

**Framing Relationships and Sexuality Education in
Mainland China: A Corpus Analysis of Health and Mental
Health Guidance and a Survey of Parental Attitudes**

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Abstract

This study examines parental attitudes and expectations towards school-based Relationships and Sexuality Education (RSE) in mainland China, where national policy guidance exists but RSE is not part of a statutory curriculum. Although recent developments, including the 2020 revision of the *Law on the Protection of Minors*, signal growing policy recognition, a unified and detailed framework for RSE remains absent.

A mixed-methods design was adopted. A nationwide online questionnaire collected 214 valid responses from parents, capturing demographic data and experiences of school- and family-based RSE of both parents and their children. In parallel, a Corpus-Assisted Discourse Studies (CADS) analysis was conducted on two Ministry of Education (MoE) policy documents, comparing keyword and frequency patterns against a national corpus to examine how RSE is constructed in official discourse.

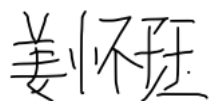
Findings show strong parental support for integrating RSE into the national curriculum, with increasing demand for earlier, more comprehensive, and inclusive content, including consent, gender equality, and relationships. In contrast, policy discourse remains predominantly biomedical and behaviour-oriented, emphasising health and moral regulation, while giving limited attention to inclusivity and emotional dimensions. This divergence highlights a gap between parental expectations and existing policy frameworks. By combining survey data with corpus-based analysis, the study provides insights to inform the development of a more inclusive and contextually responsive RSE curriculum in mainland China.

Declaration of Authorship

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

Also, please ensure that any publications arising from the thesis are acknowledged in this section.

Signed: **Violet Huaijue Jiang**



Date: 26 September 2024

Acknowledgement

The journey of PhD study is a bumpy ride, and I have witnessed some major life changes. My PhD topic being rejected at the end of the first year, the COVID-19 world pandemic, coming out to my parents as lesbian and meeting some untrustworthy people. But I was lucky to have many incredible people who cared for and supported me.

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This thesis is dedicated to all the girls and gays and theys. And to those who are lost, chin up and believe in yourself. You are being loved.

List of Acronyms and Abbreviations

AOE - Abstinence-only Sexuality Education

CADS - Corpus Assisted Discourse Studies

CL - Corpus Linguistics

CSE - Comprehensive Sexuality Education

DA- Discourse Analysis

GHE - The Health Education Guidance for Primary and Secondary Schools

GMHE - The Mental Health Education Guidance for Primary and Secondary Schools

HE - Health education

HIV/AIDS - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

MCBCWFT - Modern Chinese Balanced Corpus Word Frequency Tables

MHE - Mental Health Education

MoE - Ministry of Education

RQ(s) - Research Questions(s)

RSE - Relationships and Sexuality Education

STIs - Sexually Transmitted Illness

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Chapter 1. Introduction

This study investigates how RSE is understood, valued, and expected in the context of schooling in mainland China, drawing on the perspectives of parents and national-level MoE policy guidance. This chapter introduces the rationale, aims, and overall structure of the thesis, outlining the significance of examining both parental perspectives and school-focused education policy discourse in shaping the future development of RSE in mainland China.

1.1 Personal Rationale and Research Aim of the Study

Although the Chinese government introduced national-level policy guidance for health education (HE) and mental health education (MHE) for primary and secondary schools in 2008 and 2012, school-based RSE was largely absent from my own schooling experience. In a society where heteronormativity remains the dominant ideology about sexuality, and where deeply-rooted gender inequality continues to shape the social and cultural expectations, the lack of formal RSE has profoundly affected how many individuals, including myself, have come to understand identity and relationships. In the complete absence of any official curriculum guidance or open discussions around gender and sexuality, I experienced a prolonged, often distressing process of self-discovery. The conflict between my social and familial expectations and my own personal feelings caused immense pain and confusion as I struggled to reconcile my identity with the beliefs into which I had been indoctrinated. On my journey of seeking my identity, I have discovered, through the Internet, that my personal experience is only a snapshot of society. Many people with similar experiences are struggling to find themselves in the same agonising way as I am.

My pursuit of self-understanding ultimately led me to leave my homeland and study in another country that is more accommodating of sexual minorities in terms of social acceptance, academic focus and legislation structure. Eventually, I decided to challenge the lack of an official national RSE curriculum in China by employing the power of knowledge, especially

on gender and sexual orientation. I chose RSE in mainland China as my PhD topic in response to my journey of searching for myself. My aim is that this study will contribute to research on the national curriculum for RSE in mainland China and other regions that share a similar situation. The rationale on which this study is based is a desire to assist future generations to grow up in an environment where they can thrive without being disadvantaged by their gender, sexual orientation, or a lack of knowledge about this area.

Gender and sexual inequality in Chinese society have always shaped my life. Being born a girl and growing up in a conservative province and culture with a marked preference for boys, the constant complaints and obsession regarding the need for a male descendant of my family members scarred and haunted me from the moment I was born. Gaining access to the internet helped me to explore my sexuality during my teenage years. Films, fan art, fiction, and conversations with people whom I met online provided me with opportunities for education, exploration and discovery. In essence, it was through everything other than the RSE-related conversations among the family or at school that I realised that heterosexuality is merely one of the many types of sexuality that exist, and that being a woman should never be constrained by the social expectations or assigned roles that are placed on me.

My academic journey has been shaped by my personal experiences of gender and sexuality inequality, which have proved sources of both hardship and resilience. As someone sufficiently privileged to access higher education, this research was inspired by my desire to explore how I might use my knowledge and passion to help others to enjoy their fundamental human right to be whomever they wish. I believe that informed understanding and education are essential tools for promoting equality and social inclusion.

Due to the limited attention that is paid to gender and sexuality in Chinese society, especially within the traditional culture, little research attention has been focused on this area. In Chinese policy and research contexts, these terms are commonly framed through a biologically

grounded and binary understanding, which differs from the broader social and relational conceptualisations adopted in international health and education research. Family and parental attitudes towards RSE have been the primary focus of the recently published research in China compared with the role of RSE in schools; therefore, investigating parents' attitudes towards RSE appeared to provide a good starting point. There has been limited research in China, with little data having been gathered from the parents regarding their views on RSE (Jin et al., 2019; Xiao & Yan, 2018; C. J. Zhang et al., 2020). Much of the existing literature remains contextual or theoretical in nature, emphasising the importance of RSE in principle rather than providing large-scale empirical data or critical policy analysis (Cao & Shi, 2020; Wang & Zhang, 2021; Zheng, 2002). This imbalance suggests a clear research gap.

To address this gap, I designed a nationwide investigation of parents' attitudes and expectations towards RSE, alongside CADS of the key government educational policy documents. This combined approach allowed me to explore both parents' attitudes and government discourse in parallel, offering fresh insights into how RSE is conceptualised and negotiated between different stakeholders. By bridging these two perspectives, the study helps to clarify the social, cultural, and institutional conditions that shape RSE in contemporary China, and also identifies opportunities for more inclusive and evidence-based policy development.

Drawing on international literature, this study treats RSE as a broad educational field commonly justified through shared pedagogical aims, such as safeguarding, health promotion, and developmental support, and policy rationales including child protection, public health management, and social regulation. These recurring dimensions provide the analytical reference points used throughout the thesis to examine both parental expectations and MoE policy guidance in mainland China.

The discussion around RSE within families and schools has a long history in mainland China and has involved both parents and government interventions. Although no official national

RSE curriculum has yet been implemented, several policies and sets of guidance have included elements of RSE for specific political or social reasons. For instance, the abolished one-child policy and the national campaigns responding to the HIV/AIDS epidemic contributed indirectly to public education about sexual health and contraception, as the citizens received information leaflets and community-based guidance (Liu, 2008a; Wang & Zhang, 2021). In this sense, partial forms of RSE existed in both family and school settings, as some parents and schools discussed menstruation or HIV/AIDS prevention, yet RSE has not been integrated into the national curriculum.

The latest amendment of the *Law of the People's Republic of China on the Protection of Minors* in 2020 made RSE compulsory across all state education, which was the first time that the Chinese government had officially incorporated RSE into the national curriculum since the country was founded in 1949 (Publicity and Education Department of the Chinese Sexuality Society, 2021). As a result, the main aim of this study is to explore the current attitudes, opinions and expectations of parents regarding the national RSE curriculum, following the change in the legislation in 2020. A secondary aim of the study is to establish the current Chinese government's interpretation of RSE concerning gender and sexuality within the existing educational guidance.

By addressing these aims, this study seeks to generate new empirical and linguistic evidence that can inform the future development of a comprehensive, culturally-sensitive national RSE curriculum. The knowledge gained from this research will help to identify areas of alignment and divergence between parental expectations and the government's intentions, thereby offering practical insights for policymakers, educators, and researchers who are seeking to design RSE frameworks that are both socially relevant and educationally effective in the Chinese context.

1.2 A Brief Description of the Research Strategy and Techniques

This study started during the COVID-19 pandemic, when international travel restrictions made in-person fieldwork impossible. As I was based in the UK while focusing on the Chinese context, an online questionnaire became the most feasible and effective method for collecting large-scale data on Chinese parents' attitudes and expectations towards school-based RSE. The online format enabled participation from a wide geographical range across China and provided a practical solution to the constraints imposed by the pandemic. It also allowed parents with internet access to engage flexibly and anonymously, which was particularly valuable, given the sensitivity of these topics that are related to gender and sexuality.

Previous studies that focused on mainland China have explored demographics as a factor when investigating the acceptance of RSE within families (Hu & Liu, 2018; Jin et al., 2019; Wu et al., 2018). Building on this foundation, this study similarly examined demographic factors, but focused more on the attitudes and expectations related to the national RSE curriculum. Furthermore, the experience of learning about RSE from school and family, as well as from parents and children, has also been included as one of the potential factors when addressing the questions of when, who, and what should be taught as part of the national curriculum.

While a growing number of studies have explored parents' attitudes towards RSE-related family discussions, few studies have focused on school-based RSE (Cao & Shi, 2020; Hu & Liu, 2018; Jin et al., 2019; Wu et al., 2018; Zhang et al., 2018). This study contributes towards addressing that gap by adopting a mixed-methods design that combines a questionnaire with a CADS of key government documents. By applying CADS to the GHE and GMHE, the research provides an original linguistic and interpretive perspective on how the Chinese government conceptualises gender, sexuality, and relationships within its education policy. This dual approach not only complements the existing empirical studies but also introduces a new methodological direction for analysing the educational discourse in the Chinese context.

1.3 The Structure of this Thesis

Chapter 2 Literature review: This chapter provides the contextual background and reviews the previous research on attitudes towards RSE among key stakeholders in children's and students' well-being, including parents, government sectors, schools, teachers, and students. Given the scarcity of literature on the Chinese context surrounding RSE in schools and the absence of a national RSE curriculum, this chapter begins by clarifying the working conceptualisation of RSE adopted in this study, drawing on international literature to identify commonly included content areas, pedagogical aims, and policy rationales.

The purpose of this chapter is to situate the study within the existing global and national discussions on RSE, to highlight the current gaps in knowledge, and to justify the need for the present research. The latter sections move from general discussions of RSE to the specific socio-cultural and policy context of China, before introducing the theoretical framework of CADS. This provides the conceptual foundation for analysing how power, ideology, and discourse interact in order to shape the Chinese government's policy on RSE, and also establishes the basis for the empirical investigation that follows.

Chapter 3 Methodology: This chapter outlines the research design and the theoretical and methodological frameworks that underpin this study. By adopting a mixed-methods approach, the research integrates both qualitative and quantitative data to investigate Chinese parents' attitudes and expectations towards school-based RSE and explore the Chinese government's discourse surrounding RSE within existing MoE policy guidance documents.

Two complementary methods were employed, each drawing on a distinct type of dataset. First, an online questionnaire was used to collect large-scale quantitative and qualitative data from parent participants, capturing the experiences, expectations, and demographic factors that influence their views. Second, a CADS was applied to two purposively selected national-level policy guidance documents — *the Health Education Guidance for Primary and Secondary*

Schools (GHE), and the *Mental Health Education Guidance for Primary and Secondary Schools* (Revised 2012) (GMHE) — to uncover how the Chinese government conceptualises gender, sexuality, and wellbeing within its educational discourse. The integration of these methods enabled a systematic comparison between parents' attitudes and state policy discourse, illuminating tensions between parents' expectations and existing approaches to RSE policy development in mainland China.

The chapter also details the rationale for the chosen research design, including the justification for using CADS and an online questionnaire, and also explains the processes followed for the participant recruitment and sampling, policy document selection and analysis, questionnaire design, and data collection. Ethical considerations, issues of validity and reliability, and the researcher's positionality are addressed to ensure transparency and methodological rigour. A copy of the questionnaire is provided in **Appendix A**.

Chapter 4: Data Analysis of the Government Discourse on RSE Policy: This chapter presents and interprets the CADS of two key Chinese educational policy guidance, the GHE and GMHE. The analysis focuses specifically on how policy language frames health, gender, sexuality, morality, and student wellbeing within school-based education.

The chapter begins by outlining the political and ideological purposes of the GHE and GMHE within the broader context of Chinese educational policy, identifying their stated goals and curricular intentions. It then moves on to a detailed corpus-based analysis, describing high-frequency word lists, keyword comparisons with the MCBCWFT, and concordance line samples to identify key patterns in policy language. These linguistic findings are interpreted thematically through the lens of CADS, focusing on how patterns of word use and their contextual deployment reveal the underlying ideologies and value orientations.

The thematic discussion that follows is organised into two main analytical strands. The first examines how the policy discourse constructs health and sexuality through moral regulation

and risk prevention, highlighting recurring references to disease, discipline, and obedience. The second explores the silences and omissions surrounding gender, sexual diversity, and relational education, revealing how heteronormativity and binary gender assumptions shape the limits of RSE in the current policy. Together, these analyses illuminate the government's underlying priorities and provide a linguistic foundation for later comparison with the parental perspectives.

Full frequency and keyword lists for GHE and the GMHE are provided in **Appendices B** and **C** for reference.

Chapter 5: Data Analysis of Parental Attitudes and Expectations Towards RSE: This chapter presents and analyses the questionnaire data collected from parents across mainland China to explore their attitudes, expectations, and experiences regarding RSE. To address RQ 2 and RQ 2a, it examines both the overall patterns within the parental opinions and also how the demographic and experiential factors shape those views. The analysis integrates quantitative and qualitative data to provide a comprehensive understanding of how parents perceive the aims, content, timing, and facilitation of school- and RSE-related family discussions.

The chapter begins by outlining the demographic characteristics of the questionnaire participants, providing an overview of their backgrounds and their children's schooling stages. It then presents the closed-ended results, including the statistical associations between the demographic variables and parental views on RSE provision, preferred timing, educators, and content priorities. These findings are followed by an analysis of the open-ended responses, which capture the parents' rationales, concerns, and expectations in their own words, offering valuable insights into the cultural and emotional dimensions of their perspectives.

Subsequent sections interpret how demographic factors—such as gender, age, education level, and prior RSE exposure—shape the parental attitudes. The discussion also considers how

broader social and cultural values, including gender norms and parental roles, influence the parents' engagement in RSE as well as their views on sensitive topics, such as sexual violence prevention and sexual diversity.

Together, these analyses reveal both progress and persistence within the parental attitudes: while the traditional values continue to shape the family-based education practices, there is growing support for comprehensive, inclusive, and developmentally informed approaches to RSE. This chapter thus provides the empirical foundation for comparing the parental expectations with the government policy discourse in Chapter 6, highlighting areas of alignment and divergence within China's evolving RSE landscape.

Chapter 6: Alignment Between Parental Perspectives and Government Policy (RQ3):

This chapter compares the findings from the parental questionnaire and government policy analysis to examine the extent of the alignment between the policy guidance and the parental expectations of RSE. It focuses on identifying areas of convergence and divergence in relation to how school-based RSE is conceptualised, prioritised, and delivered.

The analysis is organised around three main areas. **Section 6.1** situates parental experience of school-based RSE in relation to the scope and emphasis of existing policy guidance, providing contextual grounding for the comparative analysis that follows. **Section 6.2** parental and policy perspectives on the appropriate timing for RSE delivery, highlighting contrasts between the parents' preference for earlier, continuous education and the guidance's staged approach. **Section 6.3** examines differences in content priorities, showing how the policy guidance continues to emphasise physical health and moral regulation, while parents express support for more comprehensive, skills-based, and inclusive approaches.

Overall, this chapter draws attention to both convergence in the general aims, such as promoting wellbeing and self-protection, and divergence in terms of scope, emphasis, and underlying educational rationale. Parents tend to view RSE as a holistic and developmental

process, while policy guidance remains more closely framed around behavioural regulation and risk management.

Chapter 7 Conclusion: This chapter brings together the key findings of the study, synthesising how the government policy discourse and parental attitudes intersect and diverge in informing future directions for school-based RSE in mainland China. It summarises the main contributions of the research, highlighting its methodological innovation and theoretical contribution to corpus-assisted policy analysis of RSE, and outlines its practical implications for policy and practice. The chapter also acknowledges the study's limitations, including the scope of the data and methodological boundaries, while justifying the choices made in light of the research context. Finally, it offers recommendations for future studies, aimed at deepening the understanding of RSE development and parental engagement within the evolving Chinese educational landscape.

Reference list and Appendices: A complete list of references is provided to support the arguments and evidence presented in this study. The appendices include supplementary materials, such as an English translation of the questionnaire, high-frequency word lists drawn from the corpus analysis of the GHE and GMHE, and detailed demographic and RSE learning experience distributions, derived from the mixed-methods data.

Chapter 2. Literature review

This chapter presents the findings from previous research on parental and government perspectives on RSE. Although the main focus of this study is the mainland China context, literature from other regions and countries has also been drawn on. The first part of this chapter focuses on the various national curriculum and policies related to RSE in the global context. This is followed by a discussion of the existing literature about parents' attitudes and expectations of family-based sexuality education in mainland China. This study does not collect primary data from students, teachers, or schools. However, research addressing these stakeholders' perspectives on school-based RSE is briefly reviewed later in this chapter to situate the present study within the wider literature and to provide contextual background on how school-based RSE has been discussed and implemented in existing research.

2.1 Introduction

Comprehensive sexuality education - or the many other ways this may be referred to - is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that empowers them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. (UNESCO, 2025)

In China, the dominant view of education is that it serves to obtain and maintain familial wealth, social status, and honour. This value system is deeply-rooted in Chinese history and the Confucian tradition. The Imperial examination system or KeJu system (科举制度), was a formal civil service examination introduced in 7th century China, during the Tang dynasty, and is known for its historic 1,300-year association with social mobility (Yu & Suen, 2005). The KeJu system and its social and political importance resulted in it being seen as an effective way

to improve one's fate and social status (Li & Wang, 2022). Although the Imperial Keju system has long been abolished, its cultural legacy continues to shape family attitudes towards education. In contemporary China, academic achievement remains closely associated with family expectations, social mobility, and moral worth, particularly in relation to examinations (Fang et al., 2018; Long & Pang, 2016). These expectations are directed primarily towards younger family members, who are positioned as the future carriers of family status and success, rather than towards older generations whose educational trajectories are already fixed. This pattern is especially pronounced among lower- and middle-class families, for whom formal education is widely perceived as the most reliable pathway to upward mobility (Liu et al., 2020). In this context, education functions not only as a mechanism for knowledge acquisition, but also as a high-stakes pathway through which families seek long-term security and social advancement. There is an ancient Chinese phrase ‘望子成龙，望女成凤’ (hoping for a son to become a dragon and a daughter to become a phoenix), which means that parents wish their children to be able to achieve greatness as the result of this social phenomenon. 高考 (Gaokao), or the National College Entrance Examination (NCEE), is one of the Keju system's legacies in contemporary Chinese society. Students who achieve high NCEE scores and gain entry to elite higher education institutions are met with particularly high expectations from families, schools, and wider society (Zhang & Koshmanova, 2021), underscoring the continued centrality of education in contemporary Chinese life.

Within this exam-oriented and outcome-focused educational culture, academic success is often perceived as fragile and easily disrupted. As a result, behaviours and experiences that are seen as diverting attention away from study are frequently subject to concern and regulation by both families and schools. Romantic relationships during school years are commonly framed within this logic as potential threats to educational achievement.

Against this background, ‘早恋’ (‘early love’ or ‘premature love’), is a widely-used term in Chinese society and research, that describes a romantic relationship between two (usually heterosexual) students, especially those under the legal age for adulthood of 18 years-old (Gao & Luo, 2002; Zhang et al., 2018). Early love has been constructed as problematic in Chinese society, based on the belief that romantic involvement during schooling may impede academic focus and lead to underachievement. Consequently, policies prohibiting early love were implemented in some schools, and often with parental support (Huang & Pasitpakakul, 2023). Proponents of the banning of early love argued that the premature exploration of (predominantly heterosexual) romantic relationships would also result in students' premature exploration of sexual behaviour, with consequences such as early pregnancy, and the transmission of STIs and HIV/AIDS (Jin et al., 2019; Li, 2019; Li, 2020; Wang & Zhang, 2021).

This contemporary disapproving attitude towards ‘early love’ and its potential consequences, however, stands in stark contrast to more traditional, older cultural values, where it was common to begin relationships in one’s youth and marry young (Blair & Scott, 2019; Shen, 2015). In ancient China, getting married at a very early age was prevalent, due to the widespread belief that ‘*There are three unfilial actions; the worst is not having descendants*’ (不孝有三，无后为大) (Xie, 2018). Due to the influence of traditional culture, it was commonly believed that individuals had to marry at a certain age, as it is a cultural expectation related to fulfilling one's family duty (Gao & Luo, 2002; Gui, 2017). Therefore, young people were pressured by both their family and society to have children and expand their families. However, as the one-child policy in the 1980s sought to limit the number of children per household, all of the expectations related to children's academic achievements became concentrated on one child. Meanwhile, the Chinese government promoted ‘later marriage and later childbirth (晚婚晚育)’ as part of its broader population control strategy, encouraging

delayed family formation alongside reduced fertility.. Thus, the negative attitude expressed by parents and schools about 'early love' gradually emerged and developed in contemporary society (Shen, 2015). The rise in teen pregnancies, STIs and HIV/AIDS in Chinese society, in the absence of RSE, further strengthened the negative attitude towards early love.

Early pregnancy and disease due to sexual activity and its consequences have sparked widespread, increasing criticism in Chinese society in recent years. Shen (2015), in a cultural analysis of discourses surrounding 'early love' in China, examined how early pregnancy and its consequences for young people and their families are popularly represented. Drawing on a widely circulated cartoon, Shen illustrates how early romantic and sexual relationships are portrayed as leading to early marriage, unintended pregnancy, and long-term social and familial harm. Rather than treating the cartoon as isolated media content, Shen uses it as an example of how moral anxieties around youth sexuality are communicated and reinforced in public discourse.

Research in other countries has found that underage pregnancy might negatively affect female students' educational development, as they were unlikely to return to school (Burns & Hendriks, 2018; Dudley et al., 2014; Likupe et al., 2021). Furthermore, the career opportunities for young mothers have been shown to be limited due to their lower educational qualifications, which escalates the inadequate welfare and survival chances of both them and their children.

Beyond the risk of early pregnancy and illnesses caused by unprotected sexual behaviour, scholars have also highlighted potential consequences for young people's mental health, personal development, and social reputation, particularly in more conservative societies where strong emphasis is placed on sexual restraint and the preservation of virginity (Pineda Marin et al., 2019; Proulx et al., 2019; Shen, 2015; Strange et al., 2003). The transmission of STIs and HIV/AIDS through unprotected sexual activity, including in the context of early love, is

therefore not only a major health issue but also has implications for government expenditure on healthcare systems (Dudley et al., 2014; Snapp et al., 2015; Tortolero et al., 2011).

The concerns around public health have driven the inclusion of RSE on the national curriculum of several countries, however it has yet to be implemented in the Chinese education system. The research focusing on RSE in mainland China is growing, but there remains a considerable gap compared with studies of Western countries. The existing research on RSE in mainland China strongly emphasises RSE-related family discussions, particularly parents' attitudes towards discussing sexuality, relationships, and sexual health with their children (Liang & Xia, 2021; Luo, 2015; Yang, 2018; C. J. Zhang et al., 2020; M. M. Zhang, 2013; Zhang et al., 2018; X. Zhang et al., 2020). Parental views on RSE-related discussions within the family have therefore been the primary focus of the existing literature. School-based RSE has received minimal attention compared with RSE-related family discussions. Moreover, national RSE policy and its implementation in schools has also been under-researched in the Chinese context.

In response to these gaps, this literature review chapter begins by outlining how RSE is defined for the purpose of this study and reviewing the international literature on different formats and models of school-based RSE as implemented within national curricula globally. For the purpose of this study, school-based RSE is understood as age-appropriate education related to relationships, sexuality, and associated wellbeing topics delivered through formal schooling structures in mainland China, including health education, moral education, counselling, and related curriculum areas, rather than as a standalone or statutory subject.

Drawing on existing research and official government sources, this section provides an overview of how RSE is structured, justified, and delivered across diverse social and cultural contexts. Following this, the review turns to the Chinese context. As this study aimed to uncover the interpretation of RSE within the existing government policies and understand the

parents' current attitudes, opinions and expectations related to the national RSE curriculum in China, the main discussion was centred on the Chinese context. The literature review revealed that a significant research gap exists in relation to school-based RSE in China, particularly in terms of the government policy discourse and how this aligns with or diverges from parental perspectives. Issues of gender, sexuality and power in relation to RSE content delivery, and responsibility for education emerge as under-examined themes within the existing literature. This chapter therefore establishes the conceptual and empirical foundation for the subsequent analysis of policy documents and parental perspectives undertaken in this study.

2.2 Global Overview of RSE: Definitions, Types and Practices

RSE is a unique aspect of the curriculum that covers a range of knowledge, including reproduction, disease prevention and control, and interpersonal relationships, which will have a lifelong impact on students (Cao & Shi, 2020; Hu & Liu, 2018; Xiao & Yan, 2018; C. J. Zhang et al., 2020). It is important to note that RSE is employed as a general term in this study, as different countries and regions may apply other definitions and names to this particular type of education due to its specific cultural, religious and social context. Examples include the *Life Orientation programme* in South Africa, which helps students to achieve their full potential in the new democracy; the *Adolescent Family Life Act* in the USA, which promotes an abstinence-only approach, focusing on delaying sexual activity until marriage; *Relationships and Sex Education* in the UK, which addresses both intimate and general interpersonal relationships; and the *Physical Health and Hygiene Programmes* in China, which cover information about STIs and HIV/AIDS prevention, although their names and implementation methods vary across regions. Therefore, in this study, RSE is employed as an umbrella term that encompasses all educational content related to both the physical and psychological aspects of sexuality education and relationship education. In international health and education research, gender is commonly conceptualised as extending beyond biological sex to encompass socially

constructed roles, behaviours, and identities associated with being male, female, or gender-diverse (UNESCO et al., 2018; World Health Organization, 2018). Sexuality is likewise understood as a multidimensional construct, incorporating biological, psychological, social, and relational aspects across the life course. These conceptualisations are introduced here as an analytical reference point to support contextual comparison, rather than as assumptions about how gender and sexuality are defined or operationalised within Chinese education policy. Alongside terms such as AOE and CSE, which are being used for specific purposes in certain contexts, RSE is the only representative term that covers the whole spectrum of knowledge and information related to this field (Ezer et al., 2019). Distinct from other curricula or skills, RSE was designed and continues to be employed to address all facts and aspects of students' overall development, with learning outcomes that parallel their physical and psychological development (Miao, 2020). Unlike previous research that predominantly explored parents' attitudes towards biology-based content and whether or not RSE is necessary, this study focuses on how parents' expectations and attitudes are shaped by their demographic backgrounds, as well as their own personal learning experiences related to school and RSE-related family discussions.

Based on the existing research on the Chinese context, this study maintains a specific focus on gender and sexuality as well as integrated power dynamics, which had been overlooked in the previous research on China. In general, depending on the scope and focus of the content, RSE can be broadly divided into a more conservative education with a robust abstinence-only focus, supplemented with content on reproduction, and a relatively comprehensive sexuality education that supports students' freedom to explore their desires and development based on an openness to knowledge about their physical and psychological development (Herrman et al., 2013; Lai et al., 2015). As the educational orientations and approaches targeted by AOE and

CSE are relatively distinct, this chapter briefly discusses the interpretation of different types of RSE for this research before exploring the content of RSE in greater detail and depth.

The Social Sensitivity and Stigma Relating to Sexuality and Students

Educating students about sexuality has been inhibited by many obstacles emanating from society due to social and cultural sensitivities and anxieties around the combination of the term 'students' with the term 'sexuality'. One obstacle is that students can be considered 'gender neutral', 'genderless', or 'unclassifiable from a sexual perspective', for various cultural or religious reasons (Robinson et al., 2017). Opponents of RSE argue that children are innocent and naive, and thus should neither be associated with nor taught to 'sex' (Bennett et al., 2017). However, the default perspective and understanding of sexuality for both students and teachers at school and as part of the curriculum has been labelled 'heterosexual' (Reimers, 2020). Those who disapprove of sex education have argued that educating children about RSE would result in encouraging students to engage in early sexual behaviour, thus increasing the risk of early pregnancy and disease transmission (Alexander, 1984; Daly & Heah, 2023; Orji & Esimai, 2003). This view is shared by many societies, cultures and religions worldwide, yet evidence has failed to support this idea (Bennett et al., 2017; Hu & Liu, 2018).

The emphasis on virginity and chastity in women due to the cultural and religious belief that premarital sexual behaviour can destroy a woman's self-worth remains prevalent in many socially conservative societies (Hach & Roberts-Dobie, 2016; Jerves et al., 2014; Pineda Marin et al., 2019; Shen, 2015; G. S. Zhang, 2013). In such contexts, men and women who engage in sexual behaviour outside marriage are often perceived differently. Men's premarital sexual behaviour may be increasingly normalised, while women are more frequently subjected to social criticism, including in cases where they are victims of sexual violence or where they express a positive interest in sexual activity (Lin & Yang, 2019).

These gendered double standards are closely connected to patriarchal cultural and religious traditions in which males are positioned as superior to females, framing women as sexually subordinate or morally accountable for sexual conduct (Flores et al., 2019; Jerves et al., 2014; Mills, 2012). For example, in societies influenced by Confucian moral philosophy, the 'three subordinate virtues' ('obey your father at home, your husband after marriage and your son after the death of your husband') are used to restrict and regulate women's sense of self, actions and development in political, cultural and economic terms (Shen, 2015).

Similarly, in certain cultures and religious thought, sex is seen as one of the causes of degradation and an obsession with lust as a disempowering force that corrupts not only one's body but also one's mind and soul. The expression of these views has led some cultures to promote and value purity, innocence and virginity, as well as encouraging resistance to physical desire and sexuality, to the point of extreme reverence (Ji & Reiss, 2022; Pineda Marin et al., 2019). Based on these sensitive associations between children and sexuality, as well as cultural and religious resistance to sexuality and carnal desire ((Braeken & Cardinal, 2008; Li, 2020; Mills, 2012), it might be argued that the risk of young people engaging in early sexual behaviour and its consequences has contributed towards the resistance against the adoption of RSE (Liu, 2008a).

2.2.1 Abstinence-only Education (AOE) and its Practical Application

Examples of Abstinence as the Primary Focus of RSE

The rising cases of early teenage pregnancy and transmission of diseases due to early sexual initiation have sparked concern among governments, academics and other stakeholders in the issues affecting public health (Atkins & Bradford, 2021; Constantine et al., 2007; Talib et al., 2012). Tortolero et al. (2011) noted that, in the USA, the increase in the number of adolescent pregnancies and cases of STIs and HIV/AIDS has posed a challenge for those wishing to promote adolescent well-being and teach safe sex, despite the existing government policies.

Although policymakers have attempted to reduce the impact of early sexual behaviour through regulations, education about contraception and other related issues, provided in schools, has been proven to be more effective, according to the previous research (Orji & Esimai, 2003; Tortolero et al., 2011). The US government responded to these public health issues by introducing AOE in the early years of the Reagan administration to reduce early pregnancy and the spread of STIs (SIECUS, 2019). AOE is officially defined as a form of education that is designed to reduce the risk of unwanted pregnancies, sexually transmitted infections and disease by providing information about contraception, with abstinence being the core tenet and prevention method. By promoting classes on abstinence before marriage, AOE emphasises the maintenance of purity and chastity, whilst remaining silent on other aspects of RSE. It also raises awareness of the negative consequences of sexual activity while simultaneously promoting the benefits of abstinence in terms of reducing early sexual activity among students. As a result, AOE goes some way towards reducing the occurrence of both teenage pregnancy and STIs (Atkins & Bradford, 2021; Shannon, 2016; Tortolero et al., 2011).

This approach is similar to that taken in China, where official RSE does not form part of compulsory education and is limited to university campuses through lectures; RSE in China has tended to focus on abstinence and the prevention of diseases related to sexual behaviour. Since the first cases of HIV/AIDS were reported in China at the end of the last century, the primary focus of HE has shifted, from basic instruction on the use of condoms for birth control purposes to include education on preventing the transmission of STIs and HIV/AIDS (Tortolero et al., 2011). The transmission of HIV/AIDS has been widely discussed in relation to men who have sex with other men, and this sexual behaviour has been cited as the primary vehicle for HIV/AIDS transmission on university campuses in China (Li, 2019; Liu & Li, 2020). As a result, the content of RSE has been focused on avoiding sexual behaviour and disease transmission, rather than providing a more comprehensive understanding of safe sex practices.

Moreover, some mental health lectures and modules taught on university campuses equate sexual minority with mental illnesses, along with sexual violence crimes and drug use (Li, 2019). This indicates that sexual minority and sexual differences are associated with deviant behaviour and criminality. Despite the decriminalisation of homosexuality in China in 2001, the research focused on disease prevention has disproportionately targeted inter-male homosexual behaviour, which has further contributed to the stigmatisation of sexual minority while neglecting other transmission paths (Jiang, 2020; Li, 2019; Wang & Zhang, 2021).

The Implications and Results of AOE Teaching

AOE and its implications have been found to have a certain level of impact on underage pregnancies and disease prevention, but this effect has not been found to be unsustainable. Atkins and Bradford (2021) report that national policies in the US on sexual behaviour, STIs and HIV/AIDS prevention were indeed statistically significant from a public health perspective. The data presented in their study indicate that policymakers, advocates and community leaders have been moderately successful in promoting abstinence education. In the short term, AOE has, to some extent, led to behavioural changes among adolescents, ultimately reducing the rates of early pregnancy and STIs and HIV/AIDS transmission. Many students and religious organisations once favoured AOE but, as AOE was promoted and implemented, a few problems emerged. In countries where abstinence-based RSE has become the norm, this lack of adequate physical and psychological education has failed to have a significant positive impact, and the situation of early sexualisation of minors remains a pressing social problem (Herrman et al., 2013; McKee et al., 2014).

Through undertaking research on underage sexual behaviour, scholars have expressed concerns about the practicality of AOE, arguing that simply promoting abstinence from sex before marriage has had little real effect in terms of reducing students' risk of engaging in sex-related activities (Herrman et al., 2013; Tortolero et al., 2011). AOE promotes the concept of idealised,

monogamous, heterosexual marriage through the use of abstinence. Seeking to discourage premarital sex has proved largely ineffective in terms of reducing students' attempts to engage in early sex or lowering the age of sexual initiation in the long term (Braeken & Cardinal, 2008). Although the avoidance of premarital sex in society can be reinforced in the short term through schooling, not all students will follow the advice, and students are not necessarily deterred from experimenting with sex by the presence of AOE. Students are more vulnerable when they encounter the potential to engage in premarital sexual behaviour (Herrman et al., 2013; McKee et al., 2014).

Some students may not be suitably equipped to deal with the issues and risks related to early sexual experimentation, such as contraception and avoiding the transmission of STIs or HIV/AIDS, when they have been educated through AOE RSE alone (Dudley et al., 2014; Epps et al., 2023; Herrman et al., 2013). Moreover, the lack of consent-based education may lead to circumstances where students are unaware of their rights, which increases their vulnerability to the risks associated with sexual behaviour (Lara & Abdo, 2016), especially in contexts where sexuality continues to be shaped by moral conservatism and gendered expectations (Jerves et al., 2014). Related to this, AOE does not provide the information that students require in order to identify potential dangers in relationships and seek appropriate, timely help to protect themselves or others. Moreover, this lack of information and knowledge leaves students vulnerable to possible dangers, especially given the potential for gender-based violence and sexual assault both at school and beyond (Wood & Rolleri, 2014). Concurrently, the lack of understanding about gender identities and diversity, combined with the persistent emphasis on monogamous heterosexual marriage, reinforces the restrictive cultural norms around sexuality. These constraints, underpinned by moral and religious conservatism, limit students' capacity to explore and develop an equitable understanding of gender and relationships during a critical period of physical and psychological change (Jerves et al., 2014).

In addition, the content of the AOE has a more negative impact on sexual minority students than on heterosexual students, as AOE focuses solely on binary gender (Epps et al., 2021). Furthermore, solidifying the heterosexual, conventional male and female gender roles and responsibilities may place pressure on sexual minority students (Liu et al., 2023; Wang et al., 2020; Wei & Liu, 2015). This may damage both their academic achievement and also their well-being, especially as sexual minority are more likely to experience mental illness than heterosexuals, have higher suicide rates, and are more likely to be target of violence at school (Liu et al., 2023).

Whilst the goal of AOE is to reduce early sexual behaviour among students, and the risk of early pregnancy and STIs and HIV has been reduced to some extent, a more comprehensive, responsive RSE approach is needed to promote the well-being of students in the immediate future, as argued in the previous research.

2.2.2 Comprehensive Sexuality Education (CSE) and its Practice and Implication

Definition of CSE in Previous Research Across the World

Since AOE has been shown to be inadequate for meeting the needs of society in terms of reducing the number of adolescent pregnancies and lacks the resources and supporting knowledge to assist students with their development, such as relationship management, sexual minority and gender inequality, in this context, the demand for a more comprehensive, better and more relevant sexuality education has grown. CSE was launched as a response to this growing concern (Herrman et al., 2013; Huaynoca et al., 2014; Lai et al., 2015; Liu & Li, 2020; Likupe et al., 2021). Although the interpretation of CSE varies across schools, teaching styles and cultures, it can be broadly summarised as advising abstinence as a safe option, while at the same time providing knowledge about potential future sexual activity, such as sexual consent, birth control and abortion. In addition, the CSE also includes methods and advice on human

interactions, which is not only confined to romantic relationships but also includes friendship, family relations and general human interactions. Values, gender equality and sexual violence are also covered in the CSE (Lai et al., 2015; Liu & Li, 2020; Likupe et al., 2021; McKee et al., 2014).

Many countries have developed their own RSE curricula based on the *International Technical Guidelines on Sexuality Education* published by UNESCO (Huaynoca et al., 2014; Lai et al., 2015; Likupe et al., 2021). Unlike AOE, CSE is age-appropriate and, because of its focus on cognitive development, the content of CSE expands progressively, in line with the student's increasing age (Hach & Roberts-Dobie, 2016). There is a gradual shift from physical development, such as sex, bodily changes and sexual health, to psychological growth, including gender, respectful interpersonal communication and self-confidence (Liu & Li, 2020). The WHO's incorporation of culture into the teaching of RSE in 2002, referring to the alignment of curricula with national socio-cultural norms, values, and sensitivities, has influenced some areas, such as the Welsh Government's RSE (Wu, 2018). A study of the effects of state-level sex education policies across 39 US states found that CSE was associated with lower rates of youth sexual activity and higher contraceptive use, whereas AOE was correlated with higher sexual activity and a lower use of hormonal birth control (Atkins & Bradford, 2021). The focus of the AOE on reproductive health through the promotion of sexual abstinence and the value of a male-female family constrain the exploration of physical and psychological development (Jerves et al., 2014). Rather than advising students about the dangers of sex, the presence of CSE is more akin to offering friendly advice rather than issuing strong commands or promoting overwhelming inclusivity. With the support of CSE, students are free to develop a more enjoyable, accessible lifestyle, as well as engage in social activities that suit their circumstances (Astle et al., 2021; Thin Zaw et al., 2021; Millner et al., 2015).

Concerns About Teaching CSE

Like AOE, CSE's educational approach has also faced scrutiny and criticism. RSE's lifelong impact on students' well-being has led to questions and concerns around the age at which it is introduced and its content (Toor, 2012; Walker & Milton, 2006).

As defined by the WHO, CSE not only includes instruction on the role of birth control but also teaches students about sexual pleasure and other aspects of sexual behaviour such as consent. As CSE aims to provide developmentally appropriate education for students, its existence profoundly impacts their school experience and daily lives more than other, more traditional subjects (Walker, 2004). As a consequence of the conventional social stereotypes about the tension between children, innocence and sexuality, the chosen content of CSE consequently faces scrutiny. Overall, CSE extends sexuality education in parallel with students' physical and psychological development as it is based on the increasing age of the students (Hach & Roberts-Dobie, 2016). Thus, although definitions and educational programmes vary from country to country, it is common for younger students and children to learn how to recognise their body structure and process basic reproductive health information (Jones & Hillier, 2012). Since young children are at a very early stage in terms of their comprehension, as well as their physical and psychological growth, teaching complex content to very young children is neither always possible nor advisable. Furthermore, it may require more time and educational resources to explain issues that the children have not yet encountered or have not reached the age where they are ready to comprehend the subject matter (Braeken & Cardinal, 2008; Huaynocha et al., 2014). There are certainly several objections to teaching children about body structures, especially the anatomy of the opposite-sex genitalia, which some argue is too explicit and may affect the child's innocence or result in early sexual experimentation, although this claim does not appear to be supported by research (Alexander, 1984; Gao & Luo, 2002; Huang & Cheng, 2014; Milton, 2003; Walker, 2001; Zhang et al., 2018). As education at this

stage focuses on physical knowledge, although the children are still young and explore the world in many ways out of curiosity, it may prove more effective if guided promptly and correctly. Therefore, in line with the theories about children's cognitive development (Braeken & Cardinal, 2008; Millner et al., 2015; Likupe et al., 2021), a very basic knowledge of physiological anatomy and the protection of one's body is commonly included in the early stages of CSE (Kakavoulis, 2001; Talib et al., 2012). As a child grows and enters adolescence, the development of secondary sexual characteristics in girls and boys at different stages, the physical changes that occur and the need for appropriate timely counselling for mental health also play a role. This is the stage where young people begin to develop sexual awareness, which may lead to concerns among certain parents. Issues such as early pregnancy, abortion and STIs and HIV/AIDS transmission in adolescents were also among the reasons why the government promoted RSE initially (Li, 2020; Liu, 2008a; Zhang et al., 2018). Research indicates that a lack of knowledge about RSE can increase adolescents' likelihood of being taught to early pregnancy and/or STIs (Alexander, 1984; Gao & Luo, 2002; Wang & Wang, 2018; Wu et al., 2018).

Furthermore, the avoidance of sex or the promotion of the negative side of sexuality and its consequences may exacerbate the adverse attitudes of certain adolescents towards sex, which has been found to be detrimental to students' future psychological or physical development (Atkins & Bradford, 2021; Dudley et al., 2014; Ezer et al., 2019; Jerves et al., 2014; Kakavoulis, 2001; Millner et al., 2015; Zamboni & Silver, 2009). In this way, research on RSE for adolescents has demonstrated significant benefits related to the psychological and physical development of students in countries around the world (Gao & Luo, 2002; Huang & Cheng, 2014; Huaynocha et al., 2014; Milton, 2003; O'Sullivan et al., 2019; Pineda Marin et al., 2019; Walker, 2001; Wight & Buston, 2003; Zhang et al., 2018). In addition to reducing the risk of early pregnancy, abortion or the spread of STIs and HIV/AIDS, reducing public health costs

and mitigating the concerns of society and governments, it also has a positive effect on the welfare of each child, as the impact of RSE is profoundly positive, even extending into adulthood (Dudley et al., 2014; Snapp et al., 2015; Tortolero et al., 2011). At a time when adolescence is based on a significant shift in students' physical and psychological development, combined with their existing knowledge and logical thinking, CSE provides a scaffold, alongside other knowledge, to support and assist students to build a life in line with their development, needs and pace. In addition, RSE education supports individual students as well as the 'student-to-student', 'student-to-teacher' and 'student-to-parent' communities, which are noted to be the three primary interpersonal relationships that students access during their formative years (Ezer et al., 2019; Mullet, 2018; Rossi et al., 2009). CSE teaching content includes educating students on how to build healthy, more tolerant relationships with others, which may eventually benefit the students themselves, the wider population and society (Epps et al., 2021).

However, although RSE is theoretically effective in helping students to develop healthy interpersonal relationships and recognise the psychological and physical changes that they are experiencing, several researchers have found that RSE, in its current form, fails fully to achieve the desired outcomes. To complicate matters further, societal and cultural gender and sexual orientation discrimination are also reflected in the RSE curriculum design (Elam & Fenton, 2003; Epps et al., 2021; Reisner et al., 2020; Wei & Liu, 2015). For example, the labelling of most males as the potential perpetrators of sexual assault, the labelling of females as the possible victims of sexual assault, the focus on heterosexual male reproductive pleasure, the lack of knowledge about female sexual pleasure as a whole, and the lack of knowledge about sexual minority all fail, to varying degrees, to protect the welfare of students or create a suitable learning environment (Bhana et al., 2019; Hilton, 2001; Snapp et al., 2015; Shen, 2015).

Inclusive Sex Education

Within the literature on CSE, a growing body of scholarship has adopted what is often described as an inclusive or gender-and sexuality-informed perspective, here referred to as Inclusive Sex Education (ISE). This perspective has emerged in response to critiques that conventional CSE has insufficiently addressed issues of gender equality and sexual orientation equality (Epps et al., 2021; Garg & Volerman, 2021; Liasidou, 2008; Proulx et al., 2019; Snapp et al., 2015). Importantly, ISE does not constitute a distinct or standardised curriculum model; rather, it functions as an analytical and pedagogical lens through which the aims, content, and practices of CSE are critically examined and extended.

The emergence of women's and sexual minority affirmative action movements, alongside landmark events such as Stonewall, has provided a platform for breaking down and challenging the inequities that exist in the traditionally binary gender heteronormative patriarchal system (Shannon, 2016). Within this context, heteronormativity refers to the assumption that heterosexuality is naturalised as the dominant and socially preferred norm, while other sexual identities and expressions are marginalised or rendered invisible (Flores et al., 2019; Lasio et al., 2019).

From an ISE-informed perspective, CSE curricula are examined in light of research documenting the marginalisation and exclusion experienced by sexual minority students in school-based sex education (Liasidou, 2008; Proulx et al., 2019). This scholarship highlights efforts to move beyond narrowly biological and binary framings of sex education towards broader engagement with sexuality, identity, inclusion, and students' psychological wellbeing. In the same way, inclusive perspectives within CSE seek not to replace existing frameworks but to critique and extend them by questioning binary gender assumptions, heteronormative priorities, and the historical privileging of heterosexual male sexual pleasure (Bhana et al., 2019; Mills, 2012). These developments reflect wider feminist and sexual minority rights

movements and contribute to ongoing debates about how CSE can more effectively support the physical, psychological, and social development of all students.

2.3 A Comparative Study of the Educational Policies and Curriculum

Having discussed the definition of RSE, let us now turn to the RSE-specific educational policies and guidance. One of the research aims of this study is to analyse the government policies around RSE and uncover its interpretations and expectations in relation to different topics. This part of the literature review began by exploring the existing research on the current policies around RSE in mainland China. Furthermore, given the absence of an official RSE curriculum in mainland China, I examined countries and regions where RSE has been integrated into the national curriculum. This section seeks to identify the current research gaps around RSE policies in mainland China by providing a comparative perspective between mainland China and globally. The specific RSE policies and curriculum of focus are the RSE content, the primary teaching responsibility carriers, and the age at which school RSE is first introduced to students.

2.3.1 School RSE in Mainland China: Government attitudes and policy changes

It was not until the 1970s that mainland China, led by the Chinese Communist Party as the governing party, began formally to focus on RSE, which has been the subject of debate ever since (Jin et al., 2019). The development of RSE in mainland China was similar to that in Western societies and was influenced by societal concerns about public health and safety (Liu & Li, 2020). The subsequent focus of RSE has changed due to societal developments, particularly widespread internet usage and demographic changes.

In response to international concerns about population development, the Chinese government introduced a series of population control measures, including the Law of the People's Republic of China on Population and Family Planning (Liu, 2008a). Implementing the one-child policy

significantly impacted China's demographic structure while also contributing to the development of RSE in Chinese society. Issued and enforced by the government, family planning was positioned as a compulsory state policy at the time, with regional governments promoting family planning information to the public, such as the use of in vitro fertilisation and condoms (Liu, 2008b; Liu & Yuan, 2017). Although the primary purpose of this policy was to control population growth, it also later helped to promote an awareness of the need to practise safe sex in society (Fan et al., 2020; Liu & Yuan, 2017).

A further significant influence on the development of RSE at the domestic political level was China's state-led *Reform and Opening Up* policy agenda, initiated in 1978, which introduced wide-ranging economic, social, and institutional reforms. As a result of this policy, Chinese society gradually became more open to economic and cultural exchanges with the rest of the world. These financial and artistic developments, particularly after the abolition of the *Unit System* (单位制度), permitted individuals to engage in romantic relationships freely, without supervision by or the need to obtain permission from their families and workplaces. This period of social change has been referred to by Chinese scholars as the 'sexuality revolution' (Yu et al., 2022). Sexual activity and behaviour, including homosexual behaviour, came into the public eye as Chinese society became more open about sexuality (Yu et al., 2022). Discussions around sexuality began to be seen as less forbidden or taboo, and the academic research on gender and sexuality increased steadily during this period. The subsequent abolition of the crime of hooliganism in 1997 through a law that addressed public order and disruption, combined with the de-pathologisation of homosexuality in 2001, also reflected society's increased openness towards sexuality. However, the introduction of HIV/AIDS into China at the end of the last century attracted significant interest and concern from all sectors of society, especially the government. As a result, advice about the prevention of HIV/AIDS and STIs was added to the existing RSE content on birth control (Liu & Su, 2014).

The advancement of technology and accessible Internet usage has similarly strongly impacted people's access to information in Chinese society. The lack of appropriate age ratings on social media and public broadcasts has resulted in young people being exposed to pornographic media (Khan & Raby, 2020; Measor, 2004). As well as explicit imagery and unregulated information becoming more accessible, the Internet and social media also changed people's communication methods. The advent of the Internet likewise accelerated the development and dissemination of information, allowing the effects of traditional cases of school bullying and sexual violence to spread more quickly and exert a broader impact.

The 21st century has witnessed a resurgence of Confucianism and its values in Chinese society, ignited by the government, with a particular emphasis on the importance of the monogamous, nuclear family at its centre (Yu et al., 2022). With the increased promotion of 'filial piety' and the pursuit of childbearing in the mainstream Chinese culture, the idea of linking sexual activity to reproduction persists within China's patriarchal society (Blair & Scott, 2019; Yao et al., 2018).

The Focus of the RSE on the Existing Chinese Governmental Policies of GHE and the GMHE

The RSE content listed in the GHE and GMHE for all public primary and secondary schools tends to focus on puberty and reproductive health. Puberty has been described by previous researchers as the only window for discussing RSE-related content (Zhang et al., 2018). The existing teaching on RSE in China focused on in-school adolescents, with little attention paid to out-of-school young people (Liu, 2008a). Currently, there is no dedicated, nationally unified, official sex education curriculum in China, and RSE is scattered across the school curriculum within different subjects, such as biology and physical education (Wang & Wang, 2018; Zhang et al., 2018). The Chinese government's attitude towards sexuality is no longer vague, and the

current teaching about sexuality is now aligning RSE with heterosexual nuclear family development.

The existing policies in China that address the teaching of RSE are highly fragmented and, as noted in the previous research, lack standardisation. These policies must be robustly reviewed, since they now acknowledge the need for RSE (Chen & Chen, 2020; Hu & Liu, 2018; Li, 2020). The GHE, which was issued by the MoE in 2008 and the GMHE (revised in 2012) are the two current, nationwide guideline programmes that specifically address the teaching of RSE in every state primary and secondary school (Li, 2020). Both documents divide primary and secondary schools into different stages according to the students' respective age, with the first year of primary school as the age at which the GHE and GMHE guidance are first educated on the subject.

Although both guidance raises different pedagogical concerns, the content is considered subtle (Hu & Liu, 2018), and only a limited number of schools have actually taken action to implement the programmes or employ dedicated or specialised teachers of RSE. Currently, the staff who have been assigned to teach RSE tend to be physical education teachers, form teachers, or school nurses (Liu & Yuan, 2017). Furthermore, the two documents have yet to be revised or made mandatory in schools since their publication. It is worth discussing whether the GME and GHME can cope with the current needs of society, after the current government legislation explicitly required RSE to be taught in schools, particularly in light of the lack of attention to gender and sexuality in Chinese culture.

While existing studies have discussed government policy and guidance relevant to RSE in mainland China, systematic analysis of school-focused education policy remains limited. To address this gap, this study examines how RSE, particularly in relation to gender and sexuality, is framed within national-level MoE policy guidance. The GHE and GMHE were therefore

selected for corpus-based discourse analysis, with findings interpreted through a CADS approach, as detailed in the methodology chapter.

To address this gap, this study examines how school-based RSE, particularly in relation to gender and sexuality, is framed within national-level MoE policy guidance, focusing on the GHE and GMHE, with the analytical approach detailed in the methodology chapter.

2.3.2 A Global Perspective of the Existing Curricula of School RSE

This section provides a selective overview of national school-based RSE policies and curricula across a range of countries and regions, organised according to geographical distribution, to illustrate how this curriculum has been employed in other countries and regions in comparison with mainland China. Given the diversity of sociocultural, political, and educational contexts across regions, this section does not aim to offer a comprehensive or representative global account. Instead, the countries and regions discussed have been selected purposely, based on the availability of well-documented policy materials and existing research, to highlight contrasting models, policy priorities, and implementation practices in school-based RSE.

Throughout this section, the term *RSE* is used in this research as an umbrella term to represent any information that is related to gender and sexuality that supports students' physical and psychological development. This decision was taken to minimise misunderstandings during the discussion, as RSE could also refer to specific education programmes. As a result, unless terms such as AOE or CSE have been applied by countries and regions as their official curricula and policies, RSE is employed as an umbrella term.

Asia

Although mainland China has not yet adopted RSE as part of its national curricula, in countries in the Asian region, it is the then-government's Ministry of Education in India with a subject

taught in schools and often combined with other programmes. Thailand and the Philippines are the only Asian countries where RSE is mandatory for young people (UNFPA, 2021).

Japan has no specific RSE national curriculum, which falls under the umbrella of Health and Physical Education. The Japanese curricula and materials tend to focus on abstinence-only, while the teachers are less open-minded, focused mainly on reproductive health (Sato et al., 2023). This results in students needing more diverse information as the current RSE curriculum in Japan is more conservative. Starting from around the age of ten, schools provide RSE content to students until the end of secondary school.

In 2007, the then Ministry of Education in India stated that RSE should not be taught separately from other subjects. However, some districts, like Gujarat and Maharashtra, did not support this decision. The focus of RSE in India centres on providing age-appropriate knowledge on changes in puberty, sexuality, STI transmission routes and prevention, HIV, and maintaining a healthy, safe sex life. In India, the leading educators of RSE are teachers and healthcare workers (Malik & Rawat, 2024).

RSE in Thailand is required to be integrated into the national curricula for primary and secondary schools. Students of different grades are provided with age-appropriate education. The focus of RSE in Thailand includes human reproduction, dating relationships, abstinence, sexually transmitted infections (STIs), HIV/AIDS, contraception, family planning and related sexual behaviour. As a result, the biological aspects are the primary pedagogical focus of RSE in Thailand. Teachers are the leading providers but need more professional training (Kay et al., 2010).

In 2012, the Philippines implemented the Responsible Parenthood and Reproductive Health Act to incorporate the existing RSE into the curriculum from kindergarten to Year 12, but it still remains to be fully implemented. In 2018, the Department of Education in the Philippines issued CSE's implementation policy guidance in response to the rising rates of early pregnancy,

sexual violence, and HIV infection among adolescents. This guideline defines CSE as age-appropriate, culturally relevant education that provides scientific, truthful, unbiased information about sex and relationships. Teachers are the primary educators and professional educational development professionals, and are also included in relevant learning and development programmes in colleges of education. However, the 2019 release of Pre-Service Practice-Based Training, Philippine Professional Standards for Teachers and the Professional Development Framework need to mention teacher training (UNESCO, 2023; Yamat et al., 2023).

Sub-Saharan Africa

Across many parts of sub-Saharan Africa, the teaching of RSE faces significant challenges, despite a growing body of evidence indicating that CSE is associated with improved adolescent sexual health and reduced risks of sex-related disease and harm. Culture, religion, and societal controversy over the content of RSE, educational resources, and teacher training exacerbate the difficulty of implementing RSE in this region. The practitioners responsible for delivering RSE vary across countries within the region, ranging from school health education teachers and biology teachers to specially trained RSE specialists.

In many national contexts within the region, RSE is framed as CSE and delivered through relatively structured curricula. In a number of CSE programmes, children and adolescents are initially introduced to biological aspects to increase their understanding of their bodies, physiological development, and basic concepts of sexual behaviour. This is followed by a discussion of sexual health, based on previous teaching. Existing studies highlight coverage of topics including STIs, contraception, sex and relationships, gender equality, mental health, and interpersonal relationships (Achen et al., 2023; Wangamati, 2020).

North America

In the United States, state-level policies on RSE are fragmented and vary widely, reflecting broader political, cultural, and ideological differences across states, with some mandating RSE and others making it optional or restricting its provision. Generally, the content of RSE is in either AOE or CSE. Sex education is usually covered by the school's health education programme and is taught by HE teachers or specially trained teachers. In addition, RSE in the United States usually begins during adolescence and continues until students reach adulthood (Hall et al., 2016).

There are similar variations in the policies found in certain Canadian provinces. The statutory curriculum includes anatomy, reproduction, and healthy relationships across all provinces, while inclusion of issues relating to sexual minorities varies. For example, Ontario's content addresses sexual minority and internet safety, sexual violence and harassment, and sexual health literacy. Health and sexuality education teachers in schools are trained and provide primary education. This education is geared towards primary and secondary school students. It covers an age range from pre-puberty to post-puberty, meaning school-age children and adolescents between the ages of approximately six and 18 (Saarreharju et al., 2020).

South and Central America

Mexico is used here as an illustrative case on the basis of the availability of clearly articulated national policy frameworks and accessible curriculum documentation on school-based RSE, rather than as a representative example of South and Central America as a whole. The Secretariat of Public Education oversees Mexico's policy. Article 3 of the Mexican Constitution proposes the establishment of mandatory, free, secular education. The national curriculum emphasises reproductive health, including a knowledge of physiology, sexual health, gender equality and respect, and sexual relations and communication. RSE in Mexico usually begins when students start secondary school, around the age of 12 to 15, as this is considered the age

at which students begin to take an interest in the subject and need knowledge about it to help them in their daily lives. Teacher training is provided, covering the curriculum content, teaching methods, communication with parents, and dealing with sensitive issues (Chandra-Mouli et al., 2018).

Europe

The Comprehensive School-Based Sex Education Programme in the Netherlands encompasses sexual and reproductive health, sexual behaviour and relationships, sexual orientation and gender identity, sexually transmitted diseases and prevention, and sexual protection and safety. HE teachers and RSE specialists tend to teach it, usually in schools. The age range of the students varies from primary to secondary school. RSE in the Netherlands has been widely praised by other countries but still faces criticism related to the quality of the teacher training and whether RSE meets the needs of the students (Versloot-Swildens et al., 2024).

Comparably, school-based RSE in the UK has frequently been characterised as fragmented and contested. Despite its sustained prominence within political and policy discourse, the implementation of RSE has remained uneven, with considerable variation in content, emphasis, and delivery across schools (Alonso-Martínez et al., 2023; Epps et al., 2023). Although RSE became a mandatory subject in primary and secondary schools in England and Wales in September 2020, government guidance had existed prior to this reform, and RSE had already been introduced in schools following long-standing debates surrounding teenage pregnancy and the transmission of sexually transmitted infections (Buston et al., 2001; Epps et al., 2023). Nevertheless, responsibility for the enactment of RSE policy in the UK continues to rest largely with individual schools and educators, resulting in the absence of a fully standardised national practice. Recent studies indicate persistent differences in educators' perceptions of RSE and in levels of confidence and preparedness to teach sensitive topics, particularly in relation to sexuality and sexual orientation (Epps et al., 2023). Concerns regarding the adequacy of teacher

training and professional support have therefore remained a key challenge in the effective implementation of RSE across the UK education system.

Oceania

In Australia, the Australian Curriculum: Health and Physical Education (AC: HPE), developed by the Australian Curriculum, Assessment and Reporting Authority (ACARA), provides a national framework within which school-based RSE is addressed and aligned with key principles of UNESCO's international sexuality education guidance. The AC: HPE applies to students from Foundation level to Year 12. Although the Australian state and territory education and health departments have emphasised the importance of RSE in schools, researchers have found that the vague RSE curriculum guidance have resulted in some schools and teachers failing to provide coherent, comprehensive RSE to their students. The teaching of RSE in Australia has been described as inconsistent, with content scattered across various subjects, including health, biology and anatomy. In addition, topics relating to sexuality were absent from the 2015 version of the AC: HPE, and content words associated with puberty did not appear in any learning areas. The portrayal of sexual orientation and gender diversity in the curriculum content continues to spark controversy, as this content is seen as weakening the binary gender roles in society (Ezer et al., 2019).

New Zealand's national RSE curriculum guidance was updated in 2020 through a substantive revision of national curriculum guidance. The revised guidance positions RSE as encompassing emotional and interpersonal relationships, sexual health literacy, gender equality and identity, and the development of emotional and sexual health skills. It is usually delivered to students by trained schoolteachers or RSE specialists. Coverage is provided to students from Year 1 to Year 13. In New Zealand's education system, there is an emphasis on a whole-school approach, with the perspective that this must be integrated into the school management to complement the mandatory RSE education (Fitzpatrick et al., 2022).

2.3.3 Global Patterns in School-based RSE: Contextualising Safeguarding, Timing, and Content in the Chinese Context

Building on the preceding discussion of school-based RSE research and policy development in mainland China, this section situates the Chinese case within a broader international context by examining recurring patterns in school-based RSE across different countries and regions. While approaches to RSE vary substantially in response to sociocultural, political, and institutional factors, comparative analysis allows for the identification of shared priorities and constraints that are relevant for interpreting national policy choices, including those observed in China.

The discussion of RSE globally indicates that RSE differs significantly across countries, regions, and cultures, as well as within school settings and classrooms. Social, cultural, and political constraints continue to shape RSE practice, content, and public acceptance. Nevertheless, despite these contextual differences, a number of recurring features can be identified across national curricula and policy frameworks. These include a sustained focus on reproductive health, STIs, and interpersonal relationships; the positioning of RSE within health or biology-related subjects; and the introduction of RSE during late primary or early secondary education.

These recurring patterns suggest that such content areas and timings are not merely culturally specific preferences, but function as baseline protective measures designed to support students during periods of significant physical, psychological, and social development. The absence or delay of RSE has repeatedly been associated with heightened risks to students' wellbeing, including exposure to sexual violence, early pregnancy, STIs, and the reinforcement of gendered and heteronormative inequalities.

In addition, training for educators and specialist teaching staff, or the lack thereof, has a fundamental impact on both RSE implementation and content delivery. Across regions,

insufficient teacher preparation, societal resistance, and limited parental engagement continue to constrain the effectiveness of RSE provision. These challenges have, in some cases, led to fragmented implementation or the withdrawal of RSE initiatives altogether.

Despite these obstacles, from a global perspective, the integration of RSE into national curricula continues to gain momentum, particularly where RSE is framed as a safeguarding and public health intervention rather than solely as moral or values-based education (Joint United Nations Programme on HIV/AIDS, 2021). Taken together, these comparative insights provide an empirical basis for identifying key benchmark dimensions of school-based RSE, particularly in relation to content focus, timing of introduction, and institutional responsibility.

