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SEX AND AIDS EDUCATION FOR ADOLESCENTS

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This article elaborates on the assumed quality of sex and AIDS education for adolescents mainly in The Netherlands. Some examples of the Dutch mass media campaigns on AIDS and programs on sex and AIDS at secondary schools are presented, and the impact of some of these activities is discussed. It is concluded that, although The Netherlands are regarded as an outstanding example in the field of sex education, systematic research on sex and AIDS education is still in its infancy. Little is known of the impact of the mass media activities. The impact of education on sex and AIDS at secondary schools seems to be limited to an improvement of knowledge and, at best, minor changes in some attitudes. It is argued that, in order to produce behavioural changes, education programs on sex and AIDS should include cognitive and behavioural skill training addressed to interpersonal problem solving, planning and assertive communication. Besides, it is argued that the development of future programs and campaigns with regard to sex and AIDS education should be thoroughly planned and evaluated. None of the existing Dutch programs on sex and AIDS meets this necessity. Finally some comments and suggestions are addressed to the issues of cooperation between researchers and practitioners, and implementation and feasibility of health educational interventions, among which education on sex and AIDS.

No overall formal sex education curriculum rules school practice in Belgium. It is unlikely this will ever become so. A few more broad-ranging initiatives (e.g. public broadcasting system, university) influenced the sex education practice within the school system by presenting a product remaining optional. In previous years, external events (abortion, AIDS, governmental information campaign) pressured schools to react and adapt themselves to provide some kind of family life/sex education to adolescents.

In 1986 the Alan Guttmacher Institute presented the results of an international comparative study on teenage pregnancy. Since then the Netherlands are famous for having the lowest rate of unwanted pregnancies among teenagers of all industrialized countries [Jones et al., 1986, 1988]. According to the researchers of the Guttmacher Instititute this low rate of unwanted pregnancies had to be attributed to a relative

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effective use of contraceptives among teenagers, especially the pill. This effective use of contraceptives was supposed to be - at least partly - a result of a pragmatic and liberal attitude towards sex education, the high quality of information and education on sex and contraception at secondary schools and in the mass media, and of the wide availability of confidential and low cost contraceptive services. As a result The Netherlands are regarded as outstanding pioneers with regard to sex education, the prevention of unwanted pregnancies in general and the prevention of teenage pregnancies in particular.

This, however, is no reason for self-sufficiency and satisfaction. On the contrary, in The Netherlands the contraceptive behaviour of ethnic minority groups and young adolescents still is ineffective [Danz et al., 1990], and the abortion rate among adolescents still is about 45 per 100 pregnancies [Rademakers, 1990]. Besides, from the perspective of AIDS prevention, about half of the teenagers with experience with sexual intercourse seem to perform risky behaviour [Danz et al., 1990].

In this article we would like to elaborate on the assumed quality of education for adolescents on sex and especially AIDS in The Netherlands. Therefore, we will present some examples of the ways in which education on sex and AIDS is covered in The Netherlands, and we will discuss the impact of some of these activities. Finally, recent research among adolescents and some implications and suggestions for future education and research on sex and AIDS are discussed.

Beforehand it has to be mentioned that there are many goals for education programs on sex and AIDS, including concrete goals such as improving pupils' knowledge, changes in attitude towards sexual matters, the prevention of unwanted pregnancies and diseases such as AIDS, and more recently the prevention of sexual violence and abuse. Besides, more global goals can be described, such as shaping the identity of adolescents with regard to sexuality [Kirby, 1980; Kok, 1990]. Because of the demandingness and ambitiousness of these goals, it would be unfair to judge the programs by the degree to which they meet all of them [Kirby, 1980]. On the other hand, education on sex and AIDS should at least meet some of these goals.

Mass media activities on sex and AIDS

The last decade various aspests of sex and AIDS have been dealt with by means of mass media activities. Some of these were tailored to the general public, some to adolescents. Since 1985 a Dutch company, Veronica, broadcasts a radio program on sex and related aspects, which can be regarded as indicative of the liberal attitudes towards sexuality in the Netherlands. In this program, called Radio Romantica, themes related to sex are discussed by using a phone-in formula. The themes covered varied from light-hearted to serious ones: falling in love, sexual fantasies, rape, incest, sexual abuse, safe sex techniques, how to cope with AIDS, unwanted pregnancies, homo- and bisexuality, paedophilia. The program is run by a professional sexologist, a liaison officer and a team consisting of trained students and graduates in psychology and social work. The program attracts about 1/4 million listeners, men and women, adolescents and grown-ups [Schopman, 1990].

