyler' approach to curriculum development and the heavy reliance on broad outcomes. Rather, curriculum development is viewed as a real life, ongoing evolving process, a journey in which mistakes are expected, valued and considered as stepping stones towards effective curriculum development. A successful sexual health education curriculum for Muslim students must be concerned with content, classroom learning strategies, pedagogy and the establishment of more collaborative working relationships between the various stakeholders of curriculum, including teachers, students and the Islamic community. Viewed as a process, the curriculum becomes a vehicle for discussion on how the mechanisms of social and cultural reproduction both determine and legitimate the meaning of school arrangements, modes of knowing, ways of behaving and patterns of interaction. This final principle in the framework aims to enable schools and teachers to

- describe, discriminate and establish meanings that are related to what is valued in the curriculum, what is learned and what is achieved
- establish a professional, collaborative working culture in which a pattern of curriculum inquiry and theory can emerge
- help to break down school structures which tend to foster transmission, bureaucratisation and standardisation and position the school, teachers, the classroom and immediate environment as the best place for curriculum development

Conclusion

> Catering for diversity becomes a challenge in this pluralistic society, however, difference if not understood and appreciated, can easily lead to disadvantage (Brady and Kennedy, 1999:89).

Schools and teachers provide a context for and an orientation to curriculum development. While 'imposed' change from outside authorities may be necessary for 'political survival' and 'curriculum as a package' can be designed to be teacher friendly, diversity in the classroom demands a individualised curriculum response; one that ensures the needs of all students are met, in both the explicit (obviously stated) curriculum and implicit (not official, or hidden) curriculum. A 'packaged' curriculum for sexual health education cannot anticipate local problems and possibilities. The pluralistic nature of Australian society suggests that no one sexual ideology is poised to assume a hegemonic position. However, Australian schools and curricula have become places where dominant cultures, values and ideologies are transmitted and where multicultural meanings are resisted and contested. Muslim students' necessary search for autonomy, will lead them to question and to challenge established norms and values. Although schools form only part of the influence on a young person's sexual health education and identity, they play a fundamental role. While dominant adolescent culture tends to collude with permissive values, Muslim students must hold on to the thought that their religious values are relevant in modern society and not 'old fashioned' or 'bizarre'. Muslim

students must be made to feel empowered by their Islam and not controlled by a secular society. The aim of their sexual health education, is to strengthen their faith to counteract the sexual excesses of modern society, rather than feel the need to "adjust themselves to the situation and amend their religious code to suit the time" (Ashraf, 1998: 43).

The curriculum framework proposed in this paper considers what a critical approach to inclusive curriculum might be. It acknowledges the political, cultural and social climates that surround the curriculum and calls for schools and teachers to question and challenge current curricula aims, content and practices. Fundamentally, it is a stance against the current forms of curriculum domination and its Islamic context insensitivity; emphasising the need for ongoing and vigorous curriculum inquiry on the impact of cultural and moral visions on health education. Schools and teachers need to feel a part of, if not in control of, the curriculum development process to be able to produce change at the classroom level. Situating curriculum development in the school positions curriculum inquiry, theory and practice in the classroom. The involvement and contribution of teachers, students and milieu, stresses that a rationale for the school curriculum must involve different beliefs, values and assumptions. This curriculum framework accommodates for pluralism, allows for the reformation of curriculum conceptions and reconstruction of curriculum practice; actualising the aims of an Islamic education, hence providing a relevant and successful sexual health education to Muslim students.

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