2.4 A Review of the Attitudes and Influential Factors of Chinese Parents Towards RSE-related Family Discussions

Currently, studies on (particularly in-school) RSE in China are at an early stage. The existing research tends to focus on parents' attitudes towards RSE-related family discussions. Limited research has been conducted on parents' attitudes towards RSE in schools, which may be related to the absence of a formal mandatory school RSE curriculum in mainland China. According to the available research findings to date, there has been a significant shift in Chinese parents' attitudes towards RSE-related family discussions, from being conservative, or even resistant, (Chen & Chen, 2020; Hu & Liu, 2018; Liang & Xia, 2021; Tu et al., 2005) towards becoming more open to and accepting of a diversified RSE curriculum (Cao & Shi, 2020; X. Zhang et al., 2020).

Nonetheless, due to the sustained cultural impact of traditional Confucianism's avoidance and social taboo regarding sexuality, certain parents and families continue to oppose RSE (G. S. Zhang, 2013). This may result from parents' perception that RSE promotes sexual behaviour and thus poses a risk to and contradicts Confucian values, that persist as a core tenet of cultural attitudes within the mainstream patriarchal society of mainland China. Furthermore, parents'

views have a significant impact on their children's education, and studies based in China show that some parents do not see a need to provide their children with RSE at home from an early age (Huang, 2021). Zheng (2002) reported that opponents of RSE believe it leads to premature maturity or damages a child's innocence. As a consequence, this belief and stance may contribute to the parental resistance to RSE, based on perceptions and cultural understandings of childhood and innocence. The prevalent age at which children currently receive RSE at home is mainly during adolescence (Gao & Luo, 2002; Huang, 2021; Tu et al., 2005; Zhang et al., 2018). With the recent social changes, globalisation, and widespread Internet usage, it has become easier to access various educational resources, resulting in more parents acquiring knowledge and information that guides them to recognise the value and importance of RSE-related family discussions (Ji & Reiss, 2022). Moreover, the value placed on RSE-related family discussions can be determined by the benefits to the child's own development, both physically and psychologically, as well as their interpersonal relationships and health; some of which information can be garnered through internet resources and social media.

Generally, in the absence of RSE from either the school or home, as well as cultural and religious influences, parents' attitudes and preferences for practising RSE at home vary widely (Constantine et al., 2007; Likupe et al., 2021). In certain cases, parents are open-minded, respond to their child's questions and actively work with their child to find answers and acquire further knowledge (Braeken & Cardinal, 2008; Nambambi & Mufune, 2011; Warren & Neer, 1986). In other scenarios, parents may avoid discussing topics related to RSE, believing that their child will naturally learn about these matters later in life (Chang, 2020; Gao & Luo, 2002; Luo, 2015; Xu, 2015). In some cases, parents may wish to discuss RSE with their child and educate them on the basics but fail to cover the required content or topics in full, due to differing views on issues such as sexual orientation.

There are a growing number of studies on the challenges related to teaching RSE that highlight communication and collaboration with parents. The previous research frequently identified a desire to work with parents to provide more significant support, recognising parents as substantial allies in the current state of RSE education for young people (Braeken & Cardinal, 2008; Cao & Shi, 2020; Chinese Sexuality Society Advocacy Education Department, 2021; de Reus et al., 2015; Huang, 2021; Likupe et al., 2021; Wu et al., 2018; Zheng, 2002). Research on RSE learning shows that the family is one of the most important channels for learning about sexuality, in addition to schools, peer communication and the Internet (Chen et al., 2019; European Expert Group on Sexuality Education, 2016; Gao & Luo, 2002; Hilton, 2001; Huang, 2021; Liang & Xia, 2021; Liu & Yuan, 2017; Robinson et al., 2017; M. M. Zhang, 2013; Zou, 2018). Parents' behaviours and beliefs can exert a profound impact on their children's cognitive development, perception of the world and the knowledge that they accumulate as they grow up (X. Zhang et al., 2020).

According to Albert Bandura's (1969) social learning theory, children develop their knowledge throughout their formative years by observing and imitating the behaviour, attitudes and emotional changes of others. It emphasises the interaction between the environment and the various factors of cognitive development that contribute to the construction of human learning, knowledge, and behavioural change (Kakavoulis, 2001; Kim et al., 2019; Liu, 2008a; Nazzi & Gopnik, 2001; Wang & Wang, 2018; Walker, 2004; C. J. Zhang et al., 2020). From infancy, parents/guardians raise children until they reach a certain age, at which point the primary responsibility for their education and socialisation shifts to social institutions, where organised schooling and institutions impart knowledge to them as students (Robinson et al., 2017; Tu et al., 2005; Zhang et al., 2018). Despite this, however, the importance of parents' influence in shaping their children's character and how they see the world continues unabated (Xiao & Yan, 2018; Zhang, 2018). Through practice of language use and emotional development, parents'

behaviour, either intentionally or unintentionally, transmits their shared knowledge and beliefs to their children (Cao & Shi, 2020; Huang, 2021; Jerves et al., 2014; Rose et al., 2009). As a result, young children often will see the world and their surrounding environment through their parents' eyes. Therefore, parents' attitudes, preferences, and opinions on certain issues can subtly affect their children, due to their unique characteristics and perceptions being co-opted through primary socialisation. Despite the existence of diverse social contexts and cultural and religious backgrounds worldwide, parents' attitudes towards RSE remain largely ambivalent, accompanied by different opinions and perceptions (Constantine et al., 2007; Likupe et al., 2021).

This part of the literature review explores the existing research on mainland Chinese parents' attitudes towards RSE-related family discussions within Chinese society. It examines the factors that shape these attitudes and their impact on the implementation of RSE-related family discussions. One of the aims of this study is to explore current Chinese parents' attitudes towards school RSE. However, due to the limited amount of research on school RSE in mainland China, in response, I have first chosen to analyse the existing parental attitudes towards RSE-related family discussions and the reasons underlying these. This section of the analysis paves the way for the subsequent investigation of parental attitudes towards school RSE.

2.4.1 RSE-related Family Discussions Implementation and its Challenges

In implementing RSE-related family discussions, puberty has been considered not only as a critical stage in a child's physical development, but also as closely related to the early romantic relationships and early love that had been discussed previously (Gao & Luo, 2002; Shen, 2015; Tu et al., 2005). Parents and schools are inclined to discourage early love and early sexual behaviour due to concerns that their children's engagement in heterosexual romantic relationships during adolescence might lead to teenage pregnancies or STIs. The lack of

education about safe sex and consent increases the parental resistance to underage relationships. As it includes content about sexual behaviour, some parents believe that RSE may encourage early sexual behaviour, thus hindering the promotion and practice of RSE (Huang & Cheng, 2014; M. M. Zhang, 2013; X. Zhang et al., 2020).

Parental Roles and Gendered Dynamics in RSE-related Family Discussions

To varying degrees, RSE has exerted a positive impact on social issues such as early pregnancy, the control of STIs, and the spread of HIV/AIDS, but research suggests that problems persist that cannot be ignored (Cao & Shi, 2020; Seiler-Ramadas et al., 2021; Sun & Qian, 2020; X. Zhang et al., 2020). Young people may feel reluctant to discuss sensitive topics with authority figures such as their parents (Wang & Wang, 2018). In addition, more girls receive RSE from their families compared to boys (Gao & Luo, 2002; Zhang et al., 2018). Researchers such as Zhang et al. (2018) have found that some parents consider their daughters' development of secondary sexual characteristics to be clearer, due to visible signs such as menstruation, and thus they are more aware of girls' physical development during puberty than boys. Xiao and Yan (2018) also attributed this phenomenon to parents' greater willingness to discuss RSE with a child who is of the same gender as the parent, especially in the case of mothers and daughters. The previous research suggests that these patterns are closely tied to the distribution of gender roles in traditional Chinese society. Mothers were expected to assume greater responsibility for parenting and supervising their children (Liu, 2008a; Yang, 2018) than fathers, due to males' work commitments or other reasons (Du et al., 2021; Shi et al., 2022; Yang, 2018; X. Zhang et al., 2020). More studies have focused on mothers' relationships with their children compared to fathers (X. Zhang et al., 2020).

Meanwhile, other studies have found that parents were more likely to engage in RSE-related conversations at home with a child who is of the same sex as themselves (Tu et al., 2005). In addition, it has been reported that, where families have engaged in RSE-related family

discussions conversations, at least one female member has been involved in the process (Shen, 2015). Society has imbued women with the gender roles of being 'caring, nurturing and gentle'. This tendency is reinforced by the prevailing social expectation that women should be caring, nurturing, and gentle, while fathers are portrayed as stricter authority figures (X. Zhang et al., 2020). As a result, children are often more inclined to ask their mother questions than their fathers (Tu et al., 2005). This phenomenon was not only observed in Chinese society (Dyson & Smith, 2012; Liu, 2008b; Nambambi & Mufune, 2011) but also internationally, as similar findings apply to other female guardians in addition to mothers (Measor, 2004). This discrepancy between the gender role expectations was thought potentially to hinder the implementation of RSE in China. By emphasising the expectations of different genders in society as a default position, the resulting gender stereotypes and division of labour may inhibit children's cognitive development through repetition, which may then be handed down through the generations (Shi et al., 2022).

Sexual morality is another theme that attracts research attention (Cheng, 2020; Hu & Liu, 2018; Wang & Wang, 2018; Xiao & Yan, 2018; G. S. Zhang, 2013). In a study of the opinions of university students' parents, it was found that this group felt it was necessary to educate their children about sexual morality and to foster a sense of responsibility towards relationships and marriage. A combination of sexual knowledge and moral education was considered necessary to promote exclusive relationships and chastity among young people. The discouragement of premarital sexual behaviour and sexual freedom was consistent with the cultural attitudes towards adultery (G. S. Zhang, 2013). Traditional Chinese culture, where males focus outside the home and female focus within it, associates childbearing and family responsibilities with women, while men are perceived to be more concerned with their career than their family (C. J. Zhang et al., 2020).

Some parents believe that girls need RSE more than boys due to concerns about sexual behaviour and its consequences (Cao & Shi, 2020; Mills, 2012; Pingel et al., 2013; Walker, 2004). Fujian (Xiao & Yan, 2018) found that Chinese parents were more concerned about their daughters' RSE than their sons. Parents often explain, warn, and even threaten girls against partaking in early sexual behaviour, in the hope of preventing early pregnancy, abortion, STIs, HIV/AIDS, and other negative consequences (Zhang et al., 2018). These concerns about girls' participation in underage sexual behaviour go beyond basic biological knowledge, emphasising the need for girls to demonstrate self-love and avoid having sex due to the potential risks (Butts et al., 2018; Cheng, 2020; Fisher et al., 2020; Kakavoulis, 2001; Khan & Raby, 2020; Measor, 2004; Robinson et al., 2017; Seiler-Ramadas et al., 2021). Studies based in other countries have similarly reported that more attention is placed on girls, with boys' involvement often being overlooked, particularly in relation to conception, even though these issues affect both genders (Dyson & Smith, 2012; Measor, 2004; Nambambi & Mufune, 2011; Walker, 2004). Researchers have argued that it is equally important for boys to be educated about reproduction and sex-related disease prevention and to understand the responsibilities associated with sexual activity (Dyson & Smith, 2012; Kniveton & Day, 1999; Measor, 2004; Shen, 2015).

In addition, reports of sexual violence against school children have been increasing, thus raising awareness among parents about the need for sexual violence prevention (Wu et al., 2018). Similar concerns have also been documented in the Chinese context, where recent research indicates both rising public attention to child sexual abuse and persistent gaps in prevention education provided by families and schools (Zhang & Yuan, 2023). It is noteworthy that boys are less frequently included in sexual violence prevention education than girls, despite evidence from Chinese studies suggesting that boys experience comparable, or in some cases higher, rates of childhood sexual abuse (Liu et al., 2022). Over-emphasising the negative consequences of sexual behaviour with the intention of warning or intimidating children does not foster

healthy sexual attitudes or awareness among either boys or girls. The portrayal of females as potential victims and males as potential offenders within RSE conversations merely serves to reinforce the gender bias, and neither increases understanding nor helps to reduce sexual violence in society (Braeken & Cardinal, 2008; Ezer et al., 2019; Sundaram & Sauntson, 2016).

The negative stereotypes associated with sexual activity also engender passive prejudices against the victims of sexual violence, such as the concept of 'victim blaming' (Bhana et al., 2019). A focus on the education of sexual knowledge, morality, and responsibility for girls whilst overlooking these topics' importance and relevance for boys may increase the neglect of male responsibility in sexual activity and the disparity within RSE teaching to different genders (Ezer et al., 2019). This has contributed to a gendered divide and inconsistencies within RSE content and teaching.

Maternal Involvement in RSE-related Family Discussions and its Impact on Child Development

Research has found that mothers engage in more frequent conversations about sexuality with their children compared to fathers (Liu, 2008a; Tu et al., 2005; Xu et al., 2020; Yang, 2018; X. Zhang et al., 2020), with parent-child bonding and communication being considered the main reasons for this gendered bias (Gao & Luo, 2002; Walker, 2001; Walker, 2004). Assigned gender roles and expectations are deeply rooted in Chinese society, with mothers remaining primarily responsible for their children's home education, parenting and daily life care (Tu et al., 2005; Yang, 2018; X. Zhang et al., 2020). Although some research indicates that fathers may be more concerned about RSE than mothers, mothers have been found to be more active and involved in RSE than fathers (Toor, 2012). The parental role of fathers is perceived as being 'serious and rational' (X. Zhang et al., 2020) and fathers tend to assume limited RSE

responsibility in the family due to the children's fear of this 'authoritative image' of their fathers (Dyson & Smith 2012; Jerves et al., 2014). This conservatism and fixation on the traditional gender roles have led some parents to emphasise women's childbearing responsibilities and the importance of marriage during RSE conversations with their children, especially daughters, arguing that a woman is not a complete human being unless she marries and has children (Jiang, 2020; Lai et al., 2015; G. S. Zhang, 2013; Zhang et al., 2018). Through highlighting and warning of the negative consequences of sexual activity, topics such as women's chastity and wholeness before marriage remain important to some parents (Yu et al., 2022; G. S. Zhang, 2013). Further to this, while Chinese society promotes the traditional, gendered parental roles and the institution of heterosexual marriage, there remains sustained prejudice against family units and individuals who deviate from the norm, such as sexual minority, single people, and heterosexual families who choose not to have children (G. S. Zhang, 2013).

The relationships and daily interactions between parents and children also exert a significant impact on the inclusiveness and openness of the family environment. Research has found that, in more inclusive family environments, parents possess more positive attitudes and a greater openness towards their children's RSE (Braeken & Cardinal, 2008). As a result, the children were able to communicate more effectively with their parents and openly express their confusion and needs. In contrast, in more conservative families, the parents' reserved attitudes towards sexuality tend to make children less willing to discuss RSE with their parents (Braeken & Cardinal, 2008; Nambambi & Mufune, 2011; Walker, 2004; Xie & Wang, 2019; X. Zhang et al., 2020). The attitudes of parents towards RSE can be passed on down the generations, so children growing up in families with a low tolerance for RSE are less likely to have positive attitudes towards RSE education (Hu & Liu, 2018; Kniveton & Day, 1999; Walker, 2001; Walker, 2004).

Parental Understanding and its Influence on the Implementation of RSE-related Family Discussions

The attitudes of parents towards the significance of teaching RSE are diverse. For example, Wu et al. (2018) investigated the current status of RSE teaching and learning from the perspective of parents and primary school teachers in Guangzhou. They found that mothers were more concerned about their children's personal development than were fathers. Among the 405 parents who participated in their study, 22% (the top response) believed that the purpose of RSE teaching materials was to promote children's physical and mental development (Wu et al., 2018), while the second response was that their purpose was to help children to strengthen their self-identity. Only 8% of the parents thought that RSE helped to develop values of openness and tolerance (Wu et al., 2018).

The lack of RSE learning experiences among parents poses difficulties for the implementation of RSE-related family discussions (Cao & Shi, 2020; Hu & Liu, 2018; Tu et al., 2005; Walker, 2004; Xiao & Yan, 2018). While parents' life experience and accumulated knowledge usually exceed that of their children, this does not necessarily indicate that they possess sufficient knowledge of RSE (Gu, 2021). In general, there was an overlap in the parent-recognised RSE content of the AOE and CSE, respectively, despite the different priorities of teaching and learning in these two types of RSE (Wang & Wang, 2018). Reproductive health and development remain a strong concern for parents, including those who had provided RSE for their children at home (C. J. Zhang et al., 2020). In contrast, mental health and interpersonal relationships, as RSE content, were of less concern, especially in the context of the widespread opposition to romantic relationships among students in Chinese society (Wu et al., 2018; Zhang et al., 2018). It was reported that a few parents did not discuss RSE with their children because they felt confused about which topics to discuss and also worried that such conversations might encourage early sexual behaviour (Fan et al., 2020; Liu, 2008a). These concerns are mainly

related to the risk of early pregnancy and negative consequences associated with STIs and HIV/AIDS (Gao & Luo, 2002; Wu et al., 2018; Zamboni & Silver, 2009).

A number of parents have not engaged in RSE-related family discussions, and reported a general discomfort with it (Wu et al., 2018; Zhang et al., 2018). This disengagement or discomfort may be attributable to cultural reasons and religious values, as research indicates that more traditional, conservative-minded parents opposed engaging in a more comprehensive dialogue with their children, apart from offering them preventative information and their own perceptions of sexually-transmitted illnesses and early pregnancy (Chen et al., 2019; Constantine et al., 2007; Hu & Liu, 2018; Nambambi & Mufune, 2011; Xiao & Yan, 2018; Yang, 2018 ; Zhang et al., 2018).

An additional concern is that RSE may raise awareness of sexuality, potentially presenting challenges to the traditional norms of binary gender and heterosexuality. The research has found that some parents believe that raising awareness of sexuality and gender differences can threaten the traditional family structures, responsibilities and social obligations, by challenging the long-established attitudes towards marriage and same-sex marriage (Ezer et al., 2019; Jerves et al., 2014; G. S. Zhang, 2013). In addition to this, parents often lack the confidence to discuss RSE with their children, due to their own lack of education. This leads to limited communication and a fear of making mistakes, which in turn causes certain parents to choose to remain silent on the issue and avoid engaging in conversations about RSE within the home and family setting (Nambambi & Mufune, 2011; Xie & Wang, 2019; Walker & Milton, 2006).

2.4.2 Expectations and Concerns of Parents Regarding the Current Status of RSE in Chinese Schools

There is no unified view amongst parents regarding who should be responsible for teaching a child about RSE. In a study of parental views on the responsibility for teaching RSE at home,

the majority of parents believed that this responsibility should lie with the parents, whereas schools should teach essential knowledge to support students' academic development (Jin et al., 2019). In addition, parents who favoured this attitude argued that the existing education model in China is centred on large class sizes, with teachers and schools having little time to cater for the individual needs of students. A survey on the attitudes of parents from all social classes in Shanghai found that 43.9% of the parents believed that the responsibility for RSE education lies with parents (Liu & Wei, 2016). An increasing number of parents are responding positively to their children's curiosity about sex through a variety of means, such as books and videos (Cao & Shi, 2020; Chang, 2017; Hu & Liu, 2018; M. M. Zhang, 2013).

However, due to the lack of emphasis on RSE in China over time, most parents possess an inadequate knowledge and understanding of RSE, leaving parents at the end of the spectrum of RSE information sources (Hu & Liu, 2018; Xiao & Yan, 2018). As a result, some parents have expressed the need for better RSE knowledge, hoping that schools or other community organisations will provide professional support to enable parents to engage more effectively in RSE dialogue with their children and build a healthy, stable family environment (Hu & Liu, 2018; Liang & Xia, 2021). In addition, due to the economic structure of Chinese society, many parents and children live apart, in different cities, as this mixed-geographical family structure offers better career opportunities for parents in more developed areas to support their family. However, as China still has a household registration system, this means that the children of migrant workers across the country cannot easily study in other cities, so children are often raised by older relatives, such as grandparents (Chen & Chen, 2020; Huang & Cheng, 2014; Ma, 2021; Sun & Qian, 2020). The older generation may have a limited understanding of children's physical and psychological development, and most of them are very conservative about sexual matters, which makes the implementation of RSE at home considerably more difficult in practice (Huang & Cheng, 2014). Additionally, for Chinese children who are raised

by their parents, there remain obstacles to the practice of RSE-related family discussions, such as parents' long working hours and onerous chores. In this way, Chinese parents have limited energy and time to discover their children's emotional and psychological needs. Sociologists have identified concerns about parent-child relationships, particularly the amount of time they spend together, and how this affects the family unit and relationships (Xiao & Yan, 2018).

Previous research has noted that parents and children often encounter different challenges when engaging with RSE at home compared to the school-based contexts involving teachers and education authorities. Therefore, cooperation across sectors has been widely recognised as beneficial, with several scholars suggesting that a hybrid or collaborative approach offers a more effective model for RSE delivery (Braeken & Cardinal, 2008). While parents contribute valuable insights into their children's daily lives and individual needs, responsibility for education and safeguarding within the broader education systems. This coincides with findings indicating that some parents prefer that RSE is better to be taught through a collaborative approach involving both families and schools (Xiao & Yan, 2018).

Furthermore, Liu and Liu (2019) claim that, due to the government-issued rules, legal regulations on RSE content, and societal support, the primary venue for RSE instruction should be schools, while parents continue the RSE dialogue at home. This suggests a hybrid approach that combines the benefits and strengths of family- and school-based RSE. In this regard, parents are an important stakeholder as well as schools, and can exert a significant impact on their children's development. Researchers have argued that parents and children face different challenges when it comes to RSE at home compared to the government agencies, schools and teachers. Therefore, cooperation between each sector is beneficial, suggesting that a hybrid or collaborative approach may be the best way forwards (Braeken & Cardinal, 2008). While parents can supply their own experience and knowledge regarding their children's daily lives and personalities, the responsibility and effort linked to helping children learn and understand

RSE may be better shared with individuals with different viewpoints. Schools share this responsibility for RSE through education and safeguarding within both the school and government systems. This coincides with some parents' stance that RSE is better taught through the adoption of a beneficial collaborative or hybrid approach (Xiao & Yan, 2018).

Nevertheless, due to the fact that the family and home lack teaching and learning resources, some parents have shifted their teaching and learning responsibilities to the school, which has resulted in their lack of participation in their children's RSE learning process (Zhang et al., 2018). Proponents who believe that parents should take primary responsibility for teaching RSE argue that it is distinct from other educational subjects, and has a unique, long-lasting impact on a child's development, so parents should be responsible for their child's RSE learning (Alexander, 1984; Dyson & Smith, 2012; Jerves et al., 2019; Zhang et al., 2018). In this way, a recommended approach, based on a consensus on both parents and schools, remains lacking. Whilst the literature points to resources as the key element of RSE, there remain gaps in resourcing in both homes and schools. Furthermore, Robinson et al. (2017) noted that not all schools are equipped with the resources and capacity to teach RSE, RSE has not been consistently conceptualised about particular topics, and it lacks coherence as an educational programme.

There are also differences in the parental perceptions of and attitudes towards different topics as, in some countries, parents have the right to withdraw their children from RSE at school for cultural and religious reasons. Some parents have noted feeling uncomfortable about another adult teaching their child such sensitive information (Acharya et al., 2018; Burns & Hendriks, 2018; Duffy et al., 2013; Robinson et al., 2017). Parents have also expressed concerns about teachers' lack of training and inadequate teaching methods. It is noteworthy that supporters of RSE in schools might not definitively take on the responsibility of teaching RSE, as support for school-based RSE is not analogous with an offer to take on this responsibility themselves

(X. Zhang et al., 2020). However, families who believe that parents should take responsibility for RSE maintain a more open, positive attitude towards it, and engage in more frequent dialogues with their children about this content compared with other parents (Braeken & Cardinal, 2008; Dyson & Smith, 2012; Warren & Neer, 1986; Xiao & Yan, 2018). It is notable that, whilst these studies emphasise collaboration, hybrid approaches, and cooperation, the reference to the children's own needs and views is limited.

2.4.3 Limited Parental Expectations Regarding Consent and Inclusive

Education in China

Building on the discussion of parental expectations related to RSE provision in China, this section focuses on parental attitudes towards consent education, school and sexual violence prevention, and the inclusion of sexual minority-related content, as these areas consistently emerge in the literature as the most contested and socially sensitive dimensions of RSE in the mainland Chinese context. Existing studies have shown that, while the support for these topics is growing, it is shaped by long-standing cultural values, gender norms, and social pressures that influence how parents perceive the purpose and scope of RSE.

Parents' Attitudes Towards School Violence, Sexual Violence Offence Prevention, and Sexual Minority Knowledge

Existing research conducted in mainland China suggests growing parental support for the inclusion of school and sexual violence prevention within school-based RSE. For example, survey-based studies have reported that parents increasingly recognise the importance of addressing sexual assault and school violence in response to heightened public awareness of violence against minors (X. Zhang et al., 2020; Wu et al., 2018). However, this support is often gendered, with parents expressing greater concern for daughters than sons, and prevention-

focused discussions continuing to prioritise girls, while boys remain comparatively overlooked (X. Zhang et al., 2020).

In terms of research on violence in schools, Liu and Wei (2016) state that intimidation, isolation, and sexual bullying between students was expected, if not widespread, in schools, with more than 60% of boys and 48% of girls experiencing at least one type of bullying. The students who were bullied were mainly from disadvantaged groups, overweight, or new students who had accompanied parents who were working away from home. While much of this literature conceptualises violence in schools in terms of general peer bullying, a proportion of these experiences involve gendered and sexualised forms of harm, including sexual bullying and harassment. Evidence suggests that many students who experience such violence are also from the sexual minority community. However, due to the continued silence surrounding homosexuality in Chinese society and education, together with the absence of explicit anti-discrimination legislation, violence directed at sexual minority students has received less focused research attention and public discussion than other forms of school violence.

The current research on sexual minority students is increasing in mainland China, but there remains a lack of research on parents' attitudes towards the inclusion of sexual minority content in RSE. The attitudes of families (especially parents) towards sexual minorities have an impact on whether the members of the sexual minority feel comfortable about disclosing their sexuality (Flores et al., 2021; United Nations Development Programme, 2016). Chinese society's expectations of marriage and children have led to the family being recognised as the primary site of opposition for sexual minorities in China (United Nations Development Programme, 2016; Wei & Liu, 2015).

In their national survey of sexual minority students' attitudes to disclosing their sexuality (coming out), Wei and Liu (2015) found that, while many students felt comfortable about doing so, the vast majority chose to keep their sexuality hidden from their loved ones. In addition to

the current lack of knowledge and absence of anti-discrimination policies in schools, most students do not feel safe enough to come out to their parents or other family members. Traditional Chinese society harboured conservative attitudes towards sexuality and believed that its purpose was primarily to ensure the production of children (Shen, 2015). In ancient China, same-sex sexual behaviour existed and was historically documented. It was tacitly permissible for people, mainly men, to engage in same-sex sexual behaviour if they wished, once they had fulfilled their duty of producing children (Whyke, 2023). In contrast, currently, Chinese society is monogamous, and families expect children to enter into marriage, which has led some members of the sexual minority to enter into heterosexual marriages due to social pressure (United Nations Development Programme, 2016). Some members of the sexual minority may enter into fake marriages by cooperating with another member of the sexual minority of the opposite binary gender (Zhu, 2018), or engage in fraudulent marriages by concealing their sexual minority status (Liu et al., 2023; Song et al., 2023). Currently, members of the sexual minority face huge social pressure that significantly affects their well-being. According to Marston (2015), sexual minority students are at risk of self-harm, depression, and even suicidal ideation, and the silence and lack of attention from those around them make the situation even worse for these bullied students. Bullied sexual minority students were found to have higher rates of depression, with 7.6% choosing to play truant from school and 2.5% dropping out (Liu & Wei, 2016). Wei and Liu (2015) reported that male and transgender students were more likely to face bullying directed towards sexual minorities compared to female students. Liu and Liu (201) suggested that this may be because female intimate behaviour is more common and so less likely to be noticed by others.

Wang and Wang (2018) argued that schools need to educate students to respect individual differences and prevent and correct gender and sexual orientation discrimination promptly. At the same time, enhancing the level of parental knowledge about RSE as well as participation

have been repeatedly emphasised (Huang, 2021; Liang & Xia, 2021; Xie & Wang, 2019). Combined with the fact that parents who support RSE believe that it can provide their children with information that will help them to confront sexuality more positively, the increase in parental attitudes that favour the inclusion of sexual minority content within the RSE curriculum may reflect a growing acceptance of the viability of sexual minorities in China.

Filial Piety, Family Obligations, and Social Pressure

Chinese parents remain more concerned about reproductive health and the prevention of sexual assaults, possibly due to the emphasis on reproduction and chastity in traditional Chinese society, which was deeply imbued with Confucianism and the Cheng-Zhu philosophy. Women were educated to be subservient to a patriarchal society, to be dependent on men as sex subjects, and to be indoctrinated into gender roles with family values in mind (Du et al., 2021; Yao et al., 2018). Monogamous heterosexual marriage was seen as the only option in traditional Chinese society, and the family lineage was perpetuated through generational pressure to fulfil the social expectations of ‘filial piety’ and ‘harmonious and intact families’ (Chow & Cheng, 2010). There is no shortage of accounts of same-sex behaviour in ancient China (Ho et al., 2018), but different social norms applied, based on one’s gender. Male same-sex behaviour was tacitly permitted as long as the individual was married and had children (Whyke, 2023), whereas female same-sex behaviour was seen as a ‘lack of male substitutes’ or suppressed (Xie & Peng, 2018).

Society and families assign marriage and childbearing as ‘major life events’ by framing expectations and pressures as ‘filial piety’ (Chow & Cheng, 2010; Ho et al., 2018; Wesołowski, 2022). When women fail to produce children, they are considered ‘incapable of being a full human being’, and these accusations are directed only at women, as ‘childbearing’ was seen as the natural order of things. Traditional Chinese family values portray ‘motherhood’ as a caring, nurturing, selfless role, thereby romanticising a culture of fertility worship and sexism. This

has reportedly led to condemnation, punishment (Mai, 2019) and discrimination (Gao, 2003), especially from the family, against women who were unable to conceive naturally or failed to produce childbearing male children (Yao et al., 2018).

The cultural notion of ‘three subordinates and four virtues’, which has been passed down to females through the generations in China, has historically been influenced by patriarchal norms associated with the notion of ‘chastity’ (Wesołowski, 2022). Society’s admonition of women deprived them of their social status and discourse through the three virtues, which made women the attributed goods of men. Women were divided into unmarried, married, or childbearing, bound to their fathers, husbands, and sons. This idea was also used to reinforce a social expectation and norm for women. Not only did women have fewer education opportunities, but they were also limited in their exploration of their sexuality.

Ancient China’s patriarchal society and fertility cult drew a direct link between sex and reproductive needs, which led to women who lost their voice being limited in removing other aspects of reproduction, such as exploring sexual pleasure and masturbation. Society also treated men and women differently with regard to sexuality (Wesołowski, 2022; Whyke, 2023). Specifically, in Chinese society, men were encouraged to have many sexual partners. In ancient times, men were allowed to have many wives and concubines, while women were encouraged to remain chaste and avoid engaging in sex before marriage. Women were only allowed to have sex for childbearing purposes, and any extramarital sex elicited moral condemnation (Ho et al., 2018; Zhu, 2018).

Even widows were expected to avoid sex in honour of their deceased husband and family members. Such unequal attitudes towards sexuality and the stigmatisation of childbearing women limited to some extent, the development of women’s sexual freedom and their social identity beyond that of ‘a mother’ and ‘a man’s wife’. The emphasis on women’s ‘chastity’

and family reputation not only restricts women's choices regarding marriage and sexual freedom but also puts women at equal risk of 'slut-shaming'.

Because of their unique physiology, women were not only viewed as sexual objects, with marriage and children as necessary duties for perpetuating the traditional family values, but they were also portrayed as the potential targets of sexual violence. Women were indoctrinated with the idea that premarital sex would have negatively affect their social status, and 'female virginity' and 'chastity' were seen as the highest honour for women, according to the Cheng-Zhu theory (Ho et al., 2018; Leung, 2003). Once a woman's 'chastity' was undermined, her 'reputation' in society simultaneously became undermined, with the ensuing 'slut-shaming' from the surrounding society. Under the influence of the still prevalent 'victim blaming' theory, women, even if they had been the victims of sexual violence, were equally at risk of being blamed and even 'slut-shamed', resulting in their inability to seek help (Lin & Yang, 2019).

Existing studies have reported that the current RSE in China is primarily based on abstinence (Li, 2020; Wang & Wang, 2018) and focuses mainly on females (Cao & Shi, 2020; Gao & Luo, 2002; Hu & Liu, 2018; Zhang et al., 2017). By focusing on females' biological characteristics, emphasis is placed on reproductive health, sexual violence against women, and the risk of early pregnancy, STIs, and HIV (Jin et al., 2019; Li, 2020; Tu et al., 2005).

Sexual pleasure and masturbation have not been widely researched (Tu et al., 2005), whereas sexual behaviour has been associated with adverse factors such as disease (Hu & Liu, 2018; Wang & Wang, 2018) and sexual violence (Jin et al., 2019; Wei et al., 2021; Zhang et al., 2018). The belief that sexual behaviour leads to disease or sexual violence portrays all females as 'potential victims' and all males as 'potential perpetrators' (Tu et al., 2005). Such perceptions have the potential to limit children's understanding of sexuality and also their ability to seek their own physical and emotional fulfilment, as well as to exclude boys who have experienced sexual violence. Several researchers have argued that boys should receive the same attention

as girls in areas such as sexual offence prevention (Cao & Shi, 2020; Gao & Luo, 2002; Zhang et al., 2017).

Particularly when the societal attitudes towards sexuality were conservative or even negative, and when RSE was absent from public education, parents were unlikely to be aware of the need to educate boys about the potential risks of sexual violence (Xiao & Yan, 2018).

In conclusion, while more parents are providing their children with RSE at home, parents' insufficient knowledge about RSE represents a significant obstacle. In addition, parent-child communication approaches and misconceptions about RSE due to cultural background were also partly responsible for the difficulties associated with implementing RSE at home. Parents expressed a need for help from the school and community to bridge the knowledge gap between themselves and the RSE provided at school, especially in terms of the content and who bears the main pedagogical duty (Tu et al., 2005; Xiao & Yan, 2018). To date, no clear consensus has developed among parents about who should bear the main responsibility for their children's RSE, nor which components it should cover. These unresolved tensions provide a critical foundation for examining parental expectations of school-based RSE within the present study.

2.5 Social Impact of the Absence of School RSE in Mainland China

This section focuses on the social and educational implications of the absence of school-based RSE in mainland China. Where China-specific empirical research is limited or uneven, selected international literature is therefore drawn upon to contextualise recurring challenges related to curriculum provision, safeguarding, and inclusion. These studies are used to support interpretation rather than to generalise across national contexts.

The absence of comprehensive and developmentally appropriate RSE in mainland China has been linked to broader concerns regarding child protection and youth safety. Official data indicate that, in 2023, Chinese procuratorates approved the arrests of over 53,200 individuals for crimes against minors, representing a 35.3% increase compared to the previous year, and

prosecuted 67,100 individuals, including nearly 17,000 minors accused of harming other minors (Xinhua News Agency, 2024). While such figures cannot be attributed to educational provision alone, they underscore the wider social context in which debates about the role and scope of school-based RSE are situated.

With the growing number of reported cases of sexual violence involving adolescents (Liu & Wei, 2016), bullying in schools (Li & Wei, 2022; Ren, 2017; Wei & Liu, 2015), STIs, and teenage pregnancies (G. S. Zhang, 2013), scholars have increasingly argued that the provision of RSE is crucial. Shifting attitudes towards sexuality in Chinese society have prompted reflection on adolescents' lack of knowledge and the potential risks of early sexual behaviour (Cheng, 2020). Existing research suggests that the absence of RSE in schools, combined with inadequate supervision, may be associated with early sexualisation and an increased incidence of sexual behaviour among students (Liu, 2008a; G. S. Zhang, 2013). Although there have been sustained calls for RSE to be taught in schools (Publicity and Education Department of the Chinese Sexuality Society, 2021), the continued absence of an official RSE curriculum remains a significant barrier. Social discourses framing RSE as a threat to children's innocence further hinder its implementation (Bennett et al., 2017), while conservative attitudes towards sexuality and gender inequality contribute to low social awareness of the need for sexuality education (Cao & Shi, 2020; Fan et al., 2020; Xie & Wang, 2019).

As most school curricula are influenced by the requirements of MoE guidance documents in mainland China, schools need help in order to fulfil the requirements of the curriculum, in the form of clear teaching objectives, legislation, and government policy (Hu & Liu, 2018). The lack of educational direction and an RSE syllabus leaves schools passing the responsibility for RSE teaching onto the, often unequipped, teachers, who are left by themselves to decide on all of the tasks required to implement RSE teaching and learning (Ezer et al., 2019). This responsibility is something that only some teachers are able or willing to take on (Hu & Liu,

2018; Huang & Cheng, 2014; Liu & Su, 2014; Liu & Yuan, 2017; M. M. Zhang, 2013; Zheng, 2002).

Being a non-traditional course that does not affect further education (Wu et al., 2018), RSE is often undervalued in schools. To improve their enrolment figures, finances, and reputation, most schools prioritise student progression and employment rates (Xie & Wang, 2019). In this way, RSE is often low on the school's list of priorities and resource allocation. Even where schools offer RSE programmes, these may fail to support students' psychological and physical development (Wu et al., 2018; Xie & Wang, 2019). In China's current compulsory nine-year education system, all students are legally required to complete their primary and junior high school education, which makes it challenging to allocate time for RSE in a competitive society where the vast majority of students' curricula are dominated by traditional subjects, and the education system is almost saturated (Hu & Liu, 2018). This institution-wide competitive school environment, that values success in traditional subjects and career trajectories, leaves few resources available for providing a quality RSE curriculum.

Research on students' perspectives remains limited, with most studies focusing on university populations, while romantic relationships among students continue to be discouraged by families, schools, and wider society (Shen, 2015; G. S. Zhang, 2013). Existing studies involving college students have tended to prioritise coping strategies within restrictive social contexts, rather than examining knowledge gaps related to STIs or sexual minority issues (Wang et al., 2020). A limited number of prior studies feature pilot interventions that target students and RSE (Jiang, 2020). In addition, the existing research on RSE in China has focused on heterosexual identities and groups, while a few studies have pointed out that sexual minority students face a higher risk of bullying and violence at school compared to their heterosexual peers (Liu et al., 2023). Further to this, current surveys of college students' attitudes, stigmatisation and the conservative societal attitudes indicate that significant detrimental

effects are being exerted on the mental health and wellbeing of sexual minority students (Wei & Liu, 2015). The current research tends to focus on the attitudes towards homosexuality among the heterosexual community, while little research has examined the impact on their mental health of the school bullying experienced by sexual minority students.

Although empirical research on school bullying in Chinese secondary schools remains limited and unevenly distributed across regions and populations (Xing et al., 2023), the available studies suggest that bullying is nonetheless widespread. Existing evidence indicates the prevalence of bullying in secondary schools is pervasive, with the vast majority of bullying occurring between people of the same sex, and girls being more likely to be victims (Li & Wei, 2022). In addition, students who visibly deviate from the traditional gender norms, including some gay, bisexual, and transgender students, are more likely to experience bullying at school, whereas close same-sex friendships among girls are often perceived as socially acceptable within Chinese culture (Li & Wei, 2022; Liu & Wei, 2016; Wei & Liu, 2015). Male hegemony in Chinese society may be one of the reasons for this social phenomenon (Wang et al., 2019).

2.5.1 Limited Learning Resources and Students' Unmet Educational Needs

Currently, students' access to RSE in mainland China remains limited, and the quality of available content varies considerably. RSE is often narrowly perceived as synonymous with reproduction, with limited recognition of the broader range of topics it encompasses. This has led many parents to assume that children do not require explicit RSE, believing instead that such knowledge will be acquired naturally over time (Gao & Luo, 2002; Li, 2020; Luo, 2015; Xu, 2015). Nevertheless, existing research indicates that students' primary sources of RSE-related knowledge include peers, films and online media, as well as schools and families, with only a small proportion actively seeking reliable information independently (Gao & Luo, 2002). Regardless of whether students receive systematic RSE, they are routinely taught sexual

information in their daily lives, while concerns regarding their self-protection skills persist (Gao & Luo, 2002; Li, 2019; Liu, 2008a; Zheng, 2002).

The available Chinese research suggests that, although young people are more open to sexual topics, they, especially boys, have difficulty obtaining relevant information from their teachers and parents (Wu et al., 2018; Xiao & Yan, 2018; G. S. Zhang, 2013). While secondary school students report a preference for learning about RSE in the classroom, opportunities for such learning remain limited (Gao & Luo, 2002). In contrast, students without access to formal RSE are more likely to rely on peers for information, especially through private conversations, a pattern observed particularly among boys (Khan & Raby, 2020). These findings suggest that formal RSE alone does not necessarily meet students' psychological and emotional needs, indicating the potential value of more integrated or hybrid approaches.

Due to the limited presence of RSE in schools and the lack of appropriate teacher training, students also face the suppression of RSE conversations at home (Khan & Raby, 2020; Pineda Marin, 2019), a dynamic that has also been identified in studies of school and family-based RSE in mainland China. In contexts where formal RSE provision is limited, Dudley et al. (2014) suggested that peer-based discussions are often perceived as less judgemental and more open, which may partially explain students' reliance on informal learning environments. This indicates that peer-based RSE is valuable and further supports the notion of privacy as a significant factor in creating high quality, accessible RSE.

Concerns have also been raised regarding the timing of RSE provision, with evidence suggesting that it is frequently introduced too late to address students' developmental needs effectively (Jerves et al., 2014). A lack of timely RSE, combined with the widespread use of the internet, and particularly the popularity of pornography, has prompted some students to access knowledge through non-traditional means (European Expert Group on Sexuality Education, 2016; Khan & Raby, 2020). RSE has been shown to influence students' health,

wellbeing, and interpersonal development positively (Braeken & Cardinal, 2008; Dyson & Smith, 2012; O'Sullivan et al., 2019; Snapp et al., 2015). However, it is concerning that information obtained from peers or the internet is often riddled with bias, misinformation and limitations, due to a lack of supervision (Dudley et al., 2014; Jerves et al., 2014; Li, 2019). As a result, the cumulative impact of delayed, fragmented, and limited RSE provision on student development remains difficult to determine, particularly in relation to safeguarding, consent education, and inclusive curriculum provision.

Challenges Related to the Current Development of RSE Teaching Materials in China

The current priority for RSE in China is to elicit clear educational guidance and development direction from the government and schools (Hach & Roberts-Dobie, 2016; Hu & Liu, 2018; Liu & Yuan, 2017; Xu, 2019). Scholars have repeatedly emphasised the need for systematic development of RSE teaching materials, including curriculum design, pedagogical frameworks, and clearly articulated learning outcomes, to ensure that RSE has a meaningful impact on students' development rather than remaining symbolic or formalistic (Liang & Xia, 2021; Wu et al., 2018; Yang & Liu, 2019).

Currently, the development of RSE in China is slow, and there is a lack of RSE materials in schools at all levels, with the situation being more alarming in rural areas (Chen & Chen, 2020; Huang & Cheng, 2014; Li, 2020; Zhang et al., 2017). The existing materials are unregulated and poorly organised (Jiang, 2020). At the primary and secondary levels, RSE content is often dispersed across subjects such as biology, physical education, and ideology and morality, drawing loosely on the GHE and GMHE rather than forming a coherent curriculum (Lin, 2022; Liu & Su, 2014). As a result, key dimensions of RSE, particularly mental health, self-awareness, and relational development, have long been marginalised within school education (Ji & Reiss, 2022; Wu et al., 2018; Xie & Wang, 2019).

In addition, several studies have concluded that the existing RSE materials do not match the students' cognitive development, with content disproportionately focused on physical health and disease prevention (Hu & Liu, 2018; Wang & Zhang, 2021; Xie & Wang, 2019). This emphasis has been found to neglect students' psychological, moral, and legal needs, including education on relationships, consent, and personal boundaries (Wang & Zhang, 2021). A notable gap also remains in officially endorsed RSE publications produced by formal authorities such as the Ministry of Education, contributing to inconsistencies in content and implementation across schools (Hu & Liu, 2018).

Even in schools where RSE is implemented, teaching frequently centres on topics such as HIV/AIDS and puberty, with limited attention paid to gender equality, gender stereotypes, and broader aspects of sexuality (Liu, 2008a; Wang & Wang, 2018; Ji & Reiss, 2022). As Wu et al. (2018) argued that a few lectures are not enough to equip the students with sufficient RSE and that there remains a need for a comprehensive RSE programme that addresses adolescent development.

Although there is currently no unified official RSE guidance programme or written curriculum review in mainland China, RSE has been implemented in several schools in mainland China. For example, although laws such as the Childbearing Law and the Maternal and Child Health Law, published in 1994, are not directly aimed at teaching RSE in schools, they provide certain legal bases regarding the need for RSE (Liu & Yuan, 2017). Whilst the GHE and GMHE are directly aimed at school RSE, they are not mandatory guiding frameworks nor mandatory guiding frameworks in schools (Xie & Wang, 2019), and it appears impractical, if not impossible, to ascertain their use and implementation in schools (Xie & Wang, 2019). More recently, collaborative efforts between Chinese scholars and international organisations, including UNESCO, have sought to develop contextually relevant RSE frameworks, which are now publicly accessible (UNFPA & UNESCO, 2022).

Students' Needs and the Disparity Within School RSE Teaching

The attitudes and perspectives of students towards RSE content differ from those of other stakeholders. The existing school RSE programme content focuses more on students' biological development (Ezer et al., 2019; Wang & Wang, 2018). Advocates of school RSE believe that it can help students to develop healthy sexual relationships by providing them with knowledge about heterosexual relationships and human reproduction (Warren & Neer, 1986). While many teachers and parents view RSE primarily as a means of preventing adolescent pregnancy, students consistently report a stronger interest in learning about sexual interactions, relationships, and the associated consequences and responsibilities (Warren & Neer, 1986; Olmstead et al., 2020).

In the 1980s, studies had identified that university students in China were reported to be self-educating about RSE through books and textbooks, expressing particular interest in romantic relationships, childbearing, and contraception (Li, 2019; Liu, 2008a). However, the research has also shown that male university students are more concerned about female chastity than their own sexuality and behaviour (G. S. Zhang, 2013). Gendered disparities in RSE knowledge have also been observed at earlier stages of education, with primary schoolgirls demonstrating higher levels of RSE knowledge than boys (Lai et al., 2015).

The inability of RSE to meet the needs of students hinders their development (Dudley et al., 2014; Epps et al., 2023). In the absence of adequate school-based RSE, some students engage in sexual behaviour under peer pressure, particularly where sexual activity is framed as a marker of maturity (Dudley et al., 2014; Likupe et al., 2021). Limited knowledge can reduce students' ability to protect themselves, increasing the likelihood of high-risk sexual behaviour, sexually transmitted infections, and early pregnancy (Dudley et al., 2014; McKee et al., 2014; Orji & Esimai, 2003). These risks are unevenly distributed. Female students who experience early pregnancy are less likely to return to school, while male students who become fathers

face fewer educational consequences (Likupe et al., 2021). As a result, those students who do not receive RSE are not only more likely to contract STIs and experience early pregnancy, but their right to education is compromised as a result, and they may also be at risk of gender-specific and sexual orientation violence.

Although the existing research on RSE in China focuses primarily on heterosexual groups; to contextualise these gaps, this section briefly draws on international school-based RSE research where similar patterns of heteronormativity and exclusion have been identified. A small number of studies have noted that sexual minority students face a higher risk of school bullying and violence compared to their peers (Liu et al., 2023; Wang et al., 2020). Classroom discussions of RSE frequently default to heterosexual relationships within a binary gender framework, while teachers and students are often ‘desexualised’ as a means of maintaining moral order (Robinson et al., 2017; Sauntson & Simpson, 2011). Discrimination related to sexual orientation may be perpetrated by both peers and teachers, with heteronormative assumptions remaining deeply embedded in school cultures (Buston & Hart, 2001; Flores et al., 2019; Lasio et al., 2019).

Homophobic comments and behaviour being particularly prevalent among male students (Buston & Hart, 2001; Sauntson, 2016; Snapp et al., 2015; Wang et al., 2020). Buston and Hart (2001) suggest that some teachers view this homophobic behaviour as a ‘natural stage’ in the development of male adolescents. In non-inclusive school environments, sexual minority students’ wellbeing is insufficiently protected, with reported experiences including verbal harassment, physical abuse, and threats (Sauntson, 2016; Snapp et al., 2015). These experiences have been associated with poorer academic outcomes, higher rates of mental health difficulties, and increased substance use compared to heterosexual peers (Sauntson & Simpson, 2011; Snapp et al., 2015).

The classroom structure and teaching and learning outcomes assessment also raised several other noteworthy issues. Female students have reported reluctance to ask questions due to fear of interruption by male peers (Strange et al., 2003), while single-sex RSE settings have been criticised for failing to provide equitable learning opportunities (Measor, 2004). At the same time, the persistent lack of attention and neglect of male students' emotional and sexual development has led to interruptions by male students, who avoid displaying 'emotional' behaviour by acting 'masculine' in class (Khan & Raby, 2020). This supports previous research that indicated that RSE is neither fair to nor representative of all genders and can assign labels of 'victim' and 'perpetrator' to gender roles (Hilton, 2001; Strange et al., 2013; Sundaram & Sauntson, 2016).

Critiques of existing RSE curricula further highlight their reliance on abstinence-based models and heterosexual marriage as normative reference points, alongside the omission of topics such as sexual pleasure and agency (Huaynocha et al., 2014; Wood & Roller, 2014; Sundaram & Sauntson, 2016). This imbalance may reinforce unequal gender roles. In this context, the RSE received by female students has often been gendered, condemned and restricted due to the influence of heteronormative, patriarchal societies, while males are being increasingly ignored and disempowered by such pedagogical materials (Buston & Hart, 2001; Hilton, 2001; Khan & Raby, 2020; Wood & Roller, 2014).

Overall, the literature suggests that RSE which is narrow in scope and insufficiently inclusive fails to meet students' developmental needs and may exacerbate existing inequalities (Braeken & Cardinal, 2008). By contrast, inclusive and socially responsive RSE has been shown to support students' physical and mental wellbeing, enhance school safety, and reduce bullying by promoting respect, understanding, and equality (Snapp et al., 2015; Sauntson & Simpson, 2011; Thin Zaw et al., 2021).

2.5.2 Challenges Associated with School RSE Implementation

Teacher Training, Curriculum Gaps, and Regional Disparities Within Educational Resources

Despite the fact that many countries have incorporated RSE into their school curricula, which has positively impacted students' development, safety and security, RSE remains a sensitive topic for some educators (Fields et al., 2014; Hach & Roberts-Dobie, 2016; Huaynoca et al., 2014; Thin Zaw et al., 2021). This international literature is drawn on here to contextualise issues that are also evident within the Chinese education system, rather than to shift the analytical focus away from mainland China.

Research suggests that teachers responsible for delivering RSE are frequently under-prepared, with government guidance often lacking sufficient detail to support coherent and comprehensive programmes (Ezer et al., 2019; Sauntson & Simpson, 2011). In the absence of clear guidance and induction, some teachers also mentioned that they felt unsure about what to teach, due to the lack of information about students' sexual development, which consequently made it difficult for them to face the classroom (Acharya et al., 2018; Orji & Esimai, 2003; Buston & Hart, 2001; Hilton, 2001; Khan & Raby, 2020). As a result, some educators rely on personal judgement to selectively deliver or avoid RSE content altogether (Wood & Rolleri, 2014). Although clearer guidance can improve provision, research suggests that student engagement remains uneven and learning outcomes are difficult to assess due to the absence of formal evaluation criteria (Fields et al., 2014; Likupe et al., 2021).

Deficiencies within teacher training and curricular clarity have particular implications for sexual minority students. Research indicates that heteronormative assumptions within school cultures are frequently reproduced in RSE, resulting in the exclusion of sexual minority experiences and needs (Buston & Hart, 2001; Fields et al., 2014). The absence of inclusive

content has been associated with higher levels of bullying, harassment, and psychological distress among sexual minority students, as well as poorer academic outcomes (Sauntson & Simpson, 2011; Snapp et al., 2015; Wei & Liu, 2015). These findings suggest that non-inclusive RSE limits the capacity of schools to fulfil their safeguarding and wellbeing responsibilities.

In mainland China, these challenges are intensified by the limited institutionalisation of RSE within teacher education and school curricula. With the exception of a small number of universities offering RSE-related courses, most teachers have received neither pre-service nor in-service training in RSE (Lin, 2022; Liu & Su, 2014; M. M. Zhang, 2013; Xu, 2019). RSE is rarely taught during early childhood, and even among teachers who report delivering RSE content, levels of subject knowledge and pedagogical confidence remain uneven (Cao & Shi, 2020; Liu & Yuan, 2017). There is no provision for dedicated RSE teaching posts, and RSE is neither recognised nor practised as an independent subject within the education system (Jiang, 2020; Wang & Zhang, 2021). Instead, RSE delivery in China is typically dispersed across subjects such as biology, moral education, or counselling, and is largely undertaken by classroom teachers alongside their existing responsibilities (Hu & Liu, 2018; Liu & Yuan, 2017). Within an education system that prioritises examination performance and progression to higher education, RSE is often accorded low status and limited curriculum time, resulting in fragmented and formulaic provision (Wu et al., 2018; Xie & Wang, 2019).

Regional disparities further shape the implementation of RSE. Rural schools face particular constraints, including teacher shortages, larger class sizes, limited resources, and the absence of targeted policies for left-behind children (Chen & Chen, 2020; Huang & Cheng, 2014; Wu, 2019). These structural conditions restrict teachers' capacity to address students' individual developmental needs and contribute to uneven access to RSE across regions. As a result, students in less economically developed areas are at greater risk of receiving minimal or

inconsistent RSE provision, reinforcing existing educational inequalities (Cao, 2021; Huang & Cheng, 2014).

Strategies for Addressing the Current Challenges Within School RSE Teaching

Responding to the current difficulties faced by teachers and schools, some scholars have argued that RSE teachers should adopt a more balanced, inclusive disposition, due to the sensitive nature of this programme (Orji & Esimai, 2003), and that non-RSE teachers should also unite to assist with RSE teaching (de Reus et al., 2015; Wight & Buston, 2003). At the same time, schools are also encouraged to strengthen curriculum guidance and provide systematic in-service training to equip teachers with the specialist knowledge and skills required for effective RSE delivery (de Reus et al., 2015; Wight & Buston, 2003). Furthermore, concerns regarding the limited continuation of RSE discussions at home have led scholars to emphasise the importance of parental collaboration with schools, enabling students to develop a more comprehensive understanding of RSE content across contexts (Orji & Esimai, 2003).

Existing research further suggests that universities play a critical role in addressing these challenges through the development of specialised RSE teacher-training programmes, thereby establishing a sustainable foundation for professional RSE provision (Huang, 2021). RSE teachers are expected to possess interdisciplinary knowledge spanning medicine, psychology, and the psychology of sexuality in order to address students' development in a scientifically informed manner (Hu & Liu, 2018; Zheng, 2002). As a distinct educational programme, RSE has been argued to require higher qualification thresholds for teachers, particularly in relation to inclusive content addressing sexual minority issues and the experiences of male students, which have often been marginalised within existing provision (Wang & Zhang, 2021; Yang & Liu, 2019). Accordingly, teachers require specialised training not only to build subject

knowledge but also to develop pedagogical confidence and competence (Cao & Shi, 2020; Hu & Liu, 2018; Zheng, 2002).

Beyond technical expertise, scholars have emphasised the importance of teachers adopting a supportive, rather than authoritarian, approach to RSE delivery, recognising students' right to access knowledge about sexuality and engaging openly with socially sensitive or taboo topics (Liu, 2013; Xie & Wang, 2019). This includes developing reflexive awareness of personal values and biases to ensure that these do not shape classroom practice or constrain students' learning experiences (Zheng, 2002).

Finally, effective school-based RSE has been shown to depend on sustained collaboration with parents, as parental involvement contributes to a more coherent and supportive learning environment for students (Xiao & Yan, 2018). Nevertheless, teachers frequently report that responsibility for RSE delivery ultimately rests with them, despite limited institutional guidance and insufficient training (Acharya et al., 2018; Adamolekun & Boyinbode, 1986; de Reus et al., 2015; Fields et al., 2014; Hach & Roberts-Dobie, 2016; Wight & Buston, 2003). This situation whereby teachers are responsible for RSE delivery, despite their lack of resources and guidance, has been shown to trigger criticism and comments from parents and society, whilst talking about sexuality in public remains a cultural taboo (Huaynoca et al., 2014; Thin Zaw et al., 2021). As a result, tensions may arise when teachers' pedagogical practices fail to align with the expectations of other stakeholders, underscoring the need for clearer institutional support and shared responsibility in RSE provision (Pineda Marin et al., 2019; de Reus et al., 2015; Wight & Buston, 2003).

In conclusion, this section identifies the persistent tensions within school-based RSE in mainland China between policy intentions, institutional capacity, and students' developmental needs, particularly in relation to consent education, inclusivity, and the timing of provision. These structural and pedagogical constraints shape not only how RSE is delivered in schools,

but also how its role, scope, and responsibilities are understood and negotiated by families. As a result, this study focuses on parental perspectives on school-based RSE, specifically in terms of how parental expectations, priorities and concerns are articulated in relation to existing provision.

2.6 Theoretical framework: Corpus-assisted Discourse Studies

In this study, discourse is understood as socially situated language use through which meanings are constructed and negotiated, and through which ideological positions and power relations may be reproduced or contested (Fairclough, 2001; Fairclough, 2013c; Van Dijk, 2000). CADS is situated within a broader tradition of linguistic and discourse research that seeks to combine the empirical rigour of corpus linguistics (CL) with the interpretative depth of discourse analysis (DA) (Baker, 2006; Frank & Sandman, 2021; Piangbunta, 2024; Taylor, 2013). Through the systematic identification of recurrent linguistic patterns in large-scale texts, CADS facilitates the exploration of how policy discourse constructs meaning, embeds ideological positions, and legitimises particular values within institutional contexts (Baker, 2006; Hunston, 2002; Mautner, 2005; Van Leeuwen, 2008; Villares, 2021).

This section reviews key CL and CADS scholarship relevant to policy discourse analysis, focusing on (i) key corpus techniques (frequency, keywords, collocation, concordance), and (ii) how CADS integrates these techniques with discourse interpretation to examine emphasis, omission, and evaluation in institutional texts. It also foregrounds ongoing methodological debates, particularly around interpretation, representativeness, and researcher positioning before explaining how this study draws on these established CADS approaches.

Given the complex interplay between language, ideology and power in national-level education policy discourse related to RSE, CADS offer a means of looking beyond solely qualitative or quantitative methods. Whereas DA provides insights into how language constructs and maintains meaning (Fairclough, 2001), corpus-based methods enable the systematic

identification of recurring linguistic patterns, key terms, and discursive tendencies across large bodies of text, that would be difficult to achieve through manual analysis alone (Hunston, 2002). By integrating these approaches, CADS can offer a more comprehensive understanding of the role of language in shaping policy and the public discourse (Gillings et al., 2024; Spencer et al., 2008).

2.6.1 Definition of CADS

CADS is an interdisciplinary approach, that combines the quantitative rigour of CL with the qualitative depth of DA, allowing the systematic identification, interpretation, and critique of linguistic patterns in large-scale textual datasets (Baker, 2006; Hunston, 2002). Corpus techniques such as keyword analysis, collocation analysis, and concordance analysis provide empirical evidence of patterned language use, while discourse-analytic interpretation situates these patterns within their socio-political and institutional contexts (Flowerdew, 2015)

The combination of CL and DA is fundamental to the methodological significance of CADS. CL provides a data-driven approach for identifying linguistic trends, collocations and lexical patterns in a systematic manner, which may be overlooked in smaller-scale, qualitative studies (Flowerdew, 2015; Giritli Nygren et al., 2021; Misnawati et al., 2025; Villares, 2021). Through applying corpus analysis, researchers are able to assess the frequency, distribution and association of words and phrases, thus providing a quantitative basis for discourse research (Baker, 2006). On the other hand, DA ensures that these patterns are not only statistically observable but are also contextually meaningful, allowing for interpretive analyses that account for the ideological and socio-political implications of language choices (Fairclough, 2001). Together, these approaches allow researchers to move beyond surface-level frequency counts and examine how language constructs meaning, reflects ideological positions, and reinforces institutional authority.

The core advantage of CADS is its ability to bridge the gap between computational analysis and critical interpretation, making it particularly suited to policy discourse studies (Flowerdew, 2015). By combining a quantitative corpus approach, such as keyword and collocation analysis, with a qualitative, close reading, CADS indicates the interplay between linguistic structure and ideological positioning (Taylor, 2013). For example, keyword analysis helps to identify terms that appear more abundantly in the policy discourse compared to a general linguistic corpus, which enables researchers to assess which themes or values are being prioritised (Gillings et al., 2024). Similarly, collocation analysis identifies words that frequently appear together, thereby revealing the relational meanings that are embedded in policy texts, which may reinforce the dominant discourses or marginalise other perspectives (Kutlu & Kircher, 2021). In addition, CADS is able to track changes in language over time by incorporating asynchronous analyses, thus contributing to a more nuanced exploration of policy language (Friedman, 2021; Mautner, 2005; Nartey & Mwinlaaru, 2019; Spencer et al., 2008). This is particularly important for the study of policy discourse, as changes in terminology or framing can indicate shifts in ideological orientation (Van Leeuwen, 2008). The ability to study historical trends within discourse makes CADS an important tool for understanding how policy language evolves in response to socio-political developments (Van Dijk, 2012). Based on these methodological strengths, CADS provides a systematic empirical approach for studying how government documents act as sites of ideological reproduction, shaping the public's perceptions and institutional norms (Baker, 2006; Fairclough, 2013a; Fairclough, 2013b; Frank & Sandman, 2021; Flowerdew, 2015; Piangbunta, 2024; Taylor, 2013).

Overall, CADS provides a methodologically robust framework for examining how government documents function as sites of ideological reproduction and discursive regulation.

2.6.2 Epistemological and Ontological Considerations of CADS

CADS is based on a constructivist, interpretivist epistemology, that recognises that language is not simply a tool for achieving neutral communication, but a societally-embedded practice that reflects and shapes the reality (Van Leeuwen, 2008). This epistemological stance adopts the premise that knowledge is not created out of nowhere, but is constructed through discourse, as mediated by historical, cultural and political contexts. From this perspective, language is a tool through which power relations, institutional ideologies, and social norms are bridged and sustained (Fairclough, 2013a).

In policy discourse, particularly in government-issued education guidance, language is not simply a vehicle for transferring information, but also an active mediator that shapes concepts, disciplines social behaviour, and legitimates authority (Mumby, 2004). The epistemological foundations of CADS support the systematic identification of the discursive modes and patterns that contribute to the construction of the leading ideologies within government policy. These discourses are often framed as either neutral or universally beneficial, and the ideological positions embedded within them reflect the priorities and concerns of the governing body (Fairclough, 2013a). CADS has been widely used as a lens for interrogating these ideological positions by examining the choice of language, absence, and silences within the policy texts (Sauntson, 2013).

From an ontological perspective, CADS argues that discourse is both constitutive and constructive, meaning that language does not simply reflect the social reality but actively constructs it (Van Dijk, 2000). This is consistent with the social constructivist view, that social structures, including those related to education, are maintained through linguistic formulations. The strategic use of language by governments, institutions, and policy makers constructs the issues and shapes the public's understanding of them in ways that are consistent with the national goals (Taylor, 2013). By analysing the policy discourse, policy and social analysis

provides a methodological framework for revealing how language is used to reinforce power, normalise a particular ideology, and exclude alternative perspectives (Fairclough, 2013a; Fairclough, 2013d).