In 1987 and 1988 campaigns on AIDS for adolescents were launched by the Rutgers Foundation, a non-profit organization for family planning. In both campaigns the prevention of AIDS was the main topic, though integrated in sexuality and contraception. The campaigns focussed upon communicational aspects of intimate matters, sexual behaviour and contraception. In 1987 a small brochure, a kind of crib, was developed under the title 'Booklet for making love'. In this booklet information on safe sex, condom use, contraception and so on was presented. In 1988 two small brochures – one for girls and one for boys – were spread among adolescents under the title 'What I would like to tell you'. In these brochures there was also emphasis on communicational aspects related to sexual matters, among which safe sex and condom use. About 500.000 booklets and 600.000 brochures were distributed through discotheques, pharmacists, drugstores, youth clubs, camp-sites, cinemas and so on.

In the spring of 1987 a first nationwide campaign to promote the use of condoms was launched by the Dutch Foundation of STD Control. This campaign was tailored to the general public, among which adolescents. The campaign aimed to affect the social norms on condoms by suggesting that a lot of popular and well-known Dutchmen and -women use condoms themselves. The campaign made use of posters, advertisements, so called slide-commercials and free condom distribution, mainly among adolescents [De Vries et al., 1987].

In the spring of 1988 the Dutch Foundation on STD Control started their so called 'Safe Sex on Holiday'-campaign, which included posters, cinema commercials, advertisements, brochures and free condom distribution. This campaign was accompanied by a short educational film on Dutch television, in which information on AIDS was presented using a registration of adolescents asking questions to a panel of experts. Besides, coitus, the use of condoms, safe sex techniques and masturbation were shown clearly and unambiguously. Although some people regarded these scenes as pornographic, nowadays many secondary schools use this film in their sex education classes. The main goal of this campaign was the integration of safe sex into common dating practices [De Vries, 1988].

A third 'Safe Sex' campaign of the Dutch Foundation of STD Control, tailored to young adults aged 18-24, was launched in the summer of 1989. This campaign was developed to confront young adults with inappropriate beliefs regarding the risk of AIDS – in other words: with 'excuses' to practice unsafe sex, such as not being close to homosexuals –, and consequently to reduce the use of these excuses. Major goal of this campaign was the promotion of safe sex and condom use. The campaign consists of a series of photographs depicting a young man, woman or couple. On each of these photographs an excuse to practice unsafe sex was quoted, and was accompanied with the cynical message 'Sleep well', which was placed across the eyes of the photomodels. These photos were presented on posters in railway stations, advertising pillars and discotheques. Furthermore, they were presented in a brochure, magazines and newspapers and there was a radio- as well as a film-version of the concept [De Vries, 1989].

The impact of mass media activities on sex and AIDS

On a national level we have little knowledge of the impact of these and similar mass media activities. Most of these campaigns are not systematically evaluated. In an attempt to trace the impact of the various safe sex and condom campaigns on knowledge, attitudes and behaviour De Vroome and colleagues [1990] carried out several telephone surveys. They concluded that between 1987 and 1989 knowledge regarding the use of condoms had increased to a high level and that there had been a significant increase in self-reported condom use of subjects with casual partners and adolescents. According to De Vroome et al. [1990], however, these developments can not be attributed solely to the mass media campaigns on AIDS. They suggest that these campaigns may have had an indirect effect such as making people more aware of AIDS information in general. As a result, the mass media campaigns could have been a help to initiate interpersonal conversations on AIDS and AIDS prevention, and they could have paved the way for other educational activities, such as education at schools. The surveys conducted by De Vroome et al. [1990], however, do not provide an insight into these indirect effects.

In most cases the objective of the mass media campaigns on AIDS was the promotion of condom use: a behavioural change. However, such a goal is very ambitious if not impossible. Generally the impact of mass media campaigns will be limited to 'agenda setting', and at best to a consolidation of behavioural changes [McGuire, 1986]. In order to produce behavioural changes a more interpersonal education, such as behavioural skills training in classrooms, seems to be unavoidable [Kok, 1990].

