

Enhancing Sexual Wellbeing in Scotland: A Sexual Health and Relationships Strategy

As the representative body of the Scottish Jewish Community, we welcome this document as an indication of the Scottish Executive's concern for the health of young people in Scotland. Jewish Law (*Halachah*) teaches the importance of guarding one's health, and, in today's society, sexual health and relationships are important education and healthcare issues.

We agree that 'Sexual wellbeing is not just the absence of disease but includes an intricate range of ethical, cultural and social issues' for which individuals must assume personal responsibility. We would like to see this stated more clearly in the strategy proposal, and recommend that it forms a significant part of any sexual health education programme.

Judaism holds the family in high regard, and we would urge that relationships, in particular that of marriage, should be a major aspect of any sexual health and education programme, clearly placing sexual behaviour within the wider context of family and stable relationships. We would urge that parents' concerns and responsibilities for their children's welfare should continue to be respected no less in the area of sexual health than in any other area of health.

We are concerned that a strategy which requires 'a society which views sexuality in an open and positive way and which values and respects diversity' is a strategy which encourages promiscuity. Contrary to the stated opinion in the proposal summary, we believe it to be important that society does indeed express a view on morality. We would approve of measures to 'help delay young people's first sexual experience and limit poor sexual health outcomes' and recommend that such policies are devised and implemented.

We recognise that schools can find this a difficult topic to cover, and believe that particular attention must be paid, to the sensitivities of pupils. Any sexual health education curriculum must take into account the fact that classes may contain pupils from a variety of different ethnic and faith communities, and must exemplify the principle that their beliefs and traditions must be valued and respected. We recommend that steps are taken to ensure that parents have the opportunity to learn of the content of sex education lessons, so that they are able to exercise their right to withdraw their child from the class if they feel it appropriate to do so. In addition arrangements for the delivery of the syllabus must take account of the sensitivities of the teachers delivering the classes, some of whom will also be members of minority communities.

As the representative body of a faith community we are concerned that, whilst box 3 is headed 'Ethnicity and Faith', the subsequent text refers exclusively to 'BME' communities. This discriminates against those minority communities which do not feel included by the term 'BME', many of whom define themselves primarily in religious rather than ethnic terms. We would urge that any policy in this area should be phrased in appropriately inclusive terms.

We note, (box 3: Ethnicity and Faith), that 'There is a lack of information about the sexual health needs and outcomes of those who belong to black and minority ethnic communities' and agree that 'this in itself is discriminatory'. We recommend that mechanisms are put in place to gather such information and that appropriate action should be taken once the facts are known, including the dissemination of that information. In addition material should be made available to inform and educate health professionals about the beliefs and practices of minority communities in this sensitive area, enabling them to become 'respectful of cultural and religious norms of different groups' and 'to be inclusive of everyone' (4.4).

We agree that 'the dominance of mainstream cultural values may result in people from BME or faith communities being marginalised or stigmatised, and make them reluctant to access appropriate health services for fear that these services will not understand or respect their cultural beliefs or faith perspective.' (Box 3: Ethnicity and Faith) In particular, *Halachah*

defines the context in which sexual relationships are permitted, including periods of abstinence within marriage. Jewish people in Scotland, especially those who are orthodox, have sometimes been confronted by a lack of understanding and comprehension of their practices, particularly where this may impact on medical procedures. It is possible that people from ethnic minority communities may fear 'being marginalised or stigmatised' both within their own community and also by the healthcare system. To overcome both of these possibilities we propose the development of initiatives that involve minority communities in developing mechanisms to express their needs, to inform and educate service providers about their religious and cultural beliefs and practices, and to enable members of their community to have the confidence to access mainstream services.

This strategy proposal is to be welcomed in that it recognises some of the difficulties faced by members of ethnic and faith communities. However, further consideration should be given to addressing these issues both to ascertain the facts, and subsequently to develop and implement appropriate policies.

The fact that there are many different lifestyles in Scotland should not preclude this strategy from expressing a moral view on sexuality and sexual behaviour, indeed, it is our opinion that it should do so. With this in mind, we would urge that the proposal should be revised, with the intention of providing more effective direction and leadership for those who will be charged with implementing the Sexual Health and Relationships Strategy.