A key ontological consideration for CADS is that discourse is dynamic in nature, since it is subject to change over time. The language of policy evolves to reflect the changing ideological positions, influenced by various political agendas and societal pressures (Gillings et al., 2024). In the current study, the application of CADS to the GHE and GMHE helped to clarify how the Chinese government's priorities in relation to RSE have evolved over time. Further, by tracking linguistic changes in the policy discourse, CADS enabled a clearer analysis of how the government's conceptualisation of RSE aligns with or diverges from the parental perspectives.

Furthermore, CADS enables researchers to engage with both the explicit and implicit meanings of discourses, acknowledging that unexpressed meanings are equally important as those that are expressed (Schröter & Storjohann, 2015). Silence in discourse - such as the omission of terms related to gender inclusivity - may indicate ideological resistance or the selective representation of knowledge (Fairclough, 2001; Mumby, 2004; Sauntson, 2013; Sundaram & Sauntson, 2016). This ontological stance emphasises that it is important to study not only the language choices but also the structural deficits in discourses, in order to reveal the power relations that are embedded in the policy narratives (Nartey & Mwinlaaru, 2019).

In sum, the epistemological and ontological underpinnings of CADS make it a powerful analytical instrument for the study of government discourse, particularly in the context of gender, sexuality, and education policy communication. By integrating communication analysis with DA, CADS facilitates the systematic study of how policy texts construct and communicate ideological meanings and so, ultimately, shape the social reality.

2.6.3. CL and Its Role in CADS

CL is a data-driven approach to the study of naturally occurring language use based on large text corpora, which utilises computational techniques to systematically identify patterns of frequency, distribution, and co-occurrence in language (Baker, 2006; Misnawati et al., 2025; Villares, 2021). Within the CADS framework, CL provides an empirical basis for identifying recurrent lexical patterns, salient themes, and discursive emphases in texts. In CADS-based policy research, corpus techniques such as frequency analysis, keyword comparison, and concordance analysis were used to examine how particular concepts related to health, morality, sexuality, and wellbeing are foregrounded or marginalised within the GHE and GMHE. This approach is particularly appropriate in the case of policy DA, where official documents play an important role in shaping institutional priorities and public understandings through patterned and repeated language use (Flowerdew, 2015; Hart, 2020; Nartey & Mwinlaaru, 2019; Taylor, 2023).

Quantitative Approaches in CL

In this study, selected quantitative CL methods were employed to support a systematic examination of policy discourse. One of the main techniques is keyword analysis, which identifies words that appear significantly more frequently in the dataset than in the reference corpus (Hunston, 2002; Liu, 2024, Szczepanik, 2025). Through adopting this approach, researchers are able to identify the dominant themes (Baker, 2006), patterns (Siebert, 2020; Taylor, 2013), and priorities in the policy discourse, highlighting the lexical choices that shape the government narratives (Frank & Sandman, 2021; Villares, 2021). By identifying statistically significant keywords, CL can be used in this study to provide insights into how specific concepts, such as gender and sexuality, are either being highlighted or ignored within the education policy.

Another fundamental tool is collocation analysis, which examines the habitual co-occurrence of words to uncover meaningful linguistic patterns and discourse structures (Baker, 2006; Hart, 2020; Hunston, 2002; Osama Ghoraba, 2023; Smith et al., 2008; Siebert, 2020; Spencer et al., 2008). This approach is particularly helpful for revealing how certain terms are associated with particular ideological positions (Fitch & Sanders, 2004; Virtanen, 2009), reflecting the ways in which the institutional discourse reinforces or challenges the dominant views and power (Hutchby, 1996; Mautner, 2005).

Concordance analysis is another widely used method in CL, that enables researchers to study how words are used in different textual contexts. Through analysing the list of occurrences of a particular search term within a specific corpus, researchers are able to explore the discourse and semantics of word use, revealing the subtle ways in which ideology is embedded in the language of policy and how power is represented in language (Hutchby, 1996; Taylor, 2013; Van Leeuwen, 2008). This approach is particularly effective for studying government discourse, as it facilitates a systematic close reading of the context of the key terms in official documents (Friedman, 2013; Mumby, 2004; Nartey & Mwinlaaru, 2019; Purvis & Hunt, 1993).

These quantitative methods thus enable the systematic identification of the linguistic structures that shape the discourse. They allow a more systematic assessment of the ideological trends, reducing the risk of selective analyses, whilst ensuring that the findings are based on empirical linguistic evidence (Baker, 2006; Ming & Ma, 2022; Piangbunta, 2024; Van Dijk, 2000).

Addressing Bias and Representativeness

One of the main advantages of CL is its ability to constrain and make transparent the researcher's interpretive choices by grounding analysis in observable linguistic patterns, such as frequency and distribution, rather than relying solely on selective textual examples (Baker, 2006; Ming & Ma, 2022; Schröter & Storjohann, 2015; Szczepanik, 2025; Villares, 2021). In contrast to a solely qualitative approach, which depends primarily on close reading and

theoretically informed interpretation, corpus-based research uses systematic quantitative evidence to identify patterns that may not be immediately salient to the researcher (Baker, 2006). This does not remove subjectivity from analysis, as all interpretation, whether quantitative or qualitative, is inherently theory-driven and situated. However, CL supports a more systematic and replicable basis for interpretation by making analytical decisions explicit and data-driven (Fairclough, 2001).

While linguistics provides valuable insights into the structure of language, its focus on frequency and statistical significance does not essentially explain the underlying ideological motivations behind language use (Mautner, 2005). This limitation can be addressed by combining corpus methods with DA, which facilitates a contextualised interpretation of language patterns. DA supports and ensures that the results of linguistic research are not only statistically significant, but also socially and politically relevant (Nartey & Mwinlaaru, 2019). Furthermore, representativeness is an important consideration in CL, as the composition of the corpus affects the validity of the findings. In policy analyses, the selection of texts needs to consider historical and institutional factors to ensure that the dataset accurately reflects the discourse under study (Baker, 2006; Gyollai, 2022). By carefully categorising corpora that contain a variety of policy documents, then using CADS, researchers will be able to gain a more comprehensive understanding of government discourses, by tracking shifts in language and ideological developments (Kutlu & Kircher, 2021; Mautner, 2005; Spencer et al., 2008; Suhaili et al., 2024; Taylor, 2013).

In summary, CL plays a crucial role in CADS by providing a quantitative instrument for revealing linguistic patterns, while its conjunction with DA ensures that these patterns are interpreted in a wider socio-political context. By employing methods such as keyword analysis, and concordance analysis, CADS enables researchers systematically to examine the construction of ideological meanings within policy discourse (Baker, 2006; Flowerdew, 2015).

This approach can therefore enhance the ability to study how the Chinese government constructs the RSE discourse, revealing both explicit and implicit linguistic choices that shape education policy.

2.6.4 Discourse Studies in CADS: Power, Ideology and Practices

Within CADS, DA provides an interpretive lens for examining how meaning is constructed through patterned language use in institution texts. DA is concerned with how language is used to construct, reinforce, and challenge social structures. It examines how institutions, the media and policymakers shape the public's knowledge through discourse, reflecting wider ideological struggles (Fairclough et al., 2012; Fairclough, 2013a; Fairclough, 2013c; Mumby, 2004; Van Dijk, 2012). In this study, discourse is understood as recurrent and socially situated language used to frame issues, establish priorities, and define the boundaries of legitimate discussion within policy documents.

In the context of CADS, DA plays a complementary role in interpreting linguistic patterns identified through corpus-based analysis, particularly in government policy documents (Baker, 2006; Friedman, 2013; Nartey & Mwinlaaru, 2019; Piangbunta, 2024; Van Dijk, 2012). Instead of operating as an independent critical framework, DA is used here to contextualise and explain recurring lexical patterns, emphases, and absences revealed through CL. This approach allows for the systematic identification of how policy language contributes to construct the public discourse and institutional norms (Mumby, 2004; Purvis & Hunt, 1993; Van Leeuwen, 2008).

The Role of Power in Discourse

Discourse is inherently linked to power, and it provides a means through which the institutions and authorities reproduce ideological priorities and maintain the social structures (Fairclough, 2013a; Hutchby, 1996; Mumby, 2004). Governments and institutions use discourses to establish hegemonic narratives that reinforce particular social norms, while simultaneously

marginalising alternative perspectives (Fairclough, 2001; Fairclough, 2013c; Van Dijk, 2000). This process is particularly evident in policy discourse, where language choices are often strategic and indirect, with the aim of shaping the public's understanding of social issues, such as gender, sexuality, and education without relying on explicit prescriptions (Siebert, 2020). Thus, within policy discourse, language is not neutral, but filled with ideological intent. The framing of issues through policy language reflects wider social power dynamics, reinforcing the traditional regulatory frameworks of gender norms and governing the educational discourse (Baker, 2006; Flowerdew, 2015; Siebert, 2020). For example, the use of exclusionary terminology or the selective omission of gender-inclusive language in the policy texts represents an ideological silence that limits the visibility and legitimacy of marginalised identities within education (Liu, 2024; Sauntson, 2013). This is particularly important in the context of a highly centralised system of education policy governance, where official discourse is shaped by and closely aligned with mainstream ideological priorities (Fairclough, 2013a; Kutlu & Kircher, 2021).

Through repeated patterns of representation, policy discourse regulates what is discussed within formal policies or curricula and how it is framed. This form of linguistic gatekeeping establishes particular perspectives as normative frameworks while rendering alternative views marginal or absent (Osama Ghoraba, 2013; Van Leeuwen, 2008). Through the repeated use of particular discursive representations, the policy reinforces the existing power relations and contributes to the institution of particular knowledge systems (Van Leeuwen, 2008). Analysing policy discourses using CADS making it possible for researchers to identify these mechanisms and how power operates through patterned language use, rather than through explicit policy intent (Fairclough, 2013c; Flowerdew, 2015; Siebert, 2020; Spencer et al., 2008; Wight et al., 1998).

Ideology and Framing in Government Policy

The government discourse constructs official knowledge and influences societal attitudes towards issues such as RSE. CADS provides a framework for identifying how the policies reflect the dominant ideological positions through various linguistic mechanisms. Through repetition and over-lexicalisation, particular words or phrases may be deliberately emphasised to reinforce ideological control (Purvis & Hunt, 1993; Sauntson, 2018; Schröter & Storjohann, 2015). For example, repeated references to *traditional family values* in education policy may implicitly normalise heteronormative perspectives while marginalising alternative identities (Fairclough, 2001; Sauntson, 2013). Another key aspect is the silence and absence in the discourse, which is equally illuminating as what is explicitly articulated. The strategic exclusion of certain terms, such as *sexual minority*, from the official documents may reflect institutional efforts to limit the discussion of gender and sexual diversity within educational settings. Within CADS, such absences are treated as analytically meaningful, as they help to delineate the boundaries of legitimate policy discourse.

Semantic prosody further shapes policy meaning by attaching positive, neutral, or ambiguous evaluations to key terms through repeated contextual use (Baker, 2006; Kutlu & Kircher, 2021). Within policy discourse, these evaluative patterns guide how policies are interpreted and normalised by audiences, influencing which meanings appear legitimate, acceptable, or problematic. For example, terms such as *healthy relationships* function as broad, positively evaluated expressions that foreground emotional wellbeing and social harmony, while leaving unspecified the extent to which topics such as sexual practices, contraception, or sexual diversity are included. By examining these linguistic features, CADS enables a more nuanced understanding of how policy language frames educational priorities and delimitates the scope of legitimate discussion around gender and sexuality (Baker, 2006; Kutlu & Kircher, 2021; Siebert, 2020).

The Intersection Between Discourse and Policy Control

Policy discourse functions as a mechanism through which governments legitimise decisions and present policy measures as neutral, reasonable, or universally beneficial (Fairclough, 2013c; Van Leeuwen, 2008). Policy texts not only describe the government's behaviour but also actively shape the public's perceptions of authority, the institutional priorities, and national identity (Flowerdew, 2015). A key control mechanism in policy discourse is the strategic use of euphemisms, through which mandatory or restrictive policy requirements are framed as optional guidance or gradual recommendations, making particular ideological positions appear neutral or broadly acceptable while limiting the visibility of alternative perspectives (Flowerdew, 2015; Van Dijk, 2012). Within RSE policy, such discursive strategies are particularly evident in the cautious framing or selective omission of topics such as consent, reproductive health, and gender identity, reflecting broader socio-political sensitivities (Sauntson, 2013). CADS enables the identification of these patterns by combining systematic corpus analysis with discourse-analytic interpretation.

Policy language can either have more inclusive forms of discussion or impose restrictive frameworks that reflect the dominant moral and political discourses (Kutlu & Kircher, 2021). The diachronic perspective in CADS allows researchers to trace the historical changes that have occurred within the policy discourse, revealing how linguistic changes reflect the evolving ideological priorities (Mautner, 2005; Nartey & Mwinlaaru, 2019). This is particularly important for the study of the Chinese government's RSE policy, as subtle changes in language may foreshadow changes in the government's attitudes towards gender and sexuality education. By examining linguistic patterns such as repetition, ellipsis, and connotation, CADS enable researchers to identify the ideological assumptions that are embedded in the government policies (Fairclough, 2013c; Van Dijk, 2012). In this study, discourse-analytic interpretation is applied only to linguistic patterns identified through corpus analysis, ensuring that claims

remain grounded in textual evidence rather than inferred intent. Ultimately, the incorporation of discourse-analytic interpretation into CADS ensures that the policy language is not only quantitatively assessed, but also critically interpreted, leading to a deeper understanding of the socio-political forces that are shaping the education policy (Flowerdew, 2015).

2.6.5 Rationale for Using CADS in this Study

CADS was employed in this study to examine how RSE is linguistically framed within the GHE and GMHE, using a small, specialised policy corpus consisting of two national guidance documents. This approach is appropriate as CADS can be applied productively to bounded institutional texts where the aim is not statistical generalisation, but the systematic and transparent identification of discursive priorities, values, and assumptions embedded in official policy language. By combining corpus-based techniques, such as frequency profiling and keyword identification through reference-corpus comparison, with discourse-analytic interpretation, CADS allows for a structured examination of how language is used to construct priorities, normalise particular perspectives, and delimit the scope of legitimate knowledge within national-level education policy, which includes where meanings are implicit or silenced rather than explicitly articulated.

While collocation and diachronic comparisons are well-established techniques within CADS, the present study deliberately focuses on frequency profiling, keyword comparison using a national reference corpus, and concordance-based contextual interpretation, reflecting both the small, specialised nature of the policy corpus and the analytical tools available for Simplified Chinese texts. This scoping decision prioritises analytical transparency and complete coverage of all relevant instances over large-scale statistical modelling, ensuring that interpretive claims remain closely grounded in the linguistic evidence provided by the policy texts.

CADS directly addresses RQ1 by facilitating a detailed analysis of how government priorities and ideological orientations related to RSE are articulated through patterned language use in

policy discourse. Through the use of corpus tools such as keyword analysis, and concordance analysis, this study examined how particular themes, values, and priorities related to RSE were foregrounded or marginalised within the GHE and GMHE (Flowerdew, 2015; Sauntson, 2013). This approach made it possible to identify recurring lexical patterns and discursive emphases that would be difficult to observe through qualitative close reading alone.

In addition, CADS enabled the identification of implicit ideological patterns in policy language that may remain underexamined in approaches that focus solely on explicit policy statements (Baker, 2006). By examining both what is repeatedly emphasised and what is absent or downplayed, this study was able to explore how RSE-related issues are framed within the boundaries of acceptable discourse in government guidance. This is particularly relevant in the context of education policy, where language often operates indirectly to regulate practice and expectation.

A further rationale for employing CADS lies in its capacity to support diachronic analysis. Using a corpus-based approach to the diachronic analysis of GHE and the GMHE, this enabled the examination of how the policy discourses on RSE have evolved over time. Through comparing changes in language patterns in different versions of policy documents, this study sought to identify temporal changes in the government's framing of RSE (Mautner, 2005; Nartey & Mwinlaaru, 2019). This type of longitudinal approach is crucial for understanding whether, and how, the policy discourse has adapted to the social, cultural, and political changes in China, enabling an analysis of how the framing of RSE and associated policy priorities shifted over time in response to broader social, cultural, and political contexts (Liu, 2024).

While CADS was applied exclusively to the analysis of policy texts, the findings generated from this analysis provided the necessary policy-level evidence for comparison with parental perspectives in the later analytical chapters. In this way, CADS informed RQ3 by clarifying how RSE is framed within government guidance, against which parental expectations and

attitudes were subsequently examined using questionnaire data in **Chapter 6**. CADS therefore served as the analytical foundation for examining alignment and divergence between state policy priorities and parental expectations, while remaining focused on the systematic analysis of policy discourse itself.

2.6.6. Positioning CADS in this Study

Building on previous CADS analyses of government policy (Gillings et al., 2024; Villares, 2021), this study applies CADS to the analysis of national-level RSE policy in mainland China. While CADS has been widely applied to the analysis of government policy discourse in Western contexts, particularly in areas such as education, health, and social policy (Baker, 2006; Fairclough, 2013a), its application to Chinese education policy relating to RSE remains limited. By applying CADS to the analysis of GHE and the GMHE, this study expands the scope of corpus-based policy discourse research by revealing the framing of RSE in Chinese educational policy (Liu, 2024; Flowerdew, 2015).

Rather than introducing a new methodological combination, this study demonstrates the value of applying an established CADS framework to a policy domain and national context that has received limited attention in previous research. In doing so, it offers an empirically grounded account of how Chinese educational policy constructs and prioritises particular ideological positions in relation to RSE.

By combining a corpus-based approach within critical discourse, this study provides a replicable analytical model for future research on examining contested social issues in education policy, particularly those involving gender and sexuality, where ideological positioning and moral regulation are central (Fairclough, 2013c; Flowerdew, 2015; Kutlu & Kircher, 2021; Spencer et al., 2008).

2.6.7 Conclusion

This section has outlined the theoretical and methodological underpinnings of CADS, underlining its role in analysing the government policy discourse. By integrating CL with DA, CADS enables the systematic identification of recurring linguistic patterns, silence, and evaluative framings through which ideological positions are embedded within policy texts.

In this study, CADS provided a rigorous, data-driven empirical investigation into how RSE is discursively constructed within the GHE and GMHE. This approach made it possible to uncover implicit values, normative assumptions and ideological priorities that are not always explicitly stated but are reproduced through consistent lexical choice, recurring phrase-level patterns observed through concordance analysis, and discursive emphasis.

By applying CADS to national-level RSE policy documents, this study is situated within a broader tradition of critical policy discourse research and establishes a methodological foundation for the subsequent analysis chapters. The insights generated through this approach inform later interpretative and comparative discussions, while this chapter remains focused on explaining how CADS enables the systematic investigation of ideological meaning within government policy discourse.

2.7 Summary and Research Questions

This chapter has established the conceptual and empirical foundations for the study by defining how RSE is understood in this research and situating the Chinese context within the wider international literature on RSE provision. Drawing on studies from diverse national settings has enabled the identification of key gaps in the Chinese literature, particularly the limited attention paid to school-based RSE policy and its relationship with parental expectations.

In response to these gaps, the study is guided by the following research questions:

RQ1: How do the GHE and GMHE reflect the Chinese government's interpretations, priorities, and intended outcomes regarding school-based education related to gender, sexuality, and related themes?

RQ2: What are parents' attitudes and expectations regarding their children's learning about RSE at both school and home?

RQ2a: How do these attitudes and expectations vary according to parental demographic characteristics and RSE learning experiences?

RQ3: To what extent do the Chinese government's policy priorities in the GHE and GMHE align with the parents' expectations regarding school-based RSE? What similarities and differences exist between their perspectives?

Chapter 3. Methodology

3.1 Introduction

This chapter outlines the methodological approach that was adopted in order to investigate how RSE is discursively framed and prioritised within the GHE and GMHE, and how these government policies are aligned with parents' attitudes and expectations. This study adopts a mixed methods design, where a CADS approach was used to analyse government policy documents and an online questionnaire was used to explore parents' views. This methodological framework allowed the comprehensive examination of both policy discourses and parental views, and an analysis of similarities and divergences between these perspectives. The first section describes the design and rationale of the study, explaining why the two selected policy documents were chosen for analysis. The second part details the government policy documents that were selected and analysed by CADS, explaining how the GHE and GMHE structure the elements of the RSE-related themes, particularly the narratives around gender and sexuality. As established in **Chapter 2**, gender and sexuality are treated as key analytical lenses due to their marginal and contested positioning within existing Chinese RSE policy and research. As a result, the second part discusses the selection and scope of both documents, detailing their origins, length and relevance as a key policy text on RSE in Chinese schools. The application of CADS is then described, including how concordance analysis, frequency analysis, and phraseological patterns were used to identify the linguistic patterns, thematic emphases, and implicit meaning of the framing of gender and sexuality issues in the document. This section also illustrates how language representations of gender and sexuality in the policy discourse can help to inform the understanding of the government's priorities and ideological positioning in relation to RSE.

The next section describes the design and administration of an online questionnaire that was employed to investigate parents' attitudes towards and expectations of school-based RSE. This includes a description of the structure of the questionnaire, detailing how the questions were formulated based on previous research findings as well as the content of the GHE and GMHE to ensure the direct comparability of parental responses with the government policy positions, which in turn helped to answer RQ3. The recruitment of participants is also described, such as the inclusion criteria for participation and the questionnaire distribution process.

The final part of the chapter discusses the ethical consideration process (including the measures taken to protect the anonymity of the participants), and how it was demonstrated in the context of informed consent. This is followed by a reflection on my position as a researcher, in acknowledgement of the impact that my own personal views and language choices may have had on the data collection and analysis process. The authenticity and reliability of the research methodology are then considered, situating the study within a relevant DA and research framework.

3.2 Research Approach

This study adopts a mixed-methods research approach that combines CADS of government policy documents with questionnaire research exploring parental attitudes and expectations regarding RSE. The approach brings together two analytically distinct strands: a policy-level analysis of how RSE-related issues is discursively framed within national guidance, and a societal-level examination of how these issues are understood and evaluated by parents. While both strands address the same overarching research problem, the two forms of data are analysed separately, with integration occurring at the level of interpretation rather than data collection. CADS is employed to examine how language is used within the GHE and GMHE to construct meaning, articulate policy priorities, and delimit the scope of school-based RSE. By combining corpus-based techniques with discourse-analytic interpretation, CADS enables the systematic

identification of recurring linguistic patterns while situating these patterns within their institutional and socio-political context. This approach is particularly appropriate for the analysis of national-level education policy, where meaning is often conveyed indirectly through repetition, emphasis, and omission rather than through explicit policy statements. Analysing the original Chinese policy texts using corpus-based methods also helps to preserve linguistic and contextual accuracy, reducing the risk of interpretive distortion that may arise through translation.

To complement this policy-level analysis, an online questionnaire is used to investigate parents' attitudes, expectations, and experiences in relation to RSE. Whereas CADS provides a top-down perspective on how RSE is framed within government discourse, the questionnaire offers a bottom-up account of how RSE is perceived and negotiated by parents as key stakeholders in children's education. This combination allows the study to examine not only institutional priorities but also the extent to which these priorities align with, diverge from, or are contested by parental perspectives.

Collectively, this mixed-methods research approach provides a structured framework for addressing the research questions. CADS generates empirically grounded insights into the discursive construction of RSE within government policy (RQ1), while the questionnaire captures parental attitudes and expectations (RQ2 and RQ2a). The relationship between these two strands is examined through comparative interpretation at a later stage of the analysis (RQ3), enabling an assessment of alignment and divergence between policy discourse and parental expectations without conflating distinct forms of data or analytical logic.

3.3 Research Design

This study adopts a mixed-methods research design that combines a CADS of national education policy documents with an online questionnaire of parents in mainland China. This design was chosen to address the RQs from both an institutional and a parental perspective,

recognising that RSE in China is shaped through policy discourse as well as through parental expectations and experiences.

The following sections outline the selection of the policy documents and the application of CADS to address RQ1, followed by the rationale, design, and distribution of the questionnaire used to address RQ2 and RQ2a.

3.3.1 Policy Document Selection and Rationale

In order to conduct the CADS analysis addressing RQ1, this study focuses on two national policy documents that directly incorporate RSE-related content: the GHE (《中小学健康教育指导纲要》) and the GMHE (《中小学心理健康教育指导纲要》). Both policy documents are publicly available via official MoE websites, and full bibliographic details and access links are provided in the reference list. The GHE and GMHE are concise national guidance documents consisting of approximately 6,300 and 6,000 Chinese characters respectively; details of their corpus size and analytical handling are outlined in **Section 3.3.2**.

These two sets of guidance were chosen because they are nationwide in terms of their coverage and also school-specific, while directly incorporating RSE-related content in the areas of HE and MHE. In the absence of a unified national RSE curriculum, these documents have become important policy tools that schools use to guide HE and MHE at different stages of schooling in mainland China.

The GHE was issued by the MoE in 2008 and has not been updated or revised since its release. Although not explicitly labelled as RSE policy documents, both sets of guidance include content on core RSE themes, such as adolescence, bodily autonomy, emotional well-being, safety education, and relationships. The GHE outlines five broad areas of HE: (1) healthy behaviour and lifestyles, (2) disease prevention, (3) mental health, (4) growth and adolescence education, and (5) safety and emergency responses.

These content areas are tailored across the five educational levels, from Year 1 (primary school level) to Year 12 (secondary school level). The RSE-related content includes lessons on reproduction, understanding puberty and secondary sexual characteristics, menstruation and HIV/AIDS awareness. Each level of education is linked to specific developmental outcomes, to ensure that any sensitive content is taught in an age-appropriate manner. The document also encourages the use of integrated teaching models, including subject-based teaching; for example, class assemblies, whole-school campaigns, and health promotion activities. It is notable that it explicitly mentions the need to recognise the risk of sexual abuse and to develop protective skills in response to this.

The GMHE complements the GHE by focusing on RSE through six thematic areas: (1) self-awareness, (2) learning to learn, (3) interpersonal communication, (4) emotion regulation, (5) career and future planning, and (6) social and life adaptation. These themes correspond to the major social-psychological components of the RSE. At the junior and secondary school levels, the GMHE covers emotional awareness during adolescence, understanding romantic and peer relationships, emotional self-regulation strategies, recognising and responding to risks, and developing a healthy sense of identity.

The inclusion of mental health content within the general education framework underscores the importance that the government places on emotional health as an aspect of individuals' overall development.

Whilst other documents - such as the *Maternal and Infant Health Care Law of the People's Republic of China* (中华人民共和国母婴保健法), the *Law on the Protection of Minors of the People's Republic of China* (中华人民共和国未成年人保护法) or the *Biology and Physical Education Syllabus* - contain RSE-related content, they are nationally issued guidance documents, but their implementation and the associated teaching materials vary across regions and schools, a school-specific focus, and the pedagogical clarity that are offered by the GHE

and GMHE Framework. Both sets of guidance are not only frequently cited in the Chinese academic literature but also widely used in schools as the practical basis for delivering health-related education. Researchers such as Li (2019), Liu and Yuan (2017), Liu and Liu (2019), Fan et al. (2020), and Hu and Liu (2018), suggests that GHE lies at the centre of both pedagogical practice and policy evaluation, thus confirming its practical importance in the Chinese educational context. The GMHE, although slightly less frequently cited, is closely aligned with the GHE in terms of its purpose and structure, providing a comprehensive picture of the policy guidance on health and wellbeing.

The GHE and GMHE were therefore selected as the most appropriate, representative policy documents to employ for the CADS of government policy priorities and discursive framing of RSE. Although the GHE and GMHE are significantly shorter than the education policy documents in most Western countries, they are highly structurally focussed on school education, specifying the content of the teaching and learning, the teaching objectives, and what is required of teachers in relation to RSE. Due to their focus and clarity, these two documents are well suited for systematic research using CADS. Their emphasis on the content and pedagogical responsibilities across all school years facilitates an in-depth exploration of how the policies at the national level discursively frame the RSE-related content. They also support the analytical goals of CADS by offering a stable, consistent corpus that may be subjected to keyword and concordance analysis, theme exploration, and discourse pattern recognition.

However, these documents also have clear limitations. Firstly, they do not constitute a dedicated RSE programme, and the relevant themes tend to be embedded in broader categories, are embedded within broader health or moral education categories, resulting in fragmented coverage and limited conceptual coherence across policy sections. Secondly, the GHE has not been revised since 2008 and may not reflect the subsequent changes that have occurred in the public discourse, international guidance, or recent societal concerns about sexuality, gender

equality or student protection (Jin et al., 2019; Liu & Wei, 2016; Wu et al., 2018; X. Zhang et al., 2020). Finally, their failure to include information about sexual minority issues, sexual pleasure, and consent reflects a wider silence in the official discourse, which will be examined in more detail through the CADS. These themes were selected because they are either explicitly referenced or implicitly structured within the GHE and GMHE, whereas issues such as abortion are addressed primarily through biomedical or legal frameworks rather than school-based educational guidance.

In conclusion, in the absence of a dedicated national RSE framework, the GHE and GMHE are the most appropriate sources that are currently available for examining how RSE-related themes are embedded in the national HE and MHE policy. Their selection provides the empirical basis and discursive material necessary both to answer RQ1 by examining how RSE-related themes are discursively framed, prioritised, and constrained within national education policy.

3.3.2 Application of CADS for Policy Analysis

In response to RQ1, this study employed CADS approach to the GHE and GMHE to examine how RSE-related issues are linguistically framed within national guidance. CADS combines corpus linguistics techniques (such as frequency profiling and keyword identification) with discourse-analytic interpretation, enabling patterned language use to be identified systematically and interpreted in relation to institutional priorities and discursive boundaries. In this study, CADS was used to explore how the policy language constructs and prioritises themes connected to gender, sexuality, relationships, adolescence, and wellbeing within the broader framing of school-based health education and mental health education.

Given that both documents were published in simplified Chinese for use in mainland China, all of the analyses were conducted in the original language to maintain semantic integrity. The findings were then translated into English for this thesis, using DeepL translation software, and

the translations were cross-checked by the researcher to ensure accuracy and minimise misrepresentation. This step helped to address any semantic loss or distortion that may have occurred during the translation process.

Frequency Profiling and Keyword Identification

To identify the linguistic patterns in the policy discourse, I used Weiciyun (微词云), an online segmentation and analysis platform that applies Term Frequency-Inverse Document Frequency metrics, which is designed for analysing high-frequency words in Simplified Chinese texts. This tool was chosen over Western-oriented software packages, such as AntConc and TextSTAT, because it is compatible with Chinese grammar, segmentation conventions, and syntax structure, allowing the policy documents to be analysed from both cultural and linguistic perspectives.

The analysis process began by uploading the full texts of the GHE (6,330 characters) and the GMHE (6,037 characters) into Weiciyun to generate document-internal word frequency lists. These lists provided an overview of recurring lexical items and revealed concepts that appear repeatedly across both policy texts, indicating potential areas of institutional emphasis and thematic focus.

In CL, word frequency lists provide a ranked overview of recurring lexical items in a corpus and are commonly used to identify major thematic emphases (Baker, 2006; Hunston, 2002). While high-frequency words reflect the general lexical structure of a text, further analytical differentiation is required to identify discourse-marked content. To achieve this, a keyword analysis was conducted. Keywords are defined as lexical items that appear significantly more frequently in a target corpus than would normally be expected compared to a reference corpus (Sundaram & Sauntson, 2016). In this study, keywords were identified by comparing the high-frequency word lists generated from each policy document with the 国家语委现代汉语通用

平衡语料库词频表 (MCBCWFT), which provides a large-scale reference baseline for general modern Chinese language use (Institute of Applied Linguistics, Ministry of Education, n.d.).

Reference Corpus Selection and Constraints

To determine the relative salience of high-frequency terms within the policy discourse and to contextualise the findings against general language use, the lists of high-frequency words from the GHE and GMHE were compared with data from the MCBCWFT. At present, there is no single unified, fully standardised corpus of modern Chinese that is both publicly accessible and specifically designed for education- or policy-focused social science research. Although several large-scale institutional corpora exist, such as the CCL Modern Chinese Corpus at Peking University, the Modern Chinese Corpus of the State Language Commission, the BCC Corpus at Beijing Language and Culture University, and the Corpus of Spoken Media Texts at the Communication University of China. These resources vary substantially in structure, accessibility, script conventions, and analytical affordances. Importantly, none were developed specifically to support policy-oriented discourse analysis within the education or social sciences, limiting their suitability for the present study.

Attempts were made to access the Chinese National Corpus and the original online interface associated with the MCBCWFT (previously hosted at *www.ncorpus.org*) for the purpose of frequency comparison; however, access to these resources was not publicly accessible at the time of data collection. To address this limitation, a word-frequency list derived from the MCBCWFT was accessed on 29 November 2022 via a secondary institutional distribution hosted on Baidu Wenku.

The frequency list originates from the *National Balanced Corpus of Modern Chinese* (国家语委现代汉语通用平衡语料库), compiled by the Institute of Applied Linguistics, MoE, and reflects the lexical statistics of a large-scale balanced corpus of approximately 20 million

characters spanning humanities, social sciences, natural sciences, and general language use. The continuity and institutional provenance of this dataset were verified through archived versions of the original corpus website using the Internet Archive (Wayback Machine). In addition, comparable lexical distributions were observed when cross-checked against accessible large-scale corpora such as BCC and CCL, suggesting that the overall frequency patterns are stable across major modern Chinese reference corpora.

Given that both the GHE and GMHE have not been revised since 2012, the use of an earlier version of the MCBCWFT is methodologically appropriate, as it ensures temporal consistency between the reference corpus and the policy texts under analysis. The reference corpus was used solely to establish a general linguistic baseline for relative frequency comparison, rather than as an interpretive or analytical corpus. Moreover, due to the limited availability of education-specific corpus resources in the Chinese context, this version of the MCBCWFT provides a practical and consistent baseline for identifying lexical over-representation. The keywords identified in this study occur at very low frequencies in the MCBCWFT, indicating that the use of alternative large-scale corpora would be unlikely to yield substantively different results.

As the MCBCWFT represents a general corpus spanning humanities, social sciences, natural sciences, and general language use, words that occur with relatively higher frequency in the GHE and GMHE than in the MCBCWFT were treated as keywords, indicating institutional emphasis or discourse salience within these policy documents. Keywords were identified on the basis of relative frequency contrast rather than statistical significance testing, reflecting the exploratory and comparative aims of the study. This distinction between high-frequency words and keywords is analytically important: while high-frequency words reflect the general lexical structure of the policy discourse, keywords highlight context-specific priorities that are ideologically or pedagogically significant (Baker, 2006). These keyword patterns were

subsequently examined through controlled contextual reading to explore their relevance to RSE-related themes, with detailed discourse analysis presented in **Chapter 4**.

Concordance-based Contextual Analysis

A concordance analysis was conducted to examine how keywords functioned in context. Due to the relative brevity of the two policy documents and lack of corpus-tagged Chinese education datasets, concordance work was conducted manually using Microsoft Word and Excel. All occurrences of each keyword were examined. Concordance lines were selected for analysis based on their discursive relevance to educational aims, student development, and RSE-related themes, rather than on frequency alone. This helped to clarify how these terms are used and embedded in the larger policy narrative. Particular attention was paid to how policy language positioned adolescent development, emotional wellbeing, relationship guidance, and expectations regarding the role of families/parents in supporting children's learning about these issues. Where keywords appeared in purely administrative or procedural contexts, these instances were noted but not subjected to detailed analysis. In the absence of direct references to RSE, surrounding text was examined to identify recurrent patterns of framing or discursive absence, while avoiding interpretive claims beyond what was linguistically supported by the data.

Although a fully-automated concordance analysis was not conducted, frequent words and notable clusters of phrases were manually observed and recorded to capture the patterns of meaning and emphasis within the policy texts. These multi-word expressions provided additional insights into the behavioural norms and values being promoted by the guidance. Given the brevity of the GHE and GMHE and the analytical focus on their original Chinese wording, the concordance lines were examined manually rather than through corpus software. The frequency counts and keyword comparisons were supported by the Weiciyun, while

contextual patterns surrounding key terms were interpreted manually to ensure semantic precision within the Chinese policy context.

Lemma Treatment and Translation Layout

In this study, an asterisk (*) was used to indicate that multiple morphological or functional variants were treated collectively as a single lexical item for analytical purposes (for example, *Understand** representing *understand*, *understanding* and *understood*). Although this notation resembles the wildcard convention used in automated corpus tools, it was applied manually to reflect the lemma principle, whereby semantically and functionally related forms are grouped under a shared lexical concept. In the context of Chinese, where inflectional morphology is limited, this grouping was applied at the level of core lexical meaning (e.g. 了解 and its functional extensions), rather than surface form variation. This manual lemmatisation supported analytical consistency across the relatively short GHE and GMHE corpora while preserving semantic accuracy within the original Chinese texts.

As the corpus analysis was conducted on the original Chinese texts, all keyword identification and contextual analysis were based on Chinese lexical units. English translations are provided in this thesis for explanatory purposes only. Due to structural differences between Chinese and English, including the absence of word boundaries in Chinese and the greater length of English lexical items, some translated concordance examples may appear visually misaligned or broken across lines in tables. For example, *primary and secondary school students* (中小學生). These formatting effects are a consequence of translation and layout constraints rather than analytical inconsistency, and the alignment of keywords in the Chinese data was preserved throughout the analysis.

In summary, CADS provided an effective, context-sensitive method for revealing how the discourse around RSE-related topics is framed in the GHE and GMHE, and made it possible

to explain systematically how language expresses the government's views on education, thereby helping to answer RQ1.

3.3.3 Questionnaire Rationale

As there is a lack of data on the general attitudes of Chinese parents towards RSE nationwide at a time when both government and societal concerns about RSE are on the rise, this research needed an instrument for collecting quantitative data in order to answer the RQs, that was low cost and would allow data to be collected from as many respondents as possible, in the shortest time possible. In addition, this study was conducted during the COVID-19 pandemic, so questionnaires appeared to be the most logical approach.

Due to their unique nature, the questionnaires could be adapted to suit specific RQs, allowing a series of relevant questions to be sent uniformly to a large number of potential research subjects to obtain the data that this research needed (Bryman, 1988; Cohen et al., 2017; Creswell, 2015). Questionnaires can generally be divided into traditional face-to-face and online types. Online questionnaires offer distinct advantages over the traditional face-to-face method, since they are easy to distribute and the responses can be collected quickly (Gorard, 2001) with minimal intervention on the part of the researcher, thus reducing researcher bias or influence during the data collection process (Hartas, 2010). In addition, online data collection reduces the risk of human error, lowers the cost, and promotes environmental sustainability by eliminating the need to print out paper questionnaires. The adaptability and efficiency of online platforms have led to their widespread use among researchers in similar fields in China, especially during the pandemic period, when digital tools became a necessity for academic research (Cohen et al., 2017). Moreover, the use of online questionnaires has facilitated the development of standardised instruments that can be used consistently across different regions, thus ensuring consistency within the data collection process and setting the stage for future replication or comparative studies in other contexts (Roopa et al., 2012).

For these reasons, online questionnaires are commonly used in social science research and are recommended in the research methodology literature (Bryman, 1988; Cohen et al., 2017; Creswell, 2015). Similarly, a number of previous studies conducted in China have successfully used questionnaires to explore parental attitudes towards RSE, such as Jin et al. (2019), who investigated parents' perceptions of their primary responsibility for providing RSE in Shanghai and collected information on parents' educational background and whether or not they provided RSE for their children at home. Other studies, including X. Zhang et al. (2020) based in Sichuan Province and C. J. Zhang et al. (2020) based in Xiamen City, also used a questionnaire-based research design to examine parental demographic factors, their children's RSE learning experiences, and parents' perceptions of the importance of incorporating specific topics, such as the prevention of sexual violence, into the RSE curriculum. These examples provide further evidence of the appropriateness of using questionnaires in the current study.

The decision to include both quantitative and qualitative elements in the online questionnaire was influenced by methodological reflection and a review of the previous studies. The initial focus was on collecting quantitative data to identify the national patterns with parental attitudes. Given the potential limitations of using only fixed response options, however, I included two open-ended questions on the questionnaire to capture more nuanced perspectives while keeping the online questionnaire to a reasonable length. These questions allowed the participants to elaborate on their attitudes, motivations, and expectations, thus enriching the dataset with qualitative insights and providing more in-depth answers to complex questions around RSE. By including qualitative responses within a broader quantitative framework, the questionnaire facilitated a comprehensive understanding of how parents perceive and engage with issues related to RSE (Cheng, 1997).

This approach directly supports the aim of RQ2 and RQ2a, which is to explore parents' attitudes towards and expectations of their children's learning about RSE both at school and at home,

and how these attitudes vary according to demographic factors. The combined data both summarise the general patterns and provide the depth needed to explain how these views have been formed, making the questionnaire a highly appropriate tool for addressing the current RQs in a comprehensive manner.

3.3.4 Questionnaire Design and Theoretical Rationale for the Demographic and Experiential Variables

The questionnaire used in this study was designed specifically by the researcher for this project rather than adopted wholesale from an existing validated instrument. The development of the questionnaire was informed by three main sources: (1) question formats and findings reported in previous empirical studies on parental attitudes towards RSE in China and comparable contexts; (2) the RSE-related content and thematic emphases explicitly referenced in the GHE (2008) and the GMHE (2012), which were used as a policy-based reference framework to ensure conceptual comparability between national guidance and parental responses, rather than as outputs of the CADS analysis; and (3) the specific RQs guiding this study.

More specifically, items examining parents' attitudes, expectations, and demographic characteristics were informed by patterns and variables commonly employed in prior Chinese survey-based research on RSE, while items relating to RSE content areas were guided by the scope of topics articulated within the GHE (2008) and the GMHE (2012). While some questions were adapted from items used in earlier studies (Jin et al., 2019; X. Zhang et al., 2020), others were newly designed to address gaps identified in the existing literature, particularly in relation to contested or under-researched topics such as sexual minority inclusion, sexual violence prevention, and the perceived roles and responsibilities of schools and families in RSE provision. This mixed design strategy enabled the questionnaire to retain conceptual comparability with prior research while remaining sensitive to the Chinese policy context and the analytical aims of the current study.

As the questionnaire used in this research was designed to collect Chinese parents' attitudes towards and expectations of RSE, the target participants for the questionnaire were 'parents with at least one child in China'. Therefore, the targeted participants were addressed as 'Parents' or 'Participants' within the research and as 'You' in the distributed questionnaire. 'The child of the parents', or 'your children/ Child', as referred to on the questionnaire, referred to the only child or the youngest of all of the children who were already enrolled in school. The different terms that were applied were clearly explained to the research participants at the start of the questionnaire, along with other additional information. It was also clarified at the start of the online questionnaire that the term 'RSE', as employed in the current research, is used as an umbrella term to refer to both formal and informal learning about relationships, sexuality, and related topics, rather than a specific school programme or textbook.

Epistemology and the construction of knowledge have shown that human knowledge and insights evolve through accumulation, and that specific beliefs about these elements emerge (Swanson, 2006). Therefore, the RSE experience concerning the collection of knowledge was one of the critical components of the questionnaire, due to the separate social identity held by parents prior to their role as 'guardians' of the student/child. The questionnaire was divided into two main themes: RSE at school and RSE at home. As former students/children, the parents were asked about their own past experiences with RSE. Given that the length of time since the participants' own RSE experiences at school or at home may vary, for example, between younger and older parents, however, their memories of their past experiences may become biased over time, which could affect the reliability of the data generated by the questionnaire (Dex, 1995; Elton et al., 2019).

Like the majority of questionnaire and survey research that relies on the participants' recollections, there is a potential for recall bias in the parents' self-reports of whether or not RSE content has been covered either at home or at school. Dex (1995) highlights that

retrospective data are inherently vulnerable to errors arising from omission, misclassification, and timing, due to the reliance on memory. The accuracy of recall is influenced by the salience of the event, the passage of time, and respondent characteristics such as education and gender. To mitigate this limitation, the questionnaire adopted categorical responses options, as the participants were given ‘*Yes*’, ‘*No*’ and ‘*I don't know*’ options, rather than being invited to provide open-ended descriptions, thereby reducing the cognitive load and improving the response reliability (Elton et al., 2019). Nevertheless, such limitations are common in studies that are based on self-reported data, where the purpose of including these questions is to capture the participants’ perceptions rather than objective measurements.

The inclusion of demographic, experiential, and gender-related items was informed by the socio-ecological framework (Bronfenbrenner, 1977; Bronfenbrenner, 1979; McLeroy et al., 1988; Purkait, 2024), which conceptualises individuals’ attitudes as arising from the dynamic interactions between nested systems. These range from immediate microsystems, such as the family and school, to broader, exosystemic or macrosystemic influences, such as culture, the economy and policy. Subsequent extensions of this model have emphasised the importance of multilevel contextual interactions in shaping behaviour and attitudes (Germain, 1991; Golden & Earp, 2012; McLeroy et al., 1988; Sallis et al., 2008). Drawing upon this framework, the collection of demographic variables, such as gender, age, education level, and residential area, made it possible to situate the parents’ perspectives on RSE within their broader socio-ecological environments. Similar applications have been found in public health and education research, that explores how contextual systems shape individuals’ perceptions and behaviour (Carbone et al., 2016; Gregory et al., 2011; Purkait, 2024).

Within this framework, demographic data were collected not only for descriptive purposes but also in order to interpret how variations in the social and structural environments might influence parents’ perspectives on RSE. While this study relied on self-reported data, such

approaches are common in socio-ecological research, where attitudes are recognised as subjective, context-dependent constructs (Germain, 1991). The demographic variables collected, such as gender, age, education level, and area of residence, were later examined by adopting appropriate statistical procedures to explore the potential associations between the participants' backgrounds and their reported attitudes and experiences. The details of these analytical methods are presented in the subsequent section on the closed-ended data analysis (Creswell, 2015).

Consequently, the questionnaire design balanced theoretical considerations of knowledge construction with methodological concerns regarding recall bias and ecological influences. This approach ensured that the data collected were both contextually grounded and methodologically sound, supporting a nuanced understanding of how parents' experiences, and backgrounds shape their perspectives of RSE.

Parents' Prior Experiences of RSE

This section began by asking parents about their own past experience of RSE, both at school and at home. In the initial questionnaire design, I considered including detailed questions about the participant parents' own school-based RSE, such as the specific content covered, the teaching methods employed, who delivered the lessons, and whether the classes were split by gender. These were not included in the final version of the questionnaire, however, because they were not essential for directly addressing the RQs and would have made the survey unnecessarily lengthy and complex. Longer questionnaires potentially risk lower completion rates (Newby, 2010), as the respondents may rush through the multitude of questions or even abandon the survey before it has been completed. Instead, the parents were asked to provide simple categorical responses, indicating whether they had received RSE at school and/or at home ('Yes', 'No' and 'I don't know'), the approximate age at which they first received it, and their level of satisfaction with what they received. The question about developmental

appropriateness was retained because it is directly relevant to assessing the participants' views on the most appropriate timing for school-based RSE (Cao & Shi, 2020).

Parents' Reports of Children's RSE Experience

As parents, participants were also asked about the RSE that their child had received both at school and at home. These items were designed by the researcher for the purposes of this study, rather than drawn from an existing validated scale, reflecting the absence of standardised instruments measuring parental reporting of children's RSE experiences in the mainland Chinese context. The selection of question areas was informed by recurring dimensions identified in previous empirical studies, including whether RSE had been received, the age of first exposure, and perceptions of developmental appropriateness (Jin et al., 2019; C. J. Zhang et al., 2020; X. Zhang et al., 2020), as well as by the emphasis placed on timing and age-appropriateness within the GHE and GMHE.

As this study relied on parental reporting rather than direct responses from children, it was recognised that parents may not always have complete or fully accurate knowledge of their child's school-based RSE, due to factors such as limited communication or the nature of the parent-child relationship (Zhang et al., 2018). For this reason, questions relating to children's school-based RSE were kept deliberately simple, focusing on whether RSE had been received, the approximate age at which it was first introduced, and parents' assessments of its developmental appropriateness.

In contrast, the section on RSE-related family discussions was more detailed. This reflects the reality in China where, due to the lack of a formal, nationwide RSE curriculum and the limited accessibility or affordability of community-based provision, parents and guardians are often the primary source of children's RSE (Wang & Wang, 2018). After gathering basic information on whether or not the child had received any RSE at home, the parents were asked about the

approximate age at which it was first provided to the child, their own attitudes about the timing of this provision, and how their role as primary ‘guardians’ shaped their child’s RSE learning.

Gender and Sexuality-focused Topics

The questions relating to the content of RSE-related family discussions were developed by drawing on recurring constructs and item domains used in prior Chinese survey research on parents’ RSE practices and expectations. Previous studies have examined parental engagement by focusing on whether parents provide family-based RSE, whether discussions are initiated proactively or in response to children’s questions, and what barriers parents report, such as perceiving children as too young, experiencing embarrassment, or lacking sufficient knowledge (Jin et al., 2019; C. J. Zhang et al., 2020; X. Zhang et al., 2020).

This literature also consistently highlights the importance of timing, responsibility attribution between schools and families, and parents’ prioritisation of different areas of RSE content in shaping attitudes and practices. Building on these empirically established dimensions, the present questionnaire operationalised them as specific items situated within the mainland Chinese policy context, with content coverage additionally cross-checked against the scope articulated in the GHE and GMHE.

Gender-based Violence in Schools

The decision to single out the question of whether knowledge of gender-based violence in schools should be included in RSE was informed by a combination of limited empirical research and increasing public and policy attention to this issue in mainland China. While systematic, large-scale research on school bullying and gender-based violence remains relatively sparse and uneven (Xing et al., 2023; Liu & Wei, 2016; Wu et al., 2016), existing studies consistently indicate that bullying and violence are prevalent among school-aged children and are associated with significant educational and psychological harm.

In parallel with this emerging academic evidence, cases of school bullying and violence against minors have received heightened attention in public discourse, particularly through national media reporting. This increased visibility has coincided with policy developments, most notably the 2020 amendment to the *Law of the People's Republic of China on the Protection of Minors*, which explicitly strengthened provisions related to the prevention of school bullying and the protection of underage students (People's Daily Online, 2020). Together, these developments suggest growing institutional recognition of the seriousness of the issue, even though clear curricular guidance and systematic educational provision remain limited.

Within this broader context, the inclusion of gender-based violence and school bullying in the questionnaire was intended to explore parents' perceptions of whether knowledge relating to the prevention and recognition of such behaviours should fall within the remit of school-based RSE as currently understood in mainland China. By examining parental attitudes, this study seeks to identify perceived gaps in current educational provision and to clarify what parents consider necessary for safeguarding children, thereby contributing empirical insight into an area where policy attention has increased but educational implementation remains underdeveloped.

Sexual Harassment and Assault Prevention

The inclusion of questions relating to the recognition and prevention of sexual harassment and assault within school-based RSE was informed by both the limited empirical evidence available and the safeguarding concerns identified in the literature reviewed in **Chapter 2**. Although large-scale, systematic research on sexual harassment and abuse of minors in mainland China remains fragmented and uneven, existing studies consistently suggest that such experiences are not uncommon and are associated with significant risks to students' psychological wellbeing, educational engagement, and longer-term development (Liu & Wei, 2016; Wu et al., 2018; Xing et al., 2023).

Research has further indicated that limited access to age-appropriate sexuality education, whether provided at school or within the family, may leave children insufficiently equipped to recognise abusive behaviours, understand consent and personal boundaries, or seek appropriate support when incidents occur (Braeken & Cardinal, 2008; Ezer et al., 2019; Robinson et al., 2017). In the Chinese context, where discussions of sexuality are often constrained by cultural norms and where formal RSE provision remains inconsistent, such gaps in knowledge and support are particularly evident (Hu & Liu, 2018; Wang & Wang, 2018). As discussed in **Chapter 2**, the tendency to position students as asexual within educational settings does not eliminate exposure to risk, but may instead contribute to silence surrounding harassment and abuse, including incidents involving peers or authority figures.

In addition, previous studies have highlighted structural weaknesses in school-based safeguarding, including limited teacher training, unclear reporting procedures, and the absence of comprehensive preventative education addressing sexual violence (Ezer et al., 2019; Liu & Yuan, 2017). As a result, responsibility for recognising and responding to sexual harassment and assault is frequently displaced onto families, despite wide variation in parents' knowledge, confidence, and capacity to address these issues.

Overall, this topic was incorporated into the questionnaire to examine parents' views on whether knowledge of sexual harassment and assault prevention should be included within school-based RSE. Exploring parental attitudes in this area provides insight into perceived gaps in current educational provision and helps to assess the alignment between safeguarding-oriented RSE and parental expectations, which directly support the aims of RQ2 and RQ2a.

Sexual Minority Inclusion in RSE

The reason for exploring whether information about sexual minority needs to be taught is that, although the Chinese government currently adopts a position commonly described as 'no support, no opposition, no advocacy' towards sexual minority issues and continues to regulate

related content in the media, including on social media platforms (Liu & Wei, 2016; C. J. Zhang et al., 2020; X. Zhang et al., 2020), this policy stance does not negate the presence of sexual minority individuals within Chinese society or school populations. Rather, the relative absence of official recognition and educational provision means that sexual minority students are often left to face their challenges alone, without access to appropriate psychological support, safeguarding knowledge, or inclusive educational resources.

Despite China's statement at the 2018 United Nations conference that it opposes all forms of discrimination and violence, including those based on sexual orientation, a clear disparity remains between this position and the limited visibility of sexual minority issues within educational policy and practice. At the same time, although positive official support for sexual minorities remains scarce, a growing body of empirical research has begun to document the social, psychological, and educational difficulties faced by sexual minority individuals in China, particularly sexual minority students in school settings (Wei & Liu, 2015; Liu & Wei, 2016; Xing et al., 2023). This research draws attention to elevated risks of bullying, marginalisation, and mental health difficulties, yet such findings have not been systematically translated into school-based educational guidance.

Within this context, the inclusion of a sexual minority component in the parental attitudes enquiry was intended to examine whether parents consider knowledge related to sexual minority issues to be an appropriate and necessary part of school-based RSE. Exploring parental views in this area provides insight into how far societal expectations may align with, or challenge, the current silences within policy and curriculum provision, and contributes to understanding whether existing educational approaches adequately address the needs of all students.

Basic Demographic Information

This research employs an anonymous, web-based questionnaire, so any information that might identify the participants has been removed, although basic information about the participants, such as their education, age and gender, is included. As previous studies in the West have compared such questions and found that parents' level of education, age, and gender are all related to their attitude towards RSE (Kakavoulis, 2001; Millner et al., 2015), I have explored this phenomenon also, with the intention, not of reassessing the results, but of comparing whether, in the current social context of RSE development promoted by the government and in our advanced internet era, parents' attitudes are equally influenced by these three types of factors.

One of the unique features of this questionnaire is that I asked whether the parents live with their children, as China has a large proportion of 'internal migrants' due to economic development. Parents do not necessarily live in the same area as their children due to work, and many parents leave their children in the care of relatives (Bj News, 2019). As discussed in the previous chapter, parent-child relationships significantly impact RSE, so I included this factor in the primary demographic information section to determine if this phenomenon also exists in Chinese society and, if so, whether it affects RSE within Chinese culture.

As a result of the Chinese government's introduction of the one-child policy in the late twentieth century, which led to specific age tranches having only one child, the subsequent two-child policy in 2015, the current three-child approach and even a lack of restriction on the number of children per couple have led to different numbers of children being born to parents from different age tranches. Therefore, in line with the current Chinese government's population policy, I asked the participants about the number of children they had, separately, for their first, second, and third child, and then four and more.

Consistent with prior questionnaire-based research on parental attitudes towards RSE in China (Lai et al., 2015; Xu et al., 2020; Wei et al., 2021), the questionnaire adopted a mixed-format design combining single-answer closed-ended questions, Likert-scale items, one multiple-response item, and two open-ended questions. Single-answer items were used for demographic variables and questions requiring a clear reported position (e.g. whether parents or children had received RSE), supporting efficient completion and comparability across respondents. Likert-scale questions were employed to capture parents' levels of satisfaction and perceived developmental appropriateness of RSE-related experiences at school and at home, allowing attitudinal variation to be measured in a structured and comparable way. The multiple-response item was used where parental views were not mutually exclusive, particularly in relation to preferred RSE content. A limited number of open-ended questions were included to capture parents' reasoning and evaluative perspectives that could not be adequately represented through fixed-response formats. This design balanced analytical clarity with respondent accessibility; where all items were applicable, the questionnaire took approximately eight minutes to complete.

3.3.5 Questionnaire Distribution and Participant Recruitment Plan

To disseminate the questionnaire across mainland China and reach a geographically and socially diverse group of participants, WeChat was selected as the primary dissemination platform. As one of the most widely used communication applications in China, WeChat is embedded in everyday communication across regions, age groups, and socio-economic backgrounds. Compared with platforms such as Weibo, which tend to attract a younger and more interest-specific user base, WeChat enables broader access to parents with school-aged children. Its widespread use and accessibility made it a practical and effective platform for participant recruitment while preserving participant autonomy. The accessibility and daily use

of WeChat in Chinese society made it an ideal platform for reaching a wide range of parents while maintaining convenience and participant autonomy.

The questionnaire was designed and hosted on Qualtrics, which is an online platform that is recognised by the University of York for its user-friendly interface and secure data handling capability. Qualtrics allowed the generation of an anonymous link that enabled the participants to access and complete the questionnaire without needing to log in or register for an account. This measure was essential for protecting the anonymity of the participants, particularly by prohibiting the collection of IP addresses and ensuring that no identifiable information was captured during the data collection process. These measures reduced the risk of participant identity exposure, encouraged more honest and open responses, were consistent with research ethics, and minimised researcher influence. The use of an online survey platform also provided a practical solution during the COVID-19 pandemic, when face-to-face data collection was not feasible.

In terms of participant recruitment, this study used a combination of convenience and snowball sampling. The initial participants were recruited through my personal and professional WeChat networks, who were subsequently encouraged to share the link to the anonymous questionnaire with other eligible people within their social circles. This method allowed the cascading distribution of the questionnaire across different regions and communities in mainland China, thus effectively expanding the respondent pool without the need for either centralised supervision or significant resources. Given the constraints of time, budget, and geographical dispersion, this non-probability sampling strategy was considered appropriate, as the aim of the study was to capture a broad range of parental attitudes and expectations rather than to achieve statistical representativeness.

Eligibility criteria required participants to be parents of at least one school-aged child. Both the parent and the child were required to be Chinese citizens who had lived in mainland China. To

reduce complexity in data reporting and minimise ambiguity related to family structure, parents were asked to respond with reference to their only child or, where applicable, their youngest child currently enrolled in school. This criterion also reflects demographic changes resulting from China's evolving population policies, including the one-child policy and its subsequent relaxation.

Previous studies have found that demographic variables, such as parental education level, age, and gender, affect parents' attitudes toward RSE. For example, studies have shown that parents with higher levels of education tend to report greater acceptance of RSE and higher confidence in discussing related topics (Jin et al., 2019; X. Zhang et al., 2020). Similarly, research has found that younger parents, especially those who grew up in the post-1980 era of the reform and increased cultural exchanges in China, are more open to RSE (Xiao & Yan, 2018; C. J. Zhang et al., 2020). This study also considered the potential impact of the parent and child's respective gender on how and what type of RSE is provided at home, as previous studies have highlighted gender differences in this regard (Dyson & Smith, 2012; Wei et al., 2021; Xu et al., 2020).

Patterns of internal migration in China further shaped the methods employed for the questionnaire design and distribution and participant recruitment in the previous research. Rural-to-urban migration has resulted in many children being cared for by extended family members, particularly grandparents, which can influence the availability and nature of RSE-related discussions within the household (Chen et al., 2019). In contrast, parents who relocate to more developed urban areas are typically taught more diverse educational resources and public discourse, which may lead to more progressive, better-informed attitudes towards RSE. By distributing the questionnaire via WeChat, which is widely accessible across both rural and urban areas, this study sought to include parents from a range of social and geographical backgrounds. This recruitment strategy supported the examination of how demographic and

contextual factors shape parental attitudes towards and expectations of RSE, directly addressing RQ2 and RQ2a.

Overall, the combination of online distribution through Qualtrics and recruitment via WeChat provided a practical, ethical, and effective means of data collection. The sampling approach enabled the study to capture diverse parental perspectives while remaining consistent with the study's exploratory aims and methodological constraints. The demographic information collected subsequently supported detailed analyses of how factors such as education, age, gender, and residential context relate to parental attitudes towards RSE, contributing to a more nuanced understanding of parental expectations in mainland China.

In summary, the combined application of CADS and an online questionnaire in this study design provided a comprehensive, multifaceted approach for investigating the current state of RSE in mainland China. CADS facilitated systematic linguistic and thematic analyses of policy documents, as well as nuanced readings of how the Chinese government frames and prioritises RSE-related issues within the context of school HE and MHE. Through adopting this approach, the study was able to identify the recurring patterns, key themes, and broader discursive strategies in the GHE and GME documents, revealing how the government articulates its expectations of and ideal outcomes for RSE-related content.

At the same time, the online questionnaire facilitated the collection of empirical data from a geographically and socially diverse group of parents in mainland China, focusing on their experiences of, attitudes towards, and expectations of RSE in both home and school contexts. The inclusion of both closed- and open-ended questions enabled the collection of quantitative data on general patterns while also allowing participants to elaborate on their views in greater depth. The use of WeChat as a dissemination platform enhanced accessibility and reach, while the anonymous Qualtrics survey design ensured participant confidentiality and encouraged open and honest responses.

Together, these two methods provided a structured means of addressing the research questions. CADS informed the analysis of government policy discourse (RQ1), while the questionnaire addressed parental attitudes, expectations, and demographic variation (RQ2 and RQ2a). The design of the study also enabled a comparative interpretation of policy-level discourse and parental perspectives at a later stage of the analysis (RQ3), while keeping the two forms of data analytically distinct. Overall, this research design ensured that the study examined RSE through both institutional and parental lenses in a methodologically rigorous and contextually grounded manner.

3.4 Ethical Concerns Associated with the Online Questionnaire

Despite the growing public discussion and awareness of the importance of RSE, the discussion of RSE itself remains somewhat sensitive, especially in the Chinese cultural context, where discussions of sexuality remain relatively sensitive, shaped in part by long-standing Confucian moral traditions (Zheng, 2002). Children are often positioned as ‘asexual’ within educational and familial discourse, which makes decisions about RSE content, responsibility, and timing especially contested. Common objections include concerns that RSE may encourage ‘early’ sexual awareness or behaviour, that children should remain ‘innocent’, and that schools should prioritise examinable academic content; such views have been documented in Chinese social science research (Wu et al., 2018).

Therefore, although Chinese society is relatively more accepting of RSE now compared to in the past, I still needed to consider the link between the participants' well-being and sensitivity to 'sex' when designing the overall research methodology. Questions arose such as how the research might affect the participants, whether any of the questions might make them feel uncomfortable, whether any ethical issues might arise during the research that could affect either the participants and/or myself, and how potential issues could be addressed or mitigated

to ensure that the research could be completed in a way that safeguarded the well-being of both the participants and also myself as the researcher.

3.4.1 Confidentiality: The Data Collection, Storage and Protection Procedure

One of the first steps taken to ensure confidentiality was the use of anonymous data collection. Although I have already mentioned, with regard to the design of the research methodology and questionnaire, that this was an anonymous online questionnaire, I still needed to emphasise this point in relation to ethical considerations. Protecting the participants is undoubtedly an essential aspect of social research. Social science research must always comply with the guidance about protecting the participants' safety. Therefore, in designing the questionnaire content, I carefully considered the participants' perspectives and potential concerns that might arise for them due to participating in this research.

While the questionnaire was distributed to the participants and their responses gathered in a completely anonymised manner, the web footprint of the participants' participation in the research was also protected, by ensuring that 'the IP address of the participant was removed from the collection' from the time when the questionnaire was first distributed to the participants through the Qualtrics website. This is the first form of protection against participant identification in the questionnaire distribution and collection process.

In addition, as described in the questionnaire design section, the questionnaire deliberately excluded information that might reveal the participant's identity, such as their name, workplace, city, or province. Not only is this not directly related to the RQs, but also for participants to be aware that their identifying information is protected in the process of answering the questionnaire, so the authenticity of the questionnaire data can be assured to a certain extent. When employing certain research methods, such as observation or interviews, the participants may, either consciously or unconsciously, modify their behaviour or responses in order to present themselves more favourably or to conceal their genuine views when they are aware that

they are being observed. Ensuring anonymity during the data collection process, therefore, not only protected the participants' privacy but also enhanced the reliability and authenticity of the data.