Education on sex and AIDS at secondary schools

Besides these and similar mass media activities, education on sex and AIDS is provided in secondary schools. Numerous educational courses and an amalgam of materials on sex and AIDS have been developed by several local and national organizations [Meischke, 1986; Wijnsma, 1988]. For example, because of the compartmentalization of Dutch society, special materials were developed for Catholic, Protestant and nonreligous schools. Despite the underlying differences in philosophical perspectives, most of these programs turned out to be very similar with regard to goals, methods and materials.

On a national level, however, we know little about the proportion of schools providing education on sex and AIDS, what teachers teach, and what methods and materials they use. A recent survey conducted by Mellink [1989] gives some insight, although it has some methodological shortcomings. This survey suggests that some education on sex and AIDS was provided by about 85% of the Dutch secondary schools, generally by teachers on hygiene or biology. Regarding sex education the major topics covered were biological-physiological aspects of puberty and unwanted pregnancy. Topics such as intercourse and sexual desires received lowest attention.

As for AIDS education the topics covered were chiefly practical guidelines regarding the prevention of infection, such as condom use and ways of infection. Furthermore, attitudes towards homosexuality received, relatively spoken, a considerable amount of attention. The ways in which these topics were covered, however, varied widely among teachers of different specialty areas and in teaching methods used. Teachers on biology and hygiene seemed to focus most of their attention to the transmission of knowledge of biological and physiological aspects. Teachers on sociology and counselors seemed to emphasize relational aspects, such as role patterns, ways of cohabitation, friendship, sexual preferences and being in love. Most of the teachers dealt with sex and AIDS education at a class level.

Although it is frequently argued that health education should be a systematic process [Green & Lewis, 1986; Kok & Green, 1990], most of these courses and materials have not been developed in a systematic way. Very few are based on an analysis of behavioural determinants, are pretested and/or evaluated [Kok, 1990; Meischke, 1986; Nooter, 1990]. As a result, little is known about the effectiveness of the various courses and materials on sex related knowledge, attitudes and behaviour of adolescents. Besides, of all the evaluative surveys on sex and AIDS education classes, only two have used an adequate experimental design.

In the early eighties a course on sex education was developed by the Dutch Association for Sex Reform (NVSH). The course was chiefly aimed at the education on three topics: puberty, contraception and masturbation. One of the major goals of the course was to make these topics a subject of discussion. Other major goals were the prevention of STD's and unwanted pregnancies. In most cases the course was provided by professional educators during classes on biology or sociology. The duration of the course was three or four hours. Methods used were group discussions, role-playing, interviews and questionnaires. Supporting materials were books, illustrations, slides, videos and films. Information was provided about all topics covered. The counselors tried to teach pupils to talk about sex and related aspects, and to let them reflect on their own and others' values and opinions.

An evaluation of this course was conducted among 217 pupils in a pretest-post-test-control-group-design [Braspenning et al., 1987]. Braspenning and colleagues concluded that the course produced litte change in knowledge and had no impact on the attitudes towards aspects of sexuality, such as masturbation and contraception. On the other hand, at the end of the course girls had a more clearcut and positive perception of the opinion of parents and peers with regard to contraception, and their intention to use contraceptives had increased.

As part of the introduction of education on AIDS at secondary schools the Dutch Educational Television (NOT) developed a course which included three broadcasting programs of school television (30 minutes each), a magazine for pupils, a teacher guide and background information. Teachers were supposed to teach several classes on the topic of AIDS, preferably integrated in classes on sex education. Major goals were the improvement of knowledge on AIDS and AIDS prevention, the promotion of a positive attitude towards the use of condoms and safe sex, and a related behavioural change.