A further safeguard for protecting identifiable information was implemented during the data analysis stage, following the return of the questionnaires. As some of the open-ended questions invited the participants to share their personal experiences of and views on RSE, there was a risk that they might unintentionally disclose information that could reveal their identity. As a result, after the data has been collected, the information that had been obtained from the open-ended questions was purposefully searched to ensure that the participants had not unconsciously listed anything that might potentially disclose their identity before the data were analysed and categorised. If I encountered any sensitive information, I was able to override it by omitting it. I analysed the data in this sense before they were translated from Mandarin into English. To maintain the authenticity of the data and the research's rigour, however, I will intimate this clearly in the data analysis section while not revealing the identity of the participants.

3.4.2 Information Sheet and Consent Form

Before the participants were formally presented with the content of the questionnaire, I provided two opportunities for them to learn about the purpose, primary content, and approach of the research, what questions they would face as participants although not the specific question content, and their right, as volunteers, to withdraw from the research at any time.

In addition to the above, the participants received an information sheet that outlined some personal information about myself, such as who I am, with which university I am connected, and the purpose of my research. This document was, therefore, used to recruit participants on Weibo. Furthermore, I also provided details about my efforts, when designing the online questionnaire and data collection process, to avoid collecting information that might potentially

expose their identity. I emphasised that their participation in the research was completely voluntary, and that they had the right to withdraw at any time before submitting their responses. The participants were also informed that the findings of this research, based on the data that they provided, might eventually be analysed in future studies about themes such as gender and sexuality.

The information sheet provided basic information about the purpose of this research and informed the participants of their right to withdraw from the study to protect their confidentiality, or for any other reason.

Furthermore, the consent form was provided to the participants at the start of the online questionnaire, before they began to complete it. A consent form was also provided along with the information sheet, which invited the participants to choose between the two following statements: 'I give my consent to participate in this research' and 'I do not give my consent to participate in this research'. The consent form repeated the information sheet's content, including the research topic, purpose, and aims, alongside what participation in the research would entail for them. The consent form also informed the participants that their participation was entirely voluntary, that they could withdraw from the research at any time, and that they had three months in which to decide whether or not to submit their questionnaire responses (which information was repeated at the end of the questionnaire). They were also informed that it was impossible to withdraw their data once the questionnaire had been returned, that their identity would remain anonymous at all times, and that it would be very difficult to identify the participants' data changes without collecting IP addresses. The consent form also emphasised the importance of data retention and stated that the participants' data would be used anonymously in future studies. At the end of the consent form, a list of organisations in mainland China specialising in RSE training for parents and the wider public was provided,

which participants could contact if they experienced any concerns or wished to obtain further information about RSE.

Through the combination of the information sheet and consent form, the participants were given sufficient information to understand the content and purpose of the research, their right to withdraw, and how their data would be protected throughout the research process and in future publications, before participating in the research.

3.4.3 Data Protection Management

The data collected through the online questionnaire was stored on a password and fingerprint-protected file on a password and fingerprint-protected laptop, and were only accessible to the researcher. In addition, the anonymous data will be retained for approximately three years, at which point they will be destroyed. The data might be subjected to further analysis during future studies in the interim. The results of the analysed data will be uploaded to the Research Data York service, where they will be available for a period of ten years before being deleted, in line with the university's guidance, to support future studies. Data relating to the participants' gender, age, and the education level of both themselves and their children will not upload to the service. The data collection process complied with Article 6(1)(e) of the GDPR: Processing is necessary for performing a task in the public interest.

The data management plan was described on the consent form, to ensure that all of the participants understood this matter clearly.

3.5 Participants

As mentioned previously in the questionnaire design section, the ideal participants for this research were the 'parents of at least one child'. To obtain more current and accurate data about Chinese society and values, another critical characteristic of the participants was that both they and their children were native Chinese citizens, who had only ever lived in mainland China.

To facilitate data collection and reduce human error, information was only collected about children who were an only child or the youngest of all of the family's children who were enrolled in school, as the number of participants' children might vary considerably, given how China's birth control policy has evolved over the years.

3.5.1 Basic Feature of the Participants

In this study, the terms male and female are used when reporting participant characteristics to reflect the categories commonly operationalised under 性别 in mainland Chinese educational and social research. In this context, 性别 is typically treated as a combined sex–gender category, rather than as a distinction between biological sex and socially constructed gender identity. The use of male and female therefore reflects established research practice in Chinese RSE studies and aligns with the focus of this study on differences between male and female parents, rather than on gender identity as a social construct. The sex ratio of the study sample is compared with national population data in a later chapter to assess the representativeness of the sample (National Bureau of Statistics of China, 2021a; 2021b; 2021c; 2021d).

In previous studies of this area, parents' education level, age, and sex have been listed as significant factors for comparison, to explore questions such as 'whether parents' education level is associated with their attitudes towards RSE' (Liu, 2008a; Xiao & Yan, 2018; C. J. Zhang et al., 2020) and 'whether parents' age has any effect on the presence or absence of RSE in the family' (Cheng et al., 2019; Xu et al., 2020; Yang, 2018; X. Zhang et al., 2020). As this research was primarily based on the findings and analysis of previous studies worldwide, the parents' education level, age, and gender, which have been examined in the past, were again included as primary factors in the current research.

Highest Education Attainment Level

The previous research found that parents' education level was positively associated with their attitudes towards RSE, where the higher the level of parental education, the more likely they were to be receptive towards RSE, and *vice versa* (Chen & Chen, 2020; Xiao & Yan, 2018; X. Zhang et al., 2020). This was because parents with higher levels of education had accumulated substantially more knowledge compared to those with lower levels of schooling. Compared with parents with lower educational levels, parents with higher education levels, after realising that their knowledge and beliefs alone were insufficient, were more likely to seek outside help about RSE, such as going online and reading books, to address issues they did not understand rather than choosing to avoid talking about them or passing on incorrect knowledge. As the acquisition and accumulation of knowledge influences parents' actions and thoughts, thus parents who have acquired a relatively high level of knowledge have developed a certain level of understanding of RSE through the process of learning, by employing other physical health knowledge, even though there is currently a lack of official RSE in China.

Age of the Participants

Similar findings apply to the age of the parents, since younger parents are more likely than older parents to be accepting of RSE and to discuss it with their children, as younger parents are becoming a more highly educated population compared to the situation in China in the last century (Xiao & Yan, 2018). Furthermore, since the reform and opening up, China has gradually opened its doors to many Western cultures by embracing economic and cultural exchanges. Young parents who grew up after 1980, when Chinese and Western cultures collided, have generally become more tolerant and knowledgeable compared to those who were born prior to that date. As a result, younger parents in China are more accepting of RSE than older parents, making it worthwhile to consider the parents' age as an underlying factor for comparison in this research.

Gender of the Participants and Their Children

The attitudes of social scientists diverge concerning the question of whether parental gender impacts family RSE. Some researchers believe that the gender of the parent, or even that of the child, has a strong influence on the subject and content of RSE that is discussed within the family (Dyson & Smith, 2012). Mothers are more likely than fathers to engage in family RSE, especially with their daughters; for example, daughters are more likely than sons to access information about how to protect themselves against sexual abuse, how to avoid potential abuse by reducing certain types of behaviour, and how to reduce the chances of them experiencing sexual violence in the future or the consequences of sexual activity, such as early pregnancy or the transmission of sexually transmitted diseases. In general, compared to sons, daughters receive RSE that is more oriented towards the potential dangers of sexual activity. Although males can also be the victims of sexual violence, there exists a clear gender bias in the content of the family RSE towards females regarding the prevention of sexual violence cases.

In contrast, other social scientists contend that the gender of the parent is not necessarily related to the family's RSE (Xiao & Yan, 2018; Yang, 2018), arguing that, because of the gender role stereotypes that exist currently in society, women are more likely to be involved in family matters (including RSE at home) than men, as the tender, caring role tends to default to mothers, who are therefore more likely to take responsibility for their children's RSE. For this reason, this research gathered information about the gender of the participants and their children in order to assess this phenomenon.

3.5.2 Internal Migration as an Additional Demographic Consideration

This research investigated whether the parents live in the same area as their children. The scale of population migration has been expanding as more, and more rural people have been moving to the cities in search of better job opportunities since the 1990s. According to data drawn from the seventh national census, China now has a migrant population of 375.82 million, which

represents an increase of 69.73% compared to 2010. Nearly 6.97 million children have been left behind in the rural areas, while their parents live and work in the urban areas, and this number is growing (Bj News, 2019; GMW, 2021). Most of these children are raised by other guardians or intergenerational relatives, such as their grandparents (Bj News, 2019). Despite this, some parents take their children with them, especially when they move to the larger cities, where there exist considerably more job opportunities (GMW, 2021).

Nevertheless, equally, there is greater concern about RSE in the developed coastal cities compared with the other less developed (primarily rural) areas, due to the economic and abundant educational resources and concern for the welfare of the population (Cao, 2021; Hu & Liu, 2018; Wu, 2019; Yu, 2021; X. Zhang et al., 2020). Parents' attitudes towards RSE, especially perhaps those who move away from the more remote areas, may change due to their different workplace and lifestyle in their new location. Furthermore, studies have shown that children who are brought up by their grandparents or other older relatives are less likely to have been taught family RSE, as the older generation may be more conservative or simply lack the relevant knowledge (Chen et al., 2019). Therefore, these demographic factors need to be considered when analysing the family RSE component, which means that the parents' situation and a child's place of residence are factors that may influence a child's access to family RSE.

In summary, the research participants were parents with at least one child who had been born and brought up in mainland China. In total, 214 valid responses were collected through the online questionnaire, which was distributed via convenience and snowball sampling. Key demographic variables, including the participants' education level, gender, age, and area of residence, were analysed in order to address RQ2 and RQ2a. The detailed breakdown of the participants and their respective children's demographics by gender are provided in **Appendices D-F**.

3.6 Data Analysis

This section outlines the analytical procedures employed to interpret the data that were collected from the policy documents and online questionnaire and so answer the RQs of this study. I adopted two separate but complementary strategies: a CADS of the GHE and GMHE to examine the government discourse around RSE-related topics, combined with a detailed analysis of the closed-ended questions (categorical and scaling) and open-ended responses to the online questionnaire to investigate the parents' attitudes towards and expectations of RSE. CADS allowed a linguistic and structural scrutiny of national policy texts, while the questionnaire data provided insights into how parents from different demographic backgrounds perceive and prioritise RSE. Each method followed a systematic process of combining quantitative techniques with contextual interpretation and analysis in the original language (simplified Chinese) to maintain the authenticity of the primary data. The following subsections illustrate the analysis procedures that were applied to each dataset.

3.6.1 CADS Data Analysis Procedure

The CADS data analysis procedure was designed to examine systematically the representation, framing, and marginalisation of RSE themes in two selected government documents: the GHE and GMHE. This section outlines the sequential steps that were taken to analyse these texts, focusing on integrating the keyword frequencies, contextual interpretations, and policy structures to reveal the discursive emphases.

The first step was to upload the full GHE and GMHE texts to Weiciyun, which generated ranked frequency lists for each document. Lexical items exceeding the minimum frequency threshold generated by the software were retained for analysis, resulting in 28 high-frequency words per document. A list of the top 50 high frequency words is included in **Appendices B** and **C**. These word lists provide the basis for identifying patterns of recurring linguistic and organisational focus. Subsequently, each high-frequency word was cross-referenced with the

MCBCWFT to determine its prominence in the broader national linguistic context. This comparison led to the identification of 13 keywords (nine from the GHE and four from the GMHE) that either appeared very frequently or did not appear at all in the MCBCWFT, suggesting an increased emphasis or discursive distinctiveness in the policy text.

After identifying the keywords, the next stage was to undertake a manual concordance analysis using Microsoft Word and Excel. Each keyword was traced to its surrounding sentence or paragraph to explain its immediate linguistic context, in order to determine if and how each keyword contributed to the expression of RSE-related themes including, but not limited to, adolescence, gender identity, emotional health, safety, and interpersonal communication. The analysis also considered indirect associations: if the RSE theme was not explicitly addressed, the thematic significance of the surrounding content was then assessed; for example, although the term 'sexual harassment' appeared only once, respectively, in both documents, it was examined in isolation and in relation to the broader educational intent of the guidance. The analysis first focussed on keywords that were identified through frequency comparisons but, in light of the limited number of high-frequency words and direct references to RSE-related vocabulary in the keyword lists, the investigation was extended to include non-keyword expressions in the RSE-related parts of the policies. In particular, terms such as 'self-protection' were interpreted within their thematic context, such as the guidance on safety and student wellbeing, as potential proxies for discussing sexual violence prevention. These examples were then situated within the policy structure to assess their pedagogical function and determine whether the document either recognised or excluded RSE content. This twofold focus, identified keywords and contextually significant low-frequency or non-keyword expressions, equipped me with a more comprehensive understanding of how RSE-related topics, such as gender, sexuality, and student protection, are implicitly addressed in the national educational discourse.

To ensure that the analyses conformed to the structure and logistics of the original policies, the study also considered how each keyword or topic was embedded in specific sections of the GHE and GMHE. This structural awareness helped to clarify which stages and areas of education were being targeted, and also whether RSE-related themes were treated as core content or secondary complements. I paid particular attention to subsections dealing with adolescence, psychological development, and the role of the family in education.

Finally, all of the examples were analysed in simplified Chinese to avoid the risk of semantic distortions resulting from premature translation. After identifying the patterns, explanatory summaries were written in English and incorporated into the thesis to ensure accessibility to an international academic audience while simultaneously maintaining the authenticity of the data.

By combining frequency-based identification with contextual interpretation and policy structure analysis, this process allowed a nuanced exploration of how the government's language structures either omit or implicitly address the RSE-related priorities. This contributes directly towards answering RQ1 by illuminating the discursive strategies that are employed with the aim of either embedding or omitting topics related to gender and sexuality within the official guidance for school-based RSE in mainland China.

3.6.2 Questionnaire Data Analysis

This section outlines the analytical process for analysing the data that were collected via the anonymous online questionnaire, which was designed to explore parents' attitudes and expectations of RSE in mainland China. Responding specifically to RQ2, this analysis focuses on understanding parents' perspectives and experiences of RSE learning in both school and home settings. The questionnaire was distributed and completed using Simplified Chinese, reflecting the language environment of the target population. All qualitative responses were originally collected in Simplified Chinese and translated into English by the researcher. To

ensure accuracy of translation, all of the responses and findings were translated into English using DeepL translation software before being manually proofread both to minimise any possible loss or misinterpretation of information and also to maintain the linguistic integrity.

To ensure clarity and readability, the original Chinese wording is only presented where a specific term or expression carries culturally embedded meanings or where translation choices are analytically relevant. In other cases, English translations alone are provided, as the substantive meaning is unambiguous and the quotations are used illustratively rather than for linguistic analysis.

The questionnaire consisted of both closed-ended questions, including categorical (single- and multiple-choice) and scaling (five-point Likert-type) items, and open-ended questions to gather both statistically comparable trends and richer, more detailed insights. Consequently, the data analysis was divided into two parts, for the closed-ended data and open-ended data, respectively.

Closed-ended Data Analysis

All of the closed-ended data, including both the categorical and scaling items relevant to addressing RQ2 and RQ2a, were analysed using SPSS. Tables and figures were created to present the key patterns, while detailed numerical outputs were organised and visualised in Excel to support the data interpretation. There were initially 441 response entries recorded through Qualtrics. Following the data cleaning procedure, which included removing incomplete responses and responses that failed to meet the inclusion criteria, for example, due to missing key demographic information or the participant not being the parent of at least one child in mainland China. The number of valid responses remained 214 (N = 214, males = 79, females = 135).

Given the nominal and ordinal structure of the data, a chi-square test was used to explore the associations between the participants' demographic characteristics and their attitudes and

behaviour towards RSE. This statistical tool was chosen because it is particularly well suited for analysing categorical data, where the correlations or causations cannot be directly measured.

To examine the data systematically, the analysis focused on the following two hypotheses:

H1: Parents and children's gender and age, plus parents' education level influence whether children have received RSE at home.

H2: Parents and children's gender and age, plus parents' education level influence parental attitudes about the inclusion of key RSE topics in school curricula.

These hypotheses guided the statistical analyses and allowed me to focus my investigation on how demographic factors and past experiences influence parental attitudes. The main variables included the gender, age group, and highest level of educational attainment of the participants, plus the gender and age of the children, and whether or not the participants lived with their children. Information about the learning experience related to both school-based education and home-based RSE discussion was also collected from both the participants and their children. Although not all of this information was later subjected to the chi-square test, collecting data on whether or not the participants lived with their children aimed to enhance the reliability of their responses, particularly those relating to their children and parents' expectations of school-based RSE for their children.

The data were tabulated and organised into comparative tables in order to visualise the trends and cross-compare the responses across different demographic groups. These tables made it possible to draw a clear comparison between various participant characteristics, which helped to identify the patterns among the attitudes towards school- and RSE-related family discussions; for example, the analysis examined whether mothers and fathers differed with regard to their potential to engage in RSE-related family discussions or their support for the inclusion on the school curriculum of topics such as sexual minority, sexual violence prevention, and bullying among students in schools.

This analytical process directly helped to answer RQ2a because it provided an insight into how specific demographic factors may influence the level of parental involvement and parents' expectations of RSE content and implementation. Using a combination of SPSS and Excel, the analysis provided not only descriptive statistics but also insights into the relevant trends that informed a broader discussion of the role of parents within RSE in mainland China.

Open-ended Data Analysis

The questionnaire included two open-ended questions designed to capture nuanced and individualised parental perspectives:

1. Do parents believe that they should initiate RSE-related family discussions or not, and why?
2. What are their general attitudes towards RSE in both school and home settings?

These questions allowed the participants to describe their views in their own words, providing qualitative depth to complement the statistical results of the closed-ended questions.

Given the limited number of open-ended questions and the relatively large number of responses, the qualitative data were analysed using a manual, inductive thematic analysis. This approach was selected because the purpose of the open-ended questions was not to generate theory or conduct fine-grained linguistic analysis, but to identify recurring rationales, concerns, and evaluative positions expressed by parents in relation to RSE. The analysis therefore remained descriptive and low-inference, focusing on meaning rather than language form.

All open-ended responses were exported from Qualtrics into an Excel spreadsheet and analysed in Simplified Chinese to preserve linguistic accuracy and cultural nuance. The analytical process involved several stages. First, all responses were read repeatedly to achieve familiarity with the data. Second, responses were manually coded by grouping statements that expressed

similar ideas or concerns into preliminary categories. These categories were generated inductively from the data rather than being imposed in advance. Third, related categories were reviewed and consolidated into broader themes, such as teaching responsibility, age appropriateness, parental preparedness, and concerns about school-based implementation.

The unit of analysis was the individual response, rather than individual words or phrases. Where responses contained multiple ideas, they were coded across more than one category. This process allowed dominant themes to be identified while retaining sensitivity to variation within parental perspectives.

Following coding, selected illustrative extracts were translated into English for reporting purposes. All translations were generated using DeepL translation software and then manually checked by the researcher to minimise semantic distortion. Chinese originals were retained where translation choices were analytically relevant or where culturally embedded meanings required clarification.

The qualitative findings were used to contextualise and explain patterns observed in the quantitative analysis, rather than to stand as an independent dataset. In this way, the thematic analysis provided interpretive depth by clarifying why certain attitudes were held and how parents justified their positions in relation to RSE. This integrated approach strengthened the overall analysis and directly supported the interpretation of findings addressing RQ2.

In summary, the questionnaire data were analysed systematically in the original language of the datasets and carefully translated at the reporting stage, supporting the transparency and trustworthiness of the findings. The combined use of SPSS for closed-ended data, Excel for data management, and manual inductive thematic analysis for open-ended responses enabled both patterned trends and explanatory insights to be identified. Together, these analytical procedures provided a robust account of parents' perspectives and contributed empirical depth to the understanding of RSE from the standpoint of Chinese families.

3.7 Validity, Reliability, and Positionality

3.7.1 Validity

As Cohen et al. (2017) state, validity in educational research is vital, as it defines whether a research study is worthwhile in the academic sphere, reflecting the degree to which the research results might be generalised to a broader society. To ensure validity within quantitative research, it is important to pay attention to the sampling method, methodology and instruments used to design and conduct the research, as well as the strategies employed to collect and analyse the data.

In this research, the validity was underpinned by the fact that it relies significantly on previous research findings. By examining the research methods and results of the existing research publications on RSE in China, as well as comparing the results with similar academic research that has been conducted in Western countries, I derived a suitable research methodology and data type to answer the three research questions of this project. Using a web-based questionnaire, I filtered the participants by their social status, according to their education level, gender, age, place of residence and the number, age, gender and education level of their children. Although this is a society-wide research survey on the attitudes towards RSE in China, parents with children are the targets of our questionnaire. Apart from the objective factors, outlined above, that were used to categorise them, I did not inquire into any other social aspects of the participants. In other words, the participants who completed the questionnaire reflected a range of parental backgrounds relevant to the research questions, rather than aiming for statistical representativeness.

Another advantage of using the questionnaire method was that it considerably reduced the risk of both the researcher influencing the participants and the Hawthorne effect (Cohen et al., 2017), which refers to behavioural changes resulting from the participants' awareness that they are being observed (McCambridge et al., 2014). Although the sensitive nature of the content

covered and the length of time required to answer the questionnaire significantly impacted whether participants answered each question correctly, the data generated by the questionnaire was generally reliable as it did not pose any overly detailed or sensitive questions about the participants' personal experiences. When I first designed the questionnaire, I attempted to discover, through the parents, what RSE was being studied by students both currently and in the past, which could be more practical. It is highly unreliable to attempt to derive data to answer RQs through the subjective consciousness of participants when judging the learning outcomes of others, as well as distant memories, as potentially inaccurate memories and personal bias may lead to inauthentic data, thus undermining the validity of the research as a whole. Therefore, when designing the questionnaire, I used questions based on previous studies to reduce the risk of bias and prejudice arising due to the researcher's subjectivity. Furthermore, the questionnaire was shortened, thus reducing the need for the participants to select inaccurate content due to taking too long to answer the questions.

In addition to employing a questionnaire as a tool to ensure the research's transparency and validity, the data analysis was also based on instruments and methods that had been used by previous researchers. It is essential to analyse the data reliably and reasonably while avoiding factors that might potentially undermine the authenticity of the research, such as meta-analysis and categorisation of the questionnaire data, using only part of the data to answer the RQS, and making subjective assumptions regarding the data (Cohen et al., 2017).

3.7.2 Reliability

The reliability of research refers to the consistency of the research over time when applying similar instruments and sampling methods (Cohen et al., 2017; Hartas, 2010). As reliability refers to the consistency of a measure (Bryman, 1988), the questionnaire design for this study drew on previous research from both China and Western countries on RSE-related topics. This supported the reliability of this research since it replicated earlier researchers' approaches.

Although the general public's attitude towards RSE in Chinese society has changed over the last few decades, the data generated by this questionnaire should reflect fairly consistent personal experiences of the participants and their children, given the continuing absence of an official RSE in China.

As for the sampling method, participants were recruited online using a combination of convenience and snowball sampling. All participants met the predefined eligibility criteria of 'Chinese parents who have at least one child and both the parent and child live on the Chinese mainland'. Recruitment took place without direct researcher selection or contact beyond the dissemination of the questionnaire link, as all relevant information was provided through the information sheet and consent form embedded in the online survey. The questionnaire also contains extra notes and explanations of particular terms that were included to enable the participants to understand the questions more easily. All of the participants were granted a period of three months, from first accessing to returning the questionnaire, to encourage more considered responses. As a result, participants' responses were less likely to be influenced by direct researcher presence or interaction, and therefore more likely to reflect their own experiences and knowledge.

Although this research required the participants to complete a single questionnaire, and there were no follow-up tests or interviews, the questionnaire's reliability is supported by the use of instruments and sampling approaches that have been employed in previous research.

3.7.3 Positionality

When conducting social research, the researcher's position and objectivity are crucial, as the whole research is based on and influenced by the researcher's personal experience, beliefs, knowledge, and position (Cohen et al., 2017; Hartas, 2010). Therefore, I need to clarify my position in conducting this research, to maintain the professionalism and reliability of this study.

It is almost impossible for researchers to distance themselves completely and remain entirely objective when conducting research, as their knowledge calculates and shapes people's behaviour. In this case, my personal experience, as the researcher, is that as a Chinese woman who did not receive any proper RSE during her formative years and who has spent half of her life in self-doubt and torment over her sexual orientation, that does not correspond to the popularised heterosexuality of Chinese society. As a Chinese woman who identifies herself as a member of a sexual minority, my attitude towards RSE is very clear in terms of Chinese society's current attitude towards women and sexual minority, i.e., 'we need RSE to help the whole of Chinese society to achieve gender and sexual orientation equality', as many social issues remain to be solved. As an 'insider', my knowledge and experience can contribute to the project to some extent, which explores certain social phenomena that are specific to China, together with their impact on Chinese society. However, although my personal experience was an essential driver in my application to study for a PhD and my selection of this topic, it also presented some obstacles to my research, such as my subconscious addition of what I perceived to be the 'right perspective' when designing the questionnaire and my excessive focus on specific perspectives that were of personal interest to me while failing to devote an equal amount of attention to other areas.

I understand that my personal experiences, multiple social identities, and strong feelings about the lack of RSE in Chinese society run contrary to the neutrality required of a researcher, whose primary task when conducting social research is to remain objective and rational. It would have been highly unfair and disrespectful to this study and its participants if I did not collate my emotions and attitudes towards RSE in Chinese society and deter it when I conduct academic research.

Therefore, I did my best to remain objective when designing the questionnaire, conducting the data analysis, and discussing the data with reference to the findings of previous studies, in order

to maintain the professionalism, reliability, and authenticity that this research both requires and deserves.

In summary, this chapter describes the methods that were employed to address the three RQs. Each method was chosen based on the type of data required in order to explore how RSE is perceived by parents in mainland China as well as within national-level policy guidance. This chapter outlined the design and rationale for the CADS and questionnaire, the selection of the policy documents, the distribution and participant recruitment process, and the instruments used for the data collection and analysis. In addition, ethical considerations, the procedures for promoting the research validity and reliability, and the role of the researcher were discussed. The methodological approach adopted in this study is intended to examine patterns of representation and framing within policy discourse and parental responses, rather than to infer policy intent, causal effects, or implementation outcomes beyond the scope of the data. Together, these elements form a coherent, robust research design that supports the achievement of the research objectives.

The next chapter presents the results of the questionnaire survey and CADS, focussing on the parents as well as the government's attitudes towards and expectations of RSE.

Chapter 4. Framing School-based RSE in Government Policy: A CADS Analysis of the GHE and GMHE

4.1 Introduction

Government education policy plays a significant role in the content development, delivery methods, and implementation of RSE in the school context. While there is currently no specific national curriculum for RSE in mainland China, pupil welfare-related elements of HE and MHE have been incorporated into broader educational policy frameworks, particularly the GHE and GMHE, both of which are published by the MoE. As discussed earlier (see **Chapter 2**), this study adopts RSE as an umbrella term that encompasses both relationship- and sexuality-related education. The GHE and GMHE do not directly address RSE as a unified curriculum area but outline the pedagogical requirements, curricular content, and teaching support for RSE-related topics within HE and MHE.

This chapter presents an analysis of the GHE and GMHE using a CADS framework, in which corpus methods are employed to identify salient lexical patterns, and these patterns are subsequently interpreted through close, context-sensitive reading to examine how RSE-related priorities and expected outcomes are discursively framed within the policy texts. Through cross-comparisons with high-frequency word lists and a national corpus database, the keyword lists were identified for analysis. This chapter aims to identify the aspects of RSE that are omitted from, included in, or emphasised within these two guidance documents, with a particular focus on how the topic of gender and sexuality is being reflected in the policy texts. Although neither document is statutorily mandated as compulsory education content, the previous research has documented the implementation of the GHE as the political and content framework for the RSE curricula, textbook, and resource design in public schools; for example, *Cherish Life – A Sexual Health Education Reader for Primary School Students* (《珍爱生命——小学生性健康教育读本》), which was used as an example of RSE textbooks and

resources that relied on and were guided by the GHE (Huang, 2021). Given the limited research that has been conducted to date on school-based RSE in mainland China, and the central role that the GHE and GMHE play as policy reference points, it is essential to examine how this guidance documents frame the government priorities and interpretations relating to future RSE development.

This chapter begins by outlining the structure and content of the GHE and GMHE, together with their political and educational objectives, policy frameworks, and the subjects covered. Following this, the main findings from the CADS analysis of the GHE and GMHE are presented, focusing on keyword frequency patterns and selected concordance samples used to illustrate contextual usage. The CADS results help to clarify the potential priorities in the guidance documents while also focusing on areas of RSE that remain unmentioned, especially in the Chinese context. Following this, the chapter focuses on content relating to gender and sexuality within these two documents. These areas were selected because they remain among the most sensitive and underdeveloped components of RSE in China, where topics such as sexual violence prevention and sexual minority inclusion are often marginalised in both policy and practice, despite growing social concern and increasing academic attention. The findings are then interpreted in relation to the wider socio-cultural context of Chinese education and policy discourse. Within the CADS framework, this stage involves linking linguistic patterns to the ideological and pedagogical assumptions that they reflect, allowing a critical understanding of how language constructs meanings about relationships, gender, and sexuality. To my knowledge, this is the first study that has employed CADS to analyse RSE-related policies in the mainland China context. Based on the application of CADS to analyse the GHE and GMHE, this chapter provides an in-depth analysis and richer understanding of how the Chinese government articulates its RSE-related priorities in the national guidance. The analysis examines how government policy frames the gender- and sexuality-related education in state

schools, identifying the linguistic strategies through which these topics are constructed. This research does not aim to present a critique of the Chinese government or its ideology but rather provides an evidence-based analysis of the policy discourse to support educational development and future policy refinement by addressing the absence of national RSE. The insights gained from the CADS also lay the foundation for a comparison of the parental expectations of RSE, which will be explored later.

4.2 The Role of GHE and the GMHE in Chinese Educational Policy: Political Intentions, Policy Structure, and School-Level Implementation

Drawing on a CADS framework, this section examines how the GHE and GMHE function not only as administrative guidance but as ideological texts, focusing on how policy structure, modality, and evaluative language construct authority, responsibility, and normative expectations around health and wellbeing.

Before turning to a detailed linguistic and discursive analysis, it is necessary to situate these documents within their policy and educational context. Although not classed as mandatory guidance, textbooks and readings developed on the basis of the GHE have been implemented in public schools, as recorded in previous research on RSE in China (Huang, 2021; Liu & Yuan, 2017). Similarly, previous policy analysis studies (Chen & Chen, 2020; Fan et al., 2020; Hu & Liu, 2018; Li, 2020; Liu & Liu, 2019) have highlighted how the GHE and GMHE serve as key references for RSE-related policy and teaching practice in mainland China. Whilst these documents do not explicitly establish a national RSE curriculum, they provide a structural and pedagogical framework to guide how RSE-related topics are taught in schools. Specifically, the GHE and GMHE organise the teaching content according to students' physical and psychological development, thus shaping the topic sequencing and recommended teaching approaches for HE and MHE.

This section provides an overview of the structure, policy objectives, and key themes of the GHE and GMHE, by outlining their role in China's education policy and highlighting their relevance to RSE-related content in light of broader government ideological priorities.

4.2.1 A Summary of the Political Purpose of the GHE and GMHE

The MoE of China issued the GHE in 2008 to foster students' awareness of health and public health, support the acquisition of the necessary health knowledge and skills, improve the psychological wellbeing of all students, promote their harmonious and sustainable physical development, and lay the foundation for healthy growth and a happy life. Educational researchers and specialists were invited by the MoE to review the 2002 GMHE's implementation and outcomes, leading to a revised 2012 edition. Both sets of guidance were concise in length and designed to be publicly available on the official government websites.

As is the case for the majority of Chinese education policy documents, the prefaces of both the GHE and GMHE begin by affirming their alignment with the ideological principles of the Communist Party of China (CPC), including the directives of the 18th National Congress and the 'Three Represents' framework. Such references are standard in national guidance documents, reflecting the expectation that all educational initiatives should operate within the CPC's overarching political and developmental vision (Qin, 2018). Within this framework, the stated purpose of the GHE and GMHE is to serve the public interest by improving students' physical and mental wellbeing through education. The MoE issued both sets of guidance to all provincial and municipal education authorities across China for adaptation and implementation in state schools, as appropriate to local contexts.

The 2012 revised GMHE in Primary and Secondary Schools was issued as an updated version of the 2002 GMHE. According to the MoE, this revised guidance was developed by national education experts, who evaluated the earlier document's implementation and updated it to provide more systematic, practical directions for MHE in schools. The GMHE is recognised

by the MoE as an official framework that guides the organisation and delivery of school-based MHE across mainland China (Ministry of Education, 2012).

The prefaces to both the GHE and GMHE emphasise that the respective documents should be implemented in line with directives from the State Council and the Central Committee of the CPC, including the *Opinions on Further Strengthening and Improving the Ideological and Moral Development of Minors* and the *National Medium- and Long-Term Education Reform and Development Plan (2010–2020)*. These political directives indicate that the MoE is expected to ensure that school HE and MHE reflect the Party's broader ideological and developmental priorities (Ministry of Education, 2008; Ministry of Education, 2012).

4.2.2 Policy Structure, Ideological Orientation, and Expected Educational Outcomes within the GHE and GMHE

Because this study applies a CADS approach, the following analysis examines not only the structural organisation of the GHE and GMHE, but also the linguistic choices and ideological positioning that are embedded in their wording. The GHE and GMHE are inherently political in character, as they were issued as national guidance documents under the direction of the CPC and function simultaneously as administrative and ideological texts, as mentioned earlier. Therefore, analysing how terms such as *correct* (正确), *healthy* (健康), *implement* (落实) and *strengthen* (加强) are used is crucial for understanding how the government's authority, educational aims, and expectations are constructed through language.

As the GHE includes a specific section on MHE requirements and the GMHE focuses exclusively on this topic, the GMHE was analysed in this study as an independent document and as an extension of the mental health requirements set out in the GHE. Because the GHE covers a broader scope of content and overlaps with the GMHE, the GHE framework served as the primary analytical reference, while the GMHE was treated as a topic-specific elaboration.

The content of both documents is structured by students' school grade rather than their chronological age. Although development stages are invoked in general terms, learning requirements are specified uniformly at the level of grade bands, with no explicit provision for individual developmental variation or special educational needs. This uniformity reflects a discourse of standardisation, positioning all students as the collective subjects of a unified national curriculum. Both documents divide their learning goals into five grade bands: Primary Years 1–2, 3–4, 5–6, Junior High Years 7–9 and Senior High Years 10–12, which mirrors the administrative segmentation of China's compulsory education system. The lack of adaptation for non-compulsory schooling (Years 10–12) further embeds a political logic of educational control within the state's jurisdictional boundaries.

These two documents begin by outlining the political ideologies of the Chinese government concerning the educational development of students, employing rhetorical patterns that legitimise the government's moral and educational authority. Recurrent imperative verbs, such as *implement* (贯彻), *emphasise* (注重), and *strengthen* (加强), function as discursive commands that construct compliance and hierarchy within the policy text. These imperatives construct an image of a proactive, benevolent state and of schools as the executors of the national will. The frequent use of formulaic expressions such as 'combining the teacher's leading role with students' subjectivity' (教师的主导性与学生的主体性相结合) and 'taking students' development as the foundation' (以学生发展为根本) evokes the Party's people-centred discourse while still preserving a top-down power structure. This linguistic duality, that balancing authority with benevolence, can be read as naturalising political leadership as pedagogical guidance.

Both the GHE and GMHE state that educational development must be aligned with the *core socialist values* (社会主义核心价值观) and the *protection of students' wellbeing*. Through the repetition of collectivist , such as *students* (学生) and *the people* (人民), as well as

evaluative verbs like *cultivate* (培养) and *nurture* (养成), the texts construct an ideological linkage between moral virtue and national progress. The GMHE reinforces this by embedding the ideological content more explicitly and consistently across various school stages; for instance, the GHE states that its goal for *Primary Y3-4* is: *to help students develop a proper role awareness and develop their adaptation to different social roles* (帮助学生建立正确的角色意识, 培养学生对不同社会角色的适应). The adjective *proper* (正确) functions as a moral evaluator that prescribes normative social behaviour. The repetition of such evaluative adjectives frames education as the cultivation of ideological correctness over intellectual autonomy.

In the GHE, the MoE specified that the main channel for delivering HE should be *Physical education and health* (《体育与健康》), supplemented in primary schools by *Morality and life* (《品德与生活》), and *Morality and society* (《品德与社会》). At secondary level, HE is integrated into *Biology* (《生物》) and other unspecified subjects. The modal *should* (应当), that is repeated throughout this section, conveys an obligation rather than a recommendation, thus constructing an authoritative discourse of duty rather than choice. The GHE instructs local education authorities and schools to ensure that the teachers of these subjects incorporate practical HE by including *various forms* (多种形式) of activity in their lessons, thus invoking flexibility while maintaining top-down control. This interplay between modality and vagueness typifies policy discourse that promotes local innovation only within boundaries that are ideologically safe. The thematic scope covering *healthy behaviour, disease prevention, mental health, and risk avoidance* positions the ideal student as self-regulating, disciplined, and morally sound. These word choices reinforce a view that health means not merely biological wellbeing but also moral and social compliance within Chinese society.

In contrast, the GMHE articulates a more explicit mental health agenda, although its lexical and grammatical structure remains highly prescriptive. The guidance uses declarative statements and nominalisations, such as *building awareness of mental health* and *strengthening psychological adjustment*, that reify mental health as a collective moral goal rather than an individual psychological state. Adjectives such as *healthy* (健康的) and *positive* (积极的) are repeatedly appear in close proximity to terms such as *attitude* (态度), *behaviour* (行为), and *thinking* (思想), demonstrating how moral and emotional conduct are linguistically merged. Through these recurring lexical patterns observed across the policy text, the GMHE constructs a discourse of moralised MHE, where the boundaries between mental health, ideological correctness, and citizen virtue become blurred. This pattern positions schools as institutions of both emotional regulation and political socialisation through educational means. The evaluative lexis also extends to teachers and parents. The GMHE states that schools *should help parents to develop the correct educational concepts* (帮助家长树立正确的教育观念). Here, the adjective *correct* (正确的) performs a moralising function: it presents the Party's pedagogical expectations as objective truths while delegitimising any alternative parenting views. Similarly, phrases such as *strengthen parent-child communication* (加强亲子沟通) and *provide parents with guidance* (为家长提供指导意见) frame parental engagement as both a moral duty and also government-aligned cooperation. The repeated use of the modal *should* (应当) throughout this section constructs parental compliance as an extension of their civic responsibility. Linguistically, the school-family relationship is represented through obligation, positioning the MoE, schools, teachers, and parents within a hierarchy of moral accountability. While both documents claim to prioritise *students' wellbeing* (学生的身心健康), neither articulates a clear pedagogical theory or assessment standards for achieving this. Instead, the policies rely on rhetorical authority based on Party terminology such as *scientific development*

(科学发展观) and *core socialist values*. These abstract nouns function as ideological strengtheners, that emphasise political legitimacy rather than practical instruction. The absence of specific teaching methods or curriculum evaluation mechanisms contrasts sharply with the abundance of ideological vocabulary, highlighting the dominance of political discourse over pedagogical precision. This pattern aligns with what Fairclough (2013c) describes as technocratic discourse, where political authority is naturalised through the use of depersonalised policy language.

The two documents diverge slightly in terms of their implementation emphasis: the GHE portrays schools as being mainly responsible for curriculum content regulation and teacher training, whereas the GMHE promotes a whole-school approach, involving the parents, teachers, and community groups, yet the language of both remains bureaucratically top-down. The GMHE's references to *collaboration* (合作) and *shared responsibility* (共同责任) appear to decentralise authority, but the consistent pairing with modal verbs of requirement reinforces the central control of the government. Even calls for *social participation* (社会参与) are hedged by a state-defined purpose, 'to strengthen collaboration with communities and youth organisations', which reinforces the Party's role as the moral supervisor of all educational partnerships.

In sum, the linguistic and structural analysis of the GHE and GMHE suggests how education and health are discursively framed as political and moral enterprises. Recurrent imperative verbs, evaluative adjectives, and ideological nominalisations legitimise a discourse through which educational aims are defined. The documents' emphasis on correctness, health, and scientific development constructs a discourse of moral governance within the policy texts that prioritises political ideological conformity over pedagogical autonomy. These discursive features establish the ideological foundation for the subsequent sections, which examine how

these state-defined notions of education and health are operationalised through the curriculum, teacher practice, and broader policy implementation.

4.2.3 Institutionalising MHE: Resource Inequality and Ideological Control

While the GMHE (2012) styles itself as a practical guide for school-based MHE, analysis of its language reflects the dual emphasis on technical regulation and normative alignment. The guidance specifies that every public primary and secondary school are to be equipped with a *psychological counselling room* (心理辅导室) staffed by professionally trained teachers. The use of modal verbs such as *must* (必须) and *should* (应当) frames these provisions as obligation rather than optional recommendation, thereby contributing to an authoritative construction of its institutional priorities for mental health provision. At the same time, references to activities being *guided by professionally trained teachers* (由受过专业培训的教师指导) positions psychological expertise within an administratively organised school framework, rather than autonomous professional judgement.

Although the GMHE acknowledges that resource disparity exists across different regions, its linguistic framing privileges political compliance over practical feasibility; for instance, it directs *relatively underdeveloped regions* (相对欠发达地区) to *strengthen the construction of school-based MHE systems as soon as possible* (尽快加强中小学心理健康教育体系建设), employing urgency and a directive tone through which the government's expectations are articulated. Conversely, developed regions are instructed to *build on the foundation already laid* (在原有基础上进一步发展), which presupposes prior success and reproduces a discourse of national hierarchy in which progress and expertise are located in the urban centres, while the rural and western regions are depicted as lagging behind and in need of guidance. This framing reflects a hierarchical flow of educational models from the developed east to the less-

developed west, reflecting the Party's role in guiding and regulating national education development.

The GMHE also prescribes teacher qualifications in explicitly normative terms. Teachers *should have a background in psychology or related disciplines* (应具备心理学及相关专业背景), while *all school faculties* (全体教职工) are required to *pay attention to students' mental health in daily teaching activities* (在日常教育教学活动中关注学生心理健康). The frequent repetition of collective nouns such as '*all schools*' and '*all teachers*' constructs a discourse of expanded responsibility, thus blurring the line between specialised counselling and general teaching duties. Through this language, the document extends the moral and political accountability to the entire educational workforce, reflecting what Fairclough (2013c) terms a *moralised bureaucracy*, as a system in which professional ethics are defined through institutional loyalty.

The GMHE's emphasis on *ethical and professional norms* (职业道德规范) further exemplifies the characteristic moral-political merging within the Chinese education policy discourse. Counselling is required to adhere to *students' informed volition* (学生自愿原则) and the *principle of confidentiality* (保密原则). These phrases evoke universal psychological ethics, yet the surrounding wording can be read as revealing a contradictory logic. Teachers are instructed to *use psychological testing instruments with caution* (慎用心理测验工具) and to *avoid coercion* (不得强迫学生接受心理测试), while simultaneously being required to *identify and refer students with severe psychological problems in time* (及时发现并转介心理障碍严重的学生). The contrast between respecting students' free will and being required to identify psychological issues can be understood as revealing a tension between teachers' professional autonomy and the state's need for control.

Moreover, the guidance's explicit requirement that *no procedures or equipment should harm students' mental health* (禁止使用损害学生心理健康的设备或方法) can be interpreted as functioning as a legitimising disclaimer rather than a pedagogical safeguard. The presence of such clauses signals an awareness of potential overreach, yet their passive grammatical structure shifts responsibility discursively away from the government onto individual teachers. The cumulative linguistic effect can be understood as one of delegated responsibility within the centralised authority as a hallmark of the contemporary Chinese policy discourse.

The comments on regional inequality illustrate how the GMHE frames the socioeconomic imbalance through a discourse of national responsibility. By framing support for *central and western regions* (中西部地区) and *rural areas* (农村地区) as a national duty, the policy employs a protective language related to *assistance and guidance* (帮扶指导). Developed cities are required to *lead and support the construction of education in rural areas* (要带动并支持农村地区教育建设), invoking a collectivist narrative of unity that can obscure structural inequity. This discourse of shared progress can be read as reaffirming the government's benevolence while normalising regional dependence.

While the GMHE's stated aim is to provide equal access to mental health support, its language constructs education as a state-driven moral project rather than a collaborative, pedagogical initiative. The repeated modal verbs, such as *must* and *should*, as well as the collectivist pronouns *all schools* and *all teachers*, and the evaluative terms *strengthen*, *pay attention*, '*build*' serve to frame educational quality as closely associated with obedience to the national directives. The discourse therefore reproduces a model of governance where the efforts to reduce regional inequality are closely tied to the maintenance of ideological unity.

In summary, the GMHE's framing of curriculum development and the resource imbalance serves as how linguistic choices operate as tools for policy legitimation. By intertwining the

lexicon of psychology, morality, and governance, the document constructs MHE as both a technical requirement and a moral duty. What appears to be guidance for school improvement also, therefore, can be read as an ideological mechanism through which the Party's moral authority is extended across the uneven educational landscape.

4.2.4 Training, Assessment, and Welfare Requirements for In-service Teachers

Both documents require schools to take responsibility for planning HE and MHE activities as the primary place of instruction and clearly state that training and support programmes should be provided for in-service teachers. The GHE and GMHE state that curriculum development should be incorporated into the annual work plans as well as the school's supervision and evaluation criteria system. In the GHE, the HE programme is expected to be integrated with PE, Biology (at secondary level), and other subjects. However, in the absence of a teacher who is specifically assigned to teach RSE, the task of teaching HE, as mentioned in the GHE, rests with full- and part-time teachers who already teach other subjects in primary and secondary schools. According to the GHE, these teachers are expected to receive additional training to equip them with the relevant professional skills to meet its requirements.

The GMHE is the only document in which the MoE address the work-life balance of in-service teachers in order to reduce the risk of work-related stress and burnout, by arguing that all schools should provide a suitable working environment for teachers to learn about MHE and to develop coping strategies so that they can learn to adjust, cope and effectively improve both their mental health and their ability to deliver MHE. However, as the in-service teaching faculty included educators who lack specialist knowledge and resources, such as PE teachers (Ni, 2022), responsibility for addressing students' mental health concerns is extended to all. In effect, a whole-school approach is expected. Although the GMHE laid out the requirements for the teaching and living allowances for these teachers, the extra teaching load, combined with the imbalanced educational and financial resources, creates challenges for schools in addressing

teachers' mental health and stress effectively. Furthermore, the document does not explicitly address the additional workload for in-service teachers, while placing additional responsibility on them to acquire further knowledge and skills; nor does it provide any detailed criteria for this in-service teacher training, its duration, or how and by whom it will be assessed. The document does not specify how such training should be implemented or how it is intended to assist teachers in their teaching tasks, despite stating that professional support for teachers should be included as part of the school's annual development plan.

In conclusion, while the MoE explicitly recognises the uneven distribution of educational resources across different regions, its acknowledgement is framed through directive rather than evaluative language. The MoE actively proposes a range of solutions for developing HE and MHE curricula in different areas. However, the lack of explicit guidance and assessment standards in both the revised 2012 GMHE and the GHE can create practical challenges for primary and secondary schools across mainland China. These include difficulties related to the recruitment of MHE teachers, the professional development of in-service HE teachers, and the ensuring of high-quality counselling provision. Consequently, schools are expected to meet the expectations set out in the GHE and GMHE while simultaneously contending with persistent financial and instructional constraints. To examine further how RSE-related topics, the following section focuses specifically on how gender and sexuality are framed within the GHE and GMHE.

4.3 Corpus Analysis of the GHE and GMHE: Keyword Extraction, Concordance Patterns, and Discursive Themes

This section presents the results of the CADS analysis designed to investigate how the GHE and GMHE are constructed in relation to RSE. The analysis started with the generation of high-frequency word lists using the online platform Weiciyun for Chinese language processing.

These word lists summarised the most frequently-used words in each document, indicating the main subject content and institutional focus. To further identify words with discursive significance, I compared the high-frequency word lists with the national corpus database. In this section, the keywords were identified by comparing the word frequencies in the GHE and GMHE against the national reference corpus, the MCBCWFT. Words that appeared more frequently in either document, or did not feature in the national corpus at all, were classified as keywords. These words were seen as indicators of the institutional emphasis and discursive salience.

While the high-frequency words indicate the overall lexical composition and the thematic leanings of each document, the identified keywords point to more specific contexts and ideologically significant linguistic meanings. To investigate how these keywords were embedded in the text, I conducted a manual concordance analysis, as the limited dataset size made the application of automated methods impractical. The concordance examples discussed in this chapter were selected from all occurrences of each keyword based on their discursive relevance to educational aims and RSE-related themes, rather than frequency alone. This allowed a close examination of how the keywords were used across different contexts, thus allowing the identification of recurring patterns in the construction of the RSE-related discourse. In addition, phrase-level patterns and repeated lexical combinations observed through concordance analysis were examined to inform the identification of key themes, including gender relationships, identity, and well-being.

This section focuses on the 28 words among the original top 50 most frequent terms that had a non-zero frequency in both the GHE and GMHE corpora. This approach facilitated a targeted, meaningful comparison by excluding words that do not appear in one or both of the datasets. The **Appendices B** and **C** contain the full list of the top 50 high-frequency words for both documents. By comparing the word frequencies with those of the MCBCWFT, I identified nine

keywords in the GHE and four in the GMHE from the 28-word set. These keywords were then employed to guide a detailed reading of the policy discourse, supplemented by concordance lines to provide insights into how RSE-related content is framed at the national level.

All of the analyses were conducted in Chinese. English translations of the terms drawn from the GHE and GMHE were produced at the writing stage, using DeepL translation software, and were cross-checked manually to minimise semantic loss and ensure interpretive accuracy. Chinese equivalents are provided selectively to clarify the key terms where the original wording carries semantic or cultural nuances that may not be fully captured in the English translation (e.g., 正确 zhèngquè ‘correct’, 健康 jiànkāng ‘healthy’, and 了解 liǎojiě ‘understand’). Common terms with direct English equivalents are presented in English only, for clarity.

As explained in **Chapter 3**, an asterisk (*) following a word indicates that all of the grammatical forms of the same lemma were included in the manual frequency count (e.g., Understand includes Understanding and Understood).

4.3.1 Comparison of High-Frequency Words in the GHE and GMHE with the MCBCWFT: Frequency and Ranking Analysis

Table 4.1

High-Frequency Words in the GHE and Their Frequencies Compared to MCBCWFT

GHE				MCBCWFT			
Ranking	Word	N	%	Ranking	Word	N	%
1	Health	86	5%	1149	Health	1073	1%
2	Education	52	3%	193	Education	5648	6%
3	Prevention	48	3%	3245	Prevention	344	0%
4	Understand*	35	2%	3245	Understand*	344	0%
5	Knowledge	23	1%	384	Knowledge	3067	3%
6	Healthy	23	1%	Repeated with 'health' in the MCBCWFT			
7	Methods	20	1%	172	Methods	6098	6%
8	Life	19	1%	94	Life	9525	10%
9	Safety	18	1%	1440	Safety	849	1%
10	School	17	1%	477	School	2568	3%
11	Student	17	1%	253	Student	4377	5%
12	Style	16	1%	517	Style	2387	3%
13	Common	16	1%	2378	Common	495	1%
14	Awareness	15	1%	886	Awareness	1431	2%
15	Behaviour	15	1%	464	Behaviour	2600	3%
16	HIV/AIDS	15	1%	Not found in the MCBCWFT			
17	Obtain	14	1%	632	Obtain	1971	2%
18	Skill*	14	1%	3165	Skill*	353	0%

19	Basic knowledge	14	1%		Not found in the MCBCWFT		
20	Diseases	14	1%	1776	Diseases	684	1%
21	Growth and development	14	1%		Not found in the MCBCWFT		
22	Levels	14	1%	339	Levels	3355	4%
23	Hazards	14	1%	2752	Hazards	416	0%
24	Learning	11	1%	2080	Learning	575	1%
25	Hygiene	11	1%	1972	Hygiene	613	1%
26	Basic	10	1%	302	Basic	3767	4%
27	Primary	10	1%	2191	Primary	543	1%
28	Drugs	10	1%		Not found in the MCBCWFT		

Table 4.1 presents the top 28 most frequently utilised words with frequencies above 1% in the GHE, along with their respective frequencies and rankings in the MCBCWFT. This table makes it possible to compare the GHE's high-frequency words with the MCBCWFT, highlighting keywords of the GHE as those terms that either have a markedly higher frequency in the GHE or are absent from the MCBCWFT. Although the terms listed in **Table 4.1** are high-frequency terms in the GHE, this does not mean that the same terms have a similar ranking in the MCBCWFT. The notable discrepancies between the word frequencies and rankings within the GHE and MCBCWFT, respectively, indicate important insights into the focus of the GHE; for instance, 'Health' and 'Healthy' are frequently used in both the GHE and MCBCWFT but, since they show comparable representation in the MCBCWFT, they were combined and represented as *Health** for the remaining analysis. As a result, the frequency listings of these terms remain unchanged in the table, to simplify the comparison process. Notably, the terms *HIV/AIDS*, *Basic Knowledge*, *Growth and Development*, and *Drugs* were not found in the MCBCWFT, resulting in frequency values being missing from the comparison table. The absence of these terms from the national corpus, combined with their relatively high

frequency in the GHE, suggests their prominence within the document's HE framework. These words were examined because they represent specific public health and moral education priorities articulated within the GHE. Their occurrence can be read as linking students' personal development and social responsibility with the national health and population agendas, making them linguistically and ideologically significant within the policy discourse.

The top ten high-frequency words show greater divergence in terms of their frequency between the GHE and MCBCWFT compared with the remaining words in this table. 'Health' has the highest occurrence in the GHE but ranks 1,149th in the MCBCWFT, which is substantially lower than the frequency of 'Education' in the same document, which, in turn, appeared with a lower relative frequency in the GHE, at only 1%. This indicates a clear disparity in terms of lexical emphasis between the GHE and the national corpus. A similar pattern was observed for words such as *Prevention* (预防), *Understand* (了解), and *Skill* (技能), which appeared with a relatively higher frequency in the GHE. Conversely, terms such as *Knowledge*, *Method*, *Life*, *School*, *Student*, *Style*, *Awareness*, *Behaviour*, and *Obtain* were frequent in the MCBCWFT but showed no comparable prominence in the GHE. This contrast illustrates an emphasis on action-oriented and health-related terminology over general educational or behavioural vocabulary, reflecting its emphasis on shaping students' practical health competencies and moral awareness through directive discourse.

As a result, keywords were identified that are closely related to the discursive focus on disease prevention, biological development, and physical health. Notably, no keywords or high-frequency terms relating to sex, gender, sexuality, sexual orientation, sexual minority, or sexual characteristics were identified in the GHE. Similarly, concepts such as sexual consent, safe sexual practices, and sexual pleasure did not appear in the keywords or high-frequency lists.

The complete top 50 high-frequency list of the GHE is presented in **Appendix B**.

Table 4.2*High-Frequency Words in GMHE and their Frequencies Compared to the MCBCWFT*

GMHE				MCBCWFT			
Ranking	Word	<i>N</i>	%	Ranking	Word	<i>N</i>	%
1	Education	125	7%	193	Education	5648	6%
2	Mental Health	113	6%	Not found in the MCBCWFT			
3	Students	56	3%	253	Students	4377	5%
4	Psychological	38	2%	449	Psychological	2654	3%
5	Development	34	2%	50	Development	17331	18%
6	Learning	30	2%	284	Learning	3995	4%
7	Teachers	28	1%	825	Teachers	1532	2%
8	Primary and Secondary Schools	27	1%	7154	Primary and Secondary Schools	130	0%
9	Work	24	1%	82	Work	10531	11%
10	Conducting	22	1%	967	Conducting	1304	1%
11	Training	20	1%	625	Training	1991	2%
12	Schools	18	1%	477	Schools	2568	3%
13	Guidance	15	1%	764	Guidance	1652	2%
14	Capacity	15	1%	376	Capacity	3108	3%
15	Strengthening	14	1%	547	Strengthening	2251	2%
16	Awareness	13	1%	886	Awareness	1431	2%
17	Help	13	1%	670	Help	1876	2%
18	Conduct	12	1%	80	Conduct	11087	12%
19	Raise	12	1%	226	Raise	4955	5%

20	Social	12	1%	78	Social	11461	12%
21	Positive	12	1%	583	Positive	2119	2%
22	Establish	12	1%	290	Establish	3928	4%
23	Comprehensive	11	1%	1017	Comprehensive	1239	1%
24	Outline	10	1%		Not found in the MCBCWFT		
25	Issues	10	1%	81	Issues	10899	11%
26	Life	10	1%	94	Life	9525	10%
27	Emotions	10	1%	1119	Emotions	1107	1%
28	Building	10	1%	297	Building	3836	4%

Table 4.2 lists the top 28 most frequently used words in the GMHE together with their respective frequencies and rankings in the MCBCWFT. Similar to the GHE, the frequency of words ranked beyond 28th position in the GMHE word frequency table is approximately 0%, and the top 50 high-frequency words are presented in **Appendix C**.

As with the GHE, the high-frequency words in the GMHE are ranked differently in the MCBCWFT. Several frequently occurring terms in the GMHE, such as *Student*, *Psychology* and *Study*, are less common in the MCBCWFT; in contrast, words like *Development* and *Work* occur more frequently in the MCBCWFT than in the GMHE.

Within the GMHE, terms including *Education* and *Mental Health* appear with higher frequencies than *Primary and Secondary School* and *Outline*. Notably, *Mental Health* and *Outline* do not appear in the MCBCWFT, while *Education* shows a comparable frequency across both corpora. On this basis, *Education*, *Mental Health*, *Primary and Secondary School*, and *Outline* were therefore identified as keywords through comparing the GMHE high-frequency terms with the MCBCWFT.

4.3.2 Keywords analysis of the GHE and GMHE: Concordance Line Samples

Table 4.3

Keywords of the GHE and GMHE

GHE	GMHE
健康 (Health)	教育 (Education)
预防 (Prevention)	心理健康 (Mental Health)
了解 (Understand*)	中小学 (Primary and Secondary Schools)
艾滋病 (AIDS)	纲要 (Outline)
技能 (Skill*)	
基本知识 (Basic knowledge)	
生长发育(Growth and Development)	
危害(Hazards)	
毒品 (Drugs)	

Table 4.3 presents the keywords that were extracted from the GHE and GMHE, along with their original Chinese terms and English translation. These keywords were identified by undertaking a comparative analysis against the national corpus database (MCBCWFT). The majority of the keywords relate to the general thematic focus and structural priorities of these two policy documents, such as health promotion, disease prevention, and education. However, two terms (*HIV/AIDS* and *Drugs*) stood out due to their specificity, as they refer to particular health issues rather than broad educational or policy aims. These distinctions make the keyword lists a useful starting point for more detailed linguistic interpretations related to addressing RQ1.

All of the keywords that are listed above have been translated directly from Chinese to English to minimise semantic loss during the translation process. Asterisks indicate terms with shared words but differing meanings due to their different lexical category. Among these 13 keywords, six (*HIV/AIDS*, *Basic knowledge*, *Growth and development*, *Drugs*, *Mental Health*, and *Outline*) do not appear in the national corpus database, indicating a degree of lexical specificity within the discursive framing adopted by these policy documents.

These 13 keywords were mainly consisting of terms that serve a guiding or structural function within the documents; for instance, terms such as *Basic knowledge*, *Primary and secondary schools*, and *Growth and development* collectively indicate that these documents were designed to provide information and knowledge to students at all state primary and secondary schools, and the content was organised according to school stages. Moreover, both documents function as curricular outlines for educational purposes to equip students with the essential skills to enable them to understand the hazards of daily life and avoid danger. Only *HIV/AIDS* and *Drugs* appear as content-specific rather than structural or pedagogical terms.

Notably, no keywords related to gender, sexuality, or relationships were captured in either the keyword or high-frequency lists. The content of the GHE primarily included *Healthy Behaviour and Lifestyle*, *Disease Prevention*, *Mental Health*, *Growth and Development*, *Adolescent Health*, *Safety Emergencies*, and *Evacuation*. The GMHE can be understood as complementary to the GHE, which focuses mainly on personal psychological development and interpersonal relationship building.

Given the limited presence of terms associated with RSE, the keyword analysis with concordance samples helps to clarify the current priorities and interpretations of the official, school-based RSE in China. The following section presents sample concordance lines for all of the keywords that were identified from both the GHE and GMHE. These concordance samples serve as the basis for CADS-informed interpretations, and help to clarify how the

documents construct meaning in relation to their guidance profiles and the three core themes of this study: gender and sexual minority, sexual violence, and school bullying.

Tables 4.4-4.12 show samples from the GHE, while Tables 4.13-4.16 show samples from the GMHE.

Table 4.4

*Sample concordance of Health**

	Mental	Health	stay confident and do your own thing.
Understanding the characteristics of		Health	
psychological changes during			
adolescence, learning to maintain a			
happy mood and promote mental			
Recognise the dangers of premarital		Health	and develop healthy and civilised
sex to physical and mental			sexual attitudes and morals.
Premarital sex seriously affects the		Health	of young people,
physical and mental			
The main carrier course is ‘Physical		Health	
Education and			
Local education administrative		Health	education teachers,
departments and schools should pay			
attention to the construction of			
Training should be conducted at		Health	education.
different levels to continuously			
improve the standard of teachers in			
	School	Health	education is part of school education,

As presented in the sample of concordance lines relating to *Health* in **Table 4.4**, schools were the designated location responsible for providing HE for primary and secondary school students. The concordance lines also indicate the need for schools to focus on training teachers for the supporting curriculum and assigning curriculum titles to the subject. However, the title (*Physical Education and Health*) foregrounds a focus on physical aspects.

Reference to the impact of students' physical development on their *Health* and building of interpersonal relationships during adolescence remain underspecified, due to the lack of clear definitions provided in the document. Although the guidance does not explicitly promote heterosexual relationships and marriage, the concordance lines show repeated reference to students building relationships with members of the opposite sex, accompanied by information on their psychological development in relation to their physical development. In this regard, the guidance offers little indication of how the psychological changes associated with adolescent relationship formation are addressed for students whose experiences do not align with heterosexual norms.

Health was also linked to premarital sex, while sexuality was not included on the list of high-frequency words or keywords. The concordance lines suggest a negative framing of premarital sex emanated from this document; for instance, sex is presented as exerting a strong impact on the physical and psychological health of young people. It also states that 'while teaching young people about the dangers of premarital sex, there is a need to develop and promote healthy, civilised sexual attitudes and morals among students.'

Education and information about safe sex, sexual consent, sexual orientation and sexual pleasure do not appear in the concordance samples or high-frequency terms relating to *Health*. The guidance also does not provide an explicit explanation or definition of what constitutes 'healthy, civilised sexual attitudes and ethics'.

Table 4.5*Sample concordance of Prevention*

Health risks of malnutrition and obesity, and	<i>Prevention.</i>	
Learn more about the	<i>Prevention</i>	of common infectious diseases and enhance the ability to prevent diseases.
Understand the basic knowledge of <i>HIV/AIDS</i> and	<i>prevention</i>	methods, familiar with the basic knowledge of drug prevention, and improve the ability to resist drugs and <i>HIV/AIDS</i>
Acquire knowledge of adolescent health care and the	<i>Prevention</i>	and management of common physical problems during adolescence
Understand what sexual abuse is and acquire	<i>Prevention</i>	methods and skill*
The hazards of <i>HIV/AIDS</i>	<i>Prevention</i>	methods of <i>HIV/AIDS</i>
Knowledge of the physiology and psychology of adolescence in relation to the	<i>Prevention</i>	of <i>HIV/AIDS</i>

To learn more about the basic knowledge of <i>HIV/AIDS</i>	<i>Prevention</i>	and the correct treatment of <i>HIV/AIDS</i> -infected and infected persons
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As shown in **Table 4.5**, prevention is primarily discussed in relation to health risks, particularly disease and disease prevention. Although some concordance lines include references to treating people with HIV/AIDS with respect, references to HIV/AIDS prevention occur repeatedly across the policy texts. Compared with other infectious diseases, HIV/AIDS is mentioned more frequently, and is often discussed alongside the avoidance of drug abuse.

Prevention was also linked to sexual abuse, with concordance lines emphasising that students should learn how to recognise and prevent it. However, when analysing the concordance lines of *Prevention*, there is a noticeable absence of references to access to support; for example, guidance on dealing with the consequences of sexual abuse or how to report school bullying. This indicates that the preventive discourse in the policy text is not discursively linked to supportive measures for those affected. The responsibility of schools and teachers to provide support is not clearly specified in the concordance lines relating to *Prevention*. Additionally, references to the prevention of emotional abuse and domestic violence do not appear in the concordance lines relating to *Prevention*.

Table 4.6

*Sample concordance of Understand**

Develop an	<i>Understanding</i>	of the meaning and value of life and an awareness of the need to protect it.
Develop an	<i>Understanding</i>	of the functions of the main body organs of children and young people and learn to protect themselves.

	<i>Understand</i>	the basic knowledge of the physiological development of adolescence and acquire a preliminary knowledge of health care
They are required to	<i>Understand</i>	the basic knowledge of AIDS and how to prevent it, and to be familiar with the basic knowledge of drug prevention, so as to enhance their ability to resist drugs and AIDS.
	<i>Understand</i>	the psychological characteristics of adolescence and learn to maintain a happy mood and promote mental health
	<i>Understand</i>	what sexual abuse is and acquire prevention methods and skill*
To improve their	<i>Understanding</i>	of the basic knowledge of AIDS prevention and the correct treatment of HIV-infected and infected persons
They should have a better	<i>Understanding</i>	of adolescent health, the hazards of premarital sex to physical and mental health, and develop healthy and civilised sexual attitudes and morals

As mentioned earlier, the asterisk in the title of **Table 4.6** is used to represent a shared word stem across different lexical forms. In this case, *Understand* refers to Chinese terms that share the same root meaning but function as both nouns and verbs, with varying suffixes in their English translation. This notation is applied manually for analytical clarity and does not reflect a software-based lemma search that is commonly used with corpus tools.

*Understanding** frequently co-occurred with themes such as HIV/AIDS prevention, sexual abuse, and substance use, suggesting that the GHE constructs *understanding** is discursively associated with risk awareness and avoidance within the GHE. This pattern indicates that

knowledge acquisition is positioned as a mechanism through which moral perspectives and behavioural choices are framed within the policy discourse.

Table 4.7

Sample concordance of HIV/AIDS

To learn the basics of	<i>HIV/AIDS</i>	and how to prevent it, to become familiar with the basics of drug prevention
and to enhance the ability to resist drugs	<i>HIV/AIDS</i>	
and		
Basic knowledge and the dangers of the prevention methods of	<i>HIV/AIDS</i>	skill* to determine safe and unsafe behaviour and to refuse unsafe behaviour;
Knowledge of the physiology and psychology of adolescence in relation to the prevention of drugs use and a non-discrimination approach towards people living with HIV and	<i>HIV/AIDS;</i>	
Knowledge and methods of prevention, prevalence of	<i>HIV/AIDS</i>	and its socio-economic impact;
The difference between HIV-infected and	<i>HIV/AIDS</i>	patients;

As **Table 4.7** shows, students are expected to acquire basic information about HIV/AIDS and its prevention. Within this document, in addition to the requirement to acquire basic knowledge about it, the term *HIV/AIDS* is, in most cases, linked to drug abuse.

Although the document states that students need to understanding HIV/AIDS and treat people who have been diagnosed with it equally, and does not explicitly refer to drugs as a direct cause of HIV/AIDS or suggest that HIV/AIDS lead to drug abuse, the document presents and arranges content related to HIV/AIDS in direct parallel to drug abuse. The guidance also emphasises awareness of the risks that HIV/AIDS and drug abuse pose to individuals, families, and society as a whole.

The discursive alignment may contribute to the reinforcement of stigmatising associations between HIV/AIDS and drug abuse within the policy text.

Table 4.8

*Sample concordance of Skill**

To further strengthen health education in schools, develop students' health awareness and public health consciousness, and acquire health knowledge and	<i>skill*</i>
The principle of spiral progression in the transfer of health knowledge and	<i>skill*</i> ; the principle of unity in the transfer of health knowledge, health awareness and health behaviour formation
Learning the	<i>skill*</i> of joining a peer group and being able to get along with others; Learn what sexual abuse is and how to prevent it;
Learn the basic	<i>skill*</i> of self-rescue and improve the ability to deal with emergencies;

Learn to handle interpersonal relationships correctly, develop effective communication	<i>skill*</i>	and acquire basic psychological adjustments such as stress relief;
The assessment focuses on the development of students' awareness of health, the acquisition of basic knowledge and	<i>skill*</i> ,	and the formation of hygienic habits and healthy behaviours.

As **Table 4.8** shows, the content to which *skill** is linked runs throughout the main elements of the guidance syllabus: namely, interpersonal relationships, sexual assault prevention, self-rescue and handling emergencies, mental health and learning stress, and personal hygiene for students. The coverage extends from primary to secondary school and spans all five stages of HE outlined in the guidance.

In this guidance, *Skill** is frequently used as a noun and is closely linked to health knowledge as a component of the denotations of *HE knowledge*. Within the concordance lines, *Skills** is positioned as a core component of school-based HE. The term functions as a broadly neutral descriptor of educational competence within policy discourse.

Table 4.9

Sample concordance of Basic Knowledge

Growth and adolescent health: the	<i>basic knowledge</i>	of conception and growth, and 'where I come from'.
	<i>Basic knowledge</i>	of intestinal parasites, common respiratory diseases and malnutrition and how to prevent them;
To learn about the basic knowledge of AIDS and how	<i>basic knowledge</i>	of drug prevention and to enhance the ability to resist drugs and AIDS;

to prevent it, to become

familiar with the

They will learn about the

basic knowledge

of pubertal development and acquire knowledge of adolescent health care and the prevention and management of common physical problems during puberty;

Basic knowledge

of AIDS; the dangers of AIDS; methods of prevention of AIDS;

To learn more about the

basic knowledge

of AIDS prevention and the correct treatment of HIV-infected and infected persons;

Basic knowledge is also a linguistically neutral term that is used to link the different HE topics throughout the document, as **Table 4.9** shows. It covers the prevention and control of common diseases such as intestinal parasites and respiratory diseases, life and self-protection, the risk and control of HIV/AIDS, the prevention and control of drug abuse, and adolescent development.

It is worth noting that *Basic knowledge* about gender, sexual orientation, gender equality, sexual consent, safe sex, and condom use is not covered. The selective designation of certain topics as *basic knowledge* draws attention to a discursive emphasis on disease prevention and physical development within the GHE's framing of HE for primary and secondary schools.

Table 4.10*Sample concordance of Growth and development*

<p>The content of health education in primary and secondary schools covers five areas: healthy behaviour and lifestyle, disease prevention, mental health,</p>	<p><i>growth and development</i></p>	<p>and adolescent health, and safety, emergency and risk avoidance.</p>
<p>According to the different stages of</p>	<p><i>growth and development</i></p>	<p>for children and adolescents, the contents of the five areas are reasonably allocated to five levels: level 1 (primary school grades 1-2), level 2 (primary school grades 3-4), level 3 (primary school grades 5-6), and level 4 (junior high school grades 7-9). Level 3 (Primary 5-6), Level 4 (Junior High School 7-9), and Level 5 (High School 10-12).</p>
<p><i>Growth and development:</i></p>	<p>basic knowledge of life and growth and knowing ‘where I come from’.</p>	

- Growth and development*** and adolescent health: ... Learn about the functions of the main organs of the body of children and adolescents and learn to protect themselves.
- Growth and development*** and adolescent health: the characteristics of adolescent growth and development; the differences between male and female adolescents during adolescence (specific manifestations of male and female secondary sexual characteristics)
- Growth and development*** and adolescent health care: love life, cherish life; characteristics and changes in the psychological development of adolescence, correct treatment of psychological changes during adolescence... General knowledge of hygiene and health care during menstruation, symptoms and treatment of dysmenorrhoea; knowledge of

choosing and wearing appropriate brassieres.

Growth and development

and adolescent health care: love life, cherish life, common developmental abnormalities in adolescence, find abnormalities in time to seek medical attention; premarital sex seriously affects the physical and mental health of adolescents; avoid premarital sex.

As **Table 4.10** shows, *Growth and development* was a keyword that ran through the specific purposes and essential content of HE. It appears early in the document within the brief content specification for HE in primary and secondary schools, although it is worth noting that it occurs after disease prevention and mental health, and is associated with adolescent health.

In relation to *Growth and development*, the guidance organises content into and different levels divided by school years. The document repeatedly stresses the importance of student growth and development for educational purposes, proposing five levels organised according to school stage. The six years of primary school are equally divided into the first three levels, and the last two comprise the three year-periods of junior high school and high school. The division of the HE contents into levels shows that the framework is organised primarily by school year, rather than by individually differentiated development criteria.

Growth and development and HE content: The primary school level was concerned with self-protection and understanding the physical body. In Years 1 and 2, students were required to learn about their bodies and how to protect themselves. It is not until Years 5 and 6 that students are taught about physical development and puberty, such as the differences between male and

female pubertal development, menstruation, and menarche. During junior high school, the content related to *growth and development* gradually moved from understanding one's own body to choosing underwear, the psychological changes that occur during puberty, personal hygiene, and sanitation during menstruation. There was no reference to male physiological development. Sexual assault prevention was included on the curriculum, but there was no mention of safe sex or sexual assault support. During high school, sexual behaviour was mentioned for the first time in the document, accompanied by evaluative language that frames premarital sex a dangerous and emphasises avoidance.

Overall, the *growth and development* content is predominantly framed in biological terms, with a particular emphasis on female students. Based on the analysis of the concordance lines, without any reference to gender, sexual orientation, gender equality, sexual consent, safe sex, or condom use, for example. The content was oriented towards students' self-protection and female physiological health care, accompanied by significantly less coverage of male physiological development.

Table 4.11

Sample concordance of Hazards

The	Hazards	of Drugs to Individuals, Families and Society
Basic knowledge of HIV/AIDS, the	hazards	of HIV/AIDS, ways to prevent HIV/AIDS;
The	hazards	of drugs to individuals and families, general knowledge and simple methods of self-protection, and the ability to stay away from drugs.

To learn more **hazards** of premarital sex to physical and mental health and to about adolescent develop healthy and civilised sexual attitudes and health, the morals.

In the guidance, *Hazards* are mainly associated with drugs, HIV/AIDS and premarital sex.

Content relating to the hazards, and avoidance of drugs is introduced from Years 5 and 6 onwards, and extends from the individual level to the family and society, and from personal health to national laws.

The discussion of *HIV/AIDS* was framed primarily around disease transmission and the associated risks, with relevant content introduced only at junior secondary level. The link between premarital sex and hazards was introduced only at high school level, where students are taught that premarital sex may negatively affected both their health and psychological development, and are instructed to develop the ‘correct’ sexual ethics and attitudes.

Although the *hazards* associated with *drugs*, HIV/AIDS and premarital sex are presented as a basis for protecting students’ healthy development, the document did not provide the foundational knowledge necessary to support this aim. It offered no explanation of how HIV/AIDS is transmitted, how to practise safe sex, or the meanings of concepts such as sexual consent, sexual orientation, gender identity and sexual development. Instead, *HIV/AIDS* was primarily associated with drug abuse, and premarital sex was framed negatively through its repeated juxtaposition with the terminology related to ‘hazards’. Such framing risks reinforcing negative perceptions of people living with HIV/AIDS and also of those engaging in sexual behaviour. At the same time, the document required students to ‘treat HIV/AIDS patients with respect’, yet provided no further information to help students to understand the condition or challenge the existing stigma.

Table 4.12*Sample concordance of Drugs*

A simple knowledge of the dangers of	drugs	and staying away from them.
The dangers of drugs to individuals and families, general knowledge and simple methods of self-protection, being able to stay away from	Drugs.	
To understand the basic knowledge of AIDS and how to prevent it, to be familiar with the basic knowledge of	drugs	prevention and to be able to resist it and AIDS;
The dangers of	drugs	to the individual, family and society;
It is against the law to abuse	drugs	and refuse them.

In the GHE, the word *drugs* appears consistently in negative contexts across all educational stages. The document stresses that students should ‘*recognise the serious harm caused by drugs to individuals, families and society*’ (认识毒品对个人、家庭和社会的严重危害) and ‘*consciously resist drug abuse and keep away from drugs*’ (自觉抵制毒品, 远离毒品). The word *drugs* frequently co-occurs with terms such as ‘*harm*’ (危害), ‘*resist*’ (抵制) and ‘*keep away*’ (远离), which contributes to a discourse of danger and moral caution. From Years 5 and 6 onwards, the emphasis expands from personal self-protection to broader social responsibility and legal awareness.

The term *drugs* also repeatedly appears in conjunction with HIV/AIDS, primarily within the sections on disease prevention. In these contexts, students are instructed to *understand the ways HIV/AIDS is transmitted and prevented* and to *avoid drug use to prevent infection*. The co-occurrence of these two terms situates HIV/AIDS within a framework of risk and avoidance. While the GHE states that students should *treat people living with AIDS equally* (正确对待艾滋病患者), it does not elaborate on what such equality entails or how stigma might be reduced.

Table 4.13

*Sample concordance of Education**

<p>It is a necessary requirement for the healthy physical and mental growth of students, and for the comprehensive promotion of quality</p>	<p>education.</p>	
<p>To carry out the work of mental health</p>	<p>education</p>	<p>in primary and secondary schools, it is necessary to carry the great standard of socialism with Chinese characteristics.</p>
<p>Respect students, treat them equally, focus on</p>	<p>educational</p>	<p>methods and approaches, pay attention to individual differences, and</p>
<p>Under the</p>	<p>educational</p>	<p>guidance of teachers, students should be given full play and motivated to take an active interest in their own mental health and to develop their awareness and ability to help themselves.</p>

Establish a network and collaborative mechanism for mental health	education	in schools, families and communities
The main contents of mental health	education	include the popularisation of mental health knowledge, the establishment of mental health awareness, the understanding of psychological regulation methods, the recognition of psychological abnormalities, and the acquisition of general knowledge and skill* in mental health care.
Mental health education should prevent a tendency towards disciplinarity and avoid being used as a popularisation of psychological knowledge and education in psychological theory.	education	should be organically integrated with the work of class teachers, class team activities, campus cultural and sports activities and social practice activities, and make full use of the Internet and other modern information technology tools to carry out mental health education in a variety of ways.
The Ministry of	Education	will make uniform regulations on the basic standards and specifications for the construction of psychological counselling rooms.

Each school should have at least one full-time or part-time mental health	education	teacher, and gradually increase the ratio of full-time staff.
Provincial	education	administrative departments should incorporate mental health education teacher training into teacher training programmes and conduct training for mental health education teachers in the region in phases and batches.
The preparation, review and selection of various	educational	materials on mental health education should be carried out in accordance with the unified requirements of this guideline.

Education appeared as both a high-frequency word and a keyword in the corpus, indicating its centrality within the policy discourse of both the GHE and GMHE. It was therefore selected for closer concordance analysis, to explore how the documents linguistically construct the role and purpose of education within health-related policy. In both texts, education is closely associated with the establishment of school-based MHE systems, the development of teacher training and professional requirements, and the broader framing of schooling as a key vehicle for students' moral, psychological, and physical development. The examination of this term helped to clarify how the policy discourse positions educational institutions as the key site for implementing the national health and moral objectives.

The document frames education as integral to socialism with Chinese characteristics, linking students' physical and mental health development to broader ideological goals. The language of the document showed that the government embraced a positive attitude towards MHE and the importance of the MHE within students' overall educational development. However, the

development of MHE, based on the GMHE, is primarily based on ideological terminology, with limited reference to psychological theories or evidence-based pedagogical rationales.

The GMHE clearly emphasises the organisational and infrastructural requirements for schools, including the need to establish counselling rooms and appoint qualified mental health teachers or counsellors. These teachers are expected to hold relevant qualifications that demonstrate their professional background in the field of either psychology or MHE. The document also specifies that schools should support these staff members by offering them professional development opportunities and welfare provisions, and also addressing issues such as teacher stress and workload.

As **Table 4.13** shows, the GMHE repeatedly emphasises the need to respect the developmental patterns of students' mental health development, with teachers guiding MHE and developing students' independence and awareness. Although the development of curriculum materials was explicitly designated to be written by psychology professionals, the professionals' background and MHE content review criteria, together with its standards and detailed information, were not specified. Similarly, the curriculum and lesson timetable design for MHE also lacks clarity, with only vague guidance about the main content that should be included. The GMHE further specified that MHE should not be of a 'disciplinary form' and should be adapted to practical considerations.

The GMHE also calls for MHE to be developed in collaboration with parents and the wider community, alongside the school as the primary educational site.

Table 4.14

Sample concordance of Mental Health

All teachers must be aware of	mental health	education, respect students, treat them equally, pay attention to education
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<p>Cultivate morally, intellectually, physically and aesthetically well-rounded socialist builders and successors who have a healthy body and</p>	mental health,	<p>methods and approaches, pay attention to individual differences, and carry out mental health education and counselling according to the characteristics and needs of different students.</p>
<p>Establish a scientific, professional and stable team of In accordance with the principle of ‘combining urban and rural areas and leading rural areas with urban areas’, the exchange and cooperation of</p>	mental health	<p>education teachers for primary and secondary schools education between urban and rural primary and secondary schools has been strengthened.</p>
	mental health	<p>education should be based on the actual development of different regions and the physical and mental development of students at different ages, to achieve</p>

The psychological counselling room is a special place for	mental health	gradual progress and set specific educational contents in different stages. education teachers to conduct individual and group counselling, to guide and help students solve their learning, life and growth problems, and to resolve their psychological problems.
The use of instruments that may harm students'	mental health	is prohibited, and the tendency to medicalise mental health education must be prevented.
Schools should help parents to establish a correct concept of education, understand and master the characteristics and rules of their children's growth and the methods of	mental health	education, strengthen parent-child communication and pay attention to the development of their own good mental qualities.
Schools and local authorities should ensure time for	mental health	education through various ways and means, considering the practicalities of education and teaching. Class time can be arranged in the local curriculum or school curriculum.

As with the term *Education*, the phrase *Mental health* is frequently framed through ideological language within the policy discourse. For example, MHE is described as responsible for nurturing a new generation of socialists' and for aligning with socialist ideological principles.

The term is also linked to notions of *equal treatment* in students' development and to conformity with the *scientific development* concept. Associated psychological theories were not mentioned.

In relation to educational resources, the document highlights disparities between the educational resources of different regions across the nation due to urbanisation and geographical location, as well as the need for inter-regional collaboration between different areas to balance the MHE resources more effectively. In conjunction with the guidance, local authorities are positioned as responsible for coordinating these efforts.

School Infrastructure and Counselling Provision: According to the GMHE (Ministry of Education, 2012, Section 4), schools are required to establish dedicated psychological counselling rooms and ensure that these facilities are properly equipped. The document describes counselling as a form of communication between teachers and students about study-related, personal, and developmental issues, aimed at supporting students' mental wellbeing. It also calls for schools to provide guidance for parents to help them to understand and support their children's mental health needs.

Curriculum Scheduling and Implementation: The GMHE links the implementation of MHE to the broader school timetable, stating that each region should adapt its teaching schedule flexibly, to suit the local conditions and curricular priorities. However, the absence of detailed guidance or enforcement mechanisms means that the design and delivery of MHE are left largely to individual schools. Given the existing disparities between the educational resources and infrastructure across the regions, this lack of coordination may hinder the consistent, effective implementation of MHE nationwide.

Table 4.15*Sample concordance of Primary and Secondary Schools**

	Primary and secondary school	students are in an important period of physical and psychological development.
In accordance with the characteristics and rules of physical and psychological development of	primary and secondary school	students, grasping the developmental psychological tasks of students at different age groups, and
In order to carry out mental health education in	primary and secondary schools,	it is necessary to take students' development as the basis and follow the law of their physical and mental development.
Reinforce the construction of mental health education teachers and establish a scientific and professional team of stable mental health education teachers for	primary and secondary schools.	
Designate responsible departments and persons in charge to support and guide the development of mental health education in	primary and secondary schools	

Provide national training to	primary and secondary school	mental health education teachers and researchers, and key teachers in separate stages.
From the start of the spring 2013 school year, all mental health education materials used in	primary and secondary schools	must be validated by experts organised by educational administrative departments at or above the provincial level before they can be used.

In most cases, the phrase *Primary and secondary school** co-occurs with terms such as *student development as the fundamental, the laws of physical and mental development, accelerated construction, promotion, and support, and in group*, all of which carry neutral and positive evaluative meanings. The link between these phrases and words suggests that the MoE adopted a relatively positive attitude towards the construction of MHE in primary and secondary schools framed through predominantly neutral and positive evaluative language.

The phrase *Primary and secondary school**, except for some content that was directly and explicitly identified as relevant to students, such as the physiological and psychological developmental characteristics and patterns of primary and secondary students, generally refers to state primary and secondary schools. The GMHE contains no reference to MHE development in private schools.

Content associated with primary and secondary school span a wide range of themes, including respect for students' mental health developmental patterns, requirements for government departments and schools in the construction and dissemination of MHE, expectations regarding the diversity of MHE activities, cooperation between schools, communities, and parents, assessment requirements for MHE provision, and the training and support of mental health teachers.

The repeated use of the phrase *primary and secondary school** positions that the school as the central site of responsibility for MHE provision, and that a headteacher, form teacher, and specialist teacher with a mental health professional background are the main figures who are responsible for the students. Although cooperation with communities and parents is repeatedly emphasised, responsibility for curriculum content and materials is assigned to experts, with limited detail provided regarding how such content should be developed in practice. There were no detailed regulations regarding the content and methods of the primary and secondary school curriculum, the class periods, or how the teachers will be assessed.

Due to the translation from Chinese to English, an asterisk is used to represent both *primary and secondary schools* and *primary and secondary school*.

Table 4.16

Sample concordance of Outline

<p>In order to thoroughly implement the spirit of the 18th National Congress of the Party, implement the Opinions of the Central Committee of the Communist Party of China and the State Council on Further Strengthening and Improving the Ideological and Moral Development of Minors and the requirements of the National Medium- and Long-term Education Reform and Development</p> <p>The preparation, review and selection of various educational materials related to mental health education should be carried out in accordance with the unified requirements of this guiding</p>	<p>Outline (2010-2020), and further scientifically guide and regulate the work of mental health education in primary and secondary schools.</p> <p>outline.</p>
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Although the word *Outline* appears infrequently in the GMHE, its discursive role is significant. The term functions as a self-referential shorthand for the GMHE itself, serving as a meta-discursive signal that contributes to the reinforcement of the document's own authority. Rather than introducing new content, it positions the GMHE as a centralised framework for regulating MHE nationwide and functions to legitimate the policy through textual self-reference.

In the first concordance line, *Outline* appears alongside other major Party and State Council documents, situating the GMHE within a broader ideological framework of moral and political education for minors. In the second instance, building on the earlier discussion of the technocratic discourse in **Section 4.2.2**, the term is used prescriptively, instructing schools and the administrative bodies to prepare and review materials '*in accordance with the unified requirements of this guiding outline*'. This directive tone exemplifies the technocratic discourse discussed earlier, in which bureaucratic language indicates authority through the use of depersonalised institutional phrasing.

Although rare, the strategic use of the word *Outline* contributes to the text's legitimacy and standardising function, illustrating how policy authority is articulated primarily in administrative discourse rather than through explicit educational theory or evidence.

4.4 Interpreting Policy Priorities: Discursive Themes in the GHE and GMHE

Building on the keyword and concordance analyses presented in **Section 4.3**, this section interprets how recurrent lexical patterns and notable absences function discursively within the GHE and GMHE. In line with a CADS framework, keywords are treated not as findings in themselves but as analytical entry points through which patterns of meaning, emphasis, and omission are identified via close reading of concordance behaviour and textual organisation. The analysis moves from keyword identification to contextualised interpretation by examining how frequently occurring terms cluster around particular policy concerns, how they co-occur with evaluative and modal language, and how their usage varies across sections and educational

stages. These patterns are then interpreted in relation to broader ideological and pedagogical orientations embedded in the policy texts.

Through this process, two overarching discursive themes are identified across the GHE and GMHE. A closer examination of the text reveals how the language used in these documents articulates through moral, behavioural, and risk-avoidance framings of student wellbeing, as well as how certain aspects of gender, sexuality, and relational education are marginalised or left unarticulated. Based on the sectioning and structuring of the teaching content, both sets of guidance divide the curriculum content by grade level rather than by individually differentiated development criteria, with a particular focus on the physical and psychological changes that are associated with puberty.

Synthesising the keyword patterns, concordance findings, and document structure, the recurring discursive emphases can be grouped into five analytical categories: health and hygiene, safety and prevention, psychological resilience, discipline and responsibility, and the importance of schooling. By tracing how these categories are linguistically constructed and what they exclude, this section addresses RQ1 by demonstrating how RSE-related content is framed, prioritised, and constrained within national education policy.

4.4.1 Harm, Risk, and Obedience: A Moralistic, Risk-Averse Framing of Health, Safety, and Sexual Behaviour in the GHE

Drawing on the keyword clusters and concordance patterns identified in Section 4.3, particularly those associated with *Mental health*, *Understand**, and *Skill**. This subsection examines how health and safety are framed through a moralistic, risk-averse discourse that foregrounds individual pupil responsibility.

A key feature of this discourse is that responsibility is positioned discursively at the level of the individual pupil; for example, regarding the requirements for the mental health content in Years 5 and 6, the GHE states that students should ‘stay confident’ and ‘do their own thing’

(保持自信, 自己的事情自己做). As shown in the concordance analysis, such formulations rely on imperative or normative language that constructs mental health as an individual attribute of resilience, with no reference to social, relational, or institutional support structures. The GMHE similarly directs students at the same level to foster *self-esteem, self-confidence, self-regulation and the ability to withstand setbacks* (自尊自信、自我调控和承受挫折的能力). While these qualities are framed positively, their repeated association with student-focused verbs and evaluative adjectives foregrounds individual responsibility while leaving mechanisms of support unspecified.

Neither document elaborates on how these personal qualities should be developed, nor is there any mention of structured teacher support, school counselling services, or peer-based well-being strategies. Notwithstanding the overlapping stages of student development that are targeted by the GHE and GMHE, there are no cross-references between the two documents, resulting in fragmented content. In particular, the GHE addresses these complex developmental challenges in a single-sentence statement, and does not provide a comprehensive or detailed framework for providing support. The GMHE, in comparison, provides somewhat more details for Year 5 and 6 pupils under its objectives for the primary stage, yet it remains highly generalised; for example, it suggests *learning to express feelings and ask for help* (学会倾诉和求助), but does not to specify the appropriate pathway or responsible personnel for providing this support. As a result, students may be left with insufficient guidance during a critical transitional phase.

In addition, the policy frameworks themselves are vague and lack clear instructional guidance. Both the GHE and GMHE outline broad goals and expected student competencies but do not to provide practical tools or pedagogical resources; for instance, whilst the GMHE calls on schools to foster *positive psychological qualities* (良好的心理素质), there is no indication about how these qualities ought to be taught, modelled, or assessed as part of daily teaching

practice. The GHE also lacks clear guidance on how to introduce, model or assess these qualities within classroom practice. Similarly, the GHE outlines expectations related to behaviour, such as avoiding risky behaviour and maintaining good personal hygiene, without providing any implementation strategy, teaching content or assessment method for achieving this. This renders the policies formally structured but substantively under-specified frameworks, as they were formally structured yet lack the substantive details that would be needed in order to translate them into classroom action.

This ambiguity places additional pressure on teachers, who are left without clear directions and so are compelled to rely on their personal judgement or external materials to fill in the gaps. In view of the complex, sensitive nature of topics such as mental health, adolescence, and relationships, the lack of clear pedagogical approaches or institutional scaffolding not only undermines the effectiveness of the intended education but also may risk perpetuating the inconsistencies and inequalities that already exist within teaching and learning.

4.4.1.1 Risk Discourses and the Framing of HIV/AIDS and Sexual Violence

Drawing on the keyword and concordance analyses presented in **Section 4.3**, particularly those associated with prevention, skill, hazards, and HIV/AIDS, this subsection examines how sexual violence and related risks are discursively constructed within the GHE. The content on sexual violence and related topics in the GHE is relatively brief, vague, and limited in scope. References to sexual violence appear only at the junior high school stage and are entirely absent from the GMHE. Where such content does occur, it is articulated through brief directives requiring students to *enhance their self-protection awareness and capabilities* (增强自我保护意识和能力) and *know how to seek help when sexually assaulted* (知道受到性侵害时的求助方式). However, these formulations are not accompanied by contextual clarification or pedagogical elaboration. There is no indication of where such risks may arise, who perpetrators might be, or how students can access psychological or medical support following an incident.

As a result, guidance on sexual violence remains abstract and detached from institutional safeguarding structures.

It is worth noting that the implicitly binary framing of the GHE does not employ any personal pronouns other than *oneself* (自己) when addressing sexual assault content. The text exclusively employs non-personal collective terms such as *students* (学生), without acknowledging the disproportionate risks faced by female and sexual minority students. Such linguistic choices can be interpreted as avoiding the gendered dimensions of sexual violence, reflecting a discourse of silence. This finding contrasts with other studies, which note that education tends to portray women as the potential victims of sexual assault, while men are viewed as the potential perpetrators (Bhana et al., 2019; Hilton, 2001; Sundaram & Sauntson, 2016).

Although sexual violence-related content co-occurs with the keywords in the GHE, *prevention* and *skill*, these terms are not supported by explicit or pedagogically meaningful curriculum. Despite their presence, there is no structured framework through which students can develop the relevant skills or apply prevention strategies in real-world contexts; for example, there is an absence of lessons on recognising inappropriate behaviour, understanding sexual consent, or navigating interpersonal boundaries. Likewise, no opportunities are provided for students to practice communication or support-seeking behaviour. The limited instructional depth associated with these keywords suggests that their inclusion functions more as a symbolic marker of policy concern than as an indication of substantive educational provision.

The framing of HIV/AIDS in the GHE similarly can be characterised as relying on fear-based messaging. Rather than offering medically accurate, holistic information, the guideline simply states that students should *stay away from drugs to avoid contracting diseases such as AIDS*. This formulation linguistically aligns HIV/AIDS exclusively with drug use, implying that disease results from deviance or moral failing. There is no mention of the sexual transmission

routes, condom use, or the efforts to reduce stigma and promote compassion. This reductionist approach risks fostering misunderstanding and heightens the social stigma associated with illness, discouraging open dialogue and perpetuating fear and shame.

More broadly, sexuality-related concepts are absent from both the keyword and high-frequency lists. Topics such as sexual consent, sexual orientation, safe sex, and sexual pleasure do not feature in the policy discourse. This omission narrows the scope of risk prevention to avoidance rather than informed decision-making. This is particularly significant given evidence that comprehensive RSE does not promote early sexual activity (Braeken & Cardinal, 2008) and plays a crucial role in long-term wellbeing and health literacy (Herrman et al., 2013). Sexual minority students, in terms of their gender identity, safe sexual practices, and positive gender roles, are at a higher risk of facing inequality (Pingel et al., 2013), remain invisible within this framework.

The implications of this limited educational guidance are significant. Across both the GHE and GMHE, prevention and self-protection are repeatedly emphasised; however, responsibility is implicitly devolved to individual students and teachers, with minimal institutional guidance regarding implementation or systemic support. This discursive pattern highlights a clear gap between policy aspiration and educational provision, particularly in relation to the absence of detailed, supportive, and inclusive guidance.

Despite the documented risks, the GHE and GMHE do not outline any expectations or requirements in relation to teacher training, classroom discussion, or school-level safeguarding systems. Teachers are positioned as responsible roles while not provided with guidance, curriculum content, or examples of age-appropriate methods for delivering this information. Many may therefore avoid the topic altogether due to their lack of preparation, discomfort, or fear of overstepping unclear boundaries (Hu & Liu, 2018). The result is a policy framework

that acknowledges sexual violence discursively while relying on moral injunction and individual self-regulation rather than structured intervention.

Taken together, the GHE and GMHE frame sexual violence and HIV/AIDS primarily as individual risks to be avoided. Through selective emphasis, moralised language, and sustained omission, the policies construct a discourse that prioritises behavioural caution over educational engagement. This framing limits students' access to the knowledge, skills, and institutional support necessary to navigate sexuality, relationships, and personal safety in meaningful and protective ways.

4.4.1.2 Framing Psychological Resilience: Pedagogical Gaps and Behavioural

Expectations in MHE

Although *mental health* appeared as a keyword in the GMHE corpus and was included in both the GHE, its occurrence does not appear to reflect a central or consistently detailed emphasis in either document. As discussed in the keyword analysis, terms such as *Mental Health*, *Education*, *Skill**, *Development*, and *Basic Knowledge* were used as initial indicators to locate relevant content. This subsection now draws on that foundation to explore how MHE is discursively constructed across both policies. In particular, it examines the co-occurrence of these keywords with themes of behavioural regulation, emotional self-discipline, and student resilience, and assesses how such framings reflect political language can be interpreted as promoting compliance and internalisation over pedagogical clarity and institutional support.

In both the GHE and GMHE, MHE is presented primarily as a vehicle for regulating individual behaviour and promoting moral values rather than as a structured educational field with clear content or support systems. Although GMHE provides more comprehensive coverage and references to the infrastructural provisions, the actual language and layout of the content suggest that psychological wellbeing is constructed as something students are expected to

cultivate and adjust individually. In the GHE, this begins in Years 1–2, where students are expected to develop friendly peer relationships and exhibit polite behaviour. However, the document provides no guidance for Years 3–4, creating an early gap in terms of continuity. By Years 5–6, the message becomes one of personal responsibility, as the students are instructed to *maintain self-confidence and do one's own things independently*. At first glance, this may appear positive and developmental but, in the absence of teaching strategies, supportive classroom activities, or teacher guidance, it becomes vague and overly idealistic.

From Years 7–9 (junior high school level), students are told to regulate their emotions and reflect on their behaviour. In Years 10–12 (high school level), these expectations extend to pressure management, emotional control, and interpersonal relationship-building. However, these are stated in aspirational terms rather than being described as tangible goals, supported by pedagogical interventions. Keywords such as *Skill**, *Development*, and *Education* appear alongside these topics but remain abstract and are not accompanied by clear structure or actionable detail. The co-occurrence of these terms with motivational language, such as *students should* (应当), *it is important to* (重要的是), and *strive to* (努力), further positions responsibility for mental health management onto individual students.

Compared with the GHE, the GMHE does include a more substantial discussion of the implementation mechanisms and aspirations. It outlines the goal of improving students' psychological quality and developing their resilience, confidence, and emotional self-regulation. Statements such as *learn to experience and express emotions* (学会体验情绪并表达自己的情绪) and *initially learn to control oneself* (初步学会自我控制) suggest a behaviour-oriented model. Verbs like *cultivate* (培养), *establish* (树立), and *stimulate* (激发) appear frequently and frame MHE as part of an internalised moral development process. The GMHE also emphasises *comprehensive advancement* (全面推进) and *coordinated development* (协调发展), highlighting a policy discourse that promotes holistic growth.

Nevertheless, the majority of this content remains largely at the level of stated aims, with minimal explanation of how such educational goals should be translated into daily classroom practice.

While the GMHE advocates dedicated MHE lessons, psychological counselling services, and multi-level implementation pathways, these are introduced in general terms; for example, it outlines the creation of school-based psychological counselling centres and the integration of MHE content into other subjects, such as biology or ethics education. It also lists a range of potential formats for delivery, such as group counselling, psychological training, and role-playing. However, there is no mention of lesson examples, instructional scaffolding, or differentiated materials for diverse learners. The language used continues to emphasise correct behaviour and moral outcomes, rather than providing students and educators with useful pedagogical tools. The keyword *education* continues to appear frequently but, when traced through concordance lines, it rarely aligns with substantive teaching content.

This vague, moralising tone also appears in discussions of emotional regulation. The GHE and GMHE both treat puberty as a critical developmental moment, often without contextualising the students' experiences in broader social or emotional terms. The student is positioned as expected to fit into the societal norms, adopt a positive attitude, and develop harmonious interpersonal relationships, yet no specific methods or institutional resources are provided to guide them. While the GMHE mentions integrating MHE across subjects and activities, such as class meetings, school events, and flag-raising ceremonies, the content remains more about reinforcing collective harmony and discipline than building meaningful psychological support systems.

Although the GMHE includes specific provisions about the need for professional teacher training, along with the development of teaching materials, and evaluation systems for MHE, these elements are again described in general terms; for example, teachers are required to

undergo training and provide developmentally appropriate guidance, but there are few insights into how these responsibilities may be implemented in practice. The same applies to the idea of involving parents and communities since, while the policies acknowledge their role, without specific guidance or support structures, these groups' involvement is assumed rather than assured.

From a discursive standpoint, the frequent use of motivational vocabulary can be seen to construct mental health as a moral responsibility. Rather than framing emotional wellbeing as a goal that is shared between students, teachers, and institutions, it becomes an individual journey, measured by one's ability to remain composed, adapt, and self-regulated. This is reinforced by the prominence of keywords like *health*, which frequently co-occur with terms associated with physical wellness or general values, rather than concrete MHE instruction. The documents aim to create a discourse of care without practical anchoring an appearance to support the related teaching or learning processes.

In summary, while MHE is visibly present in the GHE and GMHE, and supported by various keywords, the documents prioritise an ideal of behavioural regulation and internal resilience over pedagogical clarity and institutional accountability. Psychological wellbeing is framed through political language that focuses on harmony, discipline, and self-control, but lacks specificity in terms of the related content and implementation. The emphasis on what students should be and do is not matched by detailed curricular materials or accessible support systems. For educators who are developing MHE programmes or students seeking support, this presents a significant challenge. MHE, in both the GHE and GMHE, can therefore be understood as shaped more by ideological aspirations than by evidence-informed, supportive teaching practices.

4.4.1.3 Puberty as a Significant Dividing Line in the GHE and GMHE

Puberty functions as a pivotal organising principle in both the GHE and GMHE, structuring the sequencing of content and shaping pedagogical expectations across school stages. In both documents, the onset of puberty not only marks a shift in physical and psychological development but also functions as a point of curricular transition, structuring how the students are positioned and what content they are expected to learn at various stages of their schooling. This chronological division shapes the narrative of development in the documents, reflecting the broader discursive framings of gender, sexuality, and maturity within the documents.

In the early primary years (Years 1–2), the GHE prioritises physical health, particularly in relation to hygiene and the prevention of common diseases, such as those spread by mosquitoes and rodents. During this phase, students are positioned in a gender-neutral manner, with no specific reference to differentiated biological development. The absence of any content on reproductive anatomy, gender, or sexuality is notable. The focus remains generalised, avoiding engagement with bodies or identity, despite this being the stage during which foundational understandings of the self and others are often formed. The content is framed using general keywords like *Health* and *Prevention*, directing attention towards communicable disease and bodily cleanliness rather than identity formation or embodied experience, despite this being a formative stage for children's understanding of self and others.

From Years 3–4, elements of gender differentiation begin to emerge indirectly, primarily through behaviour-oriented advice. However, it is not until Years 5–6, coinciding with the biological onset of puberty, indicating a shift from gender-neutral framing to a binary approach in both documents. It is here that a distinct transition occurs. The GHE refers for the first time to students' sex as either male or female, indicating a shift from gender-neutral framing to a binary approach. At this point, there is an emphasis on puberty as a period of profound physical and psychological change. Students are advised to become familiar with *the characteristics of*

pubertal growth and development (青春期生理发育的基本特征) and to *adapt to the psychological changes during puberty* (适应青春期心理变化).

However, the discussion of puberty is heavily gendered and uneven. Girls receive significantly more attention than boys; for example, the GHE discusses the importance of recognising and managing menstrual symptoms, the wearing of appropriate undergarments, and emotional responses to menstruation. In contrast, the mention of boys is limited to a brief reference to the *significance of first ejaculation* (遗精的重要性), without any further elaboration on its physical or emotional impact. The documents do not elaborate on what is meant by the *significance* of these pubertal events, nor do they provide any pedagogical guidance on how to deliver this content to students. The absence of explanatory depth limits the educational value of such guidance.

Moreover, the focus on female puberty is frequently linked with behavioural expectations and personal hygiene. Hygiene education for menstruation is framed in moralising terms, reinforcing the traditional gender norms; for instance, while it states that girls should understand *how to manage dysmenorrhea* (痛经的应对方法), there is no equivalent discussion of how boys should understand or respond to changes in their own bodies or in those of others. This disparity perpetuates the invisibility of male adolescents in the domain of puberty-related HE and contributes to a heteronormative framing of the gender roles.

The GMHE complements the GHE's framing by expanding its coverage of the psychological aspects of puberty. It introduces the expectation that students *gradually learn to regulate emotions* (逐步学会调控情绪) and *develop self-awareness* (增强自我意识) as they progress through adolescence. These elements reflect a discursive shift from physical to psychological resilience, particularly in secondary education. Nevertheless, these goals remain broadly articulated, with no structured pedagogical approach or examples of implementation. While the GMHE states that MHE should be integrated throughout all educational activities, including

class meetings, lectures, and interdisciplinary teaching, it does not specify how puberty-related content should be embedded within these contexts.

Importantly, both the GHE and GMHE rely heavily on aspirational language and general behavioural guidance, without offering any concrete educational content. The language of development is frequently moralistic and imperative. Phrases such as *students should establish correct gender awareness* (应树立正确的性别意识) or *students need to understand the differences between boys and girls* (了解男女生理差异) are included, yet there is no definition or discussion of what constitutes *correct* awareness or how understanding these differences should be framed biologically, psychologically, socially, or ethically.

Although puberty-related sections are located through terms associated with *Growth and Development*, and *Basic Knowledge*, closer examination of these sections shows that content remains largely descriptive and biologically focused. There is no reference to consent, sexual ethics, or inclusive language. The framing assumes a normative trajectory of heterosexual development within a binary gender framework, while side-lining broader discussions on diversity, identity, or social context. Puberty is framed as a biological inevitability that must be managed, rather than a complex life phase requiring reflective and inclusive education.

Furthermore, the co-occurrence of keywords such as *Basic Knowledge*, *Skill**, and *Growth and Development* with puberty-related content reflects an attempt to embed this phase within a framework of biological and behavioural instruction. However, this framework lacks critical pedagogical depth. The documents provide minimal guidance in terms of practical teaching resources, inclusive pedagogical principles, or scaffolding for diverse student needs. The emphasis remains on what students should know or how they should behave, rather than how teachers should guide, support, or adapt their instruction.

In summary, while puberty is indeed used as a significant curricular dividing line in both the GHE and GMHE, its pedagogical treatment is uneven, gender-biased, and lacking in detail.

Girls receive the bulk of attention, particularly regarding hygiene and emotion regulation, while boys remain largely invisible within the discourse. Psychological development is introduced but not pedagogically scaffolded. Puberty thus functions as a rhetorical marker of transition within the policy discourse, rather than as a well-supported educational focus grounded in inclusive and developmentally responsive practice.

4.4.2 Discursive Silences and Exclusions in the Framing of Gender, Sexuality, and Student Wellbeing

While the preceding subsections examined how policy priorities are articulated through recurrent lexical patterns and thematic clustering, the analysis presented in this section explores what has been marginalised or omitted in the GHE and GMHE policy documents, particularly through their linguistic framing and discursive structures. Drawing on the findings of the keyword analysis and concordance analysis, this section focuses on how certain, particularly those relating to gender diversity, sexual rights, and student wellbeing are not only underrepresented but also discursively silenced, as evidenced by their absence from the keyword lists (See **Table 4.3**), and limited concordance presence. In CADS terms, these silences are not treated as incidental gaps but as analytically meaningful features of the discourse, shaped by the interaction between what is said, how it is said, and what remains unsaid.

While the previous sections identified key topics, such as HIV/AIDS, sexual violence, and puberty as significant curricular thresholds, this section critically reflects on the structural exclusions produced through the documents' organisation and content framing. The GHE (2008) and the GMHE (2012) were developed well before the incorporation of RSE into law through the 2020 revision of the *Law of the People's Republic of China on the Protection of Minors*. Despite this legal shift, these two policy documents remain unrevised, and no RSE-specific guidance has been issued since. From a discursive perspective, this misalignment

between existing policy frameworks and current legal expectations raise questions about how students are supported in learning about gender and sexuality in a meaningful, inclusive way. Previous research has noted that RSE content in China has often been embedded within other subjects, most notably physical education and biology, but with a narrow focus on the biological aspects of reproduction (Wang & Wang, 2018; Wu et al., 2018; M. Zhang, 2013). Broader frameworks, such as Peng's (2002), model which encompasses sex biology, pedagogy, medicine, law, and psychology, have not been integrated into primary or secondary education (Li, 2019). Liu's (2008) historical review of adolescent sex education in China also confirms a longstanding emphasis on biological knowledge and moral instruction, framed within conservative cultural values that centre on heterosexual family models and reinforce the binary gender roles. These patterns provide an important backdrop for interpreting the silences identified in the policy corpus.

This study contributes to a limited body of research by applying a CADS framework to examine how the GHE and GMHE discursively frame or omit issues related to gender, sexuality, and student relationships within the national policy landscape. Using corpus-derived patterns as an analytical starting point, this section identifies the discursive features of the two policy documents through the absence of particular keywords, gaps in topic co-occurrence, and the predominance of behavioural and moralistic language, which together constrain how these issues are articulated within the texts. In contrast to the preceding sections that focused on what is explicitly present, here the emphasis is on what is omitted or merely mentioned in passing. By foregrounding discursive absences as patterned features of the corpus, the analysis indicates not only a lack of comprehensive RSE content but also a failure to support students through inclusive pedagogical practices. These omissions contribute to a normative, restricted view of health and sexuality that fails to meet the diverse needs of contemporary youth in Chinese schools.

The following subsections will explore these silences in detail, focusing first on the lack of explicit policy content on bullying and school safety.

4.4.2.1 Absence of a Definition of Gender and Sexuality in the GHE and GMHE

Before proceeding, it seems appropriate at this point to clarify the Chinese conceptualisation of gender and sexuality. In Chinese policy and research contexts, the term *性别* is often used interchangeably to mean both gender and sex, and predominantly refers to the gender assigned at birth, thereby reflecting a binary understanding of male and female. Within the social and cultural environment of mainland China, *性别* is generally aligned with a biological binary rather than socially constructed gender identities. This framework results in a limited discursive space, in which broader interpretations of gender and sexuality as fluid, diverse, and socially situated are absent.

As neither *gender* nor *sexuality* was identified as a high-frequency word or keyword in either the GHE or the GMHE, their omission constitutes a form of discursive silence within this national guidance. As part of the CADS process, the keyword and high-frequency word analyses were used as entry points to map discursive presence and absence. These terms did not emerge in either list, which prompted a deliberate, systematic reading of the GHE and GMHE texts to identify any instances where such topics may be implied or indirectly referenced.

Across the five thematic categories of GHE, student growth, disease prevention, psychological health, safety education, and healthy lifestyle guidance, there is no mention of what constitutes gender or sexuality. This absence is not only definitional but also pedagogical in effect; no explicit instruction, clarification, or conceptual framework is offered to explain these concepts to students, despite their centrality to understanding human development and interpersonal relationships. Similarly, the GMHE offers no definition or elaboration on gender or sexuality,

whether in the context of mental health, emotional development, or interpersonal communication.

This definition is introduced here not as a normative benchmark, but to make visible the conceptual absence created by the policy discourse itself. The World Health Organization (2018) defines gender as the socially constructed roles, behaviour, activities, and attributes that a given society considers appropriate for men, women, and people with diverse gender identities. Yet, in the Chinese government-issued GHE and the GMHE, this conceptual understanding framing is absent. Notably, even the traditional gender binary is not clearly articulated. Rather than employing pronouns or identifiers like ‘he’ or ‘she,’ the GHE document uses terms such as *male* and *female adolescents* (男女少年), *adolescent* (青少年), *male* (男性), *female* (女性), *female student* (女生), and *male student* (男生), largely in the context of physical development and health-related education. Students are often referred to collectively using general terms such as *students* (学生), *children* (儿童), or *teenagers* (青少年), which limits explicit engagement with gender identity or diversity.

Gender differentiation does appear sporadically, such as in the following passage from the GHE:

The period around puberty is a critical stage for adolescents’ physical and mental development, and male and female adolescents should be helped to understand the physical and psychological changes of puberty correctly. (青春期前后是青少年身心发展的关键阶段，应帮助男女少年正确认识青春期的身体变化与心理变化。)

(Ministry of Education, 2008, p. 4)

This statement reaffirms the reliance on binary sex categories while lacking any elaboration on what those differences entail, either biologically or socially. Similarly, in the GMHE, reference is made to the development of social roles:

Guide students to understand societal expectations for individuals at different ages, establish an awareness of social roles, and cultivate the ability to adapt to different social roles. (Ministry of Education, 2012, p. 3)

However, the document does not clarify whether *social roles* pertain to traditional gender roles, social citizenship, or other forms of identity positioning. Without defining key terms such as *gender* or *sexuality*, students and educators are left to navigate these complex areas without any clear guidance or support.

This lack of clarity poses both pedagogical and discursive challenges. On the one hand, it leaves schools and teachers without the resources or conceptual frameworks to address gender and sexuality meaningfully. On the other, it implicitly reaffirms the normative assumptions about binary gender, even when these are not explicitly stated. While the documents do not reject diversity outright, their silence on these issues functions as a form of discursive exclusion.

Furthermore, this gap in the national policy should be set against the broader legal and cultural backdrop in China. Although homosexuality was decriminalised in 1997 following the removal of the *Hooliganism* Law and delisted as a mental illness by the Chinese Psychological Society in 2001, the legal protection for sexual minorities remains limited. Same-sex marriage is not recognised, and there are no comprehensive anti-discrimination laws protecting sexual minority individuals. Research on sexual minority students exists in China, such as studies by Liu et al. (2023) and Wei and Liu (2015), which explore mental health issues and bullying. However, these studies often frame sexual minority identities in relation to risk, stigma, or pathology, rather than as expressions of identity requiring equal educational representation and support.

In the context of school-based education, the research related to gender and sexuality remains limited, particularly regarding curriculum design and teaching practices. Within a CADS framework, by analysing both the presence and absence of key terms, as well as the co-

occurrence of topics through keyword and concordance line analysis, this research offers insights into how the educational discourse in China functions not only to inform but also to obscure. This methodological application of CADS enables a detailed examination of the ideological underpinnings and structural silences that are embedded in the national curriculum guidance, contributing to the literature on policy discourse and sexuality education. The analysis indicates not only a lack of reference to the concept of explicit content but also the structural and linguistic patterns through which such absences are normalised.

The failure to include definitions of gender and sexuality and the persistent reliance on generalised or binary terminology can be read as reflecting a broader resistance to recognising diversity within student identities. These omissions limit the policy basis for the development of inclusive pedagogies and deny students the opportunity to explore and understand key aspects of human identity. In a context where education is central to shaping social understanding, such silences are consequential and merit critical attention.

4.4.2.2 Promotion of Heteronormativity and Exclusion of Sexual Health Literacy and Consent

Although the Chinese government issued the GHE and GMHE for primary and secondary schools with the stated aim of promoting students' well-being, topics relating to sexual behaviour, sexuality, and diverse gender identities receive only minimal attention. An analysis of the high-frequency and keyword lists confirms that sexuality, sexual health, and related terms are largely absent from both documents, indicating their limited discursive visibility within the national educational discourse. This exclusion is not merely a matter of content omission but also can be read as reflecting a discursive orientation that promotes heteronormativity while narrowly framing sexuality in ways that reinforce the traditional social and moral norms and restrict inclusive pedagogical approaches.

Heteronormativity refers to the cultural and institutional assumption that heterosexuality is the default, normal, or preferred form of sexual orientation, that is often reinforced by binary understandings of gender identity. Children are socialised into this framework from an early age, as it privileges heterosexuality and marginalises gender and sexual diversity (Flores et al., 2019). In educational contexts, heteronormativity is reproduced not only through explicit content but also through omissions in the policy and curriculum, as the absence of an inclusive discourse can operate as a form of exclusion (Sauntson, 2016). Within the GHE and GMHE, there is a notable lack of reference to sexual orientation, consent, or non-heterosexual relationships, which reinforces a normative narrative of development centred on heterosexual and binary models of identity.

Importantly, the term ‘异性’, which directly translates in English as ‘the opposite sex’ and is found in both the GHE and GMHE, is not ideologically neutral. It constructs gender as a binary by positioning male and female as natural opposites, thereby excluding non-binary, intersex, and gender-nonconforming identities. This framing reinforces the assumption that there exist only two, mutually exclusive genders and reflects the broader societal norms that conflate gender identity with biological sex, thereby marginalising gender diversity in the educational discourse.

Despite this general silence, the few instances where sexual behaviour is addressed in the documents reveal a strong moral framing that discourages premarital sexual activity. In GHE, sexual behaviour first appears in the high school stage and is explicitly associated with harm.

The document advises students:

To learn more about adolescent health care, to understand the dangers of premarital sex to physical and mental health, and to establish healthy and civilised sexual concepts and morals. (Ministry of Education, 2008, p. 8).

Sexuality thus can be understood as being introduced through a cautionary lens, as being rooted in health risks and moral expectations. Although both the GHE and GMHE begin discussing puberty-related physical and psychological development as early as Years 5 and 6 (Ministry of Education, 2008, p. 6; Ministry of Education, 2012, p. 4), the discussion of sexuality is deferred until the high school stage and is overwhelmingly limited to the dangers associated with premarital sex. No mention is made of core aspects of comprehensive sexual education, such as sexual consent, contraception, sexual orientation, gender identity, or sexual pleasure. Notably, the keyword *hazards*, that was previously associated with disease prevention, is now employed to characterise premarital sex, thereby embedding a discourse of risk and moral deviance.

This selective inclusion aligns with an abstinence-only approach that discourages sexual activity outside heterosexual marriage and positions morality as the cornerstone of sexual education. Rather than equipping students with knowledge about their bodies, rights, and relationships, this approach reinforces the traditional values and aims to stabilise a specific vision of the family structure, predicated on heterosexual unions. By doing so, the policy reflects an ideological commitment to preserving socio-political conformity at the expense of holistic, inclusive student development.

Beyond the abstinence message, both the GHE and GMHE actively promote heteronormative relationships through their pedagogical design and linguistic strategies. Interpersonal relationship education begins in late primary school and continues through junior high, primarily encouraging interactions between male and female students. In the GMHE, with regard to Years 5–6 students, teachers are advised to:

Guide students in appropriate interactions with the opposite sex, establish and maintain good heterosexual peer relationships, and broaden the scope of interpersonal

communication. (引导学生进行恰当的异性交往, 建立和维持良好的异性同伴关系, 扩大人际交往的范围。) (Ministry of Education, 2012, p. 6).

Further guidance is offered in junior high school, where students are instructed to communicate openly with their parents and teachers and manage interactions with the opposite sex in a socially appropriate manner (Ministry of Education, 2012, p. 10). These recommendations, while appearing neutral, frame acceptable interpersonal development as lying strictly within heterosexual norms. Terms such as *appropriate* (恰当), *good* (良好), and *broaden* (扩大) are recurrently used to describe heterosexual interactions, assigning positive values to this relational model while rendering all others invisible.

Although the use of collective terms such as *students* (学生) and *adolescents* (青少年) may initially appear inclusive, these terms operate within a linguistic environment that fails to acknowledge gender diversity. When these generalised references are paired with explicitly heterosexual expectations, such as encouraging relationships between ‘opposite sexes’, they serve to reinforce, rather than challenge, the heteronormative assumptions. The absence of gendered pronouns or non-binary identifiers reflects, not a neutral stance, but a deliberate avoidance of recognising diverse gender identities. Rather than fostering inclusivity, this linguistic strategy sustains a narrative in which normative development is implicitly framed as binary and heterosexual.

The consequences of this discursive framing are particularly stark for gender and sexual minority students. Sexual minority identities, same-sex relationships, and non-binary gender expressions are wholly absent from both the GHE and GMHE. This silence may be interpreted as erasure. In a socio-legal environment where same-sex marriage is not legally recognised and anti-discrimination protection remains limited, the absence of such content from the curriculum can contribute to an educational environment that is experienced as hostile or indifferent by non-heterosexual and non-cisgender students.

By failing to include comprehensive, inclusive sexual health literacy that reflects diverse gender and sexual identities, the GHE and GMHE deliver a narrow, exclusionary educational experience. They contribute to a culture of silence around sexual and gender diversity, discursively frame heterosexuality as the only legitimate relational model, and limited students' access to discursive and pedagogical resources that would support the development of informed, respectful, and safe understanding of both them and others. In doing so, the policies fall short of fostering inclusive education and, instead, promote conformity and constraint.

In sum, both the GHE and GMHE construct a normative model of adolescence that privileges heterosexuality, binary gender relations, and abstinence, while avoiding engaging with the contemporary understanding of gender and sexuality. Through omission, euphemism, and selective moralisation, the guidance functions to align educational discourse with broader socio-political priorities concerning youth development and social order, particularly in relation to identity formation and relational norms.

The absence of inclusive RSE content highlights a significant gap in the current policy landscape and points to the urgent need for reform oriented towards a more open, evidence-based, and equality-focused educational framework. Crucially, as national educational guidance, the GHE and GMHE do not merely reflect the societal silences around gender and sexuality but discursively reproduce and legitimise them. By legitimising exclusion through the official discourse, these documents reinforce existing normative assumptions about gender and sexual diversity, further entrenching silence as the standard within school-based education.

4.4.2.3 School Violence and Bullying Prevention: A Notable Omission from the GHE and GMHE

Despite their stated aim of promoting students' well-being, both the GHE and GMHE provide limited explicit guidance on one of the most critical issues that affect students' safety and mental health: school violence and bullying. Although these documents were designed to

support the physical and psychological development of students, their silence about bullying and violence prevention uncover a serious policy gap:

Primary and secondary school students are in an essential physical and mental development period. With their physiological and psychological growth and development, the expansion of their social experience and the changes in their way of thinking, especially in the face of the pressure of social competition, they will encounter a variety of psychological disturbances or problems in their studies, life, self-awareness, emotional adjustment, interpersonal communication and further studies and employment. (Ministry of Education, 2012, p. 2)

Despite this recognition of developmental vulnerability, no keyword in either document, whether *mental health, education, primary and secondary schools, health, or prevention*, addresses school bullying, violence, or interpersonal aggression directly. The only form of violence that appears in the GHE is sexual assault, framed under self-protection in adolescence. For instance, junior high school students are instructed to *recognise the risk factors of sexual assault and protect themselves from harm* (识别容易发生性侵害的危险因素, 保护自己不受性侵害). While this is important, it foregrounds the limited scope of violence prevention, neglecting the broader spectrum of violence, particularly peer-on-peer bullying.

Although the GMHE promotes positive interpersonal behaviour, such as encouraging students to *establish good relationships* (树立良好关系) and *maintain pleasant emotions* (保持愉快情绪), the emphasis is placed primarily on emotional self-regulation. Students are taught to behave in a *friendly and polite manner* toward others, beginning at primary school. Interpersonal relationships are generally framed around interactions with parents, teachers, and peers of the opposite sex. However, there is no explicit guidance for identifying or responding to school bullying, no mention of institutional policies, and no strategies for involving teachers or external support.

Moreover, while the keyword *Understand* appears frequently in both the GHE and GMHE, its usage centres on physical health, disease prevention, and adolescent development. It is not extended in order to foster an understanding of social harm, such as bullying, or to cultivate values like empathy, respect for diversity, or inclusive behaviour.

Researchers have highlighted the prevalence and consequences of bullying in primary and secondary education, particularly where institutional responses are limited. Ren (2017) observes that bullying is more prevalent in primary and secondary education than in universities, and often assumes repetitive, subtle forms. Li and Wei (2022) analysed over 100 cases of school bullying and warned that a failure to intervene could lead to more serious juvenile offences. Liu et al. (2023) further underscored the ongoing psychological toll on the victims, especially when the institutional frameworks provide neither recognition nor a response.

In this context, the lack of school violence and bullying prevention protocols in the GHE and GMHE becomes particularly concerning in light of this evidence. These omissions fail to meet the documents' stated objectives of ensuring students' safety and promoting comprehensive well-being. The frameworks place greater emphasis on students' self-management of emotions and behaviour independently, while the concepts of institutional responsibility and protective structures remain largely unaddressed.

The implications of this silence may be particularly significant for vulnerable student groups. Sexual minority students, in particular, are disproportionately affected by bullying, yet they remain invisible in the narratives of both documents. Without reference to discrimination, victimisation, or identity-based harm, students are denied the vocabulary and conceptual tools necessary to understand or resist bullying.

While the GHE prioritises keywords such as *Skill**, *Understand**, and *Hazards*, and the GMHE employs terms like *Mental health* and *Education*, none of these are mobilised to address

interpersonal safety. Even the concept of Prevention, although it occurs frequently in the GHE, is limited to health issues like disease, drug use, or sexual behaviour. Its absence from the bullying-related contexts suggests a narrow interpretation of student welfare that neglects the relational and social dimensions of schooling.

In their current form, the GHE and GMHE not only neglect the topic of school violence and bullying but also structurally exclude it. By focusing predominantly on self-management and ignoring institutional support and accountability, the guidance fails to equip students to recognise, report, or seek help following incidents of peer aggression. As national guidance documents, they fall short of delivering a comprehensive, inclusive educational framework for health and safety, thereby risking the continued lack of structured responses to peer aggression within school-based guidance.

4.5 Conclusion

Within the limits of textual and discursive analysis, it can therefore be concluded that the two government-issued guidance documents (the GHE and GMHE) operate in ways that reinforce the heteronormative and binary gender ideologies within the framework of public primary and secondary education in mainland China. Through a close reading, that is supported by keyword analysis, this chapter has demonstrated that the documents consistently prioritise heterosexual norms, individual responsibility, and gender conformity, while offering minimal recognition of diversity within gender identity or sexual orientation. While the GHE draws several distinctions based on biological sex, most notably by focusing more on female students' physical development during puberty, the GMHE avoids offering an explicit gender categorisation. Nevertheless, both documents promote the establishment of heterosexual relationships and stress abstinence before marriage, thus positioning male-female monogamy as the dominant state-sanctioned relational model in a context where same-sex marriage remains illegal.

Moreover, neither the GHE nor GMHE provides clear institutional or pedagogical support to uphold gender or sexual orientation equality. The texts promote the maintenance of *good relationships with the opposite sex*, yet fail to define what constitutes acceptable social roles or address how these roles might be either internalised or contested. This omission, combined with the lack of engagement with gender stereotypes, positions students, regardless of their lived experiences, within a traditional binary model of gender. The keyword analysis further illustrates this absence, with terms such as *Skills*, *Understand**, *Mental health*, and *Education* overwhelmingly tied to physical health, emotional self-regulation, and disease prevention, rather than critical discussions of identity, equity, or structural harm.

The absence of any guidance on school violence and bullying, particularly when perpetrated against gender and sexual minorities, further underscores the documents' failure to safeguard students' well-being. By positioning emotional management and interpersonal harmony as individuals' responsibilities, the documents obscure the need for institutional accountability and silence the lived realities of marginalised students. As Flores et al. (2019) argue, heteronormativity, if instilled at the institutional level from a young age, can shape students' understanding of what is considered acceptable and normal. In the absence of an inclusive or non-heteronormative discourse, students who fall outside these norms are rendered invisible, leaving their experiences unrecognised and unsupported (Sauntson & Simpson, 2011).

In sum, this chapter has illustrated how the GHE and GMHE collectively normalise heteronormativity and binary gender roles, contributing to the institutionalisation of exclusion by omission. Their limited framing of gender, sexuality, and student safety constructs a narrow, normative model of development, that foregrounds state-sanctioned ideals while offering limited engagement with inclusivity, empathy, and equity.