De Wit et al. [1990] conducted a study among 168 pupils of secondary schools in order to assess the impact of the NOT education course. They too used a pretest-posttest-control-group-design. De Wit and colleagues concluded that the NOT-program improved the knowledge of AIDS but had no impact on attitudes, perceived social norms, behavioural intentions and behaviour with regard to the use of condoms and safe sex. De Wit et al. [1990] suggested a number of explanations for the lack of effects. First, ineffectiveness is very common with regard to sex education at schools; changes in attitudes, intentions and behaviour are rarely brought about. Only when sex education is explicitly tailored to the behaviours in question, may it produce a behavioural change [Kirby, 1985; Kok, 1990]. Secondly, the lack of effects could be due to the lack of planning with regard to the development of the program. Health education needs a thorough planning to be effecitve: therefore it should be based on a systematic analysis of behavioural determinants and be pretested thoroughly [e.g. Kok & Green, 1990]. With regard to the NOT-program, the development was anything but systematic. As a consequence, the program probably did not pay attention to behavioural determinants that are essential for behavioural change, such as perceived social influence and efficacy regarding required skills.

Although both these surveys suggest that the impact of education on sex and AIDS at secondary schools is limited to an improvement of knowledge and minor changes in some attitudes, they do not permit overall conclusions with regard to the effectiveness of sex and AIDS education at Dutch secondary schools. On the other hand, these results are in accordance with evaluations of American programs on sex education [for an overview see: Kirby, 1985]. Moreover, these results match with more general results of health education research. Health education solely aimed at the increase of knowledge may have an impact on attitudes. However, changes in perceived social norms, efficacy of own skills and behaviour are not very likely. Besides a transfer of knowledge, health education should offer subjects opportunities to involve their social environment, and to develop skills that are necessary for an adequate performance of the desired behaviour [Kok, 1990].

A recent explorative survey on the topic of determinants of condom use among adolescents indicated that besides attitudes towards condom use, the assessments of the efficacy of own behavioural skills indeed is a major determinant of intended condom use [Aarts et al., in press]. More specifically, perceived efficacy of negotiating on the topic of condom use seemed to be a crucial determinant. Besides, data analysis indicated that adolescents with no experience with condom use tend to overestimate their communicative skills. When adolescents have their first sexual contacts and the question whether or not to use condoms comes up, problems seem to rise with regard to discussing this topic with a sex partner and resisting social pressure to practice unsafe sex. Furthermore, this and other surveys among Dutch adolescents suggest that adolescents think of condoms primarily as a remedy for unwanted pregnancy, and secondly, or not at all, as a remedy for sexually transmitted diseases [Aarts et al., in press; Danz et al., 1990; Rademakers, 1990]. Hence, when oral contraceptives are being used, condoms are regarded as superfluous. In addition, when adolescents have their first experiences with condom use, the unpleasantness of condom use seems to become more salient.

Conclusions and implications for future education

Although The Netherlands are regarded as an outstanding example in the field of sex education, surprisingly little is known of the effectiveness of the various educational activities on sex and AIDS in The Netherlands. Systematic research on sex and AIDS education is still in its infancy; ongoing research is needed to improve the existing educational activities. Systematic evaluation of the effectiveness of existing programs and campaigns can be a fruitful starting point; we can learn a lot from the restraints and merits of current activities.

Little is known of the impact of the mass media activities on AIDS; the impact of education on sex and AIDS at secondary schools seems to be limited to an improvement of knowledge and, at best, minor changes in some attitudes. In most cases, however, goals of education on sex and AIDS are more ambitious; most education programs aim at behavioural changes with regard to contraception and/or AIDS prevention. In order to produce behavioural changes, education programs should include cognitive and behavioural skills training addressed to interpersonal problem solving, planning and assertive communication [Bandura, 1990; Gilchrist & Schinke, 1983]. To strengthen adolescents' ability to deal with contraception and AIDS they should at least be taught how to start a conversation on condom use with a sex partner, how to discuss condom use and how to cope with unacceptable requests. Teaching methods could include dramatic techniques, role playing, homework assignments, rehearsal of communicative techniques and so on. Future research is needed to investigate the effects of these and similar methods and to improve them [Wijnsma, 1989].

The development of programs and campaigns can be enhanced when it is carefully planned and addressed to a variety of variables that are important in the process of behavioural change. Therefore, programs and campaigns should be based on a thorough analysis of behavioural determinants. Due to a lack of such analyses none of the Dutch activities on sex and AIDS meets this necessity [Kok, 1989]. Future research on behavioural determinants should offer clues on how to tackle the ineffective use of contraceptives among ethnic minorities and young adolescents, and on how to promote safe sex and condom use among adolescents. Besides, future education should be pretested and evaluated thoroughly. Only then is there some guarantee for the education to be or become effective [Kok & Green, 1990; Kok, 1989].