Chapter 5. Supportive but Unprepared: Chinese Parents' Perspectives on School-Based RSE

5.1 Introduction

Building on the preceding chapter, which examined, using a CADS approach, how two national educational policies articulate the Chinese government's priorities and intended outcomes for school-based RSE through policy discourse, this chapter turns to the second research aim. Specifically, it addresses RQ2 and its sub-question RQ2a, which explore how Chinese parents perceive the purpose and delivery of RSE for their children both at school and at home, and how these perceptions differ across different socio-demographic groups.

To achieve this, the chapter presents detailed findings that were obtained via an online questionnaire that included both quantitative and qualitative items. This questionnaire was designed to capture both quantifiable patterns in parental attitudes and qualitative insights into parents' beliefs and experiences. The online questionnaire was written in Simplified Chinese, the written form used in mainland China, using the Qualtrics platform, and was circulated primarily via the WeChat social networking app via an anonymised link. A combined convenience and snowball sampling approach was used to reach out to parents across different regions of mainland China who met the recruitment criteria. Conducting the study online enabled broad participation across mainland China during the COVID-19 pandemic, when remote data collection was the most feasible, inclusive approach available to researchers. The questionnaire included closed-ended categorical questions, designed to produce structured responses related to the demographic information of the participants and their children, for subsequent descriptive statistical analysis, as well as closed-ended scaling questions, where a five-point, Likert-type format was used to capture the degrees of agreement, satisfaction, and perceived appropriateness regarding RSE. Open-ended questions were also included to complement the quantitative items by allowing the participants to elaborate on their attitudes

and provide their personal reasons. This mixed-methods design helped to identify the general patterns within parents' attitudes toward RSE, including their preferred learning setting (school- or family-based), the learning experiences of their children both at home and at school, and the topics that they hoped to see included on the curriculum. It also helped to understand the reasons behind these attitudes, especially how parents viewed the inclusion of information about sexual minority, sexual violence, and school violence prevention.

Over 400 questionnaire responses were collected. After applying the inclusion criteria, which required all participants to have been born and raised in mainland China and to have at least one child, a total of 214 valid responses were retained for the final analysis. All of the responses were submitted anonymously through the Qualtrics generated link, and any identifying information, such as names or IP addresses, was not collected, due to these features having been disabled before the questionnaire link was sent out. To ensure that language differences did not distort the findings, all responses were translated from Chinese into English using DeepL, an online translation tool. I then carefully performed a manual review to preserve the linguistic nuance and cultural connotations, in an attempt to capture subtleties within the participants' answers that may otherwise have been lost during the translation process.

To answer RQ2, this chapter first reports the results of the Chi-square tests that examined whether the parents' demographic characteristics and their children's reported RSE learning experiences were associated with the parental attitudes towards RSE. Only variables that displayed statistically significant relationships were selected for further analysis. The following sections therefore focus on the parents' preferences regarding RSE's timing and facilitation, their expectations of the learning content, and their views regarding the inclusion within RSE teaching of information about sexual minority, sexual violence prevention, and school violence prevention.

Following this, the quantitative findings obtained from the closed-ended items are presented, which outline the parents' general views on at what age RSE should be introduced, who should deliver it, what topics it should include, and how satisfied they feel about the current provision. The analysis then explores how these attitudes vary across key demographic groups and examines the parents' perspectives on the inclusion of topics such as sexual orientation, sexual minority, and the prevention of sexual and school-based violence. The participants were also asked whether they had received any RSE themselves, with their responses recorded as 'Yes', 'No' and 'I don't know'. These were self-reported from memory rather than verified by any records, and used only to establish the presence or absence of prior RSE experience. Details regarding the timing, content, or satisfaction of this prior RSE were excluded from the analysis to reduce the impact of recall bias, as the participants' memories of these experiences were likely to be incomplete or inaccurate. The subsequent section presents a thematic analysis of the open-ended responses, capturing the participants' underlying concerns and value orientations. Together, these components offer a comprehensive account of how RSE is understood and evaluated by Chinese parents as well as their expectations. To maintain clarity and coherence, detailed demographic tables and data concerning the parents' own RSE experiences are included in **Appendices G and H**, with only the key aspects being summarised briefly in the main text. Quotations from the parents' open-ended responses are incorporated throughout the chapter to foreground the participants' voice and enrich the analysis through the addition of authentic perspectives.

RQ2a examines how parental attitudes and expectations vary across different demographic groups in comparison with previous research findings. This includes a breakdown of the findings according to variables such as the parent's gender, the gender and age of their child, the parent's education level, and the setting in which the family lives (urban or rural). While the closed-ended data were analysed using descriptive statistics and basic comparative

measures, the open-ended responses were analysed thematically. This analysis was conducted manually, drawing out thematic patterns that were identified through a close reading and comparison. While no specialised coding software was used, the approach followed a consistent, iterative, interpretive process that was grounded in established qualitative research conventions, drawing on both inductive coding and reflective engagement with the previous literature.

Combined, the data presented in this chapter provide an in-depth, empirically grounded response to RQ2 and RQ2a. They reveal both the general patterns and individual variations within parental engagement with school-based RSE in contemporary China. Moreover, the findings provide an essential contextual grounding for RQ3, which brings together the perspectives of the government and parents to assess the areas of alignment and divergence with regard to their RSE priorities and expectations.

5.2 Demographic overview of the questionnaire participants

This chapter reports findings from an online questionnaire (N=441 submissions), from 214 valid responses were retained after screening. Responses that did not meet the screening criteria were excluded to protect data quality.

The questionnaire collected information on respondents' demographic characteristics and their (self-reported) RSE experiences, alongside parent-reported information about their children. Exclusions included submissions that did not meet eligibility criteria (mainland China upbringing; at least one child), were substantially incomplete, or lacked the required child-gender item for analysis. After screening all of the data that were collected, 214 valid responses were retained (Male=79, Female=135), based on self-reported sex.

In this chapter, 'respondents/parents' refers to adults completing the questionnaire. 'Children' refers to the respondent's child(ren) about whom the respondent reported. Some participants' children were over 18 years old at the time of data collection; however, they are still included

in the analysis as they were minors during the period relevant to the study. ‘Secondary school’ is used as an umbrella term for junior and senior secondary, unless a specific stage is being discussed. In the Chinese policy and questionnaire wording, HIV and AIDS are often referred to together; this thesis follows that convention when reporting item wording.

Data were collected between February and mid-April 2022 via an anonymous Qualtrics questionnaire distributed on WeChat.

Gender distribution of parents and children

The respondent gender ratio differed from national figures. In 2021, the National Bureau of Statistics of China published reports about the seventh national Population Census. National statistics report a sex ratio of 105.07 males per 100 females (National Bureau of Statistics of China, 2021a). In this sample, the ratio was 58 males to 100 females. According to the participants’ responses, the gender ratio of the children was nearly 1:1, with 102 male and 104 female children. One possible explanation is differential participation by women; however, this cannot be confirmed from the survey data. A marginally higher proportion of respondents reported daughters than sons (parent-reported child gender: 102 boys; 104 girls).

Age distribution of the parents and children

Over 90% of the respondents were in the 25-54 age group, while the official statistics suggest that citizens from the 15-64 age group comprise nearly 70% of the population (National Bureau of Statistics of China, 2021b). The sample was concentrated in the 25–54 age bands, and is not demographically representative of the national 15–64 distribution. No parents under 18 or over 64 years old were recorded in this research.

The participants’ children were mainly aged 0-12 years old, with the 7-12 age group representing the highest majority. This distribution may partly reflect cohort effects in fertility policy timing; however, the survey cannot establish this. Respondents reported on children across a wide age range, including adult children (e.g., 23–32). The parents of children aged 0-

6, 3-12, and 23-32 years tended to fall into the 25-34-, 35-44-, and 45–54-year age groups, respectively. Descriptively, younger respondents more often reported sons, whereas older respondents more often reported daughters.

Highest education level distribution among the parents

Nearly 87% of the participants in this research had obtained a higher education, ranging from undergraduate/vocational college to PhD/doctoral qualifications. National statistics indicate a substantially lower proportion with tertiary qualifications (National Bureau of Statistics of China, 2021c), suggesting the sample is skewed towards higher-educated respondents. Within the sample, undergraduate/vocational colleague qualifications were the most common highest level of education reported.

Leading childcare provider and region of residence

Respondents were asked who the primary carer was. Seventy-one percent reported that they or/and their partner were the primary carer, while grandparents looked after 27% of the children. The gender of the primary child carer was not collected.

Although this research did not collect identifiable information, such as the name of the province where the participants were from, respondents indicated whether they mainly lived in an urban or a rural area to support an assessment of sample composition. The main reason for this question was to investigate the representative data from the regional level. Most respondents reported living in the urban areas (over 92% of the sample), compared with national estimates of around 45.4% (National Bureau of Statistics of China, 2021d).

Most of the participants stated that they lived in the same area as their child.

Children's learning experience distribution

Based on the data collected, nearly half of the children were reported as having received at least one form of RSE learning, and daughters were more likely to access RSE at home than sons. Overall, 47.82% reported that their child had received some RSE at school and/or at home.

of the full sample (N=214), 41.26% (N=85) reported school-based RSE and 54.37% (N=112) reported RSE-related family discussions. Most of these children were aged 12 years and below. In addition, 50% of the boys received RSE at home compared to 65% of the girls. Therefore, in this sample, respondents were more likely to report receiving RSE-related family discussions for girls than for boys. This finding aligns with the results from previous research conducted in China (Xiao & Yan, 2018; C. J. Zhang et al., 2020).

These data indicate that some respondents reported school-based RSE for children aged under 12, despite the absence of a standalone national RSE curriculum. However, the survey cannot determine whether school provision has increased over time. Previous research focused on parents' understanding of RSE (Jin et al., 2019; Xiao & Yan, 2018), placing less emphasis on investigating the coverage or employment of RSE teaching in schools. Despite the lack of a designated RSE programme within mainland China's education system, the data from this research suggest that children aged under 12 years receive a higher reported rate of RSE learning experience compared to children from other age groups.

While more participants reported that their children aged 0-12 years received RSE at home, only six parents with children aged 0-2 years did so. A more significant proportion of parents who reported comparable experiences were those with children aged between 3 and 12 years old. Lower reporting for ages 0-2 may reflect limited language development and/or limited exposure to formal education at that age. If focus only on the reported data regarding RSE-related family discussions experiences of early childhood education, there were more children aged 0-12 years (59.82%) than those aged 13 and above (40.18%). Notably, 56.96% of the 79 children aged 13 years and over claimed to have received early childhood education, while only 49.63% of the children aged 0-12 had done so. This discrepancy may be due to the fact that a significant proportion of the children aged 0-2 years in our study had not received any kind of formal education yet. Descriptively, RSE-related family discussions were reported

more often for children aged 3–12 than for those aged 13+; interpretations should be treated cautiously given the small number of children aged 0–2 and the parent-reported nature of the measure.

In summary, more female Chinese parents participated in this research, which resulted in an imbalanced gender ratio, while the genders of the participants' children were evenly distributed. Younger parents reported having sons, while older parents were more likely to have daughters. Due to the use of an online questionnaire and the sampling methods employed, the data from this research are more likely to represent Chinese parents with higher education qualifications who live in urban areas, compared to other groups.

5.3 Closed-end Questionnaire Findings

5.3.1 Chi-square Analysis of Demographic Characteristics, RSE Learning Experiences, and Parental Preferences

To examine the study's hypotheses, and given that all of the variables were either ordinal or nominal, chi-square tests were applied to explore associations between: (1) demographic characteristics of parents and children; (2) parents' prior RSE learning experiences at school and at home; (3) parent-reported RSE exposure of their children; and (4) parental attitudes towards the timing, facilitation, and content of RSE. These results informed the subsequent analysis of demographic variation in parental attitudes, addressing RQ2a.

Table 5.1*Chi-Square Results for Demographic Variables and Children's Home RSE Learning**Experience*

<i>Demographic variable</i>	χ^2	df	<i>p</i>
<i>Parent's gender</i>	1.445	2	.486
<i>Child's gender</i>	10.046	4	.040*
<i>Parent's age</i>	26.395	8	< .001***
<i>Child's age</i>	39.044	14	< .001***
<i>Parent's highest education level</i>	25.321	10	.005**
<i>School RSE learning (parent)</i>	49.176	4	< .001***
<i>Home RSE learning (parent)</i>	57.036	4	< .001***

Note. χ^2 = chi-square value; df = degrees of freedom; $p < .05$ *; $p < .01$ **; $p < .001$ ***.

Table 5.1 presents the chi-square test results for the associations between a range of parent and child demographic variables, the parents' own RSE learning experiences, and their self-reported accounts of whether their children had received RSE-related family discussions. In total, seven variables were tested for their statistical associations with children's RSE-related family discussions experiences. Of these, five displayed statistically significant relationships, while two did not. This analysis addresses RQ2a by identifying which demographic factors are most strongly linked to the parents' reported RSE-related family discussions provision.

For parental gender, no significant association was observed with their child's RSE-related family discussions experience. This suggests that, for the participants within our sample, the

decision to facilitate RSE at home was not strongly shaped by whether the parent was male or female, $\chi^2 (2, N = 214) = 1.45, p = .486$. Similarly, the children's gender showed no robust association with the likelihood of receiving RSE at home, $p = .040$. Although this p-value sits at the conventional threshold for statistical significance, the effect was small and not consistently supported across the related analyses. This indicates that the boys and girls who were surveyed in this study were broadly equally likely to receive RSE-related family discussions, with only minimal, non-significant variation.

Several demographic variables demonstrated statistically significant patterns. The parents' age was significantly associated with their child's RSE-related family discussions learning, $\chi^2 (8, N = 214) = 26.40, p < .001$. Similarly, the child's age was a significant factor, $\chi^2 (14, N = 213) = 39.04, p < .001$. Both relationships indicate that age variables were significantly associated with variation in RSE-related family discussions provision, and are examined in greater detail in **Section 5.5.3**.

Educational background also played a role. The parents' highest level of education was positively associated with their child's RSE-related family discussions experience, $\chi^2 (10, N = 214) = 25.32, p = .005$. This indicates that educational attainment was a significant factor with regard to influencing RSE-related family discussions provision. The relationship between parents' education and their attitudes towards RSE is discussed in greater detail in **Section 5.5.6**.

The most striking patterns were seen in relation to the parents' own prior exposure to RSE. Whether the parents had learnt about RSE at school, $\chi^2 (4, N = 214) = 49.18, p < .001$, or at home, $\chi^2 (4, N = 214) = 57.04, p < .001$, was strongly associated with whether their children received RSE at home. This highlights an intergenerational transfer effect, since parents with prior RSE exposure were far more likely to pass on similar learning to their children, possibly

because they recognise the value of RSE, feel more confident about discussing it, or possess a broader repertoire of knowledge and strategies for delivering it effectively.

In conclusion, these findings show that, while the gender of both the parent and child appears to play a limited role, other demographic characteristics are more consistently associated. The parents' and children's age, parents' highest educational level, and parents' prior personal RSE learning experiences were all associated with whether the child engages in any form of RSE-related communication with their parent at home. It should be noted that the term RSE in this context refers to informal, everyday conversations between parents and children about relationships and sexuality, rather than formal, curriculum-based instruction. In relation to RQ2a, these insights may highlight the need for targeted outreach efforts, particularly aimed at older parents, those with lower educational attainment, and parents with little or no prior exposure to RSE, to help to ensure that all children, regardless of their family background, enjoy equitable access to basic, age-appropriate information about relationships and sexual health within the family setting.

Table 5. 2

Chi-Square Results for the Demographic Variables and Parental Preferences regarding RSE Timing and Facilitation

<i>RSE timing and facilitation</i>	<i>Demographic variable</i>	χ^2	df	<i>P</i>
When RSE should first be taught in schools	<i>Parent's gender</i>	18.065	6	.006**
	<i>Child's gender</i>	35.972	12	<.001***
	<i>Parent's age</i>	41.259	24	.016*
	<i>Child's age</i>	97.595	42	<.001***

	<i>Parent's highest education level</i>	47.790	30	.021*
	<i>School RSE learning (parent)</i>	29.658	12	.003**
	<i>Home RSE learning (parent)</i>	30.403	12	.002**
When parents should first introduce RSE	<i>Parent's gender</i>	11.816	5	.028*
	<i>Child's gender</i>	12.032	10	.283
	<i>Parent's age</i>	42.811	20	.002**
	<i>Child's age</i>	79.254	35	<.001***
	<i>Parent's highest education level</i>	42.932	25	.014*
	<i>School RSE learning (parent)</i>	11.744	10	.303
	<i>Home RSE learning (parent)</i>	21.346	10	.019*
Parental initiation of RSE-related family discussions conversations	<i>Parent's gender</i>	9.066	4	.059
	<i>Child's gender</i>	11.445	8	.178
	<i>Parent's age</i>	7.392	16	.965
	<i>Child's age</i>	23.060	28	.730
	<i>Parent's highest education level</i>	24.034	20	.241
	<i>School RSE learning (parent)</i>	6.467	8	.595

<i>Home RSE learning</i>	10.903	8	.207
<i>(parent)</i>			

Note. χ^2 = chi-square value; df = degrees of freedom; $p < .05^*$; $p < .01^{**}$; $p < .001^{***}$.

Table 5.2 presents the chi-square test results for the associations between the demographic variables and the parents' preferences regarding the timing and facilitation of RSE in both school and family settings. Three aspects were analysed: (1) at what age RSE should be introduced in schools, (2) when parents believe they should introduce RSE at home, and (3) whether parents think they should initiate RSE-related family discussions. This analysis addresses RQ2a by identifying the demographic factors associated with the parents' timing preferences and perceived facilitation roles in relation to RSE.

Regarding the parents' preferences related to at what age RSE instruction should be introduced in schools, multiple demographic variables showed significant associations. The parents' gender was associated with their timing preferences, $\chi^2(6, N = 214) = 18.07, p = .006$, suggesting differences in preferences by parental gender regarding the most appropriate perceived age for introducing RSE in school. The child's gender was also significantly associated with these preferences, $\chi^2(12, N = 214) = 35.97, p < .001$, indicating that parental preferences differed depending on whether they have a son or daughter. The questionnaire data do not allow further inference about the reasons for this pattern.

The parent's age, $\chi^2(24, N = 214) = 41.26, p = .016$, and child's age, $\chi^2(42, N = 214) = 97.60, p < .001$, were both significant, indicating an association whereby older parents and parents of older children were more likely to support delaying the introduction of school-based RSE until adolescence rather than it beginning in primary school. The parent's highest level of education was also significantly associated with the early introduction of school-based RSE, as highly-educated parents were more likely to support this ($\chi^2(30, N = 214) = 47.79, p = .021$). The participants' individual RSE learning experience, whether at school, $\chi^2(12, N = 214) = 29.66,$

$p = .003$, or at home, $\chi^2(12, N = 214) = 30.40$, $p = .002$, was also associated with a preference for earlier introduction. Both the parent and child's ages were significantly associated with parents' preferences about when RSE should be introduced at school and at home, but not with whether or not parents believed that they should initiate RSE-related family discussions. These patterns may reflect more traditional beliefs or limited exposure to the contemporary RSE approaches among older parents.

In relation to when the parents believed that RSE should first be introduced at home, several demographic and experiential factors showed significant associations. The parents' highest level of education was significantly related to their preferred starting age, $\chi^2(25, N = 214) = 42.93$, $p = .014$, with more educated parents tending to introduce such conversations earlier. The parents' gender was also significant, $\chi^2(5, N = 214) = 11.82$, $p = .028$, indicating that mothers and fathers differed with regard to their preferred age at which family-based discussions should begin with the child. The parent's age, $\chi^2(20, N = 214) = 42.81$, $p = .002$, and child's age, $\chi^2(35, N = 214) = 79.25$, $p < .001$, also showed significant associations, suggesting that older parents or parents of older children may delay such discussions, possibly reflecting generational differences with regard to their values related to RSE. In contrast, the child's gender was unrelated to the preferred starting age, $p = .283$, indicating that parents tended to view sons and daughters as similarly prepared to experience RSE-related family discussions. While prior school-based RSE experience was unrelated ($p = .303$), parents who had received RSE-related family discussions themselves were more likely to introduce RSE to their own children earlier, $\chi^2(10, N = 214) = 21.35$, $p = .019$, reflecting a pattern of intergenerational continuity within RSE-related family discussions practices.

Regarding the parents' views on initiating RSE-related family discussions, few of the demographic variables were significant. The parent's gender was close to but did not reach significance, $p = .059$, while the child's gender ($p = .178$) and age ($p = .730$) displayed no

association either. The parents' age ($p = .965$) and highest level of education ($p = .241$) did not significantly influence whether they believed such discussions should be initiated proactively. Similarly, prior school ($p = .595$) and home ($p = .207$) RSE learning experience did not predict initiation preference. This suggests that parents' decisions about whether or not proactively to initiate RSE at home may be more influenced by factors not captured by the demographic variables included in this analysis.

In summary, demographic characteristics, particularly the gender and age of either the parent or the child, parents' educational attainment, and parents' previous RSE learning experience are associated with variation in parents' views on when to initiate RSE, whether at school or at home. However, these same factors appear to exert less of an influence in terms of determining whether or not the parents believe that they should personally initiate such conversations. Related to RQ2a, this distinction suggests that, while background factors may influence timing preferences, attitudes towards parental initiation may be more influenced by the parents' views on parental responsibility and broader beliefs about the role of RSE-related family discussions.

Table 5.3

Chi-Square Results for Demographic Variables and Parental Preferences For RSE Content

<i>RSE timing and facilitation</i>	<i>Demographic variable</i>	χ^2	df	<i>p</i>
Detection and prevention of violence in schools	<i>Parent's gender</i>	4.988	3	.173
	<i>Child's gender</i>	2.311	6	.889
	<i>Parent's age</i>	6.783	12	.872
	<i>Child's age</i>	18.247	21	.633
	<i>Parent's highest education level</i>	40.836	15	< .001***

	<i>School RSE learning (parent)</i>	23.252	6	< .001***
	<i>Home RSE learning (parent)</i>	12.504	6	.052
Recognising and preventing sexual harassment and assault	<i>Parent's gender</i>	6.028	3	.110
	<i>Child's gender</i>	3.267	6	.775
	<i>Parent's age</i>	10.802	12	.546
	<i>Child's age</i>	24.178	21	.285
	<i>Parent's highest education level</i>	41.099	15	< .001***
	<i>School RSE learning (parent)</i>	19.352	6	.004**
	<i>Home RSE learning (parent)</i>	17.314	6	.008**
Sexual orientation and sexual minority	<i>Parent's gender</i>	17.462	4	.002**
	<i>Child's gender</i>	4.805	8	.778
	<i>Parent's age</i>	36.453	16	.003**
	<i>Child's age</i>	28.279	28	.450
	<i>Parent's highest education level</i>	30.578	20	.061
	<i>School RSE learning (parent)</i>	5.041	8	.753

<i>Home RSE learning</i>	11.900	8	
<i>(parent)</i>			.156

Note. χ^2 = chi-square value; df = degrees of freedom; $p < .05^*$; $p < .01^{**}$; $p < .001^{***}$.

Table 5.3 presents the chi-square test results for the associations between a range of demographic variables for both the parents and their child, the parents' own RSE learning experiences, and parental preferences regarding three key RSE content areas: the detection and prevention of violence in schools, recognising and preventing sexual harassment and assault, and the inclusion of sexual orientation and sexual minority. In total, seven demographic variables were tested for a statistical association with each of these three content areas. This analysis addresses RQ2a by identifying which demographic factors are most significantly linked to the parental prioritisation of specific RSE topics.

For parental gender, no significant association was observed with preferences for either the detection and prevention of school violence, $\chi^2(3, N = 213) = 4.99, p = .173$, or the prevention of sexual harassment and assault, $\chi^2(3, N = 213) = 6.03, p = .110$. This suggests that, within this sample, both mothers and fathers supported broadly similar priorities for these safeguarding-related topics. In contrast, parental gender was significantly associated with preferences regarding sexual minority content, $\chi^2(4, N = 213) = 17.46, p = .002$. While the chi-square test does not indicate the direction of association, this pattern indicates variation in attitudes towards the inclusion of sexual minority content by parental gender. However, the chi-square test does not allow inference about the direction or underlying reasons for this association.

For children's gender, no statistically significant relationships were found for any of the three content areas: school violence prevention, $\chi^2(6, N = 213) = 2.31, p = .889$; sexual harassment and assault prevention, $\chi^2(6, N = 213) = 3.27, p = .775$; or sexual minority content, $\chi^2(8, N = 213) = 4.81, p = .778$. This indicates that the parents' views on the RSE content priorities were

largely consistent, regardless of whether the child about whom they were reporting was a son or a daughter.

Parental age showed no significant association with preferences for school violence prevention, $\chi^2(12, N = 213) = 6.78, p = .872$, or sexual harassment and assault prevention, $\chi^2(12, N = 213) = 10.80, p = .546$. However, parental age was significantly associated with preferences regarding sexual minority content, $\chi^2(16, N = 213) = 36.45, p = .003$. This finding indicates an association between parental age and preferences regarding sexual minority content. While this may be consistent with generational variation in exposure to or familiarity with such topics, the present data do not permit direct inference about underlying attitudes.

For children's age, no statistically significant associations were found for any of the three content areas: school violence prevention, $\chi^2(21, N = 213) = 18.25, p = .633$; sexual harassment and assault prevention, $\chi^2(21, N = 213) = 24.18, p = .285$; or sexual minority content, $\chi^2(28, N = 213) = 28.28, p = .450$. This suggests that the parental priorities for these RSE topics remain fairly consistent, regarding whether the child being reported on is younger or older.

Parents' highest educational attainment was significantly associated with prioritising both school violence prevention, $\chi^2(15, N = 213) = 40.84, p < .001$, and sexual harassment and assault prevention, $\chi^2(15, N = 213) = 41.10, p < .001$. This suggests that parents with higher educational attainment placed greater priority on safeguarding-related content. In contrast, no statistically significant association was found for sexual minority content, $\chi^2(20, N = 213) = 30.58, p = .061$, although the result was close to the conventional significance thresholds.

The parents' own prior RSE learning experience also displayed important patterns. Prior RSE learning at school was significantly associated with prioritising both school violence prevention, $\chi^2(6, N = 213) = 23.25, p < .001$, and sexual harassment and assault prevention, $\chi^2(6, N = 213) = 19.35, p = .004$, but not sexual minority content, $\chi^2(8, N = 213) = 5.04, p = .753$. Similarly, prior RSE learning at home was significantly associated with prioritising

sexual harassment and assault prevention, $\chi^2(6, N = 213) = 17.31, p = .008$, but not the other two topics. These findings suggest that the parents with prior RSE exposure, particularly at school, were more likely to prioritise safeguarding-related topics within RSE.

In conclusion, these findings show that child-related characteristics appear to have little influence on parental preferences for the three RSE content areas, whereas several parental factors, particularly gender, age, educational attainment, and prior RSE learning experience, appear more consistently associated with parental preferences. In relation to RQ2a, these results highlight the importance of considering demographic differences in curriculum development. Targeted engagement strategies may be required to address these generational and educational disparities, and also to promote a broader acceptance of inclusive content, such as sexual minority education alongside safeguarding topics.

Across the chi-square analyses (**Tables 5.1–5.3**), two factors: parents' highest level of education and their prior exposure to school-based RSE, were most consistently associated with parents' reported practices and attitudes towards RSE. Parents with higher educational attainment or previous school-based RSE exposure were more likely to report providing RSE at home, to support earlier introduction of RSE in both school and family contexts, and to prioritise safeguarding-related and diversity-related topics within the school-based provision. These patterns indicate intergenerational continuity in RSE exposure, whereby prior familiarity with formal RSE may be associated with greater confidence and perceived relevance of such education.

Other demographic characteristics indicated more context-specific influences. The parents' age was significantly related to the actual provision of RSE-related family discussions and to preferences regarding at what age both school- and RSE-related family discussions should begin, with younger parents generally being more open to earlier provision. The child's age also shaped the timing preferences: older children were more likely to have received RSE at

home, and the parents of older children tended to view them as ready for formal instruction. The gender effects were less consistent. While both the parent and child's gender influenced some of the timing preferences regarding school-based provision, they played little role in the attitudes towards either home initiation or topic inclusion. The parents' own experiences of RSE-related family discussions showed no consistent association with any of the measured outcomes.

In summary, the results indicate that parents' educational background and prior school-based RSE experience were the most consistently associated factors of their reported decisions, actions, and attitudes towards RSE. In contrast, age, gender, and previous RSE-related family discussions learning displayed more context-specific effects, influencing particular aspects of RSE timing and facilitation rather than the overall attitudes. Taken together, these findings provide empirical support for H1 and H2: demographic and experiential variables were significantly associated with RSE-related family discussions (H1) and influenced parental attitudes towards the inclusion of key RSE topics and delivery in schools (H2). Collectively, these results indicate how demographic and experiential characteristics interact to shape parental engagement with both school- and RSE-related family discussions, forming the empirical foundation for the interpretive discussion in the following chapter.

5.3.2 Parents' Reported Experiences of RSE in School and Family Contexts

Conceptualising Parents' Reported RSE Experiences

The parents' own experiences of RSE form an important analytical dimension of this study, particularly in terms of the intergenerational transmission of values, beliefs, and knowledge related to sex education. These personal experiences are likely to be associated with contemporary parents' attitudes towards their children's school-based sex education, whether supportive, ambivalent, or cautious. Prior to completing the questionnaire, all of the

participants were provided with a working definition of sex education to ensure a consistent understanding of the study's core concepts. This definition encompasses a wide range of topics, including physical hygiene, psychological development, contraception and sexual health, interpersonal relationship management, gender equality, and an awareness of sexual minority groups. By providing these examples, the questionnaire supported participants in identifying both formal and informal forms of RSE that they may have encountered during their upbringing. Given the wide age range of the participants, their diverse educational backgrounds, and the natural limitations of memory recall, particularly in a historical context where RSE was not formally institutionalised, the questionnaire design posed straightforward factual questions in order to assess whether participants reported any exposure to RSE either at school or at home. The specific question was: *'Did you receive any form of RSE during your school years?'* The possible responses were *'Yes'*, *'No'* and *'I don't know'*. This format was carefully designed to reduce the difficulty that the participants may have faced when attempting to recall non-systematic or implicit educational experiences, particularly in a historical context where RSE was not yet institutionalised. It should be highlighted that this study did not attempt to assess the depth, accuracy, or systematic nature of this RSE content, but focused solely on whether or not the respondents had been taught to this type of education in any form. The *'I don't know'* option was also provided to give participants the space to express vague, uncertain or incidental experiences, reflecting the sensitivity and inclusiveness of the study to complex individual educational trajectories. Additionally, the data analysis revealed a statistical association between parents' reported experiences of receiving RSE either at school or at home and whether or not their children received RSE at home, with both correlations reaching statistical significance (p-values all less than .001). These findings are consistent with interpretations of intergenerational continuity in RSE-related family discussions practices.

Detailed results of the participants' learning experiences in relation to their demographic characteristics are available in **Appendices G and H**, where full tables are provided.

Parents' Reported Experience of School-Based RSE

An analysis of the participants' experiences of RSE during their school years (N=214; 79 males, 135 females) revealed that almost half of the respondents reported having received RSE at school. Among those reporting school-based RSE, the male participants slightly outnumbered the female participants, but the gender difference was not significant. Notably, the proportion of males and females who reported 'not receiving RSE' was similar, indicating that gender-based differences in relation to exposure may be limited. However, a higher proportion of females selected '*I don't know*', which may reflect differences in how RSE-related content is presented or understood by male and female students. However, this cannot be directly inferred from the survey data. This pattern may point to the relative invisibility of RSE content when it is embedded within other subjects rather than explicitly identified as RSE. Previous research has suggested that sexuality-related topics in China are often embedded within broader subjects, such as health, biology, or moral education, without being clearly labelled as RSE, which may increase students' uncertainty about whether or not they have received formal instruction (Li, 2020; Wang & Wang, 2018).

Further analysis by age group provided additional insights. Among all of the age groups, only in the 18–24 age group did a majority of the respondents report having received RSE at school, which may be related to increased policy attention to health and sexuality education in more recent cohorts, including initiatives associated with the GHE and GMHE. In contrast, the mainstream responses in the other age groups leaned toward *not received* or *unsure*, and the proportion reporting no RSE increased significantly with age, peaking for the 55–64 age group. This trend broadly aligns with the development of RSE in China as documented in previous research, which has been fragmented or absent over the past few decades, with an official RSE

curriculum. This generational difference reflects uneven access to knowledge about RSE across different cohorts.

From an educational attainment perspective, the results exhibit a certain degree of complexity. The only group where the proportion of those who reported having received RSE was higher than those who had not was among those with a bachelor's or vocational college degree. Conversely, participants with a master's or doctoral degree were less likely to report such experiences. This may partly reflect age-related factors rather than educational attainment itself, as these highly-educated individuals completed their education during an earlier period, when RSE was overlooked or even taboo. In contrast, the respondents with lower educational attainment, such as primary or junior high school graduates, almost uniformly reported having never been taught to RSE. This pattern may reflect the long-term lack of structured RSE within compulsory education, as documented in previous research, as well as broader contextual disparities in access to educational content, rather than differences attributable to individual educational attainment alone. Overall, the data suggest fragmentation and inconsistency in reported exposure to RSE within this sample, reflecting longstanding limitations in RSE provision in mainland China. Only a small number of respondents were able to indicate clearly that they had received such education, while a large number of respondents chose '*I don't know*'. This is consistent with existing research findings on the underdevelopment of RSE in Chinese schools. It is worth highlighting that this study acknowledged these challenges fully during the questionnaire design, and that the use of a simple, clear '*Yes*', '*No*' and '*I don't know*' format, combined with the provision of a comprehensive definition of RSE at the beginning of the questionnaire helped to ensure that participants from different backgrounds could understand the questions and provide meaningful responses. Although this method did not allow the collection of data about the participants' subjective experiences of RSE in detail, it was

appropriate for the analytical aim of identifying whether respondents reported any exposure to RSE, in order to answer RQ2a.

These findings lay a crucial foundation for the subsequent sections, particularly the discussions regarding how parents perceive the current school-based RSE policies and practices. Understanding the extent to which the parents themselves had been taught to RSE during their formative years, as well as the gaps and ambiguities related to such exposure, helped to reveal the underlying causes of their current attitudes and provided an important perspective for understanding the RSE knowledge transmission between the generations, as a foundation for developing suggestions and good practice guidance for school-based RSE in China.

Parents' Reported Experience of RSE-related Family Discussions

When examining the participants' experiences of receiving RSE-related family discussions, a clear pattern emerged. Within the sample (N = 214; 79 males, 135 females), nearly two-thirds reported having never received any form of RSE from their family members. The proportion of participants who explicitly reported receiving RSE within the family was markedly lower than those who had received school-based RSE, indicating limited reported exposure to RSE-related family discussions among participants. Gender differences were also notable, with male participants more likely than females to report having received RSE-related family discussions, representing a gap of almost 10%. Differential reported exposure to RSE-related family discussions by gender, which may be relevant for understanding later parental attitudes towards RSE. Among the female participants specifically, the proportion who denied having received RSE-related family discussions was approximately three times greater than the proportion who confirmed that they had received it, underscoring particularly low reported exposure for girls within the family context. This trend may reflect differences regarding how families communicate about RSE-related topics, with sons appearing to be slightly more likely to be taught some form of conversations.

The data, grouped by age, show that limited reported exposure to RSE-related family discussions was observed across age groups. Similar to school-based RSE, the proportion of participants who reported having been taught RSE within the family was relatively high among those aged 35 to 44 years, which was also the age group with the largest sample size in this study. In contrast, nearly 80% of the participants aged 25 to 34 years reported having never been taught RSE at home, the highest proportion of denials among all of the age groups. Apart from this group, the proportion of those who had not been taught to RSE-related family discussions increased with age, which may be consistent with enduring norms of silence around sexual topics within families. Such patterns are consistent with a context in which families have historically played a limited role in explicit RSE-related communication.

The correlations between parental educational attainment and their reported practices and attitudes towards RSE reveal a complex interplay of factors. Previous research has suggested that parents with higher educational attainment are more likely to access and share relevant information within the family environment (Liu, 2008a; Xiao & Yan, 2018; C. J. Zhang et al., 2020), the data do not fully support this assumption. Participants with a university or vocational college education were the group most likely to report having received RSE within the family. However, this proportion decreases further with higher educational attainment (master's and doctoral degrees). This pattern may partly reflect generational differences as those with higher educational attainment are often older, and their upbringing may have lacked the social atmosphere and family support for RSE. On the other hand, those with lower educational attainment, such as those who completed only primary or secondary school, have also rarely been taught to RSE-related family discussions, which may be consistent with historically limited opportunities for RSE-related family discussions and prevailing norms discouraging open discussion of sexual topics.

In conclusion, the research findings indicate that, compared to school-based RSE, reported exposure to RSE-related family discussions was rarer and more fragmented. While RSE in the school system may be limited and implicit, the opportunities for RSE provided by families are even scarcer, which may be shaped by cultural norms, the taboos surrounding sexual topics, and limited intergenerational dialogue. Taken together, these findings are consistent with a broader pattern identified in this study, whereby parents generally lack not only a formal knowledge of RSE but also the foundational experience to engage in RSE-related family dialogues with their children. This may in turn, influence their attitudes towards supporting school-based RSE, their perceived self-efficacy, and their educational practices within the family.

RSE Learning experience: The Children of the participants

Table 5.4

Distribution of Children's RSE Learning Experience at School

	Has your child received relationships and sex education at school?		
	Yes	No	I don't know
	<i>N</i>	<i>N</i>	<i>N</i>
Gender of the participant's child			
Male	42	40	20
Female	43	44	17
Other	2	3	3

Age range of the participant's**child**

0-2	7	29	8
3-6	19	19	6
7-12	24	16	7
13-15	9	3	3
16-18	9	2	3
19-22	8	5	3
23-32	10	10	9
33 and over	1	3	1

Table 5.4 presents parents' reports of whether their children had received school-based RSE (N = 214; male children = 102, female children = 104). Overall, parents reported that 40.65% of children had received some form of school-based RSE, while an identical proportion were reported not to have received such education. The remaining responses fell into the 'I don't know' category, reflecting parental uncertainty about the presence or visibility of school-based RSE provision.

Excluding the eight cases in which children's gender was not reported, parents' responses indicated no substantial gender difference in reported school-based RSE provision. Parents of male and female children reported similar proportions of school-based RSE exposure. Slightly more parents of female children reported that no school-based RSE had taken place, while parents of male children were marginally more likely to select '*I don't know*'. This pattern may suggest differences in how RSE content is delivered, labelled, or recognised within schools, rather than substantive gender differences in provision.

To reflect the population distribution, children were grouped into three age categories: 0–12 years, 13–22 years, and 23 years and above. Parents of children aged three years and above

were more likely to report that school-based RSE had occurred than parents of children aged 0–2 years, which is consistent with age-related differences in school attendance and curriculum exposure. A higher proportion of parents of children aged 13–22 years reported school-based RSE provision, although this pattern was less pronounced among those aged 19–22 years. Among children aged 23 years and above, parents were most likely to report that no school-based RSE had taken place, reflecting earlier cohorts' limited access to formal RSE provision. Overall, these findings indicate a clear age-related pattern in parents' reports of school-based RSE, suggesting that reported provision increases as children progress through the education system and varies across generational cohorts. At the same time, the proportion of '*I don't know*' responses highlight ongoing ambiguity around the visibility and explicit identification of RSE within school settings, particularly when such content is embedded within other subjects rather than delivered as a discrete curriculum component.

Table 5.5

Distribution of Children's RSE Learning Experience at Home

	Has your child received relationships and sex education at home?		
	Yes	No	I don't know
	<i>N</i>	<i>N</i>	<i>N</i>
Gender of the participant's child			
Male	51	37	14
Female	61	35	8
Other	5	0	3

Age range of the participant's**child**

<i>0-2</i>	10	26	8
<i>3-6</i>	28	14	2
<i>7-12</i>	34	10	3
<i>13-15</i>	8	5	2
<i>16-18</i>	12	2	0
<i>19-22</i>	9	4	3
<i>23-32</i>	15	9	5
<i>33 and over</i>	1	2	2

Table 5.5 presents parents' reports of whether they had engaged in RSE-related family discussions with their children at home (N = 214; male children = 102, female children = 104). Excluding the eight cases where children's gender was not reported, parents reported no substantial gender difference in the proportion of children for whom no RSE-related family discussions had taken place. However, parents of male children were more likely than parents of female children to select 'I don't know', indicating greater uncertainty regarding whether RSE-related discussions had occurred. This pattern may suggest lower visibility or less clearly defined communication around RSE within families with male children.

To account for differences in age distribution, children were grouped into three broad age categories: 0–12 years, 13–22 years, and 23 years and above. The data reflect parents' self-reports of whether they had provided any form of RSE-related discussion at home. Among children aged 0–12 years, only 22.73% of parents reported having engaged in RSE-related family discussions, with nearly 60% reporting that no such discussions had taken place. Within this category, variation was evident across sub-groups: parents of children aged 3–6 years were

more likely to report having provided some form of RSE-related discussion (63.64%) than those reporting none, while for children aged 7–12 years, over 70% of parents reported having engaged in RSE-related family discussions.

Among children aged 13–22 years, parents were considerably more likely to report having provided RSE-related family discussions than not, with the difference most pronounced for adolescents aged 16–18 years, where affirmative responses were up to six times higher than negative ones. For children aged 23 years and above, nearly half of parents reported having engaged in RSE-related discussions, particularly among those aged 23–32 years.

Taken together, these findings indicate that parents were more likely to report engaging in RSE-related family discussions as children grew older, with reported involvement increasing across childhood and adolescence and remaining relatively high into early adulthood. Compared with school-based provision, parents reported a greater role in providing RSE within the home. This pattern suggests that parents or guardians may be more inclined to initiate or expand RSE-related discussions as the perceived relevance of these topics increases with children's developmental stage.

Figure 5.1

Participants' Reports of the School Stage When Their Children First Received School-Based RSE, by the Children's Current Age Group

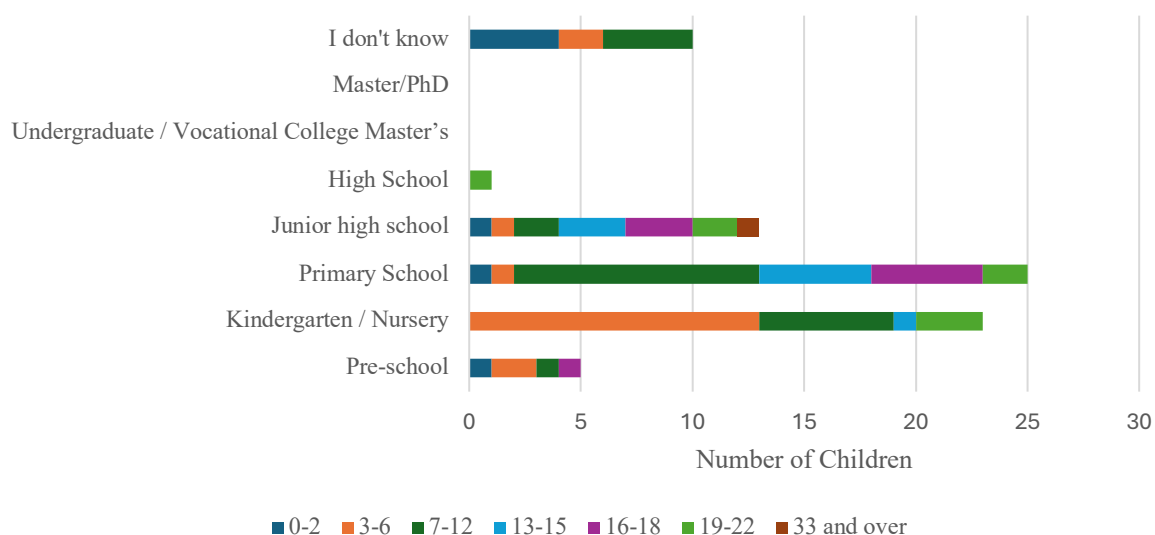


Figure 5.1 presents data on the school stage at which children first received school-based RSE, as reported by the participants whose children had been taught such learning experiences (N=87; M=42, F=43). For those who reported that their child had been taught to RSE at school, primary school was the most frequently chosen school stage for both genders. Only four of the children (4.71%) were reported to have received their first school-based RSE during Pre-school, indicating that formal provision before the start of compulsory education is rare.

Despite the similar numbers, a notable pattern that arose was that more children were reported to have received their first RSE at school at Kindergarten/Nursery compared to Junior High School. In general, in contrast to the previous findings about the parents' own educational experiences, children received their first RSE at school at a much earlier stage of school than their parents. This finding was consistent across the genders, contrasting with the parents' own experiences, where the initial exposure was more often delayed until later schooling.

When the data are viewed by the children's current age group, Kindergarten/Nursery and Primary School were the most common stages when school-based RSE was introduced across almost all age categories. Among children aged 3–12 years, 35.63% were reported to have been introduced to RSE at school within this age range. For the older cohorts (13–32 years), the distribution was similar across the age groups but concentrated primarily in the Primary School and Junior High School stages, reflecting a sustained pattern of early introduction in recent decades.

Figure 5.2

Participants' Reports of the School Stage when their Child was Introduced to RSE-related family discussions, by the Child's Current Age Group

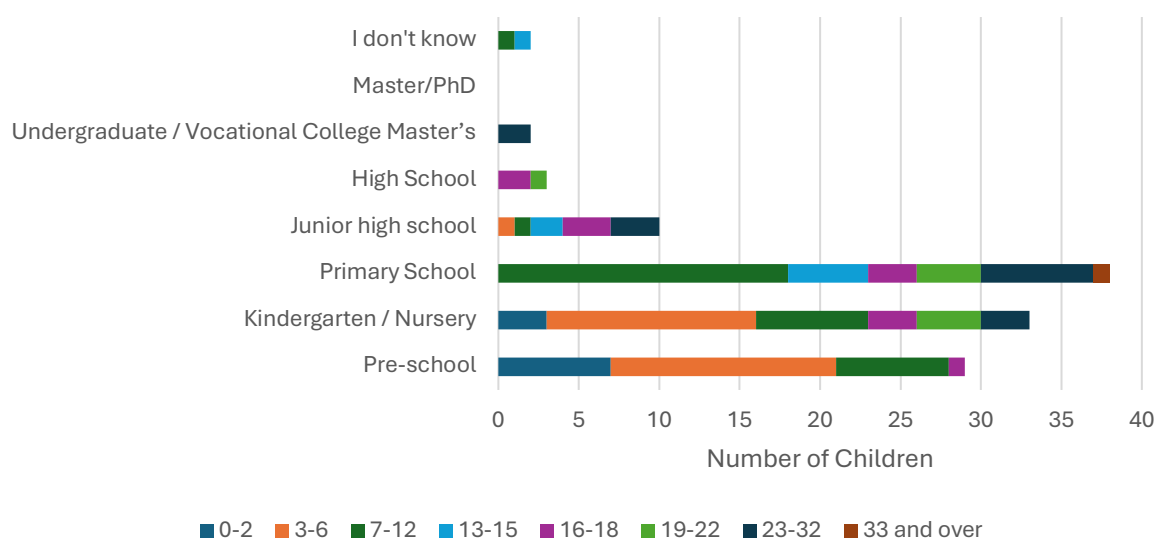


Figure 5.2 presents data on the school stage at which the children were introduced to RSE-related family discussions, as reported by the participants whose children had been taught to such learning experiences (N=117; M=51, F=61). Similar to school-based RSE, the primary school stage was most commonly identified as the initial point of engagement. However, in contrast to school-based RSE provision, a substantial proportion of parents reported beginning RSE-related family discussions earlier, during the *Kindergarten/Nursery* or *pre-school* stage.

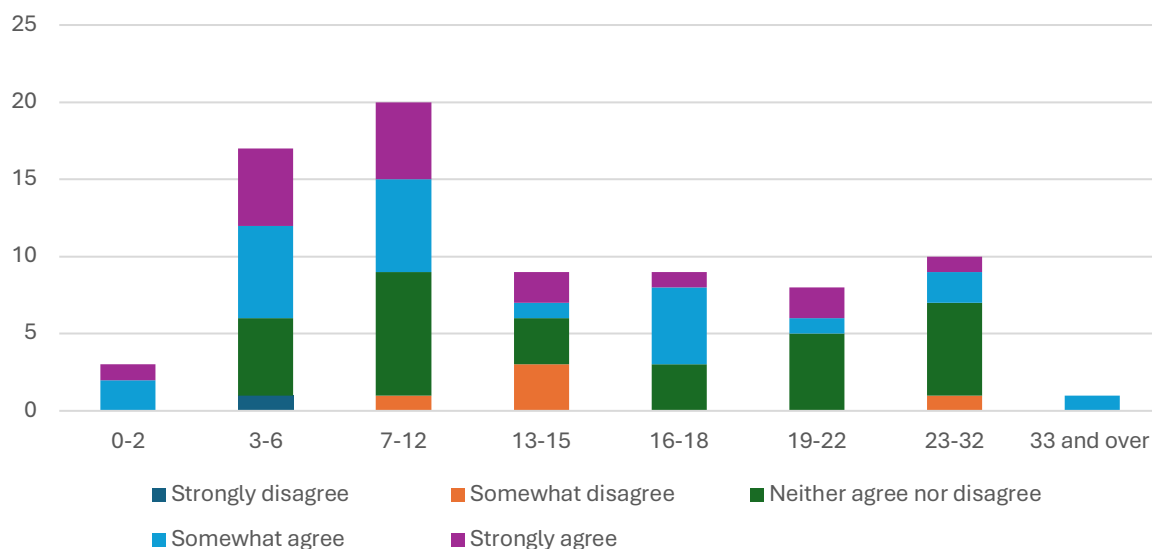
This suggests that parents who do engage in RSE within the family often do so before formal school-based provision begins.

Regarding the children's gender, parents of boys were more likely to report initiating RSE-related family discussions at an earlier stage than parents of girls. *Kindergarten/Nursery* and *Primary School* were ranked similarly as starting points for boys, whereas discussions with girls were more frequently reported as beginning at the primary school stage. Notably, during the pre-school stage, approximately seven times as many of the participants reported that their child had been taught to RSE-related family discussions compared to school-based RSE within the 0-12 age group.

Across the 0-15 age group, parents' reports indicate a tendency to delay the initiation of RSE-related family discussions as children grow older. While early introduction is common among younger children, parents of older children were more likely to report that discussions began later in childhood or early adolescence. This pattern suggests that parental decisions about when to initiate RSE are shaped by perceptions of developmental readiness and relevance, rather than following a fixed or uniform timeline.

Figure 5.3

Participants' Satisfaction with their Child's School-based RSE experience

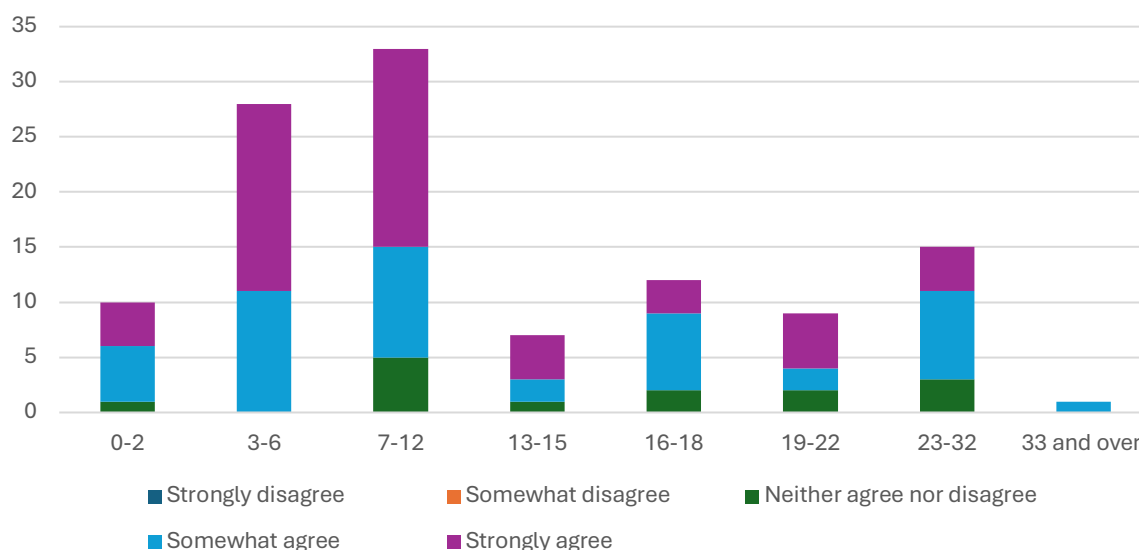


As **Figure 5.3** shows, the participants' satisfaction with their child's school-based RSE experience varied across both the child's gender and age group (N=77; M=36, F=40). Although a similar number of participants of both genders reported that they neither agreed nor disagreed that they felt satisfied with their child's RSE experience at school, female participants were somewhat more likely to report positive evaluations overall. Only one female participant stated that she was strongly dissatisfied with her child's school-based RSE, and more male participants were delighted with their children's experience at school.

With regard to their child's age group, most of the parents, regardless of their child's age, felt either neutral or satisfied about their child's experience of RSE at school. Strong dissatisfaction was rare, appearing only in one case of a child from the 3-6 age group. Neutral responses were most common amongst the parents of a child aged 7-12, with a similar trend also evident for the 23-32 age group. Overall, reported satisfaction levels were predominantly neutral to positive, with limited variation by gender or age.

Figure 5.4

Parents' Perceptions of the Developmental Appropriateness of Their Child's RSE-related family discussions



As **Figure 5.4** shows, parents' perceptions of the developmental appropriateness of RSE-related family discussions varied according to their child's age. The data reflect parents' views on when children of different ages should begin learning about relationships and sexuality at home, rather than what such learning should entail.

The highest levels of strong agreement were expressed by parents of children aged 7–12, followed by those with children aged 3–6. In these two age groups, (both somewhat and strong) agreement outweighed disagreement, suggesting a generally positive parental attitude towards introducing RSE-related family discussions during early and middle childhood. For children aged 0–2, levels of agreement were lower, indicating that parents tended to view this stage as less appropriate for initiating such discussions.

For the older age groups, such as 13–15, 16–18, and 19–22, parental responses were more evenly distributed across agreement, neutrality, and disagreement, reflecting a greater divergence of opinion. Parents whose children were aged 23–32 also showed relatively high

levels of agreement, which may indicate continued parental endorsement of RSE-related family discussions when reflecting on their children's earlier development. Only one respondent expressed strong disagreement in relation to children who were aged 33 and over, suggesting that opposition to RSE-related family discussions is rare. It should be noted that this item did not ask parents to specify what content they considered appropriate for different age groups. Rather, it captured general attitudinal patterns regarding perceived developmental timing. As such, the findings should be interpreted as reflecting parental comfort with the initiation of RSE-related discussions, rather than detailed expectations of age-specific curriculum content. Overall, while perceptions varied by the age of the participants' children, agreement was more commonly expressed for earlier developmental stages, particularly prior to adolescence.

In summary, **Figures 5.3** and **5.4** show that, the parents expressed generally positive views about their children's RSE learning experiences both at school and at home. Responses clustered around the 'agree' categories, with strong disagreement remaining rare across all age groups. Parents tended to report slightly greater satisfaction with RSE-related family discussions than with school-based provision, suggesting that home-based discussions may be perceived as more developmentally responsive, even in the absence of formalised content frameworks.

Cross comparison between the participants' and child's RSE learning experience

Table 5. 6

Participants' Learning Experience Distribution at School Versus at Home

Parents' RSE experience at school					
Male			Female		
<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>

Parents' RSE learning experiences at home	Yes	No	I don't know	Yes	No	I don't know
Yes	17	7	2	23	7	1
No	16	31	1	31	59	3
I don't know	3	1	1	1	1	9

Table 5.6 summarises the participants' self-reported RSE learning experiences in both school and family settings. The question asked whether they had ever received RSE, alongside clear examples of relevant content to ensure consistent understanding. The responses therefore reflect their perceived exposure rather than their detailed recall of specific lessons.

The results indicate that RSE learning during the participants' own upbringing was often either limited to a single context or absent altogether. Only 17 of the male and 23 of the female participants reported having experienced both school- and RSE-related family discussions. Most of the respondents who had not been taught RSE at school also reported a complete absence of RSE at home, suggesting that the opportunities for learning were uneven and, for some, minimal. This uneven exposure is significant because parents' prior familiarity with RSE was found to be statistically related to their current support for particular RSE topics and their reports of their child's RSE-related family discussions (see **Tables 5.1–5.3**). These findings suggest that early exposure, as recalled by the parents, may influence later attitudes towards RSE delivery in both school and family contexts.

Table 5.7*Cross Comparison Between the Participants' and Child's RSE Experience*

	Parents' RSE experience at school			Parents' RSE experience at home		
	Yes	No	I don't know	Yes	No	I don't know
	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
<hr/>						
A child's RSE experience						
occurs at school						
Yes	52	30	5	37	44	6
No	23	61	3	13	72	2
I don't know	16	15	9	7	25	8
A child's RSE experience						
occurs at home						
Yes	62	48	7	43	69	5
No	19	52	1	10	61	1
I don't know	10	6	9	4	11	10

Table 5.7 compares parents and children's school-based versus RSE-related family discussions experiences (N=214; M=79, F=135). For school-based RSE, the reported children's learning experience is interpreted here as the extent to which parents are aware of their children's exposure, since the parents who answered the questionnaire do not directly control this provision. Since the parents cannot control their child's exposure to school-based RSE, I interpret the child's school-based learning as the extent to which the parent is aware of their child's school-based RSE. In contrast, the parents directly control or are aware of the child's

RSE at home. The data in this table were analysed based on the participants' awareness and direct involvement.

Among the parents whose child had experienced RSE at school, the number of parents who reported that they had RSE was nearly twice as high as those who lacked RSE. Similarly, the number of parents who reported having been taught RSE learning experiences at home differed from the number of parents lacking RSE from home by only seven. For parents whose children lacked RSE at school, the number of parents who lacked RSE was nearly three times higher than that of parents with RSE. Equally, five times as many parents lacked RSE at home compared to the number who had been taught it.

Concerning parents whose child had been taught to RSE at home, nearly 7% more reported that they themselves had been taught to RSE at school compared to the number of parents who had been taught to RSE at home. On the other hand, the number of parents who had been taught RSE-related family discussions was lower than the number of parents who had not. The number of children who were taught to RSE at home whose parents had not been taught to RSE at school was much higher than those who had been taught at school. Likewise, six times the number of parents had not been taught to RSE-related family discussions compared to the number who had.

The presence or absence of RSE experience at school was directly proportional to the parents' concern about their child's RSE, whether at school or at home. Parents who had been taught to RSE at school were more concerned about their child's access to RSE both at school and at home. This was despite the difference between the parents' own RSE experience at home and also the fact that the proportion of respondents who reported that their child had been taught to RSE at home was low. Parents who lacked RSE-related family discussions were more likely to have educated their children about it than parents who had been taught to it. However, parents

who lacked experience of RSE-related family discussions were unlikely to inform their children about it.

Thus, learning experience at school exerted a greater influence than at home among parents who had provided RSE-related family discussions for their child. In addition, parents who lacked RSE both at school and at home were less likely to provide RSE-related family discussions to their child than parents with similar experiences.

5.3.3 Parental attitudes towards school- and RSE-related family discussions: timing and who should facilitate

As discussed earlier, there is no national standardised RSE curriculum in mainland China, and the provision in schools remains inconsistent and often limited. In this section, the data analysis focuses on the questionnaire units that explored the parents' views about when RSE should be introduced in schools, when parents or guardians should introduce RSE at home, and who should facilitate these discussions. While all responses were recorded, the analysis presented in this section focuses on items with statistically significant associations with the demographic variables, as identified in the chi-square tests reported in **Table 5.2**.

Table 5.8

Differences between the parental attitudes on RSE timing and facilitator, identified by the participants' gender

	Gender of Participant		
	Male	Female	Other
	<i>N</i>	<i>N</i>	<i>N</i>
When should RSE be introduced in schools?			
Pre-school stage	4	21	0
Kindergarten/Nursery Stage	16	47	0

Primary school Stage	33	33	0
Junior high school	20	26	0
High School	3	6	0
Undergraduate/Vocational college level	2	0	0
Master's/PhD level	0	1	0
I am not sure	0	0	0
For what age of child should parents (other guardians) introduce RSE?			
0-2	2	12	0
3-6	24	60	0
7-12	31	34	0
13-15	16	21	0
16-18	5	7	0
19-22	1	0	0
23-32	0	0	0
33 and over	0	0	0

Table 5.8 demonstrates the parental attitudes towards timing and facilitator of RSE, according to the participants' gender (N= 214; M= 79, F= 135). Gender was statistically associated with preferred school stage for RSE introduction ($\chi^2 = 18.07$, $df = 6$, $p = .006$) as well as the introduction of RSE-related family discussions by parents ($\chi^2 = 11.82$, $df = 5$, $p = .028$), as presented in **Table 5.3**.

When RSE should be introduced in schools: Most (31%) of the participants believed that the *primary school stage* was the optimum time for children to be introduced to RSE at school. Slightly more male participants agreed with this idea than females (by 17%). In comparison,

the *Kindergarten/Nursery stage* was preferred by 35% of the female participants. Despite the slight difference, the *primary school stage* and *Kindergarten/Nursery* were ranked the top two school stages, selected by 60% of the respondents. The *junior high school* and *preschool stages* were ranked third and fourth in this cohort, with more males preferring the former and more females the latter. Only one female participant believed that children should be introduced to RSE at school at the Master's/PhD level.

When parents should first introduce RSE: In total, 213 participants responded to the question of when parents or guardians should initiate an RSE-related family conversation with their child (N= 213; M= 79, F= 134). The vast majority of male parents believed that the age of 7-12 was the best time for a parent or guardian to arrange the first RSE session at home, 14% more than female parents in the same age group. On the other hand, the female parents were more likely (by 15%) to select 3-6 years as a more appropriate age than male parents in the same age group. A similar trend was detected within the responses to the question of when schools should introduce RSE. Nearly 40% of the male parents chose 7-12 years, and 45% of the female parents chose 3-6 years, resulting in an overall 39% of parents agreeing that 3-6 years is the most appropriate time for a parent or guardian to initiate their first RSE conversation. Similar to the results regarding when schools should introduce RSE, the 13-15 years and 0-2 years age groups were ranked third and fourth, respectively. Only one male parent felt that the 19-22 age group was more appropriate for having this conversation. Overall, the parents' attitudes towards when their child should be introduced to RSE at school were similar to those of parents or other guardians, in terms of 3-12 years old, or *Kindergarten/Nursery* stage or primary stage for the school level.

Overall, these findings indicate that both the male and female parents tended to agree that early and middle childhood (3-12 years) was the most appropriate period for introduction of both school- and RSE-related family discussions. However, within this shared preference, gendered

To what age child should parents
(or guardians) introduce RSE at
home?

0-2	0	3	8	3	0	0	0	0	0
3-6	0	1	28	34	17	4	0	0	0
7-12	0	3	19	25	18	0	0	0	0
13-15	0	1	8	12	13	3	0	0	0
16-18	0	1	1	2	6	2	0	0	0
19-22	0	0	0	0	1	0	0	0	0
23-32	0	0	0	0	0	0	0	0	0
33 and over	0	0	0	0	0	0	0	0	0

As noted earlier, parents' highest level of education and prior RSE experience emerged as two of the strongest predictors of their attitudes towards RSE timing and facilitation. Higher educational attainment and previous exposure to RSE were both associated with a greater willingness to provide or support earlier RSE provision both at home and at school.

Building on this, **Table 5.9** summarises how the parents' age groups relate to their preferences regarding when RSE should first be introduced in each setting. The pattern broadly mirrors the previous findings: younger parents were more likely to favour an earlier start for both school- and RSE-related family discussions, while older parents displayed greater variation and caution. Parents aged 25–44 tended to support introducing RSE during early or middle childhood, often viewing this as a way to compensate for the inconsistent provision in schools. By contrast, the parents aged 45 and above were more divided, with some preferring to delay discussion until adolescence.

Overall, their age appeared to shape the parents' timing preferences more strongly than their gender or education level. In the absence of a national RSE curriculum, these differences may indicate how parents adapt their expectations to perceived gaps or inconsistencies within the formal provision.

Table 5.10

Differences between parental attitudes towards RSE timing and facilitator, by the participants' highest education level

The highest education level of the participant	Primary	Junior high school	High School	Undergraduate/Vocational	Master's	PhD
	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
When should RSE be introduced in schools?						
Pre-school stage	0	0	1	18	4	2
Kindergarten/Nursery Stage	1	0	1	32	19	10
Primary school stage	2	2	6	26	15	15
Junior high school	0	1	10	19	12	4
High School	0	0	3	1	2	3
Undergraduate/Vocational college level	0	0	0	0	1	1

Master's/PhD level	0	0	1	0	0	0
I am not sure	0	0	0	0	0	0
At what child's age should parents (or guardians) introduce RSE at home?						
0-2	0	0	0	10	4	0
3-6	1	0	2	42	21	18
7-12	2	2	8	28	16	9
13-15	0	1	7	14	11	4
16-18	0	0	5	2	1	4
19-22	0	0	0	0	1	0
23-32	0	0	0	0	0	0
33 and over	0	0	0	0	0	0

Table 5.10 shows how the parents' highest education level relates to their preferences regarding the timing and facilitation of RSE. The overall pattern reinforces the earlier findings: parents with higher educational attainment were generally more supportive of introducing RSE earlier, both at school and at home. Parents with undergraduate or postgraduate qualifications were more likely to view the kindergarten or early primary stages as suitable starting points, whereas those with lower qualifications tended to favour delaying RSE until middle childhood or adolescence.

Similar differences appeared regarding the views about who should initiate RSE at home. Parents with higher education levels tended to express stronger agreement that parents or guardians should take the lead in initiating these conversations, suggesting greater confidence

and perceived responsibility in relation to this role. In contrast, respondents with lower educational attainment displayed slightly more hesitation or neutrality.

Taken together, these findings indicate that a higher educational background is associated with both an earlier timing preference and a stronger endorsement of parental involvement in RSE. This relationship aligns with prior research that highlighted how education enhances parents' awareness, communication skills, and confidence in relation to addressing sexuality-related topics with their child (Xiao & Yan, 2018).

Figure 5.5

Parental preferences for RSE timing and facilitation, disaggregated by the gender of the participant's child

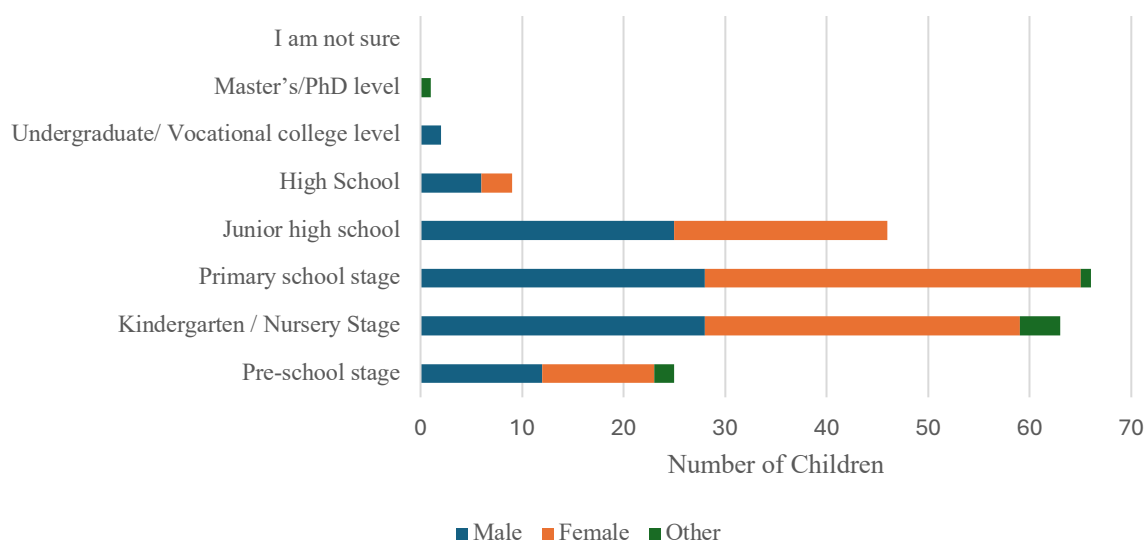


Figure 5.5 presents the parental attitudes towards RSE timing and facilitator according to the child's gender. A statistically significant association was found between the child's gender and the preferred school stage for RSE introduction ($\chi^2 = 35.97$, $df = 12$, $p < .001$), as shown in **Table 5.3**. Regarding the question of when parents think schools should introduce RSE ($N = 212$; $M = 101$, $F = 103$), more parents with a daughter only chose the *Kindergarten/Nursery* and *Primary School* stages compared to the parents with a son. There is little difference between

I am not sure	0	0	0	0	0	0	0	0
To what age child should parents (or guardians) introduce RSE?								
0-2	10	3	1	0	0	0	0	0
3-6	15	29	17	3	3	7	9	1
7-12	11	9	22	6	5	4	7	1
13-15	7	3	6	4	5	2	8	2
16-18	1	0	0	2	1	3	4	1
19-22	0	0	0	0	0	0	1	0
23-32	0	0	0	0	0	0	0	0
33 and over	0	0	0	0	0	0	0	0

Table 5.11 shows the respondents' preferred timing and facilitation of RSE for their children. This pattern aligns with the chi-square results reported earlier (see **Table 5.2**), confirming that the child's age is a significant factor that shapes the parental attitudes towards when and how RSE should be introduced. Parents of younger children (0–6 years) tended to support an earlier introduction to RSE, typically during the kindergarten or early primary stages, and believed that the parents themselves should begin home-based discussions around this same time. In contrast, the parents of older children tended to favour a later introduction, suggesting that perceived readiness strongly influences their timing preferences.

These differences may also reflect generational shifts in the norms and exposure to RSE, where the parents of younger children (many of whom belong to the 25–44 age group) show a greater acceptance of early, age-appropriate learning, while those with adult children retain more traditional views. Overall, the consistency between school- and home-based preferences

underscores how the parental perceptions of developmental readiness guide their expectations about RSE provision.

Table 5.12

Parental preferences regarding RSE timing and facilitation, disaggregated by the parents' learning experience

	The RSE experience of the participant at school			The RSE experience of the participant at home		
	Yes	No	I don't know	Yes	No	I don't know
	N	N	N	N	N	N
When should RSE be introduced in schools?						
Pre-school stage	16	6	3	4	20	1
Kindergarten/Nursery	25	34	4	16	45	2
Stage						
Primary school stage	33	30	3	24	38	4
Junior high school	13	29	4	11	30	5
High School	1	6	2	1	5	3
Undergraduate/ Vocational college level	1	1	0	0	2	0
Master's/PhD level	0	0	1	0	0	1
I am not sure	0	0	0	0	0	0

Table 5.12 presents the parents' preferences regarding the optimum time to introduce school-based RSE, disaggregated by whether or not the parents themselves had been taught to RSE

either at school or at home (N= 212; M= 78, F= 134). Both school- and family-based parental RSE experience was statically associated with their timing preference, based on **Table 5.2**.

Parents who had been taught to RSE at school were more likely to select earlier introduction stages than those who had not; for instance, 41% of this group chose the primary school stage, compared with 27% of parents without experience of school-based RSE themselves. Conversely, parents who had not been taught to school-based RSE were more inclined to select the Kindergarten/Nursery stage than those who had. The junior high school stage displayed a similar pattern, with parents who had not been taught to school-based RSE outnumbering those who had, thus suggesting a preference for later introduction among those who lacked school-based RSE experience themselves.

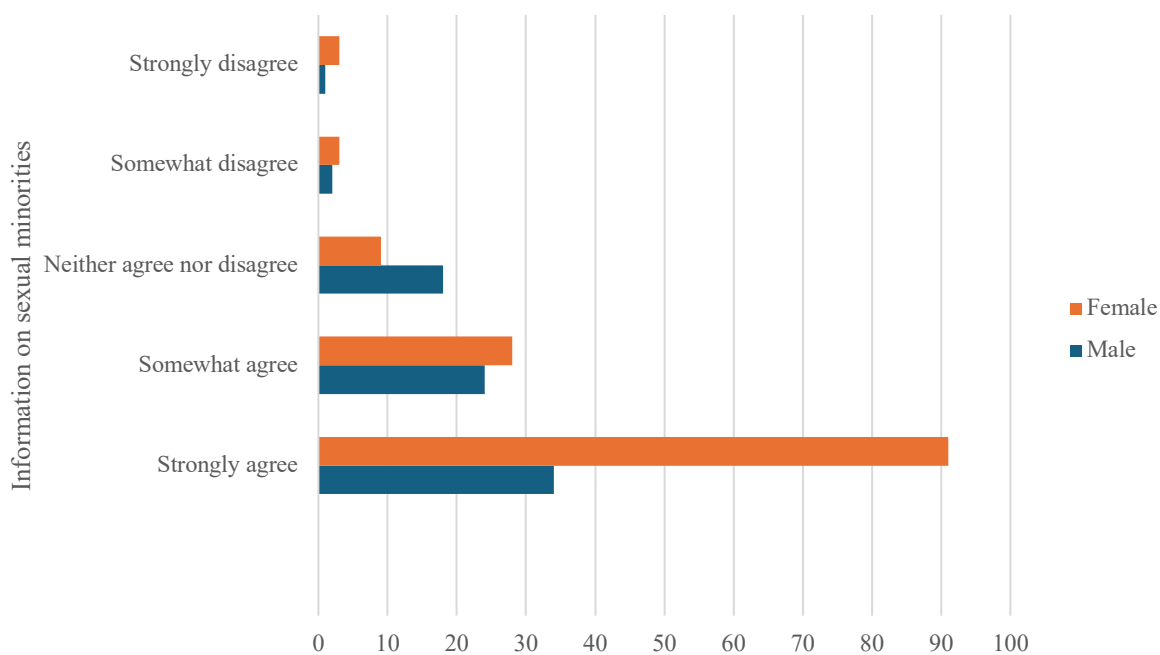
In terms of the parental learning experience at home, a similar trend was observed. Parents who had been taught to RSE-related family discussions were more likely to choose the primary school and preschool stages, compared to those who had not.

In conclusion, these findings indicate that prior exposure to RSE, whether at school or at home, tends to align parents with the earlier introduction of school-based RSE for their child, whereas those who lack such experience are more inclined to favour a later introduction, particularly the Kindergarten/Nursery of junior High School stages.

5.3.4 Parental Satisfaction with the General RSE Content and Specific Topics: School Bullying Prevention, Sexual Violence Prevention, and Sexual Minority Issues

Figure 5.6

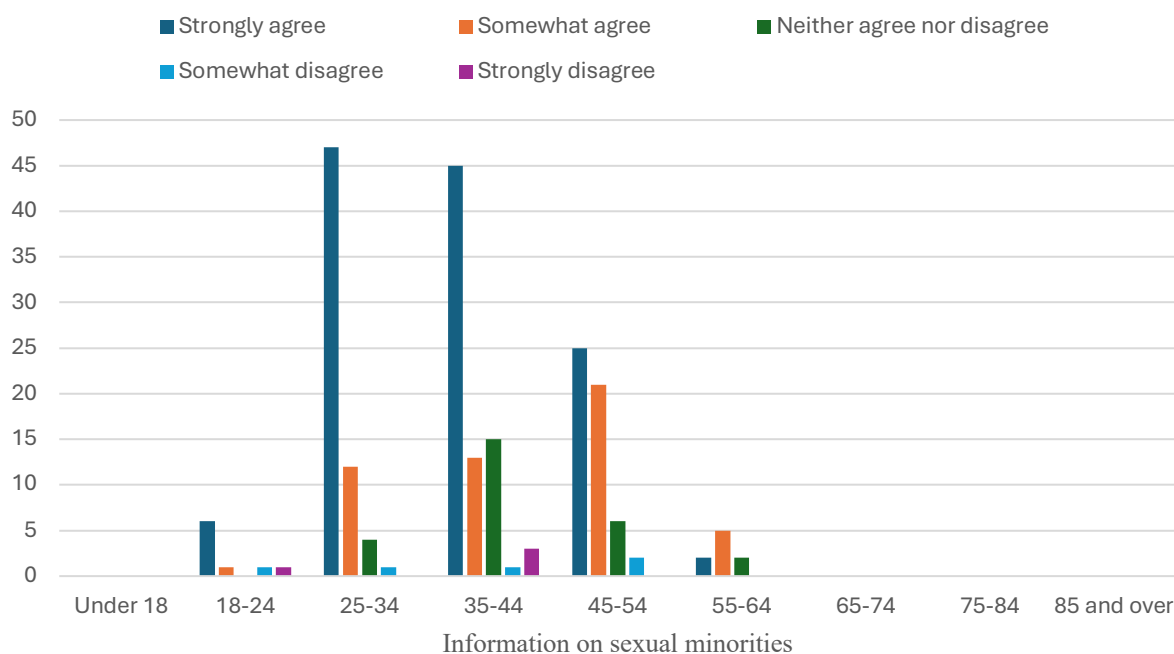
Parental perspectives on the sexual minority content of RSE, by the gender of the participants



Note. The percentages are calculated within the gender groups. Female: $n = 134$; Male: $n = 79$. A chi-square test indicated a statistically significant association between gender and attitudes towards sexual minority content in RSE, $\chi^2(4) = 17.46, p = .002$.

Figure 5.7

Parental perspectives on sexual minority content in RSE, by the age group of the participants



Note. The percentages are calculated within age groups. A chi-square test indicated a statistically significant association between age group and attitudes towards sexual minority content in RSE, $\chi^2 (16) = 36.453, p = .003$.

Figures 5.6 and 5.7 present the parents' attitudes towards the inclusion of sexual minority content in school-based RSE, disaggregated by the gender and age group of the participants. While other content areas such as school bullying prevention and sexual violence prevention received high levels of support across all groups, the chi-square tests revealed no statistically significant demographic differences for these topics (see **Table 5.3**). In contrast, sexual minority content showed a significant variation according to both the gender and age of the participants.

With regard to gender, the female participants were more likely than the male participants strongly to support the inclusion of sexual minority content in RSE, with a difference of more

than 20 percentage points, indicating that mothers or female guardians had a stronger attitude of support. Although most of the male respondents also expressed their support, they were more likely to choose 'somewhat agree' or a neutral position. This suggests that, although the acceptance of this issue is relatively high among both gender groups, the male participants may be more cautious or reserved in their approval. A small number of both male and female parents expressed their opposition, but explicit opposition was rare. Notably, the proportion of strong opposition was slightly higher among the female parents than the male parents, a finding that contrasts with the overall trend of higher female support rates, potentially indicating a small but notable group of female respondents who hold firm negative views on the topic.

With regard to the age groups, strong agreement is concentrated among those aged 18 to 54, particularly parents aged 25 to 34 and 35 to 44, who constitute the largest proportion of supporters. This may reflect generational shifts in societal attitudes, with younger and middle-aged parents being more likely to view sexual minority inclusion as an essential component of RSE. However, the overall level of support is lower than for the two safety-related topics, indicating that sexual minority content remains highly controversial. Neutral or conflicting positions are more common among parents aged 55 to 64, who may have had less exposure to sexual minority topics in educational settings or feel uncomfortable with them. Partial or strong opposition was present across all of the age groups, except for those aged 55 to 64, but in most cases these views were expressed by a minority, indicating that opposition exists but is dispersed across the generations rather than concentrated in a specific age group.

Overall, these results suggest that the attitudes towards sexual minority content in RSE are more polarised than those towards safety-related topics such as bullying or sexual violence prevention. Despite the widespread support, particularly among women and the younger to middle-aged parents, the gender and generational differences remain influential. The data show that acceptance is not uniformly distributed, and significant minority groups across both

genders and age groups of participants continue to express reservations or opposition, highlighting the importance of considering both demographic and cultural factors when integrating sexual minority topics into school-based RSE.

Table 5.13

Differences in the Parental Perspectives on RSE content, by the highest education level of the participants

Highest education level	Primary	Junior High School	High School	Undergraduate/ Vocation College	Master's	PhD
	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
Identification and prevention of bullying in schools						
Strongly agree	2	2	10	77	45	27
Somewhat agree	1	0	7	17	8	7
Neither agree nor disagree	0	1	5	1	1	0
Somewhat disagree	0	0	0	1	0	1
Strongly disagree	0	0	0	0	0	0
Identification and prevention of sexual						

assault and sexual

harassment

Strongly agree	2	2	13	86	49	30
Somewhat agree	1	0	6	10	3	4
Neither agree nor disagree	0	1	3	0	1	0
Somewhat disagree	0	0	0	0	1	1
Strongly disagree	0	0	0	0	0	0

Table 5.13 presents the parents' attitudes towards the three specific types of RSE content, according to the participants' highest education level.

Bullying prevention: Four times more parents from all education levels predominantly selected strongly agree (N= 213; M= 79, F=134) compared to those who somewhat agreed with the inclusion of bullying prevention in school RSE. This strong consensus suggests that bullying prevention is perceived as an uncontroversial, essential component of RSE. Only two parents from undergraduate/vocation college and one with a PhD somewhat disagreed with this idea, while neutral or opposing views were rare.

Sexual assault and harassment prevention: A similar distribution of parental attitudes based on the parents' highest educational level was also found, with strong agreement again clearly prevailing across all education groups (N=213; M=78, F=135). A small variation was observed among participants with postgraduate qualifications: two Master's degree holders and one PhD holder stated that they somewhat disagree. However, overall, the levels of disagreement were minimal across all education groups. This distribution closely mirrors that for bullying prevention, indicating that safety-related topics were broadly accepted by the participants of this study, regardless of their educational background.

Overall, **Table 5.13** suggests that educational attainment does not significantly influence the degree of parental support for safety-focused RSE content, which is consistently high across all of the educational qualification groups.

Table 5.14

Differences between the parental perspectives on RSE content, by learning experience at school

	The learning experience of the participants at school		
	Yes	No	I don't know
	<i>N</i>	<i>N</i>	<i>N</i>
Identification and prevention of bullying in schools			
Strongly agree	72	79	12
Somewhat agree	17	22	1
Neither agree nor disagree	2	2	4
Somewhat disagree	0	2	0
Strongly disagree	0	0	0
Identification and prevention of sexual assault and sexual harassment			
Strongly agree	79	90	13
Somewhat agree	10	13	1
Neither agree nor disagree	1	1	3

Somewhat disagree	1	1	0
Strongly disagree	0	0	0

Table 5.14 presents the parental attitudes towards two specific RSE-related topics: bullying prevention and sexual assault/harassment prevention, disaggregated by whether or not the participants had themselves been taught to school-based RSE.

Bullying prevention: A statistically significant association was found between parents' prior school-based RSE and their attitude towards the inclusion of bullying prevention within RSE, $\chi^2(6) = 23.25$, $p < .001$. While strong agreement was the dominant view across all groups, parents who had been taught to school-based RSE themselves showed a slightly higher proportion of strong agreement (72 out of 93) compared with those who had not (79 out of 105). The '*I don't know*' group displayed the lowest proportion of strong agreement (12 out of 17) and a relatively higher proportion of neutral responses, suggesting that uncertainty about the respondents' own RSE history may be linked to less emphatic support.

Sexual assault and harassment prevention: Attitudes also varied significantly according to the presence or absence of prior school-based RSE experience, $\chi^2(6) = 19.35$, $p = .004$. Strong agreement again dominated in all groups, but was highest among those who had not been taught to school-based RSE (90 out of 104) compared to those who had (79 out of 92). As with the case of bullying prevention, the '*I don't know*' group expressed less strong agreement and proportionally more neutrality.

Overall, while support for both of the safety-related topics was consistently high, prior school-based RSE appears to influence the intensity of the support, with uncertainty about the respondents' own RSE history being associated with a more reserved stance.

Figure 5.8

Parental support for bullying prevention content's inclusion in RSE, by the parents' own RSE-related family discussions learning experience

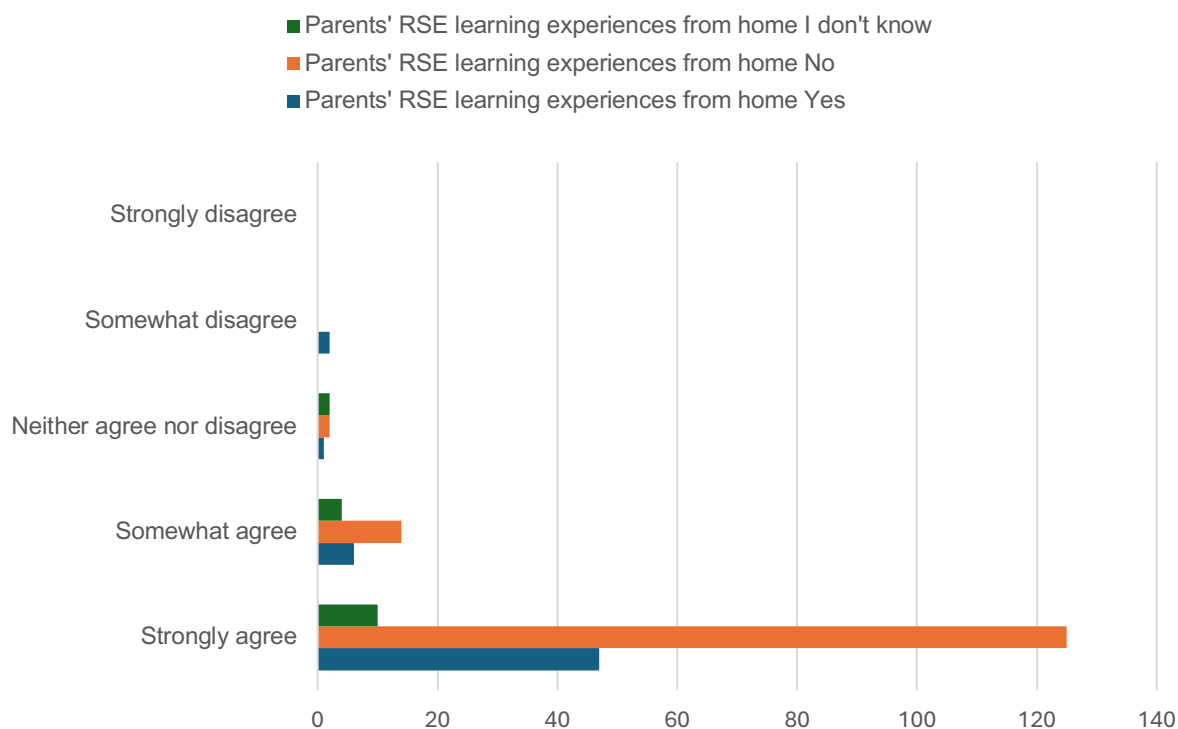


Figure 5.8 shows the parental support for bullying prevention content's inclusion in school-based RSE, disaggregated by parents' RSE learning experience at home. As **Table 5.3** shows, the parents' own RSE experience at home was statistically associated with their attitude towards the inclusion of sexual assault and harassment prevention in RSE, $\chi^2(6) = 17.31$, $p = .008$.

Strong agreement dominated across all groups, with the highest proportion again being parents who lacked RSE-related family discussions experience themselves. Parents who had been taught to RSE-related family discussions showed slightly lower rates of strong agreement and marginally higher proportions of somewhat agreed responses. The *'I don't know'* group displayed the smallest proportion of strong agreement and relatively more neutrality. These patterns mirror those for bullying prevention, suggesting that the absence of prior RSE-related

family discussions experience is linked to the most decisive support for the inclusion of safety-related topics on the curriculum.

Parental preferences regarding the general RSE contents

The respondents' preferences regarding all of the listed RSE-related topics were based on all of the essential information about the parents and their children. The subsequent analyses categorised the content into three main areas (the prevention of sexual violence, the prevention of bullying in schools, and a knowledge of sexual minority), physiological education content, and relational education content. Information on disease transmission, physiological developmental symptoms, and reproduction were classified as physiological education content, while the remaining content minus 'no relevant education required' was classified as relationship education content.

Table 5.15

Differences between the parental perspectives on RSE content, by the age of the child

RSE Course Content	N	%
Pathways of HIV transmission (e.g. heterosexual/homosexual unprotected sex, mother-to-child transmission, blood transmission, etc.); and disease prevention (e.g. condom use, not having sex with more than one person at the same time)	190	89%
Pathways to sexually transmitted diseases (e.g. unprotected heterosexual/homosexual sex, etc.); and disease prevention (e.g. condom use, not having sex with more than one person at the same time)	189	88%
Detection and prevention of violence in schools	183	86%
Recognising and preventing sexual harassment and assault	173	81%

Secondary sexual characteristics such as menstruation and ejaculation	171	80%
Handling different interpersonal relationships (including content on family, friendship, love, etc.)	169	79%
Reproductive control (including condoms, birth control pills and other means of fertility control)	164	77%
Dealing with negative and positive emotions brought about by different emotions (e.g. love, affection, friendship)	155	72%
Sexual consent	137	64%
Sex and gender differences	130	61%
Sexual orientation and sexual minority	119	56%
Masturbation	114	53%
Gender stereotypes	96	45%
Sexual pleasure (including how to get sexual pleasure from yourself or others)	94	44%

Table 5.15 summarises the number and percentages of parents who selected each RSE content area in response to a multiple-choice question. As participants could choose multiple responses, each item is reported out of the total sample (N = 214; M = 79, F = 135), and the totals across the items exceed 100%. Overall, the participants showed the highest level of support for content that was related to risk prevention, with bullying prevention in schools (86%) and sexual violence prevention (81%) attracting the widest acceptance. Topics related to HIV transmission and sexually transmitted infections were also selected by a significant number of the parents, reflecting a general prioritisation of health and safety as the core function of RSE content. The data indicate that many parents view RSE as an educational tool for protecting their child from external harm, particularly in school environments or during peer interactions where risks may arise.

In contrast, topics related to sexual autonomy, identity, and body awareness attracted significantly lower support; for example, only 64% of the parents supported content covering sexual consent, while the degree of support for including information about sexual minority (56%) and masturbation (53%) was even lower. These differences suggest that some parents remain cautious about more sensitive topics. Although the above topics were selected by more than half of the parents, their relatively lower support rates compared to risk-oriented content indicate that these topics remain controversial or unfamiliar to parents.

Sexual pleasure (44%) and gender stereotypes (45%) were the two topics that attracted the lowest support rates in this table, with neither receiving the approval of half of the participants. This may reflect deeper cultural taboos since, on the one hand, the notion that sexuality forms part of both happiness and self-realisation does not appear to be widely reflected in participants' responses. On the other hand, a critical understanding of gender roles and the social structures has not yet become widespread. This pattern suggests that, according to most parents' conception of RSE, sexuality is still rarely discussed as a positive life experience or an issue of social equality.

Notably, content related to interpersonal relationships (such as family, love, and friendship) attracted 79% parental support, which was slightly higher than the support for contraceptive methods (76%). This discrepancy may indicate that parents generally prefer educational content to be centred on emotional development or social interaction, while remaining more reserved regarding content involving specific sexual behaviour or reproductive decisions. In other words, parents are more willing to view RSE as a means of cultivating their child's character and relationship skills rather than providing specific guidance on sexual behaviour. In summary, the results reveal a clear hierarchy of parental acceptance and expectations regarding school-based RSE content. Topics closely related to physical health and public safety received the widest support, while issues involving emotions, sexual orientation, gender, and

autonomy are more likely to elicit selective or contradictory responses. From the perspective of RQ2, this indicates that, while parents generally support RSE, their attitudes towards specific types of content are subject to conditions and restrictions, and are influenced by their personal experiences, cultural background, and socialisation process.

These findings further highlight the importance of clearly identifying which type of RSE content is more likely to gain parental approval, and which type may face cultural resistance. This helps to clarify not only the potential obstacles to curriculum implementation but also how parental attitudes influence the acceptance and dissemination effectiveness of school-based RSE. Subsequent analyses of the participants' demographic characters will further reveal variability within the content preferences across different groups and provide an empirical foundation for our subsequent discussion of RSE-related parent-child communication and knowledge transmission.

5.4 Online Questionnaire: Open-ended Questions

Two open-ended questions were included in the questionnaire to capture parents' own explanations of and reflections on their RSE views. These short responses were used to clarify or expand on the patterns that were identified in the quantitative data. Only selected excerpts are presented in English translation where the original Chinese wording contained specific expressions or meanings that could not be accurately conveyed in other ways.

5.4.1 Parental Opinions on Why Parents Should Initiate the Family Conversation about RSE with Their Child

Among all the participants, only 41 females and seven males answered the question about why parents should arrange a conversation about RSE with their child at home before their child does.

The most widely-held belief expressed by the female participants was that initiating a family conversation about RSE would help their child to self-protect, reduce the risk of their child being taught to sexual violence and harassment, better equip their child to detect danger, and reduce the potential harm brought about by curiosity to both themselves and others. For instance, regarding premature sexual behaviour, one participant wrote:

When children are able to understand, they can be guided on some questions related to sexuality.

while another emphasised that, 'It helps reduce harm by enabling children to protect themselves'.

The second most popular opinion was the importance of RSE learning for children's future lives, as six female participants shared this view. They made statements such as:

Sex education is very important, especially because it has a profound impact on children's future.

Four other female participants believed that sex is unavoidable in future life and should be treated as essential knowledge for children. One participant explained that, 'No aspect of education should be missing', thus reflecting this perspective.

Three of the female participants argued that sexuality is neither a shameful nor a sinful topic, and that it does not benefit a child's life simply by delaying or even avoiding the discussion of this topic. One of them commented:

Sex education is not something shameful or sinful but proper objective guidance and should be approached correctly.

They argued that delaying or avoiding such conversations would not benefit children's lives.

Another three female participants stated that teaching RSE to children would help them to establish correct values and overcome misconceptions due to a lack of knowledge, thereby

guiding children on their way to a healthy, productive life. One participant, for example, wrote, ‘Help children understand sexuality and form the correct sexual values’.

Two of the female participants stated that the teaching of RSE would compensate for what had always been lacking in traditional Chinese culture, noting ‘filling the gaps in traditional Chinese views’ (弥补中国传统观念认识的不足). Two other participants thought that parents are the first educators in their child’s life. One of them commented:

Parents are the child’s first teachers and should give timely relationship and sex education.

(家长是孩子的第一位老师，应适时对孩子进行关系和性教育。)

At the same time, two female participants also believed that, by talking about RSE with their child as a trusted figure in their child’s life, parent-child RSE conversations would provide children with a secure, safe environment in which to acquire this essential knowledge, and parents could be there to support their children at each step. One participant wrote that, *parents are the most trusted and secure figures for children*. Only one participant mentioned that parents could control how and where the conversation would develop by initiating it, stating that, *by taking the initiative, parents can retain control*.

In total, only seven of the male participants responded to this question. Similar to some of the female participants, two of the male participants also mentioned that parents who initiate RSE family conversations can help their child to learn about sexuality in advance, destigmatize the topic, teach children about the meaning of RSE, and prepare them for their later schooling. One male participant stated that parents *should raise the topic proactively, so children understand in advance and are not misled*. In addition, similar views to those of the female participants were repeated by the four other male participants; namely that *it is important for children’s development, it is good for protecting children from themselves and others, children are aware of the potential consequences of risky behaviour, RSE is important for children’s development,*

Children should grow up with their environment and different types of upbringing should have different RSE.

One of the male participants mentioned *Role identity and character building* (角色认同与性格塑造), which was not identified by the female participants.

5.4.2 Overall parental attitudes towards RSE

In total, only 68 of the female and 24 of the male participants responded to this question. Among the female participants, the most common view, that was shared by 27 people, was that RSE is an essential part of education and should be taught to children as early as possible, ideally from young childhood. The participants also suggested that RSE should be treated equally to other traditional subjects and the content should be comprehensive, well-organised and detailed, without prejudice or avoiding specific topics. Twelve of the female participants expressed similar ideas, but added that RSE should match children's development and cognitive levels across different age stages. As one of them explained:

It should start early, with content and teaching methods appropriate for children's age and learning characteristics.

The connection between school and the family was mentioned frequently. There was also a shared view that the school and parents should adopt a more open-minded attitude towards RSE and that it should be grounded on evidence rather than personal experience. Their comments included *RSE should be delivered to children in a timely way, with coordination between families and schools; It should be carried out in a more scientific, reasonable, and acceptable way, and Schools, families, and society should all work together on this* (希望学校、家庭和社会都要一起努力). Several of the participants suggested that schools should actively collect feedback to help to improve future RSE delivery and build a more coherent, consistent system. One participant put this clearly as follows:

We can then adjust based on student feedback, to improve the overall teaching system from a young age onwards.

In addition, 11 of the female participants highlighted that RSE plays a crucial role in equipping children with essential knowledge about both self-protection and how to protect others. One respondent noted:

Sex education is essential, especially for girls, so they learn to protect and care for themselves, but also to enjoy sexuality.

(性教育很有必要，尤其对于女性，女性要学会爱护自己，保护自己，但同时也享受性。)

It is worth mentioning that the emphasis regarding self-protection was placed on girls, and boys were not specifically mentioned in this respect. RSE can support children to live a freer, healthier life by increasing their awareness of self-protection.

Four of the female participants raised concerns about the accessibility of RSE to the general public, pointing out that RSE and discussions about it have always been absent from Chinese society. One participant even stated that they strongly support including RSE on the nine-year compulsory education curriculum.

Six other female participants acknowledged the importance of RSE but also stressed that the content should be designed with great caution and correctly. As one stated:

It is necessary to provide education, but it should be adapted to the social realities.

In addition to these responses from the female participants, a wider range of perspectives also emerged. A negative attitude towards premarital sexual behaviour was observed among a few of the participants. One female participant stated that:

Help children grow up healthily, treat interactions with the opposite sex in a normal way, protect themselves as well as others, and avoid engaging in sexual activity too early.

(让孩子们健康成长，正常对待与异性的交往，保护好自己，也保护别人，不要过早接触性。)

At the same time, another participant suggested that RSE should be based on Chinese cultural values. Similarly, one female participant thought that RSE is very closely connected to daily life, while another felt that it should be integrated naturally into daily life and not treated as an overly formal or heavy subject. She commented:

Teachers and parents need to bring up the topic regularly and naturally but shouldn't make it a heavy subject as if it were a formal teaching. Just similar to how we mention food and eating which are important for health. Such topics should be casual and easy for children. As we say, 'Food and sex are human nature' (Mencius).

One female participant stated that RSE should be delivered based on each child's specific development stage, and should not be based on biased beliefs. Conversely, there was one female participant who thought that RSE-related teaching and conversations should not be avoided in daily life, but should not necessarily be based on a child's learning ability or age, as they would learn about it eventually. Only one female participant reported that she had never considered this issue before.

Eighteen of the 24 male participants who answered the open-ended question gave similar responses to the female participants. They strongly agreed that RSE should start early in a child's development, claiming that, 'Proper and comprehensive education for children is needed, especially for every child entering adolescence'. They also expressed the view that RSE should be widely accessible and systematic. One male participant commented that:

In my view, this should be treated as perfectly normal knowledge and no longer glossed over with children as it was in the past. Proper guidance on relationships and sex education can help children develop more fully and handle these matters better.

However, six of the male participants felt that RSE should be taught in line with the reality of Chinese society, but did not elaborate what that should look like. In addition, three of the male participants highlighted the need for RSE in society before establishing clear educational approaches.

Five male participants held a neutral stance, suggesting that children will acquire RSE-related knowledge naturally and that children will understand these matters when they are old enough, which aligns with the views of some of the female participants. Only one participant stated that he did not have any thoughts about RSE.

In conclusion, most parents, regardless of their gender, believe that RSE is an essential aspect of a child's development. They believe that RSE should start as early as possible, preferably from early childhood, and should be taught in a structured, age-appropriate manner. Many of the participants also highlighted that RSE should be implemented systematically, with evidence-based teaching content that is appropriate for children's respective cognitive development levels. These views are often accompanied by calls for collaboration between schools and families, as well as expectations about the de-stigmatisation of RSE. Many of the parents pointed out that RSE should not be viewed as a taboo topic but rather integrated into daily life in a natural, open manner.

When asked about RSE-related family discussions, most of the participants believed that parents should take the initiative by arranging relevant discussions within the family. The most common reason given for this was that establishing an early dialogue with trusted adults when children are young helps to cultivate their awareness of self-protection and reduce the risk of them suffering harm. This view was particularly prominent among the female participants. Many of the parents believed that it is safer and more beneficial for children's physical and mental preparation to receive guidance in a familiar, safe family environment rather than through external channels.

However, when gender was explicitly mentioned in the responses, the discussions about ‘self-protection’ focused almost exclusively on girls. No parents specifically mentioned boys in this context. This phenomenon reflects an underlying gender bias that links vulnerability to female identity. Although highlighting the protection of girls responds to some real concerns, the absence of boys from these discussions may lead to an uneven distribution of educational resources, leaving them unprepared in terms of RSE.

Some of the participants also pointed out that, in a social context where the open discussion of sexual issues is limited, proactive family-initiated RSE can help children to form appropriate attitudes and values and avoid being misled by incorrect information. Some of the parents explicitly noted that traditional Chinese culture often restricts the open discussion of sexual topics, and that communication within the family can effectively fill this gap. A small number of participants also highlighted that parents, as their children's ‘first’, most trusted educators, play an important role in their children's RSE that cannot be replaced by schools.

Although the male participants' overall stance was similar to that of the female participants, their responses were generally more concise. Only one male participant raised the issue of ‘gender role identity and personality development,’ which did not feature in the responses of the female participants.

Overall, the parents generally recognised the importance of RSE in both school and family contexts, which is consistent with the strong levels of support indicated in the closed-ended data. Many emphasised the need for collaborative, inclusive, age-appropriate approaches, that help children to develop self-protection awareness and confidence about managing relationships. These views echo the quantitative findings, showing a broad endorsement of early RSE provision and parental involvement.

However, the open-ended responses also revealed gendered patterns regarding how the parents conceptualised self-protection: girls were more frequently framed as vulnerable and in need of

guidance, while boys were described as being less at risk. This tendency reflects the narrow, unbalanced understanding of vulnerability that is evident in the current RSE discussions, suggesting that gender stereotypes still shape how parents interpret the aims of RSE.

5.5 Influence of Demographic Factors on Parental Attitudes Towards and Expectations of RSE

This section discusses the demographic factors that displayed statistically significant associations with parental attitudes towards and expectations of RSE, based on the chi-square test results. It is important to note that, in Chinese society, the awareness of and concern about the categorisation of biological sex and gender were less pronounced compared to Western countries, especially concerning sexual minorities. Therefore, in this study, gender was exclusively categorised in terms of binary sex. Although the questionnaire did provide 'other' as a third option, allowing the participants to specify the gender of both themselves and their child, no categorisation other than cis-gender male and female was reported. This finding underscores the prevailing binary gender perceptions among Chinese parents in the context of this study.

5.5.1 Influence of Parental Gender and the Social Gender Division of Labour on RSE-related Family Discussion

Table 5.1 presents the relationship between parental gender and whether or not the child was taught to have RSE-related conversations at home with their parents or guardians. The chi-square results show no statistically significant association ($p > .05$), indicating that, in this study, parental gender did not influence whether or not a child learnt about RSE at home.

This questionnaire recorded almost twice as many female parents as male parents. This may explain why parental gender was not associated with the child's RSE-related family discussions experiences. However, after the data had been re-standardised and revisited, it was found that there remained no statistically significant relationship between the gender of the parents and

whether or not their children had received RSE at home. In a similar study conducted in Shandong province in China, the research team investigated the attitudes of nursery students' parents towards RSE and the implementation of RSE at home. The proportion of parents' gender was similar to that in the present research (Xu et al., 2020). In line with the current study, Chen and Chen (2020) also found that parents' gender did not influence their child's RSE learning experience at home.

Among the limited number of RSE-related studies of Chinese society, several investigated whether parental gender affected RSE attitude, but failed to reach a consensus about this; for example, Jin et al. (2019) investigating parental implementation of RSE-related family discussions in Shanghai, and found that parental gender did not affect the occurrence of this. Nevertheless, Xu et al. (2020), in a study based in Shandong province which, like this study, also adopted a convenience sampling approach, found that parents' gender was associated with the level of RSE that a child received at home. In response to this finding, Xu et al. (2020) suggested that mothers were more aware of their child's need for RSE, which may be related to the fact that mothers spend more time, and communicate better, with their child.

Previous research suggests that this may be related to the distribution of gender roles in traditional Chinese society. Mothers were traditionally expected to give more parenting attention and supervision to their children (Liu, 2008a; Yang, 2018), while fathers were not obliged to do so due to work or other reasons (Du et al., 2021; Shi et al., 2022; X. Zhang et al., 2020). In contrast to fathers' relationships with their child, more studies have focused on mothers' relationships with their child (C. J. Zhang et al., 2020).

Meanwhile, other studies have found that parents were more likely to engage in RSE-related conversations with their children of the same sex at home (Tu et al., 2005). In addition, it has been reported that families who have engaged in RSE-related family discussions have had at least one female member involved in the process (Shen, 2015). Society has imbued women

with the gender roles of being 'caring, nurturing and gentle'. At the same time, fathers were expected to be 'stricter' and to be shaped as the authority figure of the household (C. J. Zhang et al., 2020), which has led to children being more inclined to ask questions of their mothers (Tu et al., 2005). This phenomenon was not only observed in Chinese society (Dyson & Smith, 2012; Liu, 2008b; Nambambi & Mufune, 2011). Similar findings include other female guardians other than mothers (Measor, 2004). This discrepancy in gender role expectations was thought potentially to hinder the implementation of RSE in China. By defaulting and emphasising the expectations of different genders in society, the resulting gender stereotypes and division of labour may inhibit children's cognitive development through repetition from one generation to the next (Shi et al., 2022).

Unfortunately, the questionnaire used in this research did not ask about the gender of the primary caregiver, even though more than 70% of the participants stated that their child was cared for by either themselves or their spouses rather than other family members. Jin et al. (2019) came to the same conclusion as the present research, because it was impossible to establish whether the females and males who participated in the study were from the same family. For these reasons, and because gender was not the sole independent factor in parental attitudes, this research could not conclude that parental gender was associated with a child's RSE experience at home.

5.5.2 The Influence of the Child's Gender on RSE Provision and Parental Expectations

When the child's gender was considered as an influencing factor, a different conclusion was reached compared to when the parent's gender was used as an influencing factor. The p-value provided by the chi-square test, shown in **Table 5.1**, shows that the children's gender was statistically associated with differences in reported RSE-related family discussions exposure. The gender ratio of children in this study was close to 1:1, with slightly more females, which is significantly different from the national ratio of 105.07:100 (male: female) (National Bureau

of Statistics of China, 2021a). However, in terms of numbers, **Table 5.5** shows that only ten more girls than boys received RSE at home. Within this sample, slightly more girls than boys were reported to have received RSE-related family discussions, a pattern that is consistent with previous qualitative findings suggesting greater parental emphasis on girls' sexual education. Given the statistically significant association between children's gender and reported exposure to RSE at home, this section proceeds to examine parents' perceptions of the appropriate timing for introducing RSE in school and family contexts, and how these perceptions relate to parents' views on their own role in initiating RSE at home. The parents' choices and preferences regarding the curriculum content developed by RSE's prospective government agencies, based on their child's gender, will also be discussed.

'Bridging the Gap with the Traditional Chinese Conceptual Understanding'

Parents of 51 boys and 61 girls reported that they had engaged in RSE-related conversations with their child. This result was higher than the figures reported by Jin et al. (2019) and Xiao & Yan (2018), suggesting that an increasing number of Chinese parents have started to talk about RSE with their children. Most of these children were taught to school-based RSE at either kindergarten/nursery or primary level, while those who were taught to RSE at home ranged from pre-school to primary school level. Similar to the finding of C.J. Zhang et al. (2020), over 90% of the parents felt that their child needed to be taught to RSE at school during junior high school or even before, 42% felt that nursery or even earlier would be the most appropriate stage for the introduction of RSE, and 9.1% were satisfied with their child's RSE at school. The prevention of danger and self-protection were the main parental expectations of RSE, and this research finding aligns with the previous scholarship. One of the open-ended questions on the questionnaire asked the respondents about their attitudes towards the need for parents to initiate RSE-related family discussions conversations. Most of the parents expressed concerns about their child's exposure to potential dangers and the hope that RSE would help their child

to protect him/herself when facing a dangerous situation. Some of the parents expressed the need for parents, as their children's first teachers, to fill the gap that Chinese culture left in this area of education. Some also felt that initiating RSE content would normalise the traditionally taboo topic of 'sex' and lead children to develop appropriate attitudes towards sex.

Some of the parents who were in favour of RSE believed that, unless children are taught to RSE at an early age, they may become curious about sex and even have sex during adolescence, which can have potentially harmful consequences if they lack the relevant knowledge (Xiao & Yan, 2018). Similarly, Xiao and Yan (2018) found that parents believe that the early education of their child enhances the trust and relationship between parents and children. In addition, due to the rise of the internet, it is easy for children to obtain false or misleading knowledge from other sources, which is a further reason why some parents support early RSE intervention (Hu & Liu, 2018).

5.5.3 Influence of Age on RSE Provision and Parental Attitudes

This section examines how both the parents and child's age influences RSE provision in both family and school settings, as well as the parental attitudes towards RSE timing and content. The Chi-square results (See **Table 5.1-5.3**) indicate that the child's age was significantly associated with whether or not they had received RSE at home ($p < .001$) as well as with the parents' views on when RSE should be introduced in both contexts ($p < .001$). Parents' age was also a significant factor, shaping not only the likelihood that RSE would be provided at home ($p < .001$) but also the preferences regarding when and how RSE should be delivered, and the inclusion of certain content areas. These findings show that age-related influences operate at two levels: the developmental stage of the child, which affects the parents' perceptions of his/her readiness, and the generational position of the parent, which affects their attitudes, expectations, and reported practices.

Table 5.4 shows the distribution of children who were taught to RSE at home, with the most significant proportion of children being in the 3-12 age group and a significantly lower proportion being in the 0-2 age group. The low proportion of 0–2-year-olds does not appear to be solely attributable to concerns about protecting the children’s innocence. 3–12-year-olds had been taught to have RSE-related conversations with their family. In an open-ended question about the need for proactive RSE education, one parent suggested that 'it would be more appropriate to do this when the child has some ability to understand'. Although research has found that infants and toddlers develop language rapidly (Rose et al., 2009), this may be because children of this age are in the early stages of cognitive and verbal communication (Nazzi & Gopnik, 2001). The limited RSE knowledge base and lack of formal guidance available to parents make it difficult for them to offer RSE to infants and toddlers.

Cultural attitudes remain a powerful influence. According to Zheng's (2002) study on RSE for adolescents, Chinese society was more sensitive to the topic of sexuality due to the influence of the traditional ideology. However, with the strengthening cultural exchanges between China and the West after the reform and opening up, the ideas of sexual freedom and sexual liberation have made Chinese society less conservative in terms of its attitude towards sex (Xie & Peng, 2018). However, in terms of education, some parents' attitudes towards RSE, especially for young children, were still dominated by reservations or negativity due to concerns about protecting children's 'innocence' and fears that RSE may lead to early sexualisation (Liu, 2008a). Zhang (2013) also noted that some parents associate 'sex' with precocious maturity and early experimentation with sexuality due to their conservative attitudes towards sexuality. Zhang et al. (2018) similarly noted that most parents try to discourage their children from engaging in sexual behaviour at an early age by emphasising negative views of sexuality, such as 'the child is too young' and 'the child will naturally know when he/she grows up'. The Chinese cultural ideologies about sexuality and reproduction were linked to sexual behaviour, intimating that

RSE was meaningless because children would learn what they needed to know in time (Li, 2020). While such statements were not directly present in this study's dataset, the provision pattern for younger age groups reflects this cautious stance.

However, the evidence from developmental psychology and Chinese RSE research challenges these delays. Kim et al. (2019) pointed out that children aged 2-3 years old already have the psychological basis for RSE, and that it is necessary to educate children of different ages on various RSE-related topics. Due to many parents' limited knowledge and lack of awareness of RSE (Huang & Cheng, 2014; Jin et al., 2019; Tu et al., 2005; Xiao & Yan, 2018), coupled with the absence of a well-developed national education programme, parents may not take the initiative in educating their child about RSE (Zheng, 2002). Some of the RSE research based in China argues that there is a need for early RSE education for children, from body organ identification and protection to reproductive development and psychosexual health (Cheng, 2020; Miao, 2020; Wang & Wang, 2018; Xiao & Yan, 2018; Yang, 2018; C. J. Zhang et al., 2020). Heightened public awareness of child sexual abuse has been associated in the literature with increased societal attention to early RSE, especially parents, to expose young children to RSE in order to provide them with knowledge about self-protection (Jiang, 2020). In addition, international evidence further supports early provision, showing that RSE has a positive effect on children's sexual development by reducing the likelihood of early, risky and unsafe sex, early pregnancy and STIs (Huaynoca et al., 2014; O'Sullivan et al., 2019). Avoiding RSE to protect children's innocence can leave children with insufficient knowledge to recognise when a situation poses a risk to them.

Therefore, both the parents and child's ages were relevant with regard not only to whether or not the child was taught to RSE at home but also to when and how it is introduced in both home and school settings. The provision was strongest for children aged 3–12, with markedly lower rates for infants and toddlers, reflecting both developmental considerations and cultural

reservations about early RSE. The parents' age further shaped the attitudes towards the timing and delivery of RSE, as well as the inclusion of certain content areas. These findings address RQ2 by showing how the perceptions of readiness and topic appropriateness are closely linked to age, and also RQ2a by demonstrating that such views vary systematically across different parental and child age groups.

5.5.4 Educational Level as a Significant Factor Within RSE Provision and Expectations

The correlation between parents' highest level of education as an influencing factor and their children's RSE learning experiences at home and parents' attitudes towards sexual violence offence prevention, bullying prevention and the need for sexual minority knowledge to be included on the school's RSE curriculum was investigated in **Tables 5.1** and **5.3**. The results show that the parents' highest education level was statistically correlated with their child's RSE school experience from home ($p=.005$), and similar findings were found concerning the attitudes towards knowledge about sexual violence crime prevention and bullying prevention in schools. There was no statistical correlation between the parents' highest level of education and their attitude towards the need for sexual minority knowledge to be included on the school RSE curriculum.

The research findings regarding the influence of parents' highest level of education on their attitudes towards RSE are somewhat inconsistent. The current mainstream discussion in China has shown that the parents' highest level of education was frequently investigated when researching their attitudes towards RSE (Liu, 2008a; Xiao & Yan, 2018; C. J. Zhang et al., 2020). However, Millner et al. (2015) reached a similar conclusion to our current study, that there was no link between parents' highest level of educational attainment and their degree of support for RSE. Furthermore, researchers have found statistically significant differences in RSE-related information accessed on the Internet by different levels of education (C. J. Zhang et al., 2020).

A widely recognised phenomenon in China is that parents are their child's first teachers, and influence the development of their child's minds through words and examples as they oversee his/her daily life (Zhang et al., 2018). Chen and Chen (2020) suggested that parents with lower educational attainment and more conservative attitudes may face greater challenges in initiating RSE-related family discussions. In addition, parents who were reserved about sexuality may even prevent their child from learning about it, thus making it impossible for their child to acquire this critical knowledge from their family. Conversely, previous studies suggested that more educated parents may be more likely to: be aware of RSE, have a more open, forward-looking attitude towards the topic (Jin et al., 2019), have more developed education and communication skills (Xiao & Yan, 2018), initiate conversations with their children (Xiao & Yan, 2018, and so have children who were more receptive to RSE-related conversations at home (Liu, 2008a).

Table 5.10 shows that the parents' highest level of education affects their opinion about the best time for their child to be introduced to RSE, as well as the optimum educator. Parents with higher education generally thought that school-based RSE should start earlier than parents without higher education, which aligns with the previous research findings (C. J. Zhang et al., 2020).

With regard to the open-ended question about the reasons for the parents' attitudes, almost all of the respondents supported the need for parents to provide RSE for their child at home, with female parents being more likely to express an opinion on this issue. Most of the parents felt that this would teach their child to protect themselves and recognise danger. Fewer parents felt that a parent-initiated RSE family dialogue would equip their child with knowledge about sexuality as it was inevitable, and they preferred their children to be adequately protected in terms of knowledge. Only one parent indicated they would like to control the sources from which their child receives knowledge in order to protect him/her.

The past research also suggested that parents with low educational attainment were less likely to provide RSE-related family discussions (Chen & Chen, 2020), whereas parents with high educational attainment would be more likely to do so (Liu, 2008a; Xiao & Yan, 2018; C. J. Zhang et al., 2020). However, most of the parents (87%) in this study had an advanced qualification of undergraduate/Vocational college level and above. In comparison, only 15% of the national population had an undergraduate/vocational college and above, which suggested that the results of this study may not represent all parents.

Therefore, parents' highest level of educational qualification was associated with variation in whether children were taught to RSE at home, the age at which RSE was introduced, and parents' views on initiating RSE-related discussions

5.5.5 Impact of school-based RSE on RSE-related family discussions conversations

As the official RSE curriculum does not currently form part of the state education system in Mainland China, other forms of education could contain information about matters such as reproduction, contraception, and menstruation. As a result, in this research, any form of education or conversation was included as an aspect of RSE, as was very clearly stated at the very start of the questionnaire.

Cases of RSE experience reported by the participants both at school and at home

Section 5.3.2 focused on the participants' own reported RSE experience prior to this study. According to the responses, more participants indicated that they had been taught to RSE at school than at home. Of the 214 participants, only 40 had been taught to RSE both at school and at home. Furthermore, **Table 5.7** shows that more than half of the 91 participants who had received RSE at school reported that their child had also received RSE (with '*I don't know*' responses treated as a separate category and not counted as affirmative), and 62 participants indicated that their child had received RSE at home. In contrast, among the 57 participants who

reported having received RSE at home themselves, 37 indicated that their child had received RSE at school, while 43 reported having engaged in RSE-related conversations with their child at home. To determine the relationship between the parents' exposure to RSE and whether or not their child had been taught to RSE at home, Chi-square tests were used for analysing these variables. Both tests found a statistically significant relationship between the participants' experience of RSE both at school and at home and their child's experience of RSE at home, suggesting that parents with prior experience of RSE themselves were more likely to report providing RSE to their child at home.

Reasons Why RSE-related Family Discussions were Absent for the Child

The absence of parents' own RSE experience was associated with lower levels of reported RSE exposure at home. The previous literature on this topic found that parents were unlikely to engage in RSE-related conversations with their child due to a lack of relevant learning experience and awareness (Liu, 2008a). The absence of knowledge support in a society and culture that were still somewhat conservative may contribute to perceptions that RSE was solely focused on sexual behaviour, and that children would be likely to engage in early sexual behaviour due to this education, which has been linked in previous research to parents objections (Hu & Liu, 2018). Zhang et al. (2018) stated that parents who held a negative attitude towards RSE due to their own lack of learning would also focus on and emphasise the negative outcome of sexual behaviour in order to prevent their children from engaging in sexual behaviour out of curiosity. Apart from limiting family conversations as a potential through which their children might be taught to RSE, some parents also believed that it was the responsibility of the schools and teachers to provide this information to their child. Previous research has shown that some parents who held negative attitudes towards RSE protested the RSE textbook (Hu & Liu, 2018), but opportunities for children to be taught to RSE in either context were limited.

Furthermore, although some parents avoid engaging in RSE-related conversations with their child at home due to misconceptions, some claim they feel unprepared and at times awkward when their child asks related questions. Zhang et al. (2018) pointed out that parents in the rural Sichuan area tended to support RSE quite highly, but that the actual occurrence of RSE-related conversations at home with their child was rare. Limited by their knowledge of RSE, they barely know anything about themselves, let alone how to help and support their children (Gu, 2021; Hu & Liu, 2018; Xie & Wang, 2019).

Parents' Prior RSE Exposure and Engagement in RSE-related Family Discussions

In line with the previous research, the findings of this research indicate that the parents' own reported experience of RSE, both at school and at home, are significantly associated with their engagement in RSE-related conversations with their children. This pattern suggests that parents' prior experiences of learning about RSE constitute an important background factor shaping how they approach RSE-related family discussions, demonstrating how variation in parental experiences is associated with differences in reported practices (RQ2a).

This finding is consistent with earlier studies which have highlighted the importance of parental knowledge and prior exposure in facilitating RSE-related family discussions. For example, Hu and Liu (2018) and Zhang et al. (2018) have argued that improving parents' access to RSE knowledge and training is essential for strengthening their capacity to engage in meaningful discussions with their children. C. J. Zhang et al. (2020) found that parents' understanding of RSE and their willingness to initiate RSE-related conversations increased significantly following targeted training, while Liu (2008a) similarly reported that parents who had received RSE-related education were better able to communicate about sexuality-related issues within the family. Zhang et al. (2018) further suggested that establishing stable family-based channels for RSE communication may also strengthen parent-child relationships and support children in seeking guidance from parents rather than relying on potentially harmful external sources.

At the same time, the scope of the present study places important limits on the conclusions that can be drawn. The questionnaire was not designed to capture detailed information about the specific content, depth, or quality of RSE that parents or their children had received. Instead, it focused on whether parents reported any exposure to RSE and on their expectations regarding future RSE provision. As such, the findings do not allow for detailed conclusions about what forms of RSE training or content would be most appropriate for parents. Nevertheless, the statistically significant associations observed between parents' reported prior exposure and their engagement in RSE-related family discussions suggest that learning experience remains a meaningful variable for understanding variation in parental attitudes and practices. This supports the inclusion of parents' RSE learning experiences as a demographic and experiential factor under RQ2a, while also highlighting the need for future research to examine this relationship in greater depth. As a result, some pointed out that it was also essential to provide RSE knowledge and training for parents (Hu & Liu, 2018; Zhang et al., 2018). C. J. Zhang et al. (2020) claimed that parents' understanding of RSE and willingness to engage in RSE-related conversations with their child at home had increased significantly after relevant training was provided to parents. Liu (2008a) also found that parents who had been taught RSE-related training were better able to discuss RSE-related issues with their child. Zhang et al. (2018) stated that, by building a stable RSE family knowledge channel, the relationships between parents and their children would also be reinforced, which would in turn help children seek help and rely on their parents regarding this education while avoiding possible exposure to harm from other sources.

5.5.6 Parental Priorities and Cultural Influences on RSE Content

In this study, over 95% of the parents supported the inclusion of sexual and school violence prevention within school-based RSE, which is substantially higher than the 43.3% approval rate reported by C. J. Zhang et al. (2020). Parents of girls were notably more likely than parents

of boys to endorse these topics, indicating a gendered dimension to the perceptions of vulnerability. Previous research has associated such attitudes to heightened public awareness following highly publicised sexual assault cases involving minors (C. J. Zhang et al., 2020). However, this emphasis may contribute to a pattern whereby prevention education is disproportionately directed towards girls, leaving boys comparatively neglected in terms of safety awareness and development of protective skills.

This imbalance was further reflected in the qualitative responses to the open-ended question about the overall parental attitudes towards RSE. Many of the participants, particularly the female ones, emphasised the importance of equipping children, especially girls, with self-protection skills. One respondent commented, *Sex education is essential, especially for girls, so they learn to protect and care for themselves, but also to enjoy sexuality* (性教育很有必要, 尤其对于女性, 女性要学会爱护自己, 保护自己, 但同时也能享受性).

The absence of explicit references to boys during these discussions suggests that vulnerability is implicitly associated with female identity. While such an emphasis addresses legitimate safety concerns, it may risk contributing to an unequal allocation of educational resources and preparedness across the genders.

In addition to safety, the parents' attitudes towards sexual minority-related content revealed both encouraging developments and enduring cultural constraints. In this study, 83% of the parents supported the inclusion of knowledge about sexual minorities within RSE, representing a notably high level of support in the Chinese context. This finding is particularly notable given the limited public discourse on sexual diversity in China and the absence of comprehensive anti-discrimination legislation. The prior research indicates that bullying in schools often targets disadvantaged groups, including sexual minority students (Liu & Wei, 2016), and that many young people conceal their sexual orientation from their family due to a fear of stigma or rejection (Wei & Liu, 2015; United Nations Development Programme, 2016). While the

support for sexual minority-related content inclusion was high in this study, it remained lower than that for violence prevention, suggesting that the acceptance of sexual diversity is still evolving and conditional.

Cultural traditions that are rooted in Confucian ethics, patriarchal family structures, and the historical valorisation of chastity continue to shape the parental perspectives. The enduring emphasis on monogamous heterosexual marriage, childbearing, and filial piety frames sexuality as primarily reproductive (Chow & Cheng, 2010; Ho et al., 2018; Wesółowski, 2022). The open-ended responses captured this influence: although many parents advocated for systematic, age-appropriate, evidence-based RSE, some explicitly stated that the content should be *adapted to the social reality* (有必要开展教育，但也要根据社会发展现实情况决定尺度) or aligned with *Chinese cultural values*. These positions echo earlier findings that Chinese parents often mediate RSE through a filter of cultural propriety and moral guardianship. The emphasis on protecting girls, the guarded approach to sexual diversity, and the inclination to harmonise RSE content with the traditional moral codes reflect the intersection between cultural expectations and parental priorities. Longstanding practices, such as prioritising female chastity, safeguarding the family's reputation, and framing premarital sexual activity as morally problematic, may contribute to the persistence of gendered norms and stigma (Lin & Yang, 2019; Wesółowski, 2022). These cultural scripts influence both the RSE-related content that parents are willing to support and also the methods that they believe should be used to teach it, often favouring cautious, protective, moralistic approaches over rights-based, inclusive frameworks.

Overall, although Chinese parents are tending to exhibit a growing recognition of the value of comprehensive RSE, including both violence prevention and, to a lesser extent, sexual minority-related content inclusion, their preferences remain strongly influenced by the enduring historical and cultural traditions. This may result in uneven attention being paid to

the needs of different groups of children, particularly between girls and boys, and perpetuates a view of RSE as a tool for preserving the social order and ensuring cultural continuity rather than promoting sexual rights and diversity. To address these disparities, future strategies must engage directly with these cultural influences, fostering a broader parental understanding of inclusivity, gender equity, and the diverse reality of young people's experiences, while also encouraging balanced protection and education for all genders.

5.6 Conclusion

To summarise, this chapter has shown that, currently, Chinese parents' attitudes towards RSE are largely supportive, as evidenced by the responses to the online questionnaire. Parents tend to focus primarily on RSE framed around puberty. The inclusion of gender and sexual minority content also received relatively high levels of support within this sample, representing a new finding within the China-based research and also addressing a gap that was identified during the preliminary phase of this study.

These attitudes are shaped by gendered parental roles, with mothers more frequently reported as engaging in RSE-related discussion, which may be linked to their greater day-to-day interaction with their child (Xu et al., 2020). This pattern is often interpreted in relation to Confucian-informed norms of filial piety and family values (Blair & Scott, 2019; Yu et al., 2022). Although parents are increasingly recognising diversity, inclusivity, and the developmental benefits of RSE, cultural and experiential constraints persist. The current parental expectations about RSE may continue to pose challenges for fostering gender and sexuality equality in schools.

Younger parents, in particular, were more likely to express support for earlier RSE intervention and articulated the perceived importance of proactive, RSE-related family discussions to equip children with self-protection skills. However, this focus on protection was predominantly oriented towards preventing violence against women and girls, reflecting enduring gendered

assumptions and patriarchal norms. Feminist perspectives highlight the need to broaden this approach to include boys as potential victims and to engage male parents in educating boys about sexual behaviour and responsibility (Cao & Shi, 2020; Bhana et al., 2019).

The statistical analysis further indicated that parental gender and age were associated with variation in support for the inclusion of sexual minority content. Higher levels of education and prior exposure to RSE, both at school and at home, were consistently associated with a stronger support for content related to the prevention of sexual violence offences. Support for preventing violence in schools was more narrowly associated with the participants' both education level and school-based RSE experience. Despite these variations, when presented with a broader range of potential RSE-related topics, parents tended to prioritise disease prevention and physical development over relationship education, with the exception of basic interpersonal relationship management.