Finally we would like to address some comments and suggestions to the issues of cooperation between researchers and practitioners, and implementation and feasibility of health educational interventions. In The Netherlands school health promotion programs on contraception and AIDS were developed by various local and national organizations [Meischke, 1986; Kok & Green, 1990]. This redundant use of people, time and money which often leads to less effective materials, should be avoided. To be most effective and efficient, small scale projects should be coordinated on a regional or national level, and should be developed with the participation of local groups so that components or small scale versions of large scale projects can be tested to avoid expensive failures.

Health promotion programs are most effective when they are widely diffused and used. Without widespread diffusion of health promotion innovations only a fraction of the potential in preventing avoidable diseases will be realized [Orlandi et al., 1990]. For example, despite the effectiveness of a Dutch education program on smoking cessation, it was not adopted and implemented by the school system al all. The organizations involved were not prepared to use the program, and they did not have the implementation on their agenda. Moreover, the important problem of finances has not been solved yet [Kok & Green, 1990]. Therefore, organizations expected to be responsible for future implementation should at least be invited and encouraged at an early stage to participate in the process of developing interventions [Kok & Green, 1990]. Planners who desire program institutionalization should at least include in their strategy the selection and support of a broker who acts as a program champion [Goodman & Steckler, 1989]. Furthermore, effective implementation of school health promotion programs requires active strategies to facilitate organizational adaptions to the innovation and the support of providers and administrators to ensure institutionalization [e.g. Parcel et al., 1989]. Future research should clarify how diffusion interventions based on behavioural science theories can improve the diffusion and adoption of health education programs.

Sex education in Belgium

No overall formal sex education curriculum exists in Belgian schools. It is unlikely this will ever become so. The division of the Belgian school system in two major blocs has profound historical-ideological roots, acknowledging a multiplicity of Boards of School Governors. Representatives or affiliates of the Roman Catholic church are the most important ones. As they hold the pedagogical freedom, they are ultimately responsible for the content and format of most of their programs too [Aronis, 1989; Deven, 1989].

Besides general practitioners and priests, volunteers of the Belgian Family Planning Association (FCGSO/FBPFES) provided one-hour sessions of 'sexual instruction' in some schools throughout the 1960s and 1970s.

A few more broad-ranging initiatives developed by the public broadcasting system or the universities influenced the sex education practice within the school system by presenting a product which remained optional. The Belgian broadcasting system developed a few radio/TV school programs related to sex education. Although being helpful in the 1970s it can be considered as one-sided ('biological' information) and strongly gender role-conservative. In the early 1980s, the Department of Hygiene and Social Medicine (State University Ghent) elaborated several health education packages. A feasibility study revealed that teachers had greater difficulty in implementing the topic 'relational education' and that this was only modestly dealt with [Verhoeven & Suetens, 1985]. The role of the Department of Health Education of the Belgian Red Cross in the distribution process can be considered as crucial. They contributed significantly to the legitimation of this project within the different school networks.

The AIDS-issue highlights the increased difficulty for the Roman Catholic-inspired school system of applying successfully its broader strategy of isolation. Sex education is certainly around in the Roman Catholic school system, be it in a widely different shape and extent. It has hardly been investigated [e.g. Gielen, 1989]. Mid 1980s, the FCGSO organized a symposium to take stock of possible initiatives and experiences in the context of families, schools, (youth)organizations and the media [Deven, 1986]. It clearly revealed how much sex education to adolescents depended on the perspectives and initiatives of individuals.

Teachers are still not considered to be the most appropriate persons to provide family life/sex education. They seem to be poorly motivated, lacking training in group dynamics, still fearful of sanction by their superiors and perceived by pupils as ineffective on this issue.

In previous years, external events (e.g. abortion, AIDS, governmental information campaign) caused the different school systems to react and adapt themselves to provide some kind of family life/sex education to adolescents. In 1988, the Community Ministers for Education agreed to free two teachers from classroom practice from the three major school systems to be involved full-time in this training course project. The FCGSO drafted a global scenario for teachers' training in the domain of sex education.

Especially the threat of HIV-infection triggered many initiatives also related to investigating the practice of peer sex education within the context of secondary schools [e.g. Piette et al., 1990].

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