Overall, these findings highlight both encouraging shifts towards inclusivity and enduring traditional influences that shape parental attitudes and expectations towards RSE in both school and home contexts. They point to the need for RSE approaches that acknowledge the cultural context while simultaneously supporting a gradual expansion of parental understanding of gender equality, sexual rights, and comprehensive relationship education.

Chapter 6. Alignment Between Parental Perspectives and Government Policy

This chapter focuses on RQ3, which examines the alignment between the findings about Chinese parents' expectations of RSE (**Chapter 5**; RQ2 and RQ2a) and the policy priorities in the government guidance texts (the GHE and GMHE), analysed using CADS in **Chapter 4** (RQ1). The focus of this chapter is to compare the key findings from **Chapters 4** and **5** in order to assess the similarities and differences between parental perspectives and government guidance. This comparison is particularly important because it highlights where government guidance does and does not reflect parents' reported expectations, which may shape how school-based RSE is received and supported.

This chapter's analysis focuses on three key dimensions that are highlighted in both datasets: (1) parents' reported school- and RSE-related family discussions experiences and views on school and family coordination; (2) preferred timing for introducing RSE in school and at home; and (3) priorities regarding RSE content. This chapter identifies where the government and parental perspectives align and diverge and what these points of alignment and misalignment may suggest for future discussions of school-based RSE in mainland China.

6.1 School-based RSE in practice and the rationale for school-family cooperation

Parents' reports in this study indicate that school-based RSE has been experienced by a minority of children, despite the publication of the GHE and GMHE. As reported in **Chapter 5**, only 40.65% of the participants reported that their child had experienced school-based RSE, while a higher proportion reported toward RSE-related family discussions (See **Table 5.4**). When examined by age, younger participants reported greater exposure to school-based RSE than older participants, suggesting a generational difference in experience. In particular, parents of school-aged children reported higher levels of school-based RSE than parents of adult children.

In contrast to these reported experiences, both the GHE (2008) and the GMHE (2012) set out non-statutory national guidance for HE and MHE provision. The GHE stated that:

Schools should use subject teaching and a range of educational activities—including class meetings, group meetings, assemblies, flag-raising ceremonies, lectures, and bulletin boards—to deliver health education. Each semester, 6–7 hours should be allocated, mainly through the Physical Education and Health curriculum... (学校要通过学科教学和班会、团会、校会、升旗仪式、专题讲座、墙报、板报等多种宣传教育形式开展健康教育。学科教学每学期应安排 6—7 课时，主要载体课程为《体育与健康》……) (Ministry of Education, 2008, p. 6)

Similar emphasis on nationwide coverage features in the GMHE, which states:

Comprehensively advance: to popularize, consolidate, and deepen mental health education in primary and secondary schools, accelerate the building of systems, curricula, counselling rooms, and teaching teams, actively expand channels of provision, and establish school–family–community networks so that all schools can build standardized service systems for mental health education, thereby raising all students' psychological quality. (全面推进。要普及、巩固和深化中小学心理健康教育，加快制度建设、课程建设、心理辅导室建设和师资队伍建设，积极拓展心理健康教育渠道，建立学校、家庭和社区心理健康教育网络和协作机制，全面推进中小学心理健康教育科学发展，在学校普遍建立起规范的心理健康教育服务体系，全面提高全体学生的心理素质。) (Ministry of Education, 2012, p. 4)

Together, the two guidance documents emphasise the integration of health- and relationship-related education within school structures, including teacher training and resources development, while also acknowledging disparities in capacity between rural and urban schools.

However, as these documents function as guidance rather than mandatory curriculum, and no national RSE curriculum exists, levels of implementation are likely to vary across schools.

Nevertheless, compared with earlier studies, participants in this study reported relatively higher levels of RSE-related family discussions, alongside increased awareness of RSE in both school and home contexts. The open-ended responses of the participants frequently highlighted the value of cooperation between school and home with regard to RSE. The respondents' comments included:

Schools and families should work together to deliver RSE at appropriate stages.

Education in this area should start early, with the joint participation of schools and parents. Schools, families, and society should all work together.

This echoes findings from previous research on the importance of schools and families working collectively on RSE building (Xiao & Yan, 2018; Xie & Wang, 2019). Parents' responses suggest that school- and RSE-related family discussions are viewed as complementary, and that greater coordination may help address gaps between guidance and lived experience.

When viewed through the lens of alignment between parental expectations and government guidance, these findings suggest a gradual expansion and normalisation of school-based RSE as guidance has been in place longer. Combining the findings from both the policy analysis and questionnaire responses, the data suggest a gradual expansion and normalization of school-based RSE as the policy has been in place longer. However, given the study's scope, these findings should be interpreted with caution, as the proportion of participants whose child had attended school prior to 2008 was relatively small compared to the others. Although previous studies have documented rising levels of family provision (Jin et al., 2019; Xiao & Yan, 2018; Yang, 2018; C. J. Zhang et al., 2020; X. Zhang et al., 2020), school-based RSE coverage remains largely unexamined, with only a few regional studies having emerged to date (Wu et al., 2018; Xu, 2019). As the participants in the current study came from across mainland China,

these findings provide a unique, national-level indication of both school and RSE-related family discussions implementation. This discrepancy underscores the gap between policy aspiration and the participants' lived experiences, and also highlights the need for stronger home-school collaboration to achieve the broad educational aims envisaged by the guidance.

6.2 Timing of School-Based RSE: A Comparison of Parental Preferences and the National Guidance

Currently, both the GHE and GMHE are structured around the school system and aligned with students' development from Year 1 of primary school through to high school (ages 6–18). The guidance documents organise RSE-related content by school stage, corresponding to children's developmental progression from pre-adolescence to adolescence, which results in different timings for the introduction of particular topics. In practice, this staged design reflects an assumption belief that knowledge should be gradually expanded as students mature.

In the GHE, students are introduced from the earliest years to topics such as reproduction, the major body organs, and 'self-protection'. More detailed content on puberty and adolescent development, including menstruation, first ejaculation, and the emotional changes, is introduced from Years 5–6 onwards. By comparison, the GMHE places greater early emphasis on relationship building and positive group behaviour, thus encouraging students to develop healthy interactions with peers. Even so, both documents delay making an explicit reference to romantic relationships until Years 5–6, with the GMHE specifically emphasizing appropriate interactions with the opposite sex. Sexual violence is only addressed in the GHE and is introduced at the junior high level, while discussions of sexual morality and premarital sexual behaviour are postponed until high school. This sequencing reflects a cautious, incremental approach, which may limit the extent of school-based RSE available to younger students.

The parental responses in this study present a contrasting picture, as many parents expressed a strong preference for earlier sexuality education, particularly within the family setting. Parents

reported RSE-related family discussions about sexuality during primary school, with a notable proportion beginning these conversations during the nursery or pre-school stage. Most parents also reported that their children's first experience of school-based RSE occurred during primary school. Parents of younger children most frequently reported that school-based RSE began during primary school, whereas parents of older children most often reported that school-based RSE has occurred at later stages of schooling. As presented in **Table 5.8**, when asked about their preferred timing, parents most commonly indicated that RSE-related family discussions should begin between ages 3–6 (39.44%), followed by 7–12 (30.52%) and 13–15 (17.37%). In contrast, preference for the timing of school-based RSE largely aligned with the stages at which school-based RSE was currently reported, see **Table 5.4**. This indicates a parental expectation that families, rather than schools, should take responsibility for early provision, ensuring that children possess a basic knowledge before encountering school-based RSE.

The open-ended responses provided valuable explanations for these choices. One parent wrote: *Once children begin to develop an understanding of the two sexes, related education becomes unavoidable, and parents are the ones most readily and directly involved.* Another highlighted the emotional dimension of parental involvement: *Parents are the figures in whom children feel the greatest sense of security and trust, and they also accompany them through sexual initiation, puberty, and other stages of sexual development* (家长对于小孩是最具安全感和信任的角色, 也会陪伴小孩度过性启蒙、青春期等性发育过程). Others stressed the importance of early, normalized, detailed discussions that, *the earlier it starts, the better; the more it is treated as normal, the better; and the more detailed the explanation, the better.* Together, these comments illustrate how parents perceive themselves not only as the most immediate educators but also as the most trusted figures for introducing sensitive information, particularly during the early stages of development.

Although preferred timing of the introduction of school-based RSE broadly aligned with the sequencing of curriculum areas outlined in the GHE and GMHE, some parents nevertheless expected schools to introduce more comprehensive RSE at an earlier stage than indicated in the current guidance. Parents also emphasised the importance of treating discussions of sexuality as routine and age-appropriate, rather than exceptional or delayed, which contrasts with the policies' cautious sequencing that postpones potentially sensitive topics until later adolescence. Taken together, the evidence from this study suggests that, while the policy and parental preferences converge in recognising that RSE should introduce progressively more sensitive topics as students move through different stages of schooling, there are important divergences with regard to the timing and framing of this content. Parents favour earlier, more open, family-led provision, whereas the guidance adopts a later, more school-centred approach. This misalignment has implications for the effectiveness of school-based RSE, as delayed or limited coverage may leave children underprepared at stages when they are already developing questions about relationships and sexuality and encountering related risks.

Rather than indicating a straightforward solution, these findings highlight a persistent tension between parental expectations and national RSE guidance. While many parents in this study expressed a desire for earlier and more open discussions of sexuality, parental preferences cannot be assumed to align uniformly with inclusive or rights-based approaches, particularly in relation to sexual minority content. Given the relatively highly educated composition of the sample and the comparatively high levels of support for inclusivity reported here, these views should be interpreted cautiously. The misalignment identified therefore points not to the primacy of parental wishes within formal guidance, but to the need for clearer articulation of the aims, scope, and boundaries of school-based RSE within national guidance frameworks.

6.3 Alignment and Divergence Between Parental Preferences and National RSE

Guidance on Teaching Content

In relation to the content of school-based RSE, parental preferences both aligned with and diverged from the priorities articulated in national government guidance. Areas of alignment were most evident in the emphasis on disease prevention, violence prevention, and education about physical changes during adolescence. However, divergence emerged in parents' stronger support for the inclusion of gender, sexuality, and consent-related topics, which were either minimally addressed or absent in the GHE and GMHE. This section compares these areas of convergence and divergence by triangulating questionnaire findings with the content emphasis identified in the policy analysis. Parents tended to endorse a broader scope for RSE than is explicitly outlined in the GHE (2008) and the GMHE (2012) guidance, particularly in relation to consent, gender, sexuality, and sexuality minority inclusion. As explained earlier in the methodology chapter, a list of RSE-related topics was provided at the end of the questionnaire, and the participants were asked to select the topics that they wished to see included on a national RSE curriculum. The list was compiled from previous research findings as well as the content listed in the GHE and GMHE. As the question allowed multiple responses, **Table 5.15** shows that parents most frequently selected content related to disease prevention, violence prevention, and changes in adolescence. In contrast, consent, gender and sexuality topics attracted comparatively lower selection rates. However, when asked directly, most participants supported including sexual minority-related content within a national RSE curriculum (see **Figures 5.6 and 5.7**). Overall, the pattern indicates broad support for safeguarding and health content, alongside more mixed support topics related to gender, sexuality, and consent. Notably, no single topic either received unanimous support or was completely rejected, indicating that the participants expressed varied expectations about and preferences for RSE content.

The open-ended responses broadly echoed this pattern. While many emphasised self-protection and the prevention of sexual violence, some parents also called for more comprehensive and open RSE. For example, one participant emphasised that RSE should enable girls not only to protect themselves but also to *enjoy sexuality*, signalling an understanding of sexuality that includes agency and well-being rather than risk alone. Another referred to *Character identity and character shaping* (角色认同与性格塑造), suggesting a holistic developmental role for RSE. Together, these responses indicate that some parents envisage RSE as supporting identity, values, and wellbeing dimensions that only weakly represented, or absent in the GHE and GMHE. In contrast, the GHE and GMHE address a more limited range of RSE-related topics than those prioritised by parents in this study. The corpus analysis showed that keywords in GHE were more closely associated with specific teaching content than those in the GMHE (see **Table 4.3**). However, both documents predominantly adopted an instructional and prescriptive tone. Both documents placed emphasis on disease prevention, but this focus is framed broadly in terms of general health rather than explicitly addressing sexual health. While topics such as gender-based violence appeared in the junior high school section of the guidance, they are not elaborated in detail and are not accompanied by information on support pathways. A similar pattern of limited elaboration is evident in sections addressing adolescence, HIV/AIDS, and premarital sexual behaviour. Overall, although the GHE and GMHE refer to several RSE-related areas, the coverage of these topics remains brief and predominantly regulatory, with limited explanatory detail. Furthermore, while the guidance documents largely use gender-neutral language, reference to relationship is predominantly framed with heterosexual contexts. Several areas emphasised by parents, particularly gender, sexuality, consent, and bullying are not explicitly addressed within the guidance documents.

The findings of the current study also highlight differences in emphasis between parental expectations and government guidance in how heterosexual relationships are framed within

RSE. Both the parents and government guidance analysed tended to frame relationships primarily in heterosexual terms. The GHE and GMHE documents frequently referred to fostering positive relationships with students of the opposite sex, positioning heterosexual interaction as the normative relational framework. By contrast, parents rarely framed their responses in terms of romantic relationships. Instead, many parental responses framed early heterosexual encounters primarily in terms of risk and prevention, with a particular focus on self-protection from the consequences of premature sexual activity, especially pregnancy. Illustrative examples included such as *Better not to have sexual intercourse before marriage* and *Girls need to have self-protection skills*, which emphasise moral regulation and safeguarding rather than relational development. Taken together, these patterns suggest that the guidance promotes relationship-building with the opposite sex, while parental responses more frequently emphasise restraint and moral caution in relation to pre-marital sexual behaviour. Overall, parental responses prioritised regulation and prevention, often framed through moral or protective reasoning rather than through the language of healthy or positive relationships.

In conclusion, this chapter compared the perspectives of parents with the priorities reflected in national guidance documents, highlighting three central issues in relation to RSE: cooperation between parents and schools, differences in the preferred timing of instruction, and divergence regarding the scope of the content. Both parents and policy guidance emphasise the importance of home-school coordination in supporting children's RSE. However, parents in this study consistently favoured an earlier introduction of sexuality education within the family, often expecting schools to play a supportive role by providing guidance and resources to help parents engage in age-appropriate discussions at home, rather than delaying provision until later stages of schooling. Although both emphasise disease and abuse prevention and adopt a broadly negative stance towards sexual activity, parents place greater importance on gender, sexuality, and consent education, topics that are largely absent from the existing guidance documents.

Taken together, the comparison highlights several areas of alignment between parents' views and national RSE guidance, alongside clear areas of divergence, particularly in relation to the scope and emphasis of RSE content. While parents and policy guidance share common priorities around health and self-protection, parental expectations extend beyond the current framing of the guidance, revealing tensions between official policy priorities and contemporary parental perspectives. Nonetheless, the areas of overlap between the parents' expectations and the government policy could provide a foundation for strengthening the future implementation of RSE, particularly in terms of its social and relational dimensions.

Chapter 7. Conclusion

This chapter concludes the thesis by summarising the main findings, limitations and implications of the study for future research and policy design. This study investigated current Chinese parents' attitudes towards and expectations of school-based RSE, following the introduction of statutory safeguarding requirements related to sex education in the 2020 revision of the Law on the Protection of Minors. While the 2020 *Law on the Protection of Minors* establishes a statutory requirement for schools to provide age-appropriate sex education focused on safeguarding, the scope, content, and delivery of such education continue to be shaped primarily through non-binding MoE policy guidance. It also examined the existing RSE-related family discussions; in order to examine how contemporary parental practices compare with the earlier research findings on parental involvement in RSE in China (RQ2). Furthermore, it examined how these attitudes and expectations were shaped by the demographic characteristics of the parents and their children, including age, gender, and educational background (RQ2a). Meanwhile, this thesis also conducted a Corpus assisted discourse studies analysis of two national-level MoE policy guidance documents, the GHE and GMHE, in order to examine how the Chinese government conceptualises and frames RSE within the school setting (RQ1).

To the best of my knowledge, this is the first study to apply CADS to the national-level MoE policy guidance related to RSE, thus offering an original, corpus-informed examination of how gender, sexuality, and relationships are presented within the policy landscape, and how these representations either align with or diverge from the parents' expectations of school-based RSE (RQ3).

By integrating these two strands of analysis, this thesis highlights the gaps between the policy guidance priorities and parental expectations, and identifies key areas requiring further

development that may inform and support the future strengthening of school-based RSE provision in mainland China.

7.1 Synthesis of the Main Findings

By combining a CADS of two key policy guidance documents with a nationwide questionnaire exploring parental views, this research provides the first empirical comparison of both the government policy discourse and parental perspectives on RSE in China. The findings reveal a contested and fragmented landscape, shaped by competing priorities, cultural legacies, and shifting social expectations between parents and government policy. The synthesis below presents these findings thematically, corresponding to the three RQs.

7.1.1 Government Conceptions of RSE: Risk Prevention, Health Maintenance, and Moral Regulation (RQ1)

A critical analysis of the GHE and GMHE indicates that government policy discourse consistently prioritises physical health, hygiene practices, and moral norms. Across both documents, this prioritisation is evident in repeated reference to disease prevention, hygiene, nutrition, and physical development around adolescence. Within the GHE and the GHE, premarital sexual activity is negatively portrayed, and described as ‘severely impacting’ adolescents' physical and mental health. This framing reflects China's broader socio-legal and policy context, in which heterosexual marriage remains the sole legally recognised framework for sexual relationships. Within this context, sexual activity is discursively legitimised primarily when associated with marriage, reproduction, and family stability, while non-marital and non-heteronormative forms of sexuality, such as same-sex relationships, remain largely unrecognised within education policy and, where referenced, are addressed through risk-based or moralised narratives rather than affirmative inclusion.

Beyond regulating sexual conduct, the guidance also shapes the perceptions of gender and relationships in ways that reflect wider legal and institutional frameworks governing family life and youth morality in China, including the prioritisation of marital stability, filial responsibility, and moral self-regulation within education policy and youth governance frameworks. Although the GHE and GMHE frequently employ gender-neutral language when addressing adolescent development, they simultaneously advocate maintaining ‘appropriate’ heterosexual relationships and caution against premature romantic involvement. This positioning aligns with the broader legal context in which heterosexual marriage is the only formally recognised framework for intimate relationships, and with education policy mandates that emphasise moral cultivation, self-discipline, and social stability as core educational objectives. As a result, adolescent relationships are predominantly framed not as sites of emotional development or diversity, but as potential risks requiring regulation, reinforcing heteronormative expectations and situating intimacy within a moral framework centred on restraint, compliance, and behavioural regulation.

In particular, both the GHE and GMHE omit several dimensions commonly associated with CSE in international frameworks, including consent, gender identity, sexual diversity, and gender-based violence prevention. Sexual abuse is only briefly addressed, while emotional literacy and mutual respect are treated as peripheral or disconnected elements rather than as integral components of sexuality education. This selective focus indicates that the existing educational frameworks treat the current HE and MHE frameworks prioritise public health management and behavioural regulation, rather than explicitly supporting the development of adolescents' broader relational capacities through adopting a more comprehensive approach. Overall, current policy priorities place greater emphasis on physical safety and social order while neglecting emotional development, inclusivity, and empowerment-oriented dimensions of RSE.

7.1.2 Parental Attitudes and Expectations: Supportive Engagement, Early Intervention, and Inclusivity (RQ2 & RQ2a)

In summary, the parents' attitudes reflect a broad and development-oriented understanding of RSE. The questionnaire results indicate strong parental support for schools' implementation of RSE, with over 40% of the respondents having already discussed RSE with their child at home. This finding aligns with previous studies that have reported gradually increasing parental engagement, highlighting a societal shift in the attitudes towards RSE. The parents viewed RSE as an essential, necessary subject for students' development, expected schools to play a clearly defined and active role in teaching it, and were likely to initiate conversations about RSE earlier, often introducing the topic at home before their child formally began primary school. This finding reflects the parents' perceptions of RSE as a shared responsibility between home and school, rather than viewing it as the exclusive responsibility of either setting.

While traditional topics like disease prevention and adolescent development remain core priorities for parents, they also highlighted areas that they perceived as missing from the current policy guidance frameworks. These included consent education, interpersonal skills, gender-based violence prevention, and knowledge about sexual and gender diversity. Notably, the inclusion of sexual minority knowledge within a national RSE curriculum had been rarely explored in the previous parent-focused RSE research, which suggests a gradual shift towards greater inclusivity within the sample. However, gender patterns persist in parents' framing of sexual violence prevention, with a stronger emphasis on protecting girls, while boy's vulnerability was less frequently referenced in parental responses.

Demographic factors were associated with differences in parental attitudes and expectations related to RSE. The participants in this study were predominantly 25-44-year-old mothers with a higher education who lived in an urban area. This demographic composition reflects broader cultural expectations within Chinese society that position mothers as primary caregivers and

communicators in matters relating to children's development. Parental age, the child's age, and educational attainment had strong statistical associations with the likelihood of having engaged with sexuality education, a preference for early introduction of RSE, and a preference for content relating to violence prevention and sexual and gender diversity. Younger and more highly educated parents expressed greater support for the earlier initiation of RSE and broader topic coverage, indicating systematic variation by age and educational background. Overall, these findings reveal a distinct generational and educational shift in perspective. While the traditional gender roles and protective attitudes remain influential, within this sample, many parents articulated expectations that align with a more comprehensive and inclusive approach to RSE than that currently reflected in policy guidance.

7.1.3 Alignment, Divergence, and the Emerging Gaps: Comparing the Government and Parental Perspectives (RQ3)

The comparative analysis indicates both areas of alignment and clear points of divergence between the priorities articulated in national-level MoE policy guidance and parental perspectives. Both emphasise that RSE should be age-appropriate, introduced progressively across stages of schooling, and oriented towards supporting children through physical and psychological changes associated with adolescence. Disease prevention and physical wellbeing are also identified as components by both parents and the guidance documents. These shared priorities indicate a degree of common ground that could support the acceptability and legitimacy of school-based RSE.

Despite these areas of alignment, substantive divergences emerge in relation to the aims, scope, and framing of RSE. The GHE and GMHE primarily conceptualise RSE-related content with broader health and moral education frameworks, emphasising behaviour regulation, social norms, and risk avoidance. In contrast, parents in this study articulated expectations that extend beyond health protection alone, expressing support for the inclusion of consent education,

sexual and gender diversity, intimate relationships, and emotional literacy. These topics are either absent from, or only minimally addressed within the current policy guidance.

The divergence is particularly evident in the treatment of sexuality and relationships. The absence of content on sexual diversity in policy guidance contrasts with the parental support for including such topics reported in this study. Similarly, limited guidance on gender-based violence prevention and interpersonal skills does not fully reflect the priorities expressed by parents, who frequently emphasised safeguarding, consent, and relational competence.

Rather than indicating a clear ideological shift, these differences point to contrasting emphases in how RSE is conceptualised. The policy guidance primarily frames RSE within moral regulation, behavioural norms, and social stability, whereas parents' responses more often emphasised protection, preparedness, and, in some cases, broader developmental and relational needs. This contrast highlights differing expectations regarding the purposes and scope of RSE, rather than a straightforward opposition between regulation and empowerment.

Taken together, these findings suggest that misalignment between parental expectations and existing policy guidance may affect the perceived relevance and acceptability of school-based RSE. Where guidance does not clearly address areas that parents identify as important, such as consent or sexual diversity, parental support for implementation may be more limited. At the same time, areas of overlap particularly in safeguarding and health-related priorities offer a basis for strengthening future guidance through clearer articulation of aims, scope, and boundaries for school-based RSE.

7.1.4 Original Contribution and Significance

This study makes several significant contributions to RSE research in mainland China. To the best of my knowledge, it marks the first attempt to employ CADS to examine the Chinese government's educational policies relating to RSE, using internationally recognised dimensions of school-based RSE, such as gender, sexuality, and relationship, and safeguarding,

as analytical benchmarks, revealing how these topics are either presented or omitted in the official discourse. It also provides the first analysis that combines this approach with questionnaire data on parent attitudes, collected following the introduction of statutory safeguarding requirements related to sex education under the 2020 *Law on the Protection of Minors*. Finally, by directly comparing the policy documents with parental perspectives, this study identifies areas of alignment and divergence between government discourse and parental expectations, and highlights how these differences may influence the future development of school-based RSE in mainland China.

Collectively, these findings offer valuable insights for researchers, policymakers, educators, and advocacy organisations. The study indicates that, despite the ongoing transformation that is occurring within China's RSE landscape, significant gaps persist between the official priorities and parents' expectations. Bridging this divide requires new policy pathways that balance cultural sensitivity with contemporary understandings of children's development, while more clearly defining the aims and limits of school-based RSE, to support pedagogical effectiveness, social relevance, and sustained parental support.

7.2 Limitations of the Study

Like all studies, this research possesses several limitations which I would now like to acknowledge and reflect upon critically. These limitations do not reduce the value of the findings, but rather reflect practical, methodological, and contextual constraints inherent in the research process. Many of these decisions were carefully considered during the design phase, incorporating the most appropriate choices for exploratory research on RSE topics in mainland China, where the topic had only recently attracted research interest. These constraints also indicate important directions for future research, particularly regarding the potential research scope, methodology, and search design.

7.2.1 The Composition and Representativeness of the Sample

A key limitation is the demographic characteristics of the respondents who completed the nationwide online questionnaire on parental attitudes. The current study's sample primarily comprised female parents aged 25–54 with higher education qualifications (undergraduate or vocational degrees). This demographic composition implies that the study primarily reflects the perspectives of highly-educated mothers who live in urban areas, rather than providing a comprehensive, balanced representation of the wider parental population of mainland China. This outcome was primarily influenced by the social context and practical constraints during the study's implementation. The data collection period coincided with the COVID-19 pandemic, where the international and domestic travel restrictions alongside the social distancing measures made it difficult to conduct field research. Consequently, online questionnaires emerged as the most effective tool for achieving a broad geographical coverage while remaining compliant with institutional ethics requirements and public health restrictions during the pandemic. To maximise the participation rate, I employed the convenience and snowball sampling methods. Whilst these techniques are widely accepted for exploratory social research, they inevitably skew the sample towards groups with a higher degree of internet literacy, digital proficiency, and online engagement, which characteristics are more prevalent among younger, urbanised, better-educated demographics.

This demographic profile itself constitutes a significant finding, reflecting the most active social groups who are engaged in contemporary China's RSE dialogue. However, this also underscores the need for future research to balance gender representation by actively recruiting more fathers and male caregivers, whose perspectives remain under-explored in the existing literature. Furthermore, targeted recruitment should prioritise parents from rural and economically underdeveloped regions, as the current study had not covered this type of participant and the previous research indicates significant gaps in the RSE provision within

these areas, alongside potential regional variations in parental attitudes. A more demographically diverse sample would help to clarify the differences between the parental expectations across distinct socio-cultural and economic contexts.

7.2.2 Data Depth and Questionnaire Design

Another limitation relates to the breadth of the qualitative data that were gathered via the online questionnaire. To achieve a high response rate and minimise participant fatigue, particularly during a pandemic when many households faced considerable strain, the questionnaire was deliberately designed to include only a limited number of open-ended questions. Whilst this approach ultimately yielded over 200 valid responses within a short timeframe, it inevitably constrained the breadth and depth of the qualitative insights that could be gathered from the parents.

This constituted a deliberate methodological trade-off. As an investigative national study, the research prioritised the establishment of a macro-level picture of parental attitudes and expectations over generating exhaustive, in-depth narratives. However, this approach limited the study's capacity to explore the complex motivations underlying the parental beliefs, preferences, and experiences. Future research may supplement large-scale surveys with semi-structured interviews or focus groups to gather richer qualitative data, thereby exploring how cultural values, personal experiences, and socio-economic factors shape parental engagement as well as the approaches to RSE.

Moreover, while the questionnaire captured parents' view on the overall timing of RSE introduction, it focused on broad categories of RSE content, such as puberty, disease prevention, consent, and sexual diversity, without eliciting views on the timing or sequencing of individual topics within the curriculum. This design choice reflected the aim of reducing the questionnaire's length and complexity to enhance the response rate. Subsequent research could therefore explore parents' preferences regarding the optimum age or educational stage for

introducing specific RSE topics, generating more fine-grained evidence to inform curriculum development and policy design.

7.2.3 Methodological Limitations of CADS

The CADS component of this study also exhibits certain methodological constraints, although these are both anticipated and justified. The research focuses exclusively on two key national policy documents: the 2008 GHE and the 2012 revised second edition of the GMHE, as these remain the only currently accessible, authoritative government educational guidance documents pertaining to RSE. Whilst this focus was necessary for conducting systematic, meaningful discourse analysis, it inevitably presents only a partial picture of the governmental discourse and policy priorities.

Furthermore, although this study utilised the state-level corpus to calculate the keyword frequencies, it is important to acknowledge that corpora compiled by different authoritative bodies in mainland China may yield slightly divergent lists of high-frequency terms. Nevertheless, the core contribution of this study lies not in precise numerical outcomes, but in the methodological innovation itself, as this marks the first application of CADS techniques to Chinese RSE policy research. This methodology opens up new avenues for future research, enabling the extension of CADS analysis to other relevant policy texts, such as the child protection legislation, family planning guidance, curriculum frameworks, or approved teaching materials, thereby facilitating a more comprehensive understanding of how gender, sexuality, and relationship issues are constructed within the educational sphere.

7.2.4 Scope and Exploratory Nature

This study aims to serve as a foundational exploratory project, focusing on bridging two critical yet previously disconnected research domains: the government policy discourse and parental expectations of RSE. As the first study of its kind in the Chinese context, it seeks to establish

a baseline understanding, revealing how the perspectives of these two stakeholder groups resonate, diverge, and interact in shaping the future of RSE. A single doctoral research project inevitably cannot encompass every dimension of such a complex, rapidly evolving field.

Therefore, this study deliberately focuses on broad, national-level orientations and patterns in parental attitudes, rather than attempting to capture region-specific local practices or classroom-level implementation strategies. While the online design enabled participation from parents across different parts of mainland China, the sample was not designed to be geographically representative, and the findings should therefore be interpreted as indicative of broader attitudinal patterns rather than regionally comparative evidence. Subsequent research could build upon this foundation to deepen the exploration of specific dimensions, such as examining parental attitudes towards concrete topics for both school- and RSE-related family discussions, investigating the parental cognitive frameworks regarding the teaching methods, or analysing the patterns of RSE-related family discussions practice in everyday settings. Comparative studies of different regions and socioeconomic groups would also offer valuable insights into the diversity of attitudes and practices that currently exist within mainland China. In summary, the limitations of this study result from conscious methodological choices shaped by research objectives, the available resources, and the social context. Decisions such as to employ an online questionnaire during the global pandemic, focusing on two core policy documents only, and prioritizing breadth over depth are not shortcomings but necessary, appropriate strategies for conducting exploratory research. Far from diminishing the study's value, these approaches have revealed new avenues for future research, offering a foundation for subsequent studies to build upon and deepen. Consequently, this research should not be viewed as a final conclusion but rather as a critical starting point, one that both illuminates the core trends and identifies the key gaps, laying a solid groundwork for the next generation of RSE research in mainland China.

7.3 Research Implications

This study not only provides empirical insights into the contemporary attitudes towards RSE in mainland China but also offers practical and theoretical implications for future policy design, educational practice, and academic research.

From a policy design perspective, the findings of this study underscore the urgent need to bridge the gap between the government's intentions and the parental expectations. The CADS analysis of the GHE and GMHE revealed that the current governmental discourse remains disproportionately focused on disease prevention and moral norms. Conversely, our respondents revealed that there is an increasing endorsement of a broader, more inclusive RSE framework that encompasses consent, healthy relationships, and gender equality. To design the future nationwide, school-based RSE curriculum or government guidance, policy-makers and researchers may draw upon these findings to ensure that the new directives are better aligned with the parental expectations and societal demands. Incorporating parental voices and other stakeholders' perspectives into future curriculum development would not only enhance the policy legitimacy but also improve implementation effectiveness at the school level.

At the practical level, this study highlights the importance of family-school collaboration. The questionnaire results clearly indicate that, while parents broadly support schools delivering RSE, they simultaneously wish to retain a guiding role in their children's moral and emotional education. As a result, the successful implementation of RSE in mainland China hinges on establishing effective family-school collaboration channels, to assist educators in delivering RSE content with cultural sensitivity while fully addressing any parental concerns.

From a research perspective, this study illustrates the potential of CADS for exploring the ideological construction of educational policies within non-Western authoritarian contexts. Its methodological innovation lies in employing corpus tools to reveal how gender, sexual orientation, and intimate relationship issues are presented (or omitted) within the official

Chinese policy discourse, contrasting these representations with empirical parental data. This methodology offers a novel framework for future research, applicable not only to RSE-related policies but also extendable to educational domains such as child protection, consent education, or gender equality policies. While numerous corpora databases exist in China, potentially creating nuances within the high-frequency lexical lists, the core contribution lies at the methodological level, as it demonstrates the feasibility of using CADS to identify latent discursive patterns and policy ideologies that are otherwise difficult to identify using conventional qualitative methods.

Regarding future research on parental attitudes towards RSE in mainland China, a nationwide investigation incorporating a more diverse range of parental groups, particularly those from rural or economically underdeveloped regions, might prove fruitful. Whilst online data collection proved the most practical, ethically sound approach during the COVID-19 pandemic, enabling the rapid coverage of large participant cohorts, it also meant that those without stable internet access faced greater barriers to inclusion. Therefore, subsequent studies may combine online and community-based recruitment strategies to engage more participants from rural areas.

It should be specifically noted that the majority of the participants in this study were well-educated female parents aged 25 to 54, meaning that the findings primarily reflect the perspectives of urban middle-class women. This stems partly from the use of snowball and convenience sampling, which proved the most feasible approach, given the time constraint, disease control measures, and available resources during the global pandemic. Future research that incorporates more male participants would not only balance the gender representation but also explore the fathers or male child carers' perspectives and involvement regarding their child's RSE. This would help to build a more comprehensive picture of contemporary mainland Chinese parents' attitudes and expectations following the 2020 legislative changes.

Another research direction could focus on parents' views regarding the timing and methods for introducing RSE across its various stages. To maintain conciseness and enhance the response rates, this questionnaire omitted specific questions regarding the timing of topics such as gender, sexual orientation, and violence. Future research may employ interviews or mixed-methods approaches to explore parents' decision-making logic and priorities across different educational stages. It would also be helpful to investigate parents' understanding of sensitive issues like sexual diversity, school bullying, and sexual violence, and how these perceptions influence their expectations of school-based RSE.

As no national RSE curriculum was in place when this research was conducted, the questionnaire primarily focused on parental RSE practices at home. Although it included questions to ascertain whether or not the children had received RSE at school, variations in the parents' understanding of RSE's definition may have influenced their responses. Despite providing clear Chinese definitions and examples at the very start of the questionnaire, parents may have interpreted RSE differently, based on their personal experiences. Future research should therefore incorporate teachers and school administrators into similar data collection processes, thereby establishing a triangulated verification from both the home and school perspectives.

Furthermore, the CADS analytical framework employed in this study can be extended to other policy domains that are indirectly related to RSE, such as the child protection, school safety, and gender equality policies. As the governmental emphasis on these issues grows, reapplying CADS to newly-issued or revised policy documents could illuminate the trajectory of the discourse's evolution over time. Similarly, analysing the current textbooks and supplementary teaching materials that are being used in certain mainland Chinese schools could help to reveal how RSE content is being interpreted and implemented in practice.

Overall, this study should be regarded as a foundational exploratory project, aimed at bridging the traditionally separate domains of governmental policy discourse and parental expectations. Despite its limitations, the chosen research design, sampling methodology, and analytical approach represented the most appropriate, feasible options, given the prevailing conditions. Each decision, such as employing snowball sampling, selecting two core government guidance documents for content analysis, and integrating quantitative and qualitative research methods, strives to create a balance between rigour and practicality. Future researchers may build upon this foundation to investigate specific dimensions of the RSE policy and practice in greater depth, whilst continuing to monitor the development of any future nationwide, school-based RSE curriculum framework to be introduced in mainland China.

7.4 Concluding Statement

This study represents the first examination of how China's existing education policies define RSE following the 2020 legislation, whilst simultaneously analysing parental perceptions of RSE. By integrating CADS with parental data, this study achieves a methodological breakthrough, offering a fresh empirical perspective on the socio-ideological underpinnings of RSE in mainland China.

The findings of this study reveal a fundamental divergence between the state-led moral norms and the parents' growing demand for inclusive, developmental, evidence-based RSE. This discrepancy reflects the widespread conflict between traditional family values and contemporary concepts of gender equality and child development. Understanding this dynamic is crucial not only for designing effective curricula but also for fostering a constructive dialogue among schools, families, and policymakers.

Ultimately, this study contributes to an emerging academic field by bridging discourse, policy, and public engagement within a non-Western context. It suggests that substantive progress in RSE is likely to depend on balancing regulation with empowerment, policy with participation,

and tradition with broader processes of societal transformation. By establishing an empirically grounded methodological foundation for this dialogue, this study serves both as a reflection on the current state of RSE in mainland China and as a stepping stone for its future development within the field of education.

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I acknowledge that I received assistance from a professional proofreader and from language-enhancement software (Grammarly) for spelling and grammar checking only. This assistance was provided in accordance with the University's Policy on Acceptable Assistance with Assessment. I take full responsibility for the authorship and academic content of this thesis.

Appendix A: Online questionnaire for Chinese parents (English translation)

Exploring parents' views on Relationships and Sexuality Education curricula in China

Start of Block: Consent form

Department of Education, University of York

约克大学教育部门

The consent form, for

意向同意书

Exploring parents' views on Relationships and Sexuality Education curricula in China

探讨中国家长对关系与性教育课程的看法

Dear Participant,

亲爱的参与者，

You have been invited to take part in the following research project. Before continuing, please read this information carefully:

您已被邀请参加以下研究项目。在继续之前，请仔细阅读本信息：

• What is the purpose of this study?

这项研究的目的是什么？

In 2020, for the first time, the Chinese government included the requirements for Relationships and Sexuality Education (RSE) in the Amendment to the Law of the People's Republic of China on the Protection of Minors. This study explores parents' views on RSE in

the context of formal government promotion of RSE in schools.

2020 年，中国政府首次将关系与性教育（RSE）的要求纳入《中华人民共和国未成年人保护法修正案》。本研究旨在探讨在政府正式在学校推广 RSE 的背景下家长对 RSE 的看法。

• What would this mean for you?

这对您来说意味着什么？

You are invited to answer a series of questions. It may take up to 15 minutes to finish it in one go as there are some open questions at the end of the questions.

在您被告知本研究的目的和伦理问题后，在您允许收集数据的情况下，您将被邀请回答一系列基于以前在中国背景下的研究而自行设计的在线问卷的问题。由于问题的最后有一些开放性问题，所以可能需要 15 分钟才能完成。

All of the data collected for this research will be anonymous. I will not ask for your name or any other identifying information.

这项研究收集的所有数据将是匿名的。我不会问您的名字或任何其他识别信息。

• Participation is voluntary

参与是自愿的

Participation in this study is entirely optional. If you agree to complete the questionnaire, you are free to choose not to answer any questions or to stop completing the questionnaire at any time during the questionnaire process (approximately three months). You can withdraw from the study by not completing or submitting the questionnaire at any time.

参与这项研究是完全可选的。如果你同意完成问卷，你可以自由选择不回答任何问题或在问卷调查过程中（大约三个月）随时停止填写问卷。你可以在任何时候通过不完成或提交问卷来退出研究。

However, once you have completed/submitted the questionnaire, I will not withdraw your data as all questionnaires are anonymously completed. Therefore, please consider carefully before submitting.

然而，一旦你完成或是提交了问卷，我将无法撤回你的数据，因为所有的问卷都是以匿名方式完成。因此，在提交之前，请仔细考虑。

• Storing and using your data

储存和使用您的数据

The data will be stored in a password/fingerprint protected file within a password/fingerprint protected laptop and will only be accessible to the researcher involved in the project. The anonymous data may be used in presentations, online research reports, project summaries or similar. Your data will not be identifiable, but if you do not want the data to be used in this way, please do not complete the questionnaire.

这些数据将被储存在一台受密码/指纹保护的笔记本电脑内的密码/指纹保护文件中，只有参与该项目的研究人员可以访问。这些匿名数据可能会在演讲、在线、研究报告、项目总结或类似的情况下使用。你的个人数据将不会被识别，但如果你不希望数据以这种方式被使用，请不要完成问卷调查。

In addition, anonymous data may be used for further analysis. The data will be kept for approximately three years after, at which point it will be destroyed.

此外，匿名数据可能被用于进一步分析。这些数据将被保存大约三年后，届时将被销毁。

The result of the analysed data will be uploaded to the Research Data York service for ten years for future studies. Data about your gender, age, education level of you and your children, etc., will not be uploaded to the service. The Research Data York will keep the data for ten years before deleting it, based on the university regulation.

分析数据的结果将被上传到 "约克研究数据 "服务，为期十年，供今后研究使用。有关您的性别、年龄、您和您的孩子的教育水平等数据不会被上传到该服务。根据大学的规定，约克数据研究服务器将在删除数据之前保留十年的时间。

• Processing of your data

对您的数据进行处理

Information that you provide will be treated confidentially and shared on a need-to-know basis only. The University of York is committed to the principle of data protection by design and default and will collect the minimum amount of data necessary for the project. In line with our charter, which states that we advance learning and knowledge by teaching and research, we process personal data for research purposes under Article 6(1) (e) of the GDPR: Processing is necessary to perform a task carried out in the public interest.

您提供的信息将被保密处理，并仅在需要了解的基础上分享。约克大学致力于通过设计和默认来保护数据的原则，并将收集项目所需的最低数量的数据。根据我们的章程，我们通过教学和研究来促进学习和知识，我们根据 GDPR 第 6(1)(e)条处理个人数据用于研究目的。为执行一项为公共利益而开展的任务，处理是必要的。

Special category data is processed under Article 9 (2) (j): Processing is necessary for archiving purposes in the public interest, scientific and historical research, or statistical purposes.

根据第 9 条第 2 款(j)项处理特殊类别数据。为了公共利益的存档目的，或科学和历史研究目的或统计目的，处理是必要的。

• Questions or concerns

问题或担心

This research has been approved by the Department of Education, University of York Ethics Committee. If you have any questions or concerns about this research, please get in touch with hj912@york.ac.uk or the Ethics Committee (via education-research-admin@york.ac.uk). If you are still dissatisfied, please get in touch with the University's Data Protection Officer at dataprotection@york.ac.uk

本研究已得到约克大学教育系伦理委员会的批准。如果您对这项研究有任何疑问或投诉，请联系 hj912@york.ac.uk，或通过 education-research-admin@york.ac.uk（道德委员会。）如果您仍然不满意，请联系大学的数据保护官员，地址是：

dataprotection@york.ac.uk

In case you would like to access further information or support regarding RSE in China, please refer to this partial list of official institutions and NGOs for Relationships and Sexuality Education in China

如果你想获得更多关于中国 RSE 的信息或支持，请参考以下中国关系与性教育的官方机构和非政府组织的部分名单

- 中华全国妇女联合会 All-China Women's Federation http://www.gov.cn/test/2005-06/28/content_18098.htm <https://weibo.com/ACWF> (全国妇联女性之声)
- 中国疾病预防控制中心妇幼保健中心 National Centre for Women and Children's health. China CDC <http://www.chinawch.org.cn/>
- 中国妇幼保健协会 China Maternal and Child Health Association <https://www.cmcha.org/index.html>
- 中国福利会国际和平妇幼保健院 International Peace Maternity And Child Health Hospital, IPMCH <https://www.ipmch.com.cn/>
- 中国人口福利基金会 China Population Welfare Foundation <https://www.cpwf.org.cn/> <https://weibo.com/cpwf1987>
- 中国性学会 China Sexology Association <https://chsa.bjmu.edu.cn/> <https://weibo.com/u/1606208085>
- 健康中国 <http://health.china.com.cn/> <https://weibo.com/u/2834480301>
- 绿芽基金会 Rural Women Development Foundation Guangdong <http://www.ruralwomengd.org/5716.html>
- 爱成长综合性教育课堂 Nurturing relationships <https://weibo.com/sexualityclassroom>
- 联合国教科文组织《国际性教育技术指导纲要》 "International Educational Technology Guidelines" (Revised Edition) Chinese Version <https://china.unfpa.org/zh-Hans/publications/itgse2018>
- 玛丽斯特普·中国 Marie Stops China <http://www.mariestopes.org.cn/>
- 不羞学堂 Bottle Dream <https://www.bottledream.com/tags/%E4%B8%8D%E7%BE%9E%E5%AD%A6%E5%A0%>
- 爱善天使健康管理集团有限公司 www.ansunangel.com <https://weibo.com/u/6062521863>

Many thanks for your help with this research.

非常感谢您对这项研究的帮助。

If you have no questions about the above information and agree to give your consent to this questionnaire. Please continue by selecting the corresponding option and proceed to the next step.

如果您对上述信息没有异议，并同意给予本问卷您的同意。请继续选择相对应的选项，并进行下一步操作。

Agree

Disagree

End of Block: Consent form

Start of Block: 基本人口信息 Demographic information

Definition of Relationships and Sexuality Education in this study

关系与性教育在本研究的定义

Despite the absence of formal relationships and sexuality education in the country, similar knowledge such as physical health knowledge programs, HIV prevention, is more or less available in schools in the form of lessons or lectures. Therefore, this study uses ‘relationships and sexuality education’ as a general term for such knowledge.

尽管我国缺失正式的关系与性教育，类似的知识教育，比如生理卫生知识课程、艾滋病的预防等，多多少少在学校以课程或是讲座方式存在的。因此，本研究使用‘关系与性教育’来作为此类知识的总称。

It is important to note that the focus of ‘relationship’ education is different from that of ‘sexuality’ education, with the former focusing on psychological and interpersonal development and the latter on common aspects of physical health.

值得注意的是，‘关系’教育与‘性’教育的侧重点不同，前者侧重于心理与人际发展，后者是常见的生理卫生方面知识。

Some common examples to help you better understand what this study refers to as ‘Relationships and Sexuality Education’ are: menarche and the use of sanitary towels, spermatozoa, the use of condoms for contraception or prevention of sexually transmitted diseases, how to cope with the aftermath of a break-up, how to deal with parent-child relationships, how to deal with arguments with friends, what to do in the face of bullying in schools, What are sexual minorities and gender equality.

一些帮助您更理解本研究所指代的“关系与性教育”的普遍例子：初潮和卫生巾的使用、遗精、使用安全套进行避孕或是预防性传染疾病、如何调整失恋之后的心情、如

何处理亲子关系、如何处理与朋友的争吵、面对校园霸凌应该做什么、什么是性少数群体、什么是性别平等。

1. Your gender

Male

Female

Other _____

2. Your age range (in years)

Under 18

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85 and over

3. Your highest education qualification

Primary school

Lower secondary school

High School/ Secondary school

Undergraduate/ Vocational College

Master

PhD

4. your current place of residence

Urban

Rural

End of Block: 基本人口信息 Demographic information

Start of Block: 关于孩子 About your child

For the next information about your child, please select the appropriate content based on your only son/daughter or the youngest of your children in school

1. the gender of your child

Male

Female

Other _____

2. Your child's age (in years)s)

0-2

3-6

7-12

13-15

16-18

19-22

23-32

33 and over

3. your child's highest level of education

Pre-school

Kindergarten / Nursery

Primary School

Lower Secondary

High School/Secondary

Undergraduate / Vocational College

Masters

PhD

4. Who mainly takes care of your child's daily life and education?

You and/or your spouse

Your and/or your spouse's parents

Other guardians _____

5. Do you and your child live in the same area?

Yes

No

End of Block: 关于孩子 About your child

Start of Block: 家长：学校关系与性教育 Parent: RSE in School

Did you receive any relationship and sex education from school when you were growing up?

Yes

No

I don't know

Display This Question:

If Did you receive any relationship and sex education from school when you were growing up ? = 1

When was the first time you received formal relationship and sex education at school?

Preschool Stage

- Kindergarten / Nursery Stage
- Primary Stage
- Junior Secondary Stage
- High School/Secondary Stage
- Undergraduate/ Vocational college level
- Masters/PhD level
- I am not sure

Display This Question:

If Did you receive any relationship and sex education from school when you were growing up ? = 1

And When was the first time you received formal relationship and sex education at school ? != 8

To what extent do you think that the relationship and sex education you receive in school is developmentally appropriate for your age?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

End of Block: 家长：学校关系与性教育 Parent: RSE in School

Start of Block: 家长：家庭关系与性教育 Parent: RSE at home

Did you receive relationship and sex education from your parents (or other guardians) when you were growing up?

Yes

No

I'm not sure

Display This Question:

*If Did you receive relationship and sex education from your parents (or other guardians)
when you were growing up ? = 1*

When did you first receive relationship and sex education from a parent (or other guardians)?

Preschool Stage

Kindergarten / Nursery Stage

Primary Stage

Junior Secondary Stage

High School/Secondary Stage

Undergraduate/ Vocational College level

Masters/PhD level

I am not sure

Display This Question:

If When did you first receive relationship and sex education from a parent (or other guardians) ? != 8

And When did you first receive relationship and sex education from a parent (or other guardians) ? = 1

To what extent do you think the relationship and sex education you received from your parents (or other guardians) was developmentally appropriate for your age?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

End of Block: 家长：家庭关系与性教育 Parent: RSE at home

Start of Block: 孩子：学校关系与性教育 Child: RSE in School

Did your child receive relationship and sex education from school when growing up?

Yes

No

I'm not sure

Display This Question:

If Did your child receive relationship and sex education from school when growing up ?

= 1

When did your child first receive formal relationship and sex education at school?

- Preschool Stage
- Kindergarten / Nursery Stage
- Primary Stage
- Junior Secondary Stage
- High School/Secondary Stage
- Undergraduate/ Vocational College level
- Masters/PhD level
- I am not sure

Display This Question:

If When did your child first receive formal relationship and sex education at school ? !=

8

And Did your child receive relationship and sex education from school when growing up ? = 1

To what extent are you satisfied with the relationship and sex education your child is receiving at school at this age?

Very dissatisfied

Somewhat dissatisfied

Neutral

Somewhat satisfied

Very satisfied

End of Block: 孩子：学校关系与性教育 Child: RSE in School

Start of Block: 孩子：家庭关系与性教育 Child: RSE at home

Did your child receive relationship and sex education from parents (or other guardians) while growing up?

Yes

No

I'm not sure

Display This Question:

If Did your child receive relationship and sex education from parents (or other guardians) while growing up ?... = 1

When did your child first receive relationship and sex education from a parent (or other guardians)?

Preschool Stage

Kindergarten / Nursery Stage

Primary Stage

Junior Secondary Stage

High School/Secondary Stage

Undergraduate/ Vocational College level

Masters/PhD level

I am not sure

Display This Question:

If Did your child receive relationship and sex education from parents (or other guardians) while growing up ?... = 1

And When did your child first receive relationship and sex education from a parent (or other guardians) ?... != 8

To what extent do you consider the relationship and sex education your child is receiving from parents (or other guardians) to be developmentally appropriate for their age?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

End of Block: 孩子 : 家庭关系与性教育 Child: RSE at home

Start of Block: 家长&孩子 Parent & Child

1. When do you think relationship and sex education should be taught in schools for the first time?

Preschool Stage

Kindergarten / Nursery Stage

Primary Stage

Junior Secondary Stage

High School/Secondary Stage

Undergraduate/ Vocational College level

Masters/PhD level

I am not sure

2. How old do you think parents (or other guardians) should provide family relationships and sex education for the first time to their children?

0-2

3-6

7-12

13-15

16-18

19-22

23-32

33 and over

3. To what extent do you think parents (or other guardians) should initiate family conversations about relationships and sex education with their children?

Strongly Agree

Somewhat agree

Neither agree nor disagree

Relatively disagree

Strongly disagree

Why do you think so?

Page Break

Enquiry about the content of relationship and sex education

4. To what extent do you think relevant content such as identification and prevention of bullying in schools should be included in relationships and sexuality education?

Mainly Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat oppose

Strongly disagree

5. To what extent do you think that content related to sexual assault and sexual harassment identification and prevention should be included in relationships and sex education?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat oppose

Strongly disagree

6. To what extent do you think relevant content such as sexual minorities should be included in Relationships and Sexuality Education?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat oppose

Strongly disagree

Page Break

7. Please select all of the following that you think should be included in Relationships and Sexuality Education

Detection and prevention of violence in schools, etc.

Dealing with different interpersonal relationships (covering family, friendship,

love, etc.)

Sexual consent

Routes of transmission of sexually transmitted diseases (e.g. unprotected

heterosexual/same-sex sex, etc.); and disease prevention (e.g. condom use, not having sex with more than one person at the same time)

Routes of transmission of HIV (e.g. unprotected heterosexual/homosexual sex,

mother-to-child transmission, blood transmission, etc.); and disease prevention (e.g. condom use, not having sex with more than one person at the same time)

dealing with negative and positive emotions arising from different emotions

(e.g. love, affection, friendship)

Reproductive control (including condoms, pills and other means of fertility

control)

Secondary sexual characteristics such as menstruation and ejaculation

Masturbation

Sexual pleasure (includes how to obtain sexual pleasure for oneself or others,

etc.)

Gender and biological sex differences

Sexual orientation and sexual minority groups

Gender stereotypes

Identification and prevention of sexual harassment and sexual assault

No need for education on the subject

Page Break

8. In general, what are your views on relationships and sex education?

End of Block: 家长&孩子 Parent & Child

Start of Block: Block 8

From the time you start the questionnaire to the time you submit it, you have one month to decide whether to complete and submit the final questionnaire. Please note that once you have submitted your questionnaire, your data cannot be withdrawn. If you do not choose to submit the questionnaire, your data will not be collected.

I confirm that I am aware of my rights, and I agree to submit the questionnaire

End of Block: Block 8

**Appendix B: Top 50 high-frequency word/phrase list of GHE in comparison with
MCBCWFT**

GHE				MCBCWFT			
Ranki	Word	Number	%	Ranki	Word	Number	%
ng	of	of	Freque	ng	of	of	Freque
	occurren	ces	ncy		occurren	ces	ncy
1	Health	86	5%	1149	Health	1073	1%
2	Education	52	3%	193	Education	5648	6%
3	Prevention	48	3%	3245	Prevention	344	0%
4	Understand	35	2%	3245	Understand	344	0%
	*				*		
5	Knowledge	23	1%	384	Knowledge	3067	3%
6	Healthy	23	1%	Repeated with 'health' in the MCBCWFT			
7	Methods	20	1%	172	Methods	6098	6%
8	Life	19	1%	94	Life	9525	10%
9	Safety	18	1%	1440	Safety	849	1%
10	School	17	1%	477	School	2568	3%
11	Student	17	1%	253	Student	4377	5%
12	Style	16	1%	517	Style	2387	3%
13	Common	16	1%	2378	Common	495	1%
14	Awareness	15	1%	886	Awareness	1431	2%
15	Behaviour	15	1%	464	Behaviour	2600	3%
16	HIV/AIDs	15	1%	Not found in the MCBCWFT			
17	Obtain	14	1%	632	Obtain	1971	2%

18	Skill*	14	1%	3165	Skill*	353	0%
19	Basic knowledge	14	1%	Not found in the MCBCWFT			
20	Diseases	14	1%	1776	Diseases	684	1%
21	Growth and developme nt	14	1%	Not found in the MCBCWFT			
22	Levels	14	1%	339	Levels	3355	4%
23	Hazards	14	1%	2752	Hazards	416	0%
24	Learning	11	1%	2080	Learning	575	1%
25	Hygiene	11	1%	1972	Hygiene	613	1%
26	Basic	10	1%	302	Basic	3767	4%
27	Primary	10	1%	2191	Primary	543	1%
28	Drugs	10	1%	Not found in the MCBCWFT			
29	Promotion	9	0%	667	Promotion	1884	2%
30	Emergency	9	0%	Not found in the MCBCWFT			
31	Initial	9	0%	2097	Initial	568	1%
32	Handling	9	0%	570	Handling	2166	2%
33	Teaching	9	0%	919	Teaching	1382	1%
34	Youth	8	0%	2573	Youth	454	0%
35	Work	8	0%	82	Work	10531	11%
36	Requireme nts	8	0%	173	Requireme nts	6097	6%
37	Principles	8	0%	451	Principles	2654	3%
38	Content	8	0%	328	Content	3476	4%

39	Protection	8	0%	765	Protection	1649	2%
40	Attention	8	0%	335	Attention	3398	4%
41	Infectious diseases	8	0%	6867	Infectious diseases	136	0%
42	Psychologi cal	8	0%	449	Psychologi cal	2654	3%
43	Further	7	0%	554	Further	2228	2%
44	Objective	7	0%	834	Objective	1516	2%
45	Impact	7	0%	171	Impact	6103	6%
46	Mental health	7	0%		Not found in the MCBCWFT		
47	Health care	7	0%	9538	Health care	89	0%
48	Risk avoidance	7	0%		Not found in the MCBCWFT		
49	Reasonable ness	7	0%	682	Reasonable ness	1859	2%
50	Common sense	7	0%	6765	Common sense	139	0%

**Appendix C: Top 50 high-frequency word/phrase list of GHME in comparison with
MCBCWFT**

GMHE				MCBCWFT			
Ranki	Word	Number	%	Ranki	Word	Number	%
ng		of	Freque	ng		of	Freque
		occurren	ncy			occurren	ncy
		ces				ces	
1	Education	125	7%	193	Education	5648	6%
2	Mental Health	113	6%		Not found in the MCBCWFT		
3	Students	56	3%	253	Students	4377	5%
4	Psychologi cal	38	2%	449	Psychologi cal	2654	3%
5	Developme nt	34	2%	50	Developme nt	17331	18%
6	Learning	30	2%	284	Learning	3995	4%
7	Teachers	28	1%	825	Teachers	1532	2%
8	Primary and Secondary Schools	27	1%	7154	Primary and Secondary Schools	130	0%
9	Work	24	1%	82	Work	10531	11%
10	Conducting	22	1%	967	Conducting	1304	1%
11	Training	20	1%	625	Training	1991	2%
12	Schools	18	1%	477	Schools	2568	3%

13	Guidance	15	1%	764	Guidance	1652	2%
14	Capacity	15	1%	376	Capacity	3108	3%
15	Strengtheni ng	14	1%	547	Strengtheni ng	2251	2%
16	Awareness	13	1%	886	Awareness	1431	2%
17	Help	13	1%	670	Help	1876	2%
18	Conduct	12	1%	80	Conduct	11087	12%
19	Raise	12	1%	226	Raise	4955	5%
20	Social	12	1%	78	Social	11461	12%
21	Positive	12	1%	583	Positive	2119	2%
22	Establish	12	1%	290	Establish	3928	4%
23	Comprehen sive	11	1%	1017	Comprehen sive	1239	1%
24	Outline	10	1%		Not found in the MCBCWFT		
25	Issues	10	1%	81	Issues	10899	11%
26	Life	10	1%	94	Life	9525	10%
27	Emotions	10	1%	1119	Emotions	1107	1%
28	Building	10	1%	297	Building	3836	4%
29	Facilitation	9	0%	667	Facilitation	1884	2%
30	Organisatio n	9	0%	208	Organisatio n	5334	6%
31	Psychologi cal quality	9	0%		Not found in the MCBCWFT		
32	Establishin g	9	0%	2825	Establishin g	404	0%

33	Counsellin g	9	0%	13010	Counsellin g	59	0%
34	Adherence	8	0%	681	Adherence	1861	2%
35	Administrat ion	8	0%	Not found in the MCBCWFT			
36	Training	8	0%	4154	Training	254	0%
37	Science	7	0%	155	Science	6505	7%
38	Foundation	7	0%	359	Foundation	3216	3%
39	Advancing	7	0%	3866	Advancing	275	0%
40	Theories	7	0%	281	theories	4033	4%
41	Focus on	7	0%	3603	Focus on	301	0%
42	Rules	7	0%	429	rules	2759	3%
43	Regional	7	0%	240	regional	4594	5%
44	Courses	7	0%	3270	courses	341	0%
45	Tutorial room	7	0%	Not found in the MCBCWFT			
46	Including	7	0%	386	including	3049	3%
47	Interaction	7	0%	3201	Interaction	348	0%
48	Important	6	0%	131	important	7135	7%
49	Physical and mental	6	0%	6643	physical and mental	143	0%
50	Features	6	0%	365	Features	3177	3%

**Appendix D: Distribution of participants' demographic information according to
Participants' gender**

Gender of participants'	Male	Female	Other
	<i>N</i>	<i>N</i>	<i>N</i>
Participant's age range			
Under 18	0	0	0
18-24	2	7	0
25-34	16	48	0
35-44	27	50	0
45-54	31	24	0
55-64	3	6	0
65-74	0	0	0
75-84	0	0	0
85 and over	0	0	0
Your highest education qualification			
Primary school	1	2	0
Junior high school	2	1	0
High School	6	16	0

Undergraduate/ Vocational College	27	70	0
Master	18	36	0
PhD	25	10	0
Your current place of residence			
Urban	71	126	0
Rural	8	9	0

**Appendix E: Distribution of children's demographic information according to
children's gender**

Gender of participants' children	Male	Female	Other
	<i>N</i>	<i>N</i>	<i>N</i>
The age range of the participant's child			
0-2	22	16	6
3-6	27	17	0
7-12	21	25	1
13-15	7	8	0
16-18	8	6	0
19-22	4	12	0
23-32	12	17	0
33 and over	1	3	1
Highest level of education of participant's child			
Pre-school	30	18	5
Kindergarten / Nursery	20	11	0
Primary School	20	27	2
Junior high school	7	9	0
High School	7	5	0
Undergraduate / Vocational College	10	21	0
Master's			
Master	8	13	0
PhD	0	0	1

Who mainly cares for the participant's
child's daily life and education?

You and/or your spouse	66	81	4
Your and/or your spouse's parents	33	22	2
Other guardians	3	1	2

Do participants and their children live in
the same area?

Yes	93	84	7
No	9	20	1

**Appendix F: Distribution of participants' demographic information according to
children's gender**

Gender of participants' children	Male	Female	Other
	<i>N</i>	<i>N</i>	<i>N</i>
Gender of participant			
Male	45	34	0
Female	57	70	8
Other	0	0	0
The age range of the participant			
Under 18	0	0	0
18-24	4	3	2
25-34	33	27	4
35-44	39	36	2
45-54	22	33	0
55-64	4	5	0
65-74	0	0	0
75-84	0	0	0
85 and over	0	0	0
The highest education level of the participant			

<i>Primary school</i>	1	2	0
<i>Junior high school</i>	0	3	0
<i>High School</i>	11	10	1
<i>Undergraduate/ Vocational College</i>	43	50	4
<i>Master</i>	28	24	2
<i>PhD</i>	19	15	1

Appendix G: Distribution of participants' RSE learning experience from school

	The learning experience of the participant from school		
	Yes	No	I don't know
	<i>N</i>	<i>N</i>	<i>N</i>
Gender of participant			
Male	36	39	4
Female	55	67	13
Other	0	0	0
The age range of the participant			
Under 18	0	0	0
18-24	8	0	1
25-34	28	31	5
35-44	30	40	7
45-54	22	30	3
55-64	3	5	1
65-74	0	0	0
75-84	0	0	0
85 and over	0	0	0
The highest education level of the participant			
Primary school	0	2	1
Junior high school	1	2	0
High School	6	10	6

Undergraduate/ Vocational College	50	41	6
Master	22	31	1
PhD	12	20	3

Appendix H: Distribution of participants' RSE learning experience from home

	The learning experience of the participant from home		
	Yes	No	I don't know
	<i>N</i>	<i>N</i>	<i>N</i>
Gender of participant			
Male	26	48	5
Female	31	93	11
Other	0	0	0
The age range of the participant			
Under 18	0	0	0
18-24	6	3	0
25-34	11	49	4
35-44	24	47	6
45-54	15	35	5
55-64	1	7	1
65-74	0	0	0
75-84	0	0	0
85 and over	0	0	0
The highest education level of the participant			
Primary school	0	2	1
Junior high school	0	3	0
High School	6	10	6

Undergraduate/ Vocational College	28	65	4
Master	15	37	2
PhD	8	24